

Seiken Ryu Karate Association - Adults at Risk Safeguarding Policy

Adults at Risk Safeguarding Policy

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1. Introduction

1.1 Throughout this document Seiken Ryu Karate Association is referred to as SRKA. SRKA has developed this policy for implementation throughout the SRKA organisation and its member Associations.

1.2. The SRKA fully recognises the need to make optimal provision for the safeguarding and wellbeing of adults at risk that participate in the sport of karate, either as a self-defence art or sport environment, and acknowledges its moral and legal responsibility to ensure that:

- The welfare of the adult at risk is paramount
- All adults at risk, whatever their age, culture, disability, gender, language, racial origin religious beliefs and/or sexual identity have the right to protection from abuse.

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- All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately
- All staff (paid or unpaid) working within our organisation have a responsibility to report concerns to the appropriate protection officer

1.3 Within the UK, citizens are classed as adults when they reach their 18th birthday. However, this also includes and applies to anybody over the age of 18 who may be deemed to be a child or young person due to the nature of their training e.g. under 21 squad training sessions.

1.4 SRKA is committed to working in partnership with all agencies to ensure best practice when working with vulnerable adults.

1.5 Adopting best practice will help to safeguard those participants from potential abuse as well as protecting coaches and other adults in positions of responsibility from any potential allegation of abuse or poor practice.

1.6 This document is binding and provides procedures and guidance to everyone within SRKA, whether working in a voluntary or professional capacity.

2. Policy Statement – Aims and Objectives

2.1 SRKA has a duty of care to safeguard all vulnerable adults - involved in all forms of Karate from harm. Furthermore, the dignity, rights and worth of all adults will be maintained and will be underpinned by this policy.

2.2 All vulnerable adults have a right to protection from both abuse and poor practice. As such SRKA will strive to ensure the safety and protection of all vulnerable adults involved in our sport through adherence to the Vulnerable Adults Policy.

2.3 The policy should be implemented by each club and is applicable to all within SRKA.

2.4 Sport can (and does) have a very powerful and positive influence on people and fits with governmental policy of promoting a healthier and more active lifestyle. Not only can sport provide opportunities for enjoyment and achievement, but it can help to develop and enhance valuable qualities such as self-esteem, leadership and teamwork. Moreover, it is widely acknowledged amongst professionals that having access to leisure facilities and community groups can be key drivers in preventing and reducing social and physical isolation. By preventing or reducing isolation this in turn reduces the risk of abuse. This has also been acknowledged and been the driving force behind legislation e.g. The Care Act 2014.

2.5 SRKA must ensure that for those positive experiences to be realised, the sport is delivered by people who have the welfare of vulnerable adults uppermost in their mind and that they have robust systems and processes in place to support and empower them.

2.6 Sporting organisations like SRKA need to be well informed and equipped to ensure that any concerns or complaints regarding vulnerable adults are properly identified and appropriately acted upon. This is part of our Duty of Care.

2.7 By failing to adhere to ensuring this is the case, there can be stark consequences (leaving aside morality). These consequences can range from disillusionment with sport and thus isolate individuals or create an environment in which abuse can occur and flourish.

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2.8 SRKA also has a duty to protect adults outside of karate and was put onto a statutory footing with the implementation of The Care Act 2014 with the sentence, 'promote individual wellbeing' being of paramount importance. This is a general duty for all sporting organisations.

2.9 Given Sports Clubs, Associations and Governing Bodies are uniquely situated in terms of having frequent contact with many people from a variety of backgrounds, they are perfectly placed to support, identify and report adults who may be subject to harm or at risk of harm. It is with this in mind that this policy seeks to protect vulnerable adults from abuse or potential abuse from within the sport and from outside. Therefore, it carries a dual purpose.

3. Vulnerable adults or Adults at risk?

3.1 Historically adults who were at risk of harm were described as 'vulnerable adults. However, there has been a marked shift to the term 'adults at risk' instead.

3.2 The definition of "vulnerable adult" originated from a Consultation Document produced in 1997 entitled "Who Decides?" 'No Secrets' which would then go on to be published as government guidance aimed at encouraging better collaboration between multi-disciplinary bodies and various public and private sector institutions to ensure that robust policies and procedures were implemented to prevent vulnerable adults from coming to harm.

3.3 The terminology – whether it be vulnerable adults or adults at risk – refers to a specific category of adult who may be more susceptible to harm and included those with a learning disability, physical disability or older adults.

3.4 Contrastingly, within the law it is clearly documented that abuse links to circumstances rather than characteristics as to label groups is viewed as being disempowering.

3.5 The safeguarding duty applies to any adult who has individual care and support needs, regardless of whether any local authority or other organisation is involved in ensuring any or all of those needs are met. It specifically refers to any adult who as a consequence of their needs cannot protect themselves from either the risk or experience of abuse (including neglect).

3.6 Ultimately, the safeguarding of adults is ensuring that anybody with care or support needs is kept safe from abuse and neglect.

4. Principles of Adult Safeguarding

4.1 There are 6 principles associated with Adult Safeguarding. These are also enshrined in The Care Act 2014 and include:

1. Empowerment
2. Prevention
3. Proportionality
4. Protection
5. Partnership
6. Accountability

4.2 The definitions of each of the above principles are documented in the below table.

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Principle	Definition
Empowerment	Supporting adults at risk and encouraging them to make their own decisions. Ensuring that informed consent is always obtained.
Prevention	Taking action before abuse/harm has occurred.
Proportionality	Only getting involved where needed and ensuring that any involvement is as minimally intrusive as possible.
Protection	Representing and supporting those in need.
Partnership	Working collaboratively with other organisations to identify, prevent and respond to abuse or neglect.
Accountability	Being open and honest.

5. Why have 2 differing policies for children and adults at risk?

5.1 There are a number of reasons why SRKA have chosen to separate the children and adults at risk safeguarding policies with the decision being made on what is best practice.

5.2 It is best practice to separate the policies in the view of the SRKA Safeguarding Team because the issues which will affect adults and children can be very different. There are also certain types of abuse which will only affect adults e.g. financial abuse.

5.3 The Safeguarding Team arrived at this decision based upon the fact that there are differing laws and policies which oversee the regulation of safeguarding for both groups. Furthermore, differing definitions are used and often having one policy can cause confusion, dilutes the message and can cause a blurring of the boundaries.

5.4 Ultimately however, the decision has been arrived at because adults – unlike children – have an absolute right to self-determination (unless under severe circumstances and always guided by stringently applied laws). For whilst adults and children are afforded with free will, adults may decide not to protect themselves whereas legal obligations are bestowed on parents or guardians for the protection of children. The law will only act in extreme circumstances e.g., lack of capacity resulting in some circumstances of a Deprivation of Liberty. This therefore can make safeguarding adults more complex than that of children's safeguarding due to the fact that it is not exclusively centred on generating suitable systems and processes to safeguard; but also requires authorities, sporting organisations and anybody with a duty of care, to take into consideration the crucial importance of ensuring a culture exists whereby it is the adults themselves who are informed and consulted on all decisions which affect them.

