

SAFEGUARDING ADULTS IN SPORT RESOURCE PACK



WELCOME TO THE SAFEGUARDING ADULTS RESOURCE PACK

The Government have introduced a legal requirement for the vetting of certain individuals who work with adults. Safeguarding adults in sport is an important responsibility for your organisation and in doing so, will create wider participation in your sport or activity and ensure safe access for everyone.

Sport and recreation organisations who demonstrate best practice in safeguarding commit to both a legal and moral responsibility to all paid staff, volunteers and participants. They demonstrate this commitment to safeguarding by accepting their responsibilities and striving to embed safeguarding within the culture of their organisation.

The purpose of this resource pack is to help you achieve best practice in safeguarding; to understand the legal requirement to vet individuals working with adults; and to appreciate, beyond the legal requirements, what the best practice may be for keeping adults safe. In addition, the information provided will help you respond to adult safeguarding concerns and to develop and put in place policies and procedures which promote the importance of safeguarding adults throughout the whole organisation.

A number of people have been involved in the development of this Resource Pack and I would like to thank them for their guidance and support. This includes members of the Safeguarding Adults Steering Group, UK Sport, Ann Craft Trust and the Sport and Recreation Alliance.

We hope you find this resource useful and would welcome any feedback you may have, including requests for additional information or resources, at sbarker@sportandrecreation.org.uk

Sallie Barker

Chair, Safeguarding Adults Steering Group
Head of Services, Sport and Recreation Alliance



CONTENTS

WELCOME

SECTION 1: BACKGROUND

- DEFINITION 5
- RELEVANT LEGISLATION AND GOVERNMENT INITIATIVES 6
- WHY DO WE NEED A SAFEGUARDING ADULTS POLICY? 12

SECTION 2: POLICIES AND PROCEDURES

- WRITING A SAFEGUARDING ADULTS POLICY AND PROCEDURE DOCUMENT 15
- CREATING A PROCESS TO RESPOND, RECORD, REPORT, REFER 18
- SAFEGUARDING ADULTS IN SPORT – FREQUENTLY ASKED QUESTIONS 20

SECTION 3: INFORMATION AND ADVICE

- SAFEGUARDING ADULTS CHECKLIST 26
- DIRECTORY OF ORGANISATIONS AND USEFUL CONTACTS 27

SECTION 1 BACKGROUND

DEFINITION

The definition of a vulnerable adult is currently set out in **No Secrets (2000)**. The Law Commission review in 2011 suggested a revised definition of an 'adult at risk'. The steering group for safeguarding adults in sport agreed to use this revised definition with slight amendments and have added some sport context for clarity.

A definition for safeguarding adults

When we are speaking about adults at risk we are referring to those who have health or social care needs (irrespective of whether or not those needs are being met by social care) and who are unable to safeguard themselves as a result.

While we recognise that some people will be vulnerable due to their learning disability or mental health needs there are also those adults who are at risk due to a specific circumstance they may find themselves in, for example: domestic abuse, forced marriage, sexual or commercial exploitation (this is not an exhaustive list).



In sport this may look like:

- an elite athlete being groomed for sexual abuse by his or her coach
- a member of a learning disabled sports club being financially exploited by another club member
- a young woman confiding in her coach about a forthcoming holiday where she believes she will be married against her will
- a club which insists on receiving a parental consent form before taking a 20 year old participant with a mild learning disability on an away day trip
- a coach who regularly neglects the individual needs of disabled participants when training.

RELEVANT LEGISLATION AND GOVERNMENT INITIATIVES

Human Rights Act 1998

The Human Rights Act 1998 gives further legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights. These rights not only impact matters of life and death, they also affect the rights you have in your everyday life: what you can say and do, your beliefs, your right to a fair trial and other similar basic entitlements.

Most rights have limits to ensure that they do not unfairly damage other people's rights. However, certain rights – such as the right not to be tortured – can never be limited by a court or anybody else.

