

AoC Sport Safeguarding Policy

Adults

June 2019

3.1 Introduction

AoC Sport is the lead representative organisation for further education and sixth form college sport and physical activity. The organisation was established in August 2014 following the merger of British Colleges Sport, English Colleges Football Association and the Association of Colleges Sport Policy Team.

Our vision is 'every student participating regularly in sport or physical activity'. We believe that sport and physical activity are essential components of college life, providing significant advantages in terms of education, employment and health

We will use sport and activity to...

- › provide quality educational outcomes for college students
- › boost employability skills and support the local economy
- › improve health outcomes for students, staff and wider college communities

3.2 Principles guiding this policy

AoC Sport is committed to creating and maintaining a safe and positive environment and accepts our responsibility to safeguard the welfare of all adults involved in our activities in accordance with the Care Act 2014.

This policy statement is based on the commitment of AoC Sport to the following principles:

Anyone aged 18 or over is considered an adult for the purpose of safeguarding policy and procedures. For under 18's please refer to our children and young people safeguarding policy.

- All adults, regardless of age, ability or disability, gender, race, religion, ethnic origin, sexual orientation, marital or gender status have the right to be protected from abuse and poor practice and to participate in an enjoyable and safe environment.
- AoC Sport will seek to ensure that our activities are inclusive and make reasonable adjustments for any ability, disability or impairment, we will also commit to continuous development, monitoring and review.
- The rights, dignity and worth of all adults will always be respected.
- We recognise that ability and disability can change over time, such that some adults may be additionally vulnerable to abuse, in particular those adults with care and support needs
- We all have a shared responsibility to ensure the safety and well-being of all adults and will act appropriately and report concerns whether these concerns arise within AoC Sport or in the wider community.
- It is the responsibility of safeguarding experts to determine whether abuse has taken place, but it is **everyone's** responsibility to report any concerns.

- All incidents of suspicious poor practice and allegations should be taken seriously and responded to swiftly and appropriately.
- Confidentiality should be upheld in line with General Data Protection Regulation 2018 and the Human Rights Act 2000.
- All allegations will be taken seriously and responded to quickly in line with AoC Sport Safeguarding Adults Policy and Procedures.
- AoC Sport recognises the role and responsibilities of the statutory agencies in safeguarding adults and is committed to complying with the procedures of the Local Safeguarding Adults Boards.

The Care Act 2014 sets out the following principles that should underpin safeguarding of adults

- **Empowerment** - People being supported and encouraged to make their own decisions and informed consent.
- **Prevention** – It is better to take action before harm occurs.
- **Proportionality** – The least intrusive response appropriate to the risk presented.
- **Protection** – Support and representation for those in greatest need.
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability** – Accountability and transparency in delivering safeguarding.

Making safeguarding personal

‘Making safeguarding personal’ means that adult safeguarding should be person led and outcome focussed. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control. As well as improving quality of life, well-being and safety.

Wherever possible discuss safeguarding concerns with the adult to get their view of what they would like to happen and keep them involved in the safeguarding process, seeking their consent to share information outside of the organisation where necessary.

3.3 Legislation

The practices and procedures within this policy are based on the principles contained within the UK legislation and Government Guidance and have been developed to complement the Safeguarding Adults Boards policy and procedures They take the following into consideration:

- The Care Act 2014
- The Protection of Freedoms Act 2012
- Domestic Violence, Crime and Victims (Amendment) Act 2012
- The Equality Act 2010

- The Safeguarding Vulnerable Groups Act 2006
- Mental Capacity Act 2005
- Sexual Offences Act 2003
- The Human Rights Act 1998
- General Data Protection Regulation 2018

3.4 Roles and responsibilities of those within AoC Sport

AoC Sport has a duty of care to safeguard from harm all children involved in any programmes and activities directly delivered by (or in association with) AoC Sport staff or volunteers or in association.