6. Mental Capacity

6.1 Adults make decisions for themselves every day with most of us being able to make every decision about our own lives ourselves. However, there are a small number of adults who are unable to make decisions due to a lack of capacity.

6.2 The Mental Capacity Act (2005) is the law underpinning capacity within the UK and it stipulates that each individual has the right to make their own decisions. The law provides a framework in which this can happen.

6.3 In terms of safeguarding adults at risk the concept of capacity is incredibly important. Capacity in this instance also refers to anybody who is over the age of 16 and therefore not 18 as adults would normally be defined as.

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6.4 Under the law protections are also provided for the adults' family members, friends or paid support staff. The law allows them to make decisions on behalf of the adult who is deemed to be lacking capacity.

6.5 Factors which may affect a person's ability to make decisions can include:

- Mental health conditions
- Dementia
- Acquired Brain Injury
- Physical health conditions

6.6. It is also important to note that the ability to make decisions can fluctuate and is not static. For example, somebody who has just suffered an epileptic fit may not make a decision or feel anxious about making a decision after suffering a seizure. However, later on in the day presented with the same decision they would be able to do it themselves or at the very least be involved in the decision making process.

6.7 The Mental Capacity Act 2005 recognises that capacity is decision specific and therefore nobody will be labelled as lacking capacity per se.

6.8 Whilst this may not seem applicable for karate coaches and athletes, by understanding the law surrounding capacity it will help in certain circumstances. You may be faced with a situation whereby you have to take more time to explain things or you refer to the adult's carer for decisions. You could also be asked for your opinion in what is in the best interests of the adult attending the class. When deciding on best interests, weigh up the risks and benefits of a particular task.

7. Para-karate

7.1 Adults at risk may have disabilities which could be perceived as barriers to involvement in karate. However, no matter what the disability (severity, mental/physical) karate can be adapted accordingly to suit a variety of needs.

8. Who can abuse?

8.1 The abuse or neglect of adults at risk can be undertaken by anybody who has contact with adults. This may be family members or friends but can also include care providers, volunteers, strangers and where adults at risk are involved with sporting activities this can extend to instructors, fellow karateka, Association members (voluntary or otherwise) and parents.

9. The 10 types of abuse

9.1. The Care Act 2014 documents that there are 10 differing types of abuse which can take place. These are documented in the table below along with accompanying definitions.

PLEASE REFER TO PAGES 9-16 WHICH DOCUMENTS THE TYPES OF ABUSE, DEFINITIONS, INDICATORS, EXAMPLES AND ANY RELEVANT ADDITIONAL INFORMATION

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Type of abuse	Definition	Indicators and Examples	Additional comments
Discriminatory	Abuse which centres on difference in treatment or behaviours (including perceived) dependent upon protected characteristics as laid out under the Equality Act 2010.	<p>Including: unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation, verbal or physical abuse, derogatory remarks, inappropriate use of language, deliberate exclusion related to a protected characteristic.</p> <p>Indicators: using racist or sexist descriptions or innuendos, the individual appears withdrawn and isolated, expressions of anger, frustration, fear or anxiety.</p>	None
Domestic Abuse	Encompassing physical, sexual, financial or emotional abuse by a member of the victim's family. This included honour-based violence.	<p>Domestic violence or abuse can be characterised by any of the indicators of abuse.</p> <p>Examples:</p> <p>Any abuse category within a domestic setting inclusive of physical, sexual, financial, emotional etc.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Low self-esteem • Depression • Physical evidence of violence such as bruising, cuts, broken bones, feeling that the abuse is their fault, isolation • Limited access to money. <p>Controlling behaviour is often referred to as coercive behaviour and is typified by:</p> <ul style="list-style-type: none"> • Acts of assault 	<p>Domestic Abuse in LGBT Relationships</p> <p>Domestic abuse can occur in both a heterosexual relationship and a homosexual relationship. Indeed, there is a growing evidence base that domestic abuse may be occurring at a similar rate within LGBT relationships as with heterosexual relationships.</p> <p>Women can experience abuse from women, and men from men.</p> <p>Additionally, an LGBT person experiencing domestic abuse may also have previous experience of, or fear, homophobia from agencies. This may be particularly true in sporting environments like football for example where there are very few openly</p>

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		<ul style="list-style-type: none"> • Threats • Humiliation and intimidation • Harming, punishing, or frightening the individual, preventing the victim from escaping abuse. 	<p>gay professional football players.</p> <p>Studies have also shown that LGBT people are less likely to name domestic abuse. The reasons for this can be numerous but often include a fear of publicising their sexual orientation.</p> <p>Aspects unique to LGBT domestic abuse include:</p> <ul style="list-style-type: none"> • "outing" them as a method of control • abuse associated with sexual orientation or gender identity
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Emotional or psychological (including bullying)	Abuse through a number of means which are intended to hurt the victim mentally.	<p>Examples: Includes the threat or perceived threat of harm or abandonment. Can also cover the threat or perceived threat of deprivation of contact. Abusive behaviours also cover humiliation, blaming, verbal abuse and the isolation or withdrawal from supportive networks (this may include a sustained period away from the dojo for unexplained reasons).</p> <p>Indications: Insomnia, depression, verbal abuse, change in appetite, weight loss/gain, signs of distress, lack of trust in others, air of silence when a particular individual is present.</p>	Psychological and emotional abuse are complex as the signs it's taking place can be hard to detect. Whilst the effects on the adult can be extremely destructive.
Financial or material	Is the use of an individual's funds and belongings without their permission. Financial abuse can occur in isolation, but as research has	<p>Examples: Including theft, fraud, scamming and coercing an adult at risk to change their financial affairs to the benefit of the abuser e.g., being wrote into inheritance. This can also include the misappropriation</p>	Can also abuse which is referred to as 'Cuckooing'. Cuckooing is a form of crime in which criminals take over the home of a vulnerable person as a base for criminal activity e.g.,