You have the responsibility to respect other people's rights, and they must respect yours. Your human rights are enshrined in the following legislation and guidance:

Data Protection Act 1998

The Data Protection Act 1998 is a United Kingdom Act of Parliament which defines UK law on the processing of data on identifiable living people. It is the main piece of legislation that governs the protection of personal data in the UK. Although the Act itself does not mention privacy, it was enacted to bring UK law into line with the European Directive of 1995 which required Member States to protect people's fundamental rights and freedoms and in particular their right to privacy with respect to the processing of personal data. In practice, it provides a way for individuals to control information about themselves. Most of the Act does not apply to domestic use,[1] for example keeping a personal address book. Anyone holding personal data for other purposes is legally obliged to comply with this Act, subject to some exemptions. The Act defines eight data protection principles. It also requires companies and individuals to keep personal information to themselves.

Public Interest Disclosure Act 1998

The Public Interest Disclosure Act 1998 (c. 23) is an Act of the Parliament of the United Kingdom that protects whistleblowers from detrimental treatment by their employer. Influenced by various financial scandals and accidents, along with the report of the Committee on Standards in Public Life, the bill was introduced to Parliament by Richard Shepherd and given government support, on the condition that it become an amendment to the Employment Rights Act 1996. After receiving the Royal Assent on 2 July 1998, the Act came into force on 2 July 1999. It protects employees who make disclosures of certain types of information, including evidence of illegal activity or damage to the environment, from retribution from their employers, such as dismissal or being passed over for promotion. In cases where such retribution takes place the employee may bring a case before an employment tribunal, which can award compensation.

Speaking Up For Justice 1998 and the Youth Justice and Criminal Evidence Act 1999

Speaking Up for Justice, the report of the interdepartmental working group on the treatment of vulnerable or intimidated witnesses in the criminal justice system, was published in 1997. It made 78 recommendations for improvements to the criminal justice system, including the reporting of crime, identification of vulnerable or intimidated witnesses, and measures to assist witnesses before, during and after the trial.

Many of the recommendations of Speaking Up For Justice required legislation to bring them into effect. This legislation is contained in Part II of the Youth Justice and Criminal Evidence Act 1999.

The Act received Royal Assent in July 1999, but is being brought into effect by way of a phased programme of implementation.

The Act provides: A definition of a vulnerable or intimidated witness; a test to determine eligibility; a range of special measures to assist eligible witnesses to give evidence; special provisions for child witnesses; a new definition of competence; a mandatory prohibition on cross-examination by defendants in person of complainants in sexual cases and of certain child witnesses, and a discretionary prohibition in the case of other witnesses; restrictions on cross-examination of a complainant in a sexual case about previous sexual behaviour; restrictions on media reporting.

No Secrets 2000

This document gives guidance to local agencies which have a responsibility to investigate and take action when a vulnerable adult is believed to be suffering abuse. It offers a structure and content for the development of local inter-agency policies, procedures and joint protocols which will draw on good practice nationally and locally.

Care Standards Act 2000

The Care Standards Act created the National Care Standards Commission, an independent, non-governmental public body, to regulate social and health care services previously regulated by local councils and health authorities. It also extended the scope of regulation to other services not previously registered, to include domiciliary care agencies, fostering agencies and residential family centres. The Commission for Social Care Inspection (CSCI) replaced NCSC in April 2004. The Care Quality Commission (CQC) has since replaced CSCI.

Achieving Best Evidence 2002/2006

Achieving Best Evidence guidance describes good practice in interviewing witnesses, including victims, in order to enable them to give their best evidence in criminal proceedings. It considers preparing and planning for interviews with witnesses, decisions about whether or not to conduct an interview, and decisions about whether the interview should be video recorded or whether a written statement would be more appropriate.

It applies to both prosecution and defence witnesses and is intended for all persons involved in relevant investigations, including the police, adult's and children's social care workers, and members of the legal profession.

Central to this is effective communication, at a level and pace that the child or vulnerable adult can understand.