The responsibilities of AoC Sport are to:

- Lead the production, monitoring and review of this Safeguarding Policy and accompanying Implementation Plan.
 - Accept the moral and legal responsibility to implement procedures to provide a duty of care for children and adults, safeguard their wellbeing and protect them from abuse.
 - Recruit, train and supervise employees and volunteers to adopt best practice to safeguard and protect children and adults from abuse, and themselves against false allegations.
 - Respond to any allegations appropriately and implement the appropriate disciplinary and appeals procedures.
 - Ensure that within all the programmes it funds, supports or promotes, the delivery agencies have established policies and provide protection to children and adults.
 - Support all partner and delivery agencies to implement procedures which provide a duty of care for children and vulnerable adults, safeguard their wellbeing and protect them from abuse.
 - Require staff, direct employees and volunteers to adopt and abide by the Safeguarding Policy and Implementation Plan.
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- A Lead Safeguarding Officer to produce and disseminate guidance and resources to support the policy and procedures.
 - Procedures for dealing with allegations of abuse or poor practice against members of staff and volunteers.
 - Case management that effectively deals with issues, manages concerns and refers to a disciplinary panel where necessary (i.e. where concerns arise about the behaviour of someone within AoC Sport.)
 - Arrangements to work effectively with other organisations to safeguard and promote the welfare of adults, including arrangements for sharing information.

- Clear codes of conduct are in place for coaches, participants, officials, spectators and other relevant individuals.

3.5 Promotion and distribution of policy

All committees, advisory groups and AoC Sport-funded organisations will be required to sign up to the Safeguarding Policy. Access to the policy and accompanying Implementation Plan will be available to all partners, customers, colleges, parents, participants and the general public .

The policy will be accessible to all employees and will also be available to volunteers, partner agencies, customers and the general public in due course via the [AoC Sport website](#).

Communication of the policy and discussion regarding the Implementation Plan will take place with partners, including relevant bodies such as the NSPCC, Activity Alliance, Local Safeguarding managers and partnership members i.e. Active Partnerships, National Governing Bodies etc.

3.6 Review process and timescales

This Policy has been approved by the Management Team and the AoC Sport board. AoC Sport will review the Safeguarding Policy every three years, or whenever there is major change in legislation related to Safeguarding or the AoC Sport organisational structure. The Implementation Plan will be reviewed on a six-monthly basis.

3.7 Definitions

To assist working through and understanding this policy a number of key definitions need to be explained:

Adult is anyone aged 18 or over.

Adult at risk is a person aged 18 or over who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs);
and;
- Is experiencing, or is at risk of, abuse or neglect;
and;
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

Adult in need of care and support is determined by a range of factors including personal characteristics, factors associated with their situation or environment and social factors. Naturally, a person's disability or frailty does not mean that they will inevitably experience harm or abuse.

In the context of safeguarding adults, the likelihood of an adult in need of care and support experiencing harm or abuse should be determined by considering a range of social, environmental and clinical factors, not merely because they may be defined by one or more of the above descriptors.

In recent years there has been a marked shift away from using the term 'vulnerable' to describe adults potentially at risk from harm or abuse.

Abuse is a violation of an individual's human and civil rights by another person or persons.

See section 4 for further explanations.

Adult safeguarding is protecting a person's right to live in safety, free from abuse and neglect.

Capacity refers to the ability to make a decision at a particular time, for example when under considerable stress. The starting assumption must always be that a person has the capacity to make a decision unless it can be established that they lack capacity (MCA 2005). (link to Appendix 2)

3.8 Types of abuse and neglect

There are different types and patterns of abuse and neglect and different circumstances in which they may take place. The Care Act 2014 identifies the following as an illustrative guide and is not intended to be exhaustive list as to the sort of behaviour which could give rise to a safeguarding concern.

Self-neglect – this covers a wide range of behaviour: neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

Domestic abuse and coercive control – including psychological, physical, sexual, financial and emotional abuse. It also includes so called 'honour' based violence. It can occur between any family members.

Discriminatory abuse – discrimination is abuse which centres on a difference or perceived difference particularly with respect to race, gender or disability or any of the protected characteristics of the Equality Act.

Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Physical abuse – including hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect – including ignoring medical or physical care needs, failure to provide access to appropriate health social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Emotional or psychological abuse – this includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Not included in the Care Act 2014 but also relevant:

Cyber bullying – cyber bullying occurs when someone repeatedly makes fun of another person online or repeatedly picks on another person through emails or text messages, or uses online forums with the intention of harming, damaging, humiliating or isolating another person. It can be used to carry out many different types of bullying (such as racist bullying, homophobic bullying, or bullying related to special educational needs and disabilities) but instead of the perpetrator carrying out the bullying face-to-face, they use technology as a means to do it.

Forced marriage – forced marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. The Anti-social Behaviour, Crime and

Policing Act 2014 make it a criminal offence to force someone to marry. The forced marriage of adults with learning disabilities occurs when the adult does not have the capacity to consent to the marriage.

Mate crime – a ‘mate crime’ as defined by the Safety Net Project as ‘when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.’ Mate Crime is carried out by someone the adult knows and often happens in private. In recent years there have been a number of Serious Case Reviews relating to people with a learning disability who were murdered or seriously harmed by people who purported to be their friend.

Radicalisation – the aim of radicalisation is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. This may be direct through a relationship, or through social media.

3.9 What to do if you have a concern or someone raises concerns with you.

There are four steps involved in taking appropriate action – known as the 4 R’s. Each is essential.

1. Recognising signs and indicators of abuse
2. Responding to the disclosure, suspicion and/or allegation
3. Recording the relevant information
4. Reporting the relevant information.

3.9.1 Recognising signs and indicators of abuse

Abuse can take place in any context and by all manner of perpetrator. Abuse may be inflicted by anyone. There are many signs and indicators that may suggest someone is being abused or neglected, these include but are not limited to:

- Unexplained bruises or injuries – or lack of medical attention when an injury is present.
- Person has belongings or money going missing.
- Person is not attending / no longer enjoying their sessions. you may notice that a participant in a team has been missing from practice sessions and is not responding to reminders from team members or coaches.
- Someone losing or gaining weight / an unkempt appearance. this could be a player whose appearance becomes unkempt, does not wear suitable sports kit and deterioration in hygiene.
- A change in the behaviour or confidence of a person. For example, a participant may be looking quiet and withdrawn when their brother comes to collect them from sessions, in contrast to their personal assistant whom they greet with a smile.

- They may self-harm.
 - They may have a fear of a particular group or individual.
 - They may tell you / another person they are being abused – i.e. a disclosure.
 - Harassing of a club member because they are or are perceived to have protected characteristics.
 - Not meeting the needs of the participant. E.g. this could be training without a necessary break.
 - A coach intentionally striking an athlete.
 - This could be a fellow athlete who sends unwanted sexually explicit text messages to a learning disabled adult they are training alongside.
 - This could be an athlete threatening another athlete with physical harm and persistently blaming them for poor performance.
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- It is not your responsibility to decide whether or not an adult has been abused. It is however everyone's responsibility to respond to and report concerns.
 - If you are concerned someone is in immediate danger, contact the police on 999 straight away. Where you suspect that a crime is being committed, you must involve the police.
 - If you have concerns and or you are told about possible or alleged abuse, poor practice or wider welfare issues you must report this to the **AoC Sport** Lead Safeguarding Officer. If the Lead Safeguarding Officer is implicated, then report to the **AoC Sport** Managing Director.
 - When raising your concern with the Lead Safeguarding Officer, remember Making Safeguarding Personal. It is good practice to seek the adult's views on what they would like to happen next and to inform the adult you will be passing on your concern and
 - It is important when considering your concern that you also ensure you keep the person informed about any decisions and action taken about them and always consider their needs and wishes.

3.9.2 Responding to a disclosure, suspicion or allegation

- Make a note of your concerns.
- Make a note of what the person has said using his or her own words as soon as practicable. Complete an Incident Form and submit to the **AoC Sport** Lead Safeguarding officer.
- Remember to make safeguarding personal. Discuss your safeguarding concerns with the adult, obtain their view of what they would like to happen, but inform them it's your duty to pass on your concerns to your lead safeguarding officer.
- Describe the circumstances in which the disclosure came about.