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	<p>shown, where there are other forms of abuse, there is likely to be financial abuse occurring. Although this is not always the case, everyone should be aware of this possibility.</p>	<p>and misuse of property and possessions.</p> <p>Indications:</p> <p>Fear of making decisions, missing personal possessions, worrying about money, lack of basic items, such as clothing, heating and food, unexplained lack of money, unnecessary property repairs.</p>	<p>drug dealing, prostitution.</p>
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<p>Modern Slavery</p>	<p>Specifically outlawed under the Modern Slavery Act 2015 it encompasses a form of organised crime which recruits, moves and harbours individuals against their will through force, coercion, abuse, deception or other means into exploitative conditions and practices.</p>	<p>Examples</p> <p>Includes (but not restricted to) domestic servitude, forced labour, human trafficking and slavery.</p> <p>Indicators</p> <p>Fatigue, withdrawn, severe weight loss, disordered eating or poor nutrition, there may be indications of mental, physical and sexual trauma, poor hygiene or dental pain. Victims may rarely be seen in public or be working extraordinarily long hours without a break.</p>	<p>None</p>
<p>Neglect/acts of omission</p>	<p>Failing in your duty of care for an adult at risk/adults with individual care needs. Inclusive of ignoring physical needs, failing to provide access to appropriate services including health and education. The withholding of necessities e.g., critical medications or heating. Abuse does not have to be deliberate.</p> <p>Neglect can be accidental but this does not alter the</p>	<p>Examples:</p> <p>Wilfully ignoring medical or physical care needs, failure to provide or withholding access to the necessities of life such as adequate nutrition, shelter, clothing, heating, medication, stimulation and activity, preventing access to personal belongings, such as, glasses or hearing aids.</p>	<p>When an individual undertaking a task doesn't undertake that task properly or doesn't do things that they should be doing, which thereby has a negative effect on somebody else. It could be deliberate or due to an oversight, either way the individual concerned is not conducting themselves appropriately.</p>

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	fact that this is abuse and it will be treated as such.	Indications: Poor physical condition and/or personal hygiene, poor environment - dirty or unhygienic, pressure sores or ulcers, untreated injuries and medical problems, malnutrition or unexplained weight loss, complaints of hunger/thirst.	
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Organisational	Incorporating neglect and/or poor practice which is systemic within an organisation. This may be intentional or non-intentional and refer to an isolated incident or a pattern of behaviour. Organisational abuse can take place through poor professional practice, the structure of an organisation or the drafting and application of procedural documents.	Includes run-down or overcrowded establishments, lack of leadership and supervision, abusive and disrespectful attitudes towards people accessing SRKA services and a lack of respect for privacy and dignity e.g., failure to provide adequate changing facilities. Indications: <ul style="list-style-type: none"> • Poor record-keeping • Weak systems and processes • Lack of robust policies/guidelines • Lack of education and awareness 	Any type of abuse does not have to knowingly abuse, organisations can be guilty of abuse without realising it.
Physical	Any form of non-accidental physical force being used. It is the use of force which results in pain or injury or a change in the individuals natural physical state.	Examples: Hitting, slapping, pushing, punching, kicking, hair-pulling, biting, physical punishments, unlawful use of restraint, burning. Indications: No explanation for injuries or inconsistency with the account of what happened, unexplained falls, frequent injuries, disguising injuries, malnutrition, subdued behaviour, burns.	None

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Self-neglect	An adult at risk with care needs who is living or acting in a way which is not conducive to their physical or mental health or general wellbeing.	<p>Examples:</p> <ul style="list-style-type: none"> • Are under duress to refuse, not engage with services, or is dependent on someone who is unwilling/unable to engage with services. • Refuses or disengages from support, treatment or services which are regarded as essential to safeguard their health, wellbeing or safety • Has a poor appearance and personal hygiene e.g., dirty clothes, hair etc. <p>Indications:</p> <p>Very poor personal hygiene, unkempt appearance, lack of essential food, clothing or shelter, malnutrition and/or dehydration, hoarding, living in squalid or unsanitary conditions.</p>	Due consideration needs to be given as to the impact on the adult at risk's wider support network, their mental capacity and whether the distinct unique circumstances of each case warrant a safeguarding concern. However, if in doubt a referral should be made and then a professional determination can be made.
Sexual	The involvement of an adult at risk in sexual activities and/or relationships which they have not consented to.	<p>Examples:</p> <p>Including an array of offences such as:</p> <ul style="list-style-type: none"> ○ Indecent exposure ○ Female Genital Mutilation including Breast Flattening/Ironing (please refer to dedicated section within policy for more information) ○ Rape ○ Sexual photography ○ Sexual teasing ○ Subjection to pornography or sexual acts to which the adult at risk has not consented to witnessing or feels coerced into doing so <p>Indications:</p> <ul style="list-style-type: none"> • Physical ○ Bleeding, pain or itching in the genital area, 	None

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		<p>foreign bodies in genital or rectal openings, bruising, difficulty in walking or sitting, pregnancy in a woman who is unable to consent.</p> <ul style="list-style-type: none"> • Behavioural: <ul style="list-style-type: none"> ○ Self-harming, signs of depression or stress, uncharacteristic use of explicit sexual language, fear of receiving help with personal care, poor concentration 	
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10. Other Forms of Abuse

10.1 Documented below are specific types of abuse which have been included with definitions provided for the purposes of wider information sharing. They are forms of abuse which are encompassed by those already mentioned and are not distinct standalone categories:

Abusive practice	Definition
Cyber-Bullying	This occurs online through either social media, e-mail, text messaging or another associated electronic forum. This can include bullying and harassment.
Forced Marriage	A situation whereby one or both parties to the marriage is not freely consenting or willing to participate in the marriage ceremony. This was outlawed by the Crime and Policing Act 2014. However, this is not to be mixed up with an arranged marriage in which parties freely agree to seeking the assistance of a third party to identify a spouse for themselves. This is practiced in some cultures and is NOT a form of abuse.
Mate Crime	As described by the Safety Network Project, ARC, this involves adults at risk being targeted by others who befriend them and then seek to take advantage. This is not necessarily illegal unless another form of criminal abuse has taken place and often goes on in private. However, whilst not illegal this can have significant negative effects for the adult at risk. Within recent years Serious Case Reviews have highlighted that adults with a learning disability have been murdered by somebody who they thought was their 'mate'.
Radicalisation	With the goal of recruiting people and attracting people to their extreme views. The act of persuading vulnerable individuals or adults at risk of the legitimacy of their cause. Can be undertaken through direct relationships or social media. Please refer to the dedicated PREVENT section along with an e.g., of an adult at risk who was embroiled in a terrorist related incident.

11. General/Common signs of abuse

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11.1. There are a number of signs which may indicate that an adult at risk is being abused or neglected. It should be noted that some of the common signs of abuse are not in of themselves abusive practice and may be innocent. These include (but are not restricted to):

- There are unexplained injuries and bruises present
 - The adult may not be willing to discuss how these injuries came about or may not seek medical attention when required
- Property (including financial e.g., money) goes missing
- Absence from the club without reason
 - When prompted with reminders or coaches try to make contact to see if everything is ok, there may be no response received
- An unkempt appearance including inappropriate sports kit or dirty gi
- A change in behaviour
 - This can include changes in their behaviour towards certain people e.g., a particular coach or club member
- Unexplained weight loss or weight gain
- Disclosure of abuse
- Evidence of self-harm e.g., lacerations to forearms
- Coaches intentionally, repeatedly and forcefully demonstrating on an adult at risk

11.2. Whilst it is not the responsibility of individuals concerned that abuse may be taking place to investigate and decide whether this is the case, it is their responsibility to ensure that any concerns are duly escalated and reported. If it is felt that the adult at risk is at immediate risk of being harmed then the police should be contacted on 999.