- Take care to distinguish between fact, observation, allegation and opinion. It is important that the information you have is accurate.
- Be mindful of the need to be confidential at all times, this information must only be shared with your Lead Safeguarding or Welfare Officer and others on a need to know basis.
- If the matter is urgent and relates to the immediate safety of an adult at risk, then contact the emergency services immediately.

3.9.3 Recording the incident

Wherever possible, any report must be made in writing using the Safeguarding Incident Report Form, which is included in the accompanying template section. The Safeguarding Incident Report form can also be found on the AoC Sport website or on the internal V drive.

Information must be accurate, complete and factual, including the name and contact details of the person reporting the incident.

Throughout the entire process confidentiality is vital. Every effort must be made to ensure confidentiality is maintained when an allegation has been made and is being investigated. Minimise the number of people that you share a concern with; information should only be shared on a “need to know” basis.

This means only those individuals stated within the reporting structure who will be able to manage and resolve the situation and no-one else, unless directed by statutory agencies or the AoC Sport Safeguarding Team.

3.9.4 Reporting

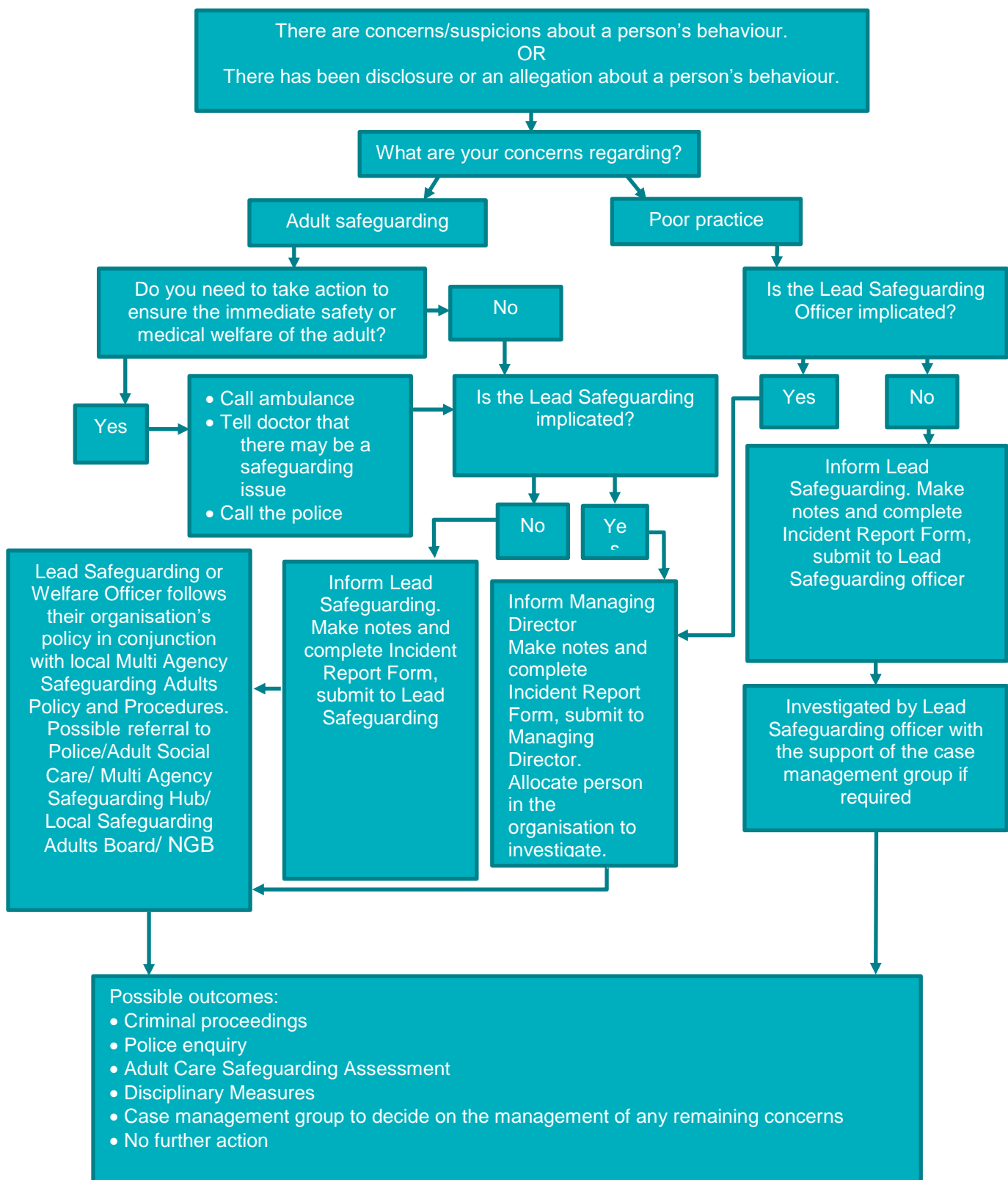
It is acknowledged that the suggestion that an adult has/is being abused can evoke strong emotions. It can be very difficult to hear suspicions of allegations, but it is important that concerns are acted on. If indicators of abuse or a disclosure give you cause for concern, it is not your responsibility to decide if abuse is taking place, but it is your responsibility to act on your concerns.

AoC Sport has clear procedures for reporting concerns. It is important that you follow the procedure detailed and fulfil your role in the process. If you become aware of any suspicions or concerns about the safety or welfare of an adult, pass these on to the AoC Sport Lead Safeguarding Officer on the same day. It is helpful to complete the Safeguarding Incident Report Form as this sets out the information which is useful. You should report as much detail as possible but avoid hearsay or assumptions. The Lead Safeguarding Officer is responsible for implementing any further procedures should this be necessary.

The flowchart on the following page illustrate the reporting process.

3.10 Safeguarding adults flowchart

Dealing with concerns, suspicions or disclosure



Remember to involve the adult at risk throughout the process wherever possible and gain consent for any referrals to social care if the person has capacity

3.11 How AoC Sport will respond to suspicions or concerns

How to raise a concern

In the first instance individuals should raise a concern with the Lead Safeguarding Officer or email safeguarding@aac.co.uk. Individuals should set out the background and history of the concern, giving names, dates and places where possible and the reason why they are particularly concerned about the situation.

If you believe you have not received a satisfactory response to your concern, or your concern is about the AoC Sport Lead Safeguarding Officer you should contact the Managing Director.

Incident Referral Process

As soon as the AoC Sport Lead Safeguarding Officer receives written notification of an incident, allegation or disclosure they assume management of the case (provided it is not being dealt with by the police and/or Local Authority Services). The individual should set out the background and history of the concern, giving names, dates and places where possible and the reason why they are concerned about the situation.

3.12 Review process and document control

This Policy has been approved by the Management Team and the AoC Sport board. AoC Sport will review the Safeguarding Policy every three years, or whenever there is major change in legislation related to Safeguarding or the AoC Sport organisational structure. The Implementation Plan will be reviewed on a six-monthly basis.

Version No.	Date of issue	Author(s)	Comments and description of changes
1.0	19 June 2019	Prepared by AoC Sport Policy Manager	

Appendix 1

Guidance and information

Making safeguarding personal

There has been a cultural shift towards making safeguarding personal within the safeguarding process. This is a move from prioritising outcomes demanded by bureaucratic systems.

The safeguarding process used to involve gathering a detailed account of what happened and determining who did what to whom. Now the outcomes are defined by the person at the centre of the safeguarding process.

The safeguarding process places a stronger emphasis on achieving satisfactory outcomes that take into account the individual choices and requirements of everyone involved.

“What good is it making someone safer if it merely makes them miserable?” – Lord Justice Mundy, “What Price Dignity?” (2010)

What this means in practice is that adults should be more involved in the safeguarding process. Their views, wishes, feelings and beliefs must be taken into account when decisions are made.