11.3. For less immediate concerns please contact your Local Safeguarding Officer. For how to refer concerns to the SRKA Safeguarding Team please refer to Appendix 1.

12. Responding to Concerns

12.1. It is good practice to involve the adult at risk and consider their views on what they wish to happen next. If concerns need to be escalated, then you should make every effort to inform the adult as such. Due regard must be given to the adults ongoing needs and wishes but this does not resolve the legal duty to escalate to the most appropriate authority where necessary.

12.2. When you have concerns or a disclosure of abuse or neglect is made then it is imperative that these concerns are written down as soon as possible as to capture as much detail as possible. Try and be specific in capturing dates and times and use the adult's own words where practical. Once this has been done an incident form should be submitted to the SRKA Safeguarding Team.

12.3. Do not:

- Panic – react calmly so as not to frighten the victim
- Acknowledge that what the adult at risk is doing is difficult but that they are doing the right thing by confiding in you
- Reassure the victim that they are not to blame
- Make sure that, from the outset, you can understand what the adult at risk is saying.
- Be honest straight away and tell the victim you cannot make promises that you will not be able to keep.

- Do not promise that you keep the conversation secret. Explain that you will need to involve other people and that you will need to write things down.
- Listen to and believe the adult at risk; take them seriously.
- Do not allow your shock or distaste to show.
- Keep any questions to a minimum but do clarify any facts or words that you do not understand – do not speculate or make assumptions.
- Avoid closed questions (i.e., questions which invite yes or no answers)
- Do not probe for more information than is offered.
- Encourage the adult, to use their own words.
- Do not make negative comments about the alleged abuser.
- Do not approach the alleged abuser.

13. Use of Photographic Filming Equipment at SRKA Events

13.1. There is no intention to stop people photographing and videoing as educational tools, but this is in the context of appropriate safeguards being in place. There is evidence that some people have used sporting events as an opportunity to take inappropriate photographs or film footage of adults at risk and disabled sportspeople in vulnerable positions.

13.2 It is advisable that all clubs be vigilant with any concerns to be reported to the Association Protection Officer.

13.3 Official photographers must be registered with the event organiser and wear identification (see SRKA Photography Policy).

14. Videoing as a coaching aide

14.1 There is no intention to prevent club coaches and instructors using video equipment as a legitimate coaching aid. However, performers and their parents/carers should be aware that this is part of the coaching programme and care should be taken in the storing of such films. SRKA also follows closely the guidance issued by relevant safeguarding bodies who advise:

- Where athletes are used in promotional material the appropriate consent is obtained, or professional models and/or illustrations are used.
- Avoid using the first name and surname together, of individuals in a photograph
- If the athlete is named, we do not use their photograph without first obtaining the appropriate consent
- If the photograph is used, we do not name the individual without first obtaining the appropriate consent.

15. Female Genital Mutilation (FGM)

15.1 FGM is the practice of intentionally removing part or all of the external female genitalia and/or other female genital organ injury for non-medical purposes with FGM having no health benefits. FGM may also be referred to as 'female circumcision' or 'cutting' and in diverse communities cultural references may be used which may include; tahir, halalays, gudniin, sunna or khitan to name but a few.

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15.2 The practice is a cultural one with no religious text requiring that girls are 'cut'. It is most prevalent in African and Middle Eastern regions but it is not exclusively geographically defined. The countries with the highest prevalence of the practice include Egypt, Eritrea, Ethiopia, Gambia, Guinea, Nigeria and Somalia. The practice is also carried out in Asian countries such as Malaysia and has been known to occur in South America. Whilst these countries have the highest prevalence of the practice, it is carried out on British citizens who are taken abroad.

15.3 There is no one way of undertaking the 'cut' and it can be carried out at a number of differing stages from two days after birth to before puberty or even during pregnancy. The age group which is most commonly affected ranges from 0-15 years however it is necessary to state that all occurrences of FGM (no matter how historical i.e., affecting an adult who had 'the cut' as a child) have to be reported.

15.4 This is an inhumane treatment which has been outlawed in the UK through the FGM Act 2003 and anybody who has been found guilty of the offence can face up to 14 years in jail. Additionally, anybody found to be failing in their duty of care and assumed responsibility can face up to 7 years in prison. The practice results in severe bleeding and problems during urination as well as infections, childbirth complications and the increased chance of infant mortality not to mentioned psychological problems.

15.5. Given these procedures are not fully irreversible, prevention is key. SRKA have a duty of care to all adults at risk or adults who have had the cut to take action and bring about justice.

15.6. Key signs and symptoms to be mindful of:

- The adult's family are known to have had FGM
- The family belongs to a community which is known to practice FGM
 - Cultural appropriations are not sufficient grounds for concern and accusations based solely upon cultural heritage should be discouraged. However, when taking into account other factors this may be a genuine cause for concern
- The adult will be absent from training for a number of weeks as they are planning on making a trip to one of the countries previously identified
 - Note this of itself is not a cause of concern and should be taken into consideration with other factors
- You are involved in discussions with an adult who discloses that they have a forthcoming special celebration
- You notice that the adult has difficulty either walking or sitting. The adult may also be unable to carry out certain karate techniques or stretching/warm up exercises as they once did
- For further advice and guidance on FGM there is a free online course offered by the Home Office on FGM. This can be accessed by following the below link:

<https://www.virtual-college.co.uk/resources/free-courses/recognising-and-preventing-fgm>

16. Breast Flattening/Ironing

16.1 The terms breast flattening and breast ironing are used to refer to the procedure whereby young pubescent girls' breasts are – over a period of time including years – flattened and/or pounded down. The purpose of this is to delay the development of breasts entirely or to make the breasts permanently disappear. Like FGM – as documented above – any adult who has been found to have been abused in such a manner should report this as a matter of urgency.

16.2 Breast ironing and flattening may also be done by adults as they may be undergoing gender transformation/identity issues.

16.3 Based upon research carried out by the National FGM Centre in the UK, it was found that the practice is largely confined to the African continent or those with African heritage with Cameroon being identified as one of the areas where this is most prevalent. Other countries known to carry out the procedure include Benin, Chad, Kenya, South Africa, Togo and Zimbabwe.

16.4 The health implications of such a practice, both physical and mental, can be extremely damaging with abscesses, severe fever and infections commonplace.

16.5 Unlike FGM, there is no specific law which addresses the issue but it falls under the category of physical abuse and should be dealt with as such. However, like FGM, the processes and procedures to follow if you identify or have suspicions that the practice has taken place are the same.

16.6 Signs and symptoms should be treated with caution and used in conjunction with other known facts or other signs and symptoms. For example, a woman may be embarrassed about her body for other reasons such as body confidence and is of itself not indicative that abuse has occurred. These signs may be noticed during karate sessions when a woman is changing before or after practice or when discussing with fellow karateka before, during or after sessions.

16.7 The main signs to look out for include:

- A woman being embarrassed about their body
- A woman is related to women who have undergone breast flattening/ironing
- References to breast flattening in conversation
- The woman's family and/or support network have limited levels of integration within the wider community

16.8 Documented in Appendix 2 is a flowchart for how you would report suspicions of FGM and/or Breast Flattening/Ironing.

17. PREVENT

17.1 SRKA is committed to playing an active role in the Government's anti-terrorism strategy CONTEST which involves the programme PREVENT. SRKA recognise that the principles of karate - including teamwork, respect, discipline and sportsmanship - can act as fundamental

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building blocks to preventing radicalisation at every level. This in turn allows adults at risk from diverse backgrounds to reach their full potential within the sport.

17.2 The Prevent strategy links closely with SRKA's duty of care to look after the health and wellbeing of all adults within our clubs.

17.3 Whilst the dealings with Prevent that members of SRKA will have will vary from those of public sector organisations, there are elements which overlap.

17.4. It is important to note that the general risks surrounding radicalisation of adults at risk varies geographically and by risk/vulnerability. As members of SRKA who have a wide range of involvement with adults at risk, SRKA are uniquely placed to identify and respond to any risks within a local context. It is crucial to understand the risks in order to be able to respond appropriately and proportionately.

17.5. CONTEST is based around four key work streams which are aimed at reducing the risk to the United Kingdom. These four key work streams are:

- **Pursue:** Stop terrorist attacks from occurring
- **Prevent:** Stop people from becoming terrorists or supporting terrorist organisations/cells
- **Protect:** Strengthen protection against terrorism and any actions thereof
- **Prepare:** Mitigate any impact of terrorism and any actions thereof

17.6 Prevent is a strategy which is adopted throughout a wide range of organisations encompassing both the public sector and private sector as well as charitable organisations and voluntary groups. The Prevent initiative has three distinct objectives which include:

1. Respond to the ideological challenges posed by terrorism and the threat from proponents of terrorism
2. Deter people from being drawn into terrorism initially
3. Work collaboratively with institutions and wider society to address risks of radicalisation

17.7 The overarching aim of Prevent is to safeguard/protect individuals who may be vulnerable to radicalisation. Radicalisation against terrorism is not exclusive to one brand of terrorism and crosses the political and religious spectrum.

17.8 It is universally acknowledged that there are no one set of circumstances which can explain why vulnerable people become involved in terrorism however it is widely understood that personal experiences affect the ways in which vulnerable individuals deal with their external environments. The factors are likely to be personal and unique from adult to adult. Radicalisers who attempt to convert adults at risk to their cause will often prey upon somebody's vulnerabilities. Contact between the adult at risk and the radicaliser can also take many forms from face to face contact to social networking and other forms of media but often through a combination of methods. Nonetheless, it is more commonplace for those who are vulnerable to become involved in terrorism and related activities through the influence of their family and peer group and it therefore takes on a distinctly social element.

17.9 Whilst the social element cannot be discounted, the internet is increasingly playing a part in radicalisation as it provides a platform for the promotion of terrorist related propaganda to a wide audience at the click of a button. Members should therefore be

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mindful of any content which romanticises violence or makes apologies for terrorism being shared and discussed by students either online, at classes or away on competition.

17.10 In December 2018, a student with learning difficulties (aged 22) was found guilty of preparing for an act of terrorism. The student had severe educational difficulties and had left school with no GCSEs. The student was then groomed by their uncle into supporting ISIS and was prosecuted for terrorism.

17.11. As already acknowledged, there is no defined criteria which constitutes vulnerability however the following circumstances – when taken in conjunction – may be indicative of radicalisation:

- Mental disabilities
- Identity crisis
- Personal crisis
- Personal Circumstances
- Criminality
- The internet, social networking and other media
- Personal grievances

17.12. The principle of dealing with Prevent related risks is the same as managing other safeguarding risks. All members who have contact with adults at risk should be alert to any changes in an adults' behaviour which could be indicative that they require protection.

17.13. Whilst any radicalisation signs may differ greatly from one adult at risk to another (with adults at risk also known to hide their views) this policy does not require SRKA to undertake intrusive interventions into family life but to take action when potentially concerning behaviour has been identified.

17.14. However, there is no obligation or expectation that SRKA will take on a surveillance or enforcement role rather any concerns should be flagged to the relevant Protection Lead for each region. The Protection Lead will then liaise with partner organisations in order to contribute to the prevention of terrorism and making safety a shared endeavour. **Please see Appendix 1 for more information.**

18. Confidentiality

18.1 Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a **need to know basis only**. This includes the following people:

- The responsible Safeguarding Officer
- Relatives or carers of the person who is alleged to have been abused
- The person making the allegation
- Social services/Police
- The alleged abuser

18.2 Information should be stored in a secure place with limited access to designated people, in line with data protection laws (e.g., that information is accurate, regularly updated, relevant and secure)

19. Internal Inquiries and suspension

19.1 All internal inquiries relating to Safeguarding will be overseen by the Lead Safeguarding Officer of SRKA. Suspension/s will be addressed appropriately.

19.2 The welfare of the adult at risk will remain of paramount importance throughout

20. Support to deal with the aftermath of abuse

20.1 Consideration should be given to the kind of support that the adult at risk, relatives and members of staff may need. Use of helplines, support groups and open meetings will maintain an open culture and help the healing process.

20.2 The British Association for Counselling Directory is available from The British Association for Counselling, 1 Regent Place, Rugby CV21 2PJ, Tel: 01788 550899, Fax: 01788 562189, Email: bac@bacp.co.uk, Internet: www.bacp.co.uk

20.3 Consideration should also be given to what kind of support may be appropriate for the alleged perpetrator.

21. Allegations of previous abuse

21.1 Allegations of abuse may be made some time after the event. Where such an allegation is made, the club should follow the procedures as detailed above and report the matter to the social services or the police. This is because other adults at risk, either within or outside the sport, may be at risk from this person. Anyone who has a previous criminal conviction for offences related to abuse is automatically excluded from working with adults at risk.

22. Action if bullying is suspected

22.1 If bullying is suspected, the same procedure should be followed as set out in 'Responding to suspicions or allegations' above.