The Care Act 2014 builds on the concept, stating that “We all have different preferences, histories, circumstances and lifestyles so it is unhelpful to prescribe a process that must be followed whenever a concern is raised.”

However, the Act is also clear that there are key issues that should be taken into account when abuse or neglect are suspected, and that there should be clear guidelines regarding this.

<https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal>

Capacity – Guidance on Making Decisions

The issue of capacity or decision making is a key one in safeguarding adults. It is useful for organisations to have an overview of the concept of capacity.

We make many decisions every day, often without realising. We make so many decisions that it's easy to take this ability for granted.

But some people are only able to make some decisions, and a small number of people cannot make any decisions. Being unable to make a decision is called “lacking capacity”.

To make a decision we need to:

- Understand information
- Remember it for long enough
- Think about the information
- Communicate our decision

A person's ability to do this may be affected by things like learning disability, dementia, mental health needs, acquired brain injury, and physical ill health.

The Mental Capacity Act 2005 (MCA) states that every individual has the right to make their own decisions and provides the framework for this to happen.

The MCA is about making sure that people over the age of 16 have the support they need to make as many decisions as possible.

The MCA also protects people who need family, friends, or paid support staff to make decisions for them because they lack capacity to make specific decisions.

Our ability to make decisions can change over the course of a day.

Here are some examples that demonstrate how the timing of a question can affect the response:

- A person with epilepsy may not be able to make a decision following a seizure.
- Someone who is anxious may not be able to make a decision at that point.
- A person may not be able to respond as quickly if they have just taken some medication that causes fatigue.

In each of these examples, it may appear as though the person cannot make a decision. But later in the day, presented with the same decision, they may be able to at least be involved.

The MCA recognises that capacity is decision-specific, so no one will be labelled as entirely lacking capacity. The MCA also recognises that decisions can be about big life-changing events, such as where to live, but equally about small events, such as what to wear on a cold day.

To help you to understand the MCA, consider the following five points:

1. Assume that people are able to make decisions, unless it is shown that they are not. If you have concerns about a person's level of understanding, you should check this with them, and if applicable, with the people supporting them.
2. Give people as much support as they need to make decisions. You may be involved in this – you might need to think about the way you communicate or provide information, and you may be asked your opinion.
3. People have the right to make unwise decisions. The important thing is that they understand the implications. If they understand the implications, consider how risks might be minimised.
4. If someone is not able to make a decision, then the person helping them must only make decisions in their "best interests". This means that the decision must be what is best for the person, not for anyone else. If someone was making a decision on your behalf, you would want it to reflect the decision you would make if you were able to.
5. Find the least restrictive way of doing what needs to be done.

Remember:

- You should not discriminate or make assumptions about someone's ability to make decisions, and you should not pre-empt a best-interest's decision merely on the basis of a person's age, appearance, condition, or behaviour.
- When it comes to decision-making, you could be involved in a minor way, or asked to provide more detail. The way you provide information might influence a person's ultimate decision. A

person may be receiving support that is not in-line with the MCA, so you must be prepared to address this.

Consent and information sharing

Workers and volunteers within sports and physical activity organisations should always share safeguarding concerns in line with their organisation's policy, usually with their safeguarding lead in the first instance, except in emergency situations. As long as it does not increase the risk to the individual, the worker or volunteer should explain to them that it is their duty to share their concern with their safeguarding lead or welfare officer.

The safeguarding lead will then consider the situation and plan the actions that need to be taken, in conjunction with the adult at risk and in line with the organisation's policy and procedures and local safeguarding adults board policy and procedures.

To make an adult safeguarding referral you need to call the local safeguarding adults team. This may be part of a MASH (*Multi-Agency Safeguarding Hub*). A conversation can be had with the safeguarding adults team without disclosing the identity of the person in the first instance. If it is thought that a referral needs to be made to the safeguarding adults team, consent should be sought where possible from the adult at risk.