22.2 Action to help the victim and prevent bullying in sport

- Take all signs of bullying very seriously.
- Encourage all adults at risk to speak and share their concerns. Help the victim to speak out and tell the person in charge or someone in authority.
- Investigate all allegations and take action to ensure the victim is safe. Speak with the victim and the bully (ies) separately.
- Reassure the victim that you can be trusted and will help them, although you cannot promise to tell no one else.
- Keep records of what is said (what happened, by whom, when).

22.3 Action towards the bully (ies)

- Talk with the bully (ies), explain the situation, and try to get the bully(ies) to understand the consequences of their behaviour.
- Seek an apology to the victim(s).
- Inform the bully (ies)'s parents (if the perpetrator is a child).
- Insist on the return of 'borrowed' items

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- Impose sanctions as necessary.
- Encourage and support the bully (ies) to change behaviour.
- Keep a written record of action taken.

22.4 Concerns outside the immediate sporting environment:

- Report your concerns to the Safeguarding Officer, who should contact social services or the police as soon as possible.
- If the Safeguarding Officer is not available, the person being told of or discovering the abuse should contact social services or the police immediately.
- Maintain confidentiality on a need to know basis only.

23. Recruitment and training of Instructors and volunteers

23.1 Advertising will reflect the aims of SRKA key responsibilities of the role, and the necessary experience required.

23.2 Our open and positive stance on vulnerable adult protection and equity will be implicit. Pre-application information will be sent and an application form is necessary for all posts.

23.3 Following short-listing, formal interviews will be held and the successful applicant will only be allowed to take up their post and duties once a valid DBS check has been provided to SRKA, and the credentials applicable to the role have been checked.

23.4 SRKA recognises that anyone may have the potential to abuse vulnerable adults and therefore it is mandated that all reasonable steps are taken to ensure unsuitable people are prevented from working with vulnerable adults. It is essential that the same procedures be used consistently for all posts whether staff are paid or voluntary, full time or part time.

23.5 All Instructors (and volunteers) will be required to undergo an interview carried out to acceptable protocol and recommendations within SRKA recruitment and selection policy.

23.6 Instructors and volunteers should receive formal or informal induction, during which:

- A check should be made that the application form has been completed in full (including sections on criminal records and self-disclosures).
- Their qualifications should be substantiated.
- The job requirements and responsibilities should be clarified.
- Vulnerable Adult protection procedures are explained and training needs are identified.

23.7 All current SRKA Instructors shall complete a declaration of self- assessment and a DBS records check relevant to the position held.

23.8 All SRKA Instructors will (in addition to being DBS checked) undertake Safeguarding Training.

24. GDPR

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24.1 The Safeguarding Team of SRKA will, as part of their work, collect personal data and therefore the EU General Data Protection Rules 2018 and the accompanying UK Data Protection Act 2018 (hereinafter GDPR and DPA respectively) will apply. SRKA therefore has a requirement to process, store and share data in accordance with the new rules.

24.2 A significant element of GDPR is informing people why an organisation wishes to collect for what purpose. Therefore, when SRKA asks for DBS checks of instructors, the reasons for collecting this data should be made clear to those being asked to provide evidence. By being open and honest about what data is being stored and what the purpose of storing this data is therefore provides an opportunity for informed consent. This allows people to make a decision as to accept or decline providing data. One of the key purposes of GDPR is to enhance the rights of an individual to restrict the processing of their data. However, given it is a precondition that SRKA need to be assured of robust DBS management any failure to comply with such requests may hinder continued membership.

24.3 GDPR accountability is not solely directed at one person however the accountability rests with anyone who is collecting, managing and/or storing information. Crucially, this rule is applicable not just to data controllers (person charged with overall responsibility of the management of data) but also to data processors. Data processors can be volunteers, staff members or external parties which includes a website host or data storage company.

24.4 Within a vulnerable adult specific context, there are extra protections which need to be applied when processing and managing data. This will usually involve liaising with relatives and/or carers as well as ensuring the data capturing statements produced are easy to understand with simple language used where possible.

24.5 Furthermore, any personal data which is gathered should be used for the primary purpose only, unless further consent has been granted from the persons in question for supplementary purposes. This includes any transferring of the data to another party. Any failure to obtain consent for a secondary purpose will constitute a breach of GDPR.

24.6 In order to process data without following the explicit consent processes previously mentioned, it is imperative that SRKA is able to clearly articulate which lawful basis – as documented under Article 6 of GDPR regulations – is being applied especially when sharing confidential data with other agencies following accusations of abuse in all its manifestations. Information of this nature should only be shared between appropriate agencies and should conform to Article 5(1) which includes the following requirements:

- Data should be relevant and have a rational link to the purpose
Limited to the pertinent details of the accusation (not all information held about said individual)
- Be adequate and sufficient in order to fulfil the purpose of sharing information
- Only be shared with those who need all or some of the information (as reiterated in Caldicott Principles)
- Have a specific need to be shared at the time

24.7 Under Articles 13 and 14 of GDPR which documents the individual's right to be informed of what data is being collected and for what purpose. Genuine consent puts the individual in charge and helps build collaborative professional relationships. However, after having risk assessed a victim of abuse and deemed them to be at risk of serious harm or homicide then SRKA is duty bound by existing legislation to share this information and no individual consent is required. If as required by UK law (DPA) data will be processed regardless of consent then asking for consent is both misleading and inherently unfair.

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24.8 Similarly, Article 6 (f) also documents legitimate interests as a lawful basis for processing data without informed consent. When relying on legitimate interests for the sharing of information this must be balanced against the interests and fundamental rights of the adult at risk involved. In summary, when dealing with accusations of abuse, there are justifiable moral and legal reasons why SRKA will share the data with other appropriate agencies.

24.9 Documented below is a detailed breakdown of the lawful basis and legal grounds for sharing information with specific emphasis on those which would apply to the SRKA Safeguarding team.

- **Article 6(c) Legal obligation:** the processing is necessary for you to comply with the law (not including contractual obligations)
- **Article 6(d) Vital interests:** the processing is necessary to protect someone's life
- **Article 6 (e) Public task:** the processing is necessary for you to perform a task in the public interest or for your official functions, and the task or function has a clear basis in law.
- **Article 6 (f) Legitimate interests:** the processing is necessary for your legitimate interests or the legitimate interests of a third party unless there is a good reason to protect the individual's personal data which overrides those legitimate interests. (This cannot apply if you are a public authority processing data to perform your official tasks.)

24.10 The main grounds in UK legislation for the requirement to share information with specific emphasis on Adult Safeguarding include:

Requirement	Law
For the administration of justice – bringing perpetrators of crimes to justice	Part 3 and Schedule 8 of the Data Protection Act 2018
Prevention and detection of crimes	Section 115 of the Crime and Disorder Act 1998
Right to life	Articles 2 and 3 of the Human Rights Act
Protection of the vital interests of the data subject e.g. prevention of serious harm (psychological, physical or sexual)	Schedule 8 of the Data Protection Act 2018 Sexual Offences Act 2003
Prevention of acts of terrorism or joining banned organisations	Counter Terrorism and Security Act 2015

24.11 For further advice and guidance on GDPR and its implications for safeguarding and its use within sporting organisations, please refer to the Information Commissioners Office.

25. Monitoring Compliance and Review

25.1 This policy will be reviewed every 3 years by the SRKA Safeguarding Team.

25.2 There are circumstances in which the policy will be reviewed earlier than the scheduled time period. These include:

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- Any changes in legislation or government guidance
- As a consequence of a significant event/incident

Appendix 1 – PREVENT reporting flowchart

Escalation and Referral Process for Preventing Radicalisation of Adults at Risk

- Individual expresses concerns about an adult re: radicalisation



- If these concerns are immediate e.g. adult is presenting an immediate risk to either themselves, others or property then the individual should - as a matter of urgency - contact the police on 999 or the National Counter Terrorism Hotline on 0800 789321 providing as much detail as possible



- For concerns which are not immediate, contact your Regional Safeguarding Lead (details available on the SRKA website).



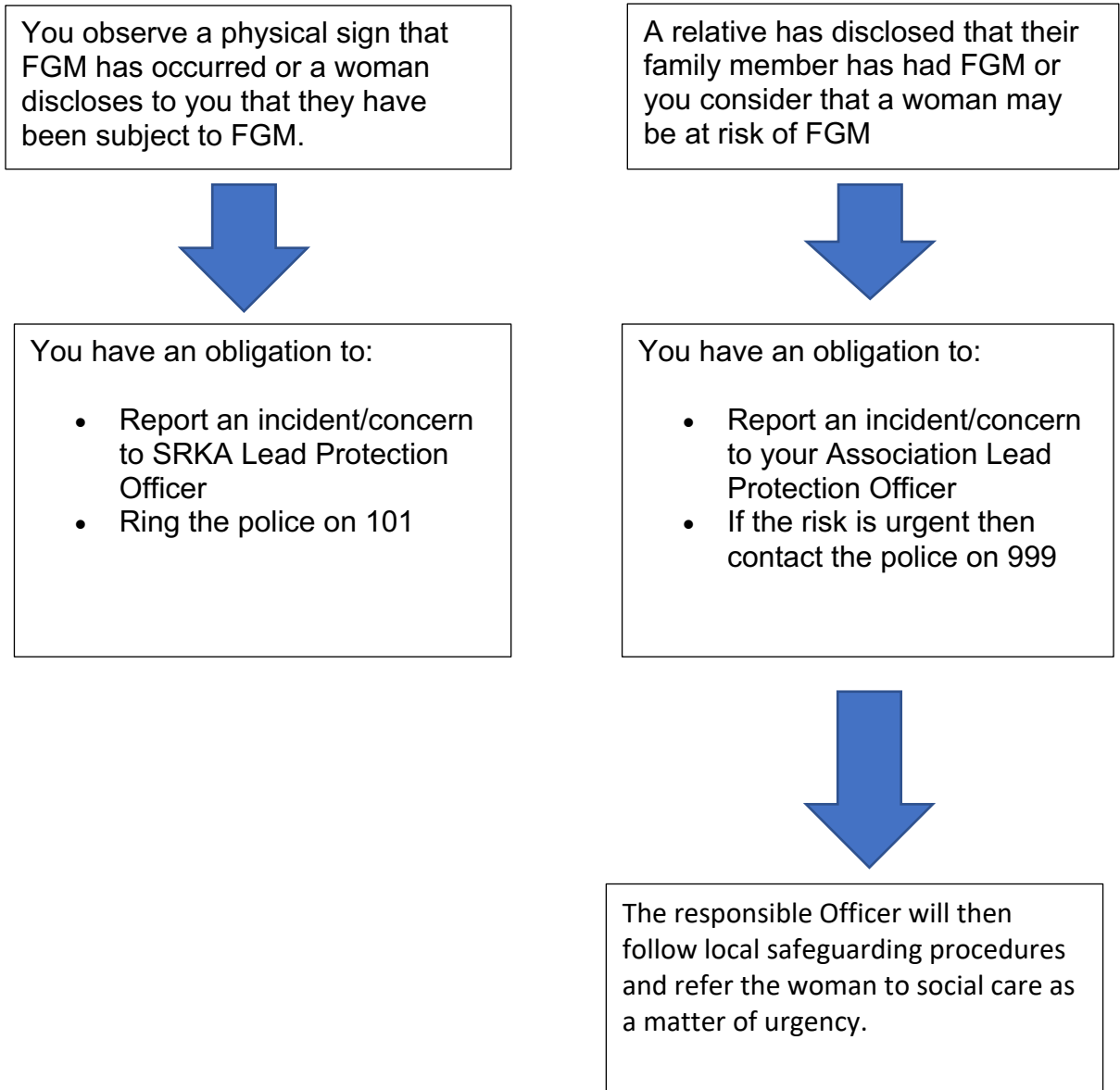
- Regional Safeguarding Lead will consider onward referral to Channel or decide that no further action is warranted. If no further action is warranted the concern will be logged for a period of time consistent with data protection laws and then permanently deleted.