Individuals may not give their consent to the sharing of safeguarding information with the safeguarding adult's team for a number of reasons. Reassurance, appropriate support and revisiting the issues at another time may help to change their view on whether it is best to share information.

If they still do not consent, then their wishes should usually be respected. However, there are circumstances where information can be shared without consent such as when the adult does not have the capacity to consent, it is in the public interest because it may affect other people or a serious crime has been committed. This should always be discussed with your safeguarding lead and the local authority safeguarding adults team.

If someone does not want you to share information outside of the organisation or you do not have consent to share the information, ask yourself the following questions:

- Is the adult placing themselves at further risk of harm?
- Is someone else likely to get hurt?
- Has a criminal offence occurred? This includes: theft or burglary of items, physical abuse, sexual abuse, forced to give extra money for lessons (financial abuse) or harassment.
- Is there suspicion that a crime has occurred?

If the answer to any of the questions above is 'yes' - then you can share without consent and need to share the information.

When sharing information there are seven Golden Rules that should always be followed.

1. Seek advice if in any doubt
2. Be transparent - The Data Protection Act (DPA) is not a barrier to sharing information but to ensure that personal information is shared appropriately; except in circumstances where by doing so places the person at significant risk of harm.

3. Consider the public interest - Base all decisions to share information on the safety and well-being of that person or others that may be affected by their actions.
4. Share with consent where appropriate - Where possible, respond to the wishes of those who do not consent to share confidential information. You may still share information without consent, if this is in the public interest.
5. Keep a record - Record your decision and reasons to share or not share information.
6. Accurate, necessary, proportionate, relevant and secure - Ensure all information shared is accurate, up-to-date; necessary and share with only those who need to have it.
7. Remember the purpose of the Data Protection Act (DPA) is to ensure personal information is shared appropriately, except in circumstances where by doing so may place the person or others at significant harm.

Appendix 2

Legislation and Government Initiatives

Sexual Offences Act 2003

<http://www.legislation.gov.uk/ukpga/2003/42/contents>

The Sexual Offences Act introduced a number of new offences concerning vulnerable adults and children. www.opsi.gov.uk

Mental Capacity Act 2005

<http://www.legislation.gov.uk/ukpga/2005/9/introduction>

Its general principle is that everybody has capacity unless it is proved otherwise, that they should be supported to make their own decisions, that anything done for or on behalf of people without capacity must be in their best interests and there should be least restrictive intervention.

www.dca.gov.uk

Safeguarding Vulnerable Groups Act 2006

<http://www.legislation.gov.uk/ukpga/2006/47/contents>

Introduced the new Vetting and Barring Scheme and the role of the Independent Safeguarding Authority. The Act places a statutory duty on all those working with vulnerable groups to register and undergo an advanced vetting process with criminal sanctions for non-compliance. www.opsi.gov.uk

Deprivation of Liberty Safeguards

<https://www.gov.uk/government/collections/dh-mental-capacity-act-2005-deprivation-of-liberty-safeguards>

Introduced into the Mental Capacity Act 2005 and came into force in April 2009. Designed to provide appropriate safeguards for vulnerable people who have a mental disorder and lack the capacity to consent to the arrangements made for their care or treatment, and who may be deprived of their liberty in their best interests in order to protect them from harm.

Disclosure & Barring Service 2013

<https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

Criminal record checks: guidance for employers - How employers or organisations can request criminal records checks on potential employees from the Disclosure and Barring Service (DBS).

www.gov.uk/db-update-service

The Care Act 2014 – statutory guidance

<http://www.legislation.gov.uk/ukpga/2014/23/introduction/enacted>

The Care Act introduces new responsibilities for local authorities. It also has major implications for adult care and support providers, people who use services, carers and advocates. It replaces No Secrets and puts adult safeguarding on a statutory footing.

Making Safeguarding Personal Guide 2014

<http://www.local.gov.uk/documents/10180/5852661/Making+Safeguarding+Personal+-+Guide+2014/4213d016-2732-40d4-bbc0-d0d8639ef0df>

This guide is intended to support councils and their partners to develop outcome-focused, person-centred safeguarding practice.