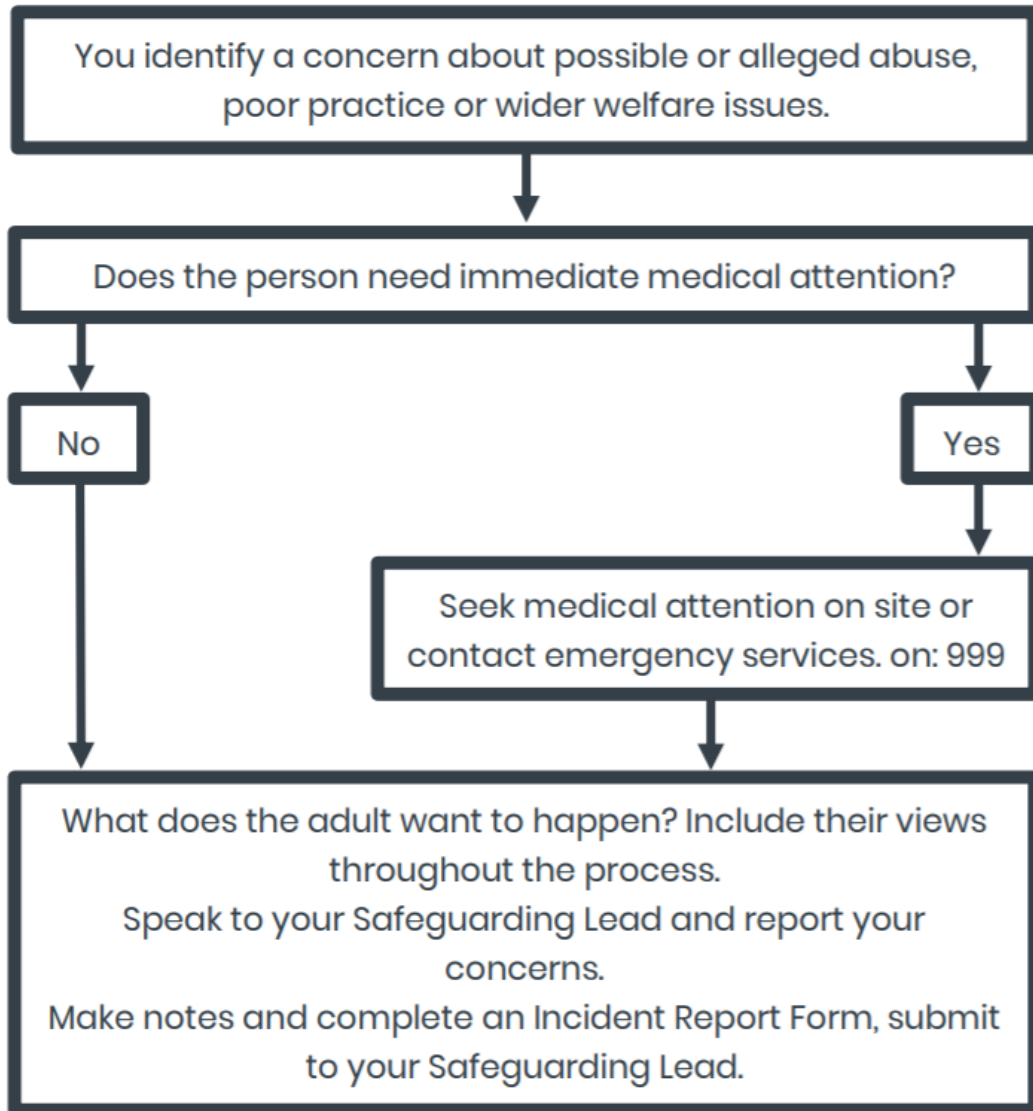
- If it is decided that onward referral is required then the Lead will complete/forward the Channel referral form, log on the appropriate spreadsheet and monitor the incident, facilitating any further actions in liaison with others where required to do so.

Appendix 2 – FGM Reporting Flowchart

You have concerns re: FGM



Appendix 3 - Reporting safeguarding concerns flowchart (utilised from the Ann Craft Trust)



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Appendix 4 – Incident reporting form

Adults at Risk - Safeguarding Incident Form

Your name		Name of Club	
Your role			
Your contact details:			
Address		Telephone number(s)	
Postcode		E-mail address	
Adult's details:			
Name		Date of birth	
Ethnic origin		Does the adult have a disability?	
Gender			
Carer details (if known):			
Address		Telephone number(s)	
Postcode		E-mail address	
Has the adult's support network and/or carers been notified of this incident?	YES/NO (please delete as appropriate)		
If 'Yes' provide details of what was said and any actions agreed			
Are you reporting your own concerns or responding on behalf of somebody else?	Own concerns/Somebody else (please delete as appropriate)		
If responding to concerns raised by someone else: <i>Please provide further information below</i>			
Name			
Position within the sport or relationship to the Adult			
Telephone number(s)			
E-mail address			
Date and time of incident(s)			
Details of the incident or concerns (include other relevant information, such as description of any injuries and whether you are recording this incident as a fact, opinion or hearsay)			

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Adult's account of the incident	
Where there any witness accounts of the incident?	YES/NO (please delete as appropriate)
If 'Yes' please answer below supplementary questions	
Name	
Position within the club or relationship to the adult	
Date of birth (if child)	
Address	
Postcode	
Telephone number(s)	
E-mail address	
Please provide details of any person involved in this incident or alleged to have caused the incident / injury:	
Name	
Position within the club or relationship to the adult	
Date of birth (if child)	
Address	
Postcode	
Telephone number(s)	
E-mail address	

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Please provide details of action taken to date:	
Has the incident been reported to any external agencies?	YES/NO (please delete as appropriate)
If YES please provide further details:	
Name of organisation/agency	
Contact person	
Telephone number(s)	
Email address	
Agreed action or advice given	
Your Signature:	
Print name:	
Date:	

Contact your organisation's Designated Safeguarding Officer in line with reporting procedures.

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Appendix 5 - Document Development Checklist

Type of document: Policy

Lead author: Steve Reed

Is this new or does it replace an existing document? New policy

What is the rationale/ Primary purpose for the document	To raise awareness of adult safeguarding practices and to ensure robust measures are implemented. This policy will set the standard for Clubs to follow and will hold Clubs to account for poor performance and/or non-compliance.
What evidence/standard is the document based on?	The evidence is based on pre-existing publications already in the public domain but has drawn heavily upon national guidance and legislation as well as the extensive work undertaken by the Child Protection in Sport Unit of the NSPCC.
Who will use the document?	The SRKA Safeguarding Team, SRKA Chief Instructor and all affiliated Clubs
Is a pilot run of the document required? (optional)	No
Has an evaluation taken place? What are the results? (optional)	An evaluation of the new policy will take place in 12 months' time. Should the policy be working well then, the review dates will be every 3 years unless urgent change is required.
What is the implementation and dissemination plan? (How will this be shared?)	This will be shared on the Official SRKA Website
How will the document be reviewed? (When, how and who will be responsible?)	The document will be reviewed every 3 years following initial 12 month review. This will be undertaken by the SRKA Safeguarding Team who will validate any changes.
Are there any implications as a consequence of any changes made? (How will any change to services be met? Resource implications?)	The SRKA Safeguarding Team fully acknowledge that there are limited resources in terms of adult safeguarding as funding is limited. The measures set out in this policy will be resource intensive in the first instance however once compliant, the impact of the changes will be dramatically reduced. The SRKA Safeguarding Team are available to offer support and guidance to clubs as required.
Keywords (Include keywords for the document controller to include to assist searching for the policy on the internet)	Adult safeguarding, Duty of Care, CPSU, Prevent, FGM, Breast ironing, Breast flattening, GDPR, DBS Checks, Photographic filming
Staff/stakeholders consulted	This policy has been reviewed in consultation with advice given by the CPSU and following extensive discussions with the members of the SRKA Safeguarding Team.
How will the document be reviewed? (When, how and who will be responsible?)	The document will be reviewed every 3 years following initial 12 month review. This will be undertaken by the SRKA Safeguarding Team who will validate any changes before the policy is ratified by the Chief Instructor.

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Signed and dated By validating officer	SRKA Safeguarding Team 13/08/2022
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