Sexual Offences Act 2003

The Sexual Offences Act 2003 makes new provision about sexual offences and contains measures for protecting the public from sexual harm. The Act is in three parts:

Part 1 makes new provision about sexual offences. It covers the non-consensual offences of rape, assault by penetration, sexual assault and causing a person to engage in sexual activity without consent. It defines 'consent' and 'sexual' and sets out evidential and conclusive presumptions about consent. It covers child sex offences and offences involving an abuse of a position of trust towards a child.

Part 2 contains measures for protecting the public from sexual harm.

Part 3 contains general provisions relating to the Act, including minor and consequential amendments and commencement provisions.

Domestic Violence Crime and Victims Act 2004

The Domestic Violence, Crime and Victims Act 2004 (c. 28) is an Act of the Parliament of the United Kingdom. It is concerned with criminal justice and concentrates upon legal protection and assistance to victims of crime, particularly domestic violence. It also expands the provision for trials without a jury, brings in new rules for trials for causing the death of a child or vulnerable adult, and permits bailiffs to use force to enter homes.



Mental Capacity Act 2005

The Mental Capacity Act covers major decisions about someone's property and financial affairs, health and welfare and where they live. It also covers everyday decisions about personal care (such as what the person eats), when the person can't make those decisions for themselves. The Mental Capacity Act sets out five principles – the values that are the basis of the legal requirements in the act.

Every adult has the right to make his or her own decisions and it must be assumed they can unless it is proved otherwise. Also, a person must be given all reasonable help before anyone treats them as though they are unable to make their own decisions.

Just because someone makes what might be seen as a poor decision, it should not be assumed that they are unable to make any decisions.

Any decision made for a person who is unable to so for themselves must be done in their best interests. Any decisions made for someone else should not restrict their basic rights and freedoms.

Safeguarding Vulnerable Groups Act 2006

The Safeguarding Vulnerable Groups Act 2006 (c. 47) is an Act of the Parliament of the United Kingdom. It was created following the UK Government accepting recommendation 19 of the inquiry headed by Sir Michael Bichard, which was set up in the wake of the Soham Murders.

The Safeguarding Vulnerable Groups Act establishes the legal basis for what was previously known as the ISA and The Criminal Records Bureau (CRB). The CRB is now called the Disclosure and Barring Service (DBS) – CRB checks are now called DBS checks.

The ISA managed the two lists of people barred from working with children and/or vulnerable adults replacing the current barred lists (List 99[2], the Protection of Children Act 1999 (PoCA)[3], the scheme relating to the Protection of Vulnerable Adults (PoVA)[4] and Disqualification Orders[5][6]).

The Safeguarding Vulnerable Groups Act also 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.

Please refer to The Protection of Freedoms Act 2012 and

www.gov.uk/disclosure-barring-service-check/contact-disclosure-and-barring-service

Equality Act 2010

The Equality Act 2010 is the law which bans unfair treatment and helps achieve equal opportunities in the workplace and in wider society.

The Act replaced previous anti-discrimination laws with a single act to make the law simpler, and to remove inconsistencies. This makes the law easier for people to understand and comply with. The act also strengthened protection in some situations.

The Act covers nine protected characteristics, which cannot be used as a reason to treat people unfairly. Every person has one or more of the protected characteristics, so the act protects everyone against unfair treatment.

Law Commission Report on Adult Social Care 2011

Recommendations for a single, clear, modern statute and code of practice that would pave the way for a coherent social care system. Under the reforms proposed in the report, older people, disabled people, those with mental health problems and carers will, for the first time, be clear about their legal rights to care and support services. Local councils across England and Wales will have clear and concise rules to govern when they must provide services.

White Paper, 'Caring for our future: reforming care and support' 2012

The Department has published the 'Caring for our future: reforming care and support' White Paper, which sets out the vision for a reformed care and support system. The new system will:

- focus on people's wellbeing and support them to stay independent for as long as possible
- introduce greater national consistency in access to care and support
- provide better information to help people make choices about their care
- give people more control over their care
- improve support for carers
- improve the quality of care and support
- improve integration of different services.

The Protection of Freedoms Act 2012

The Protection of Freedoms Bill was passed in 2012 by the UK Parliament and is legislation primarily designed to protect the rights of individuals, including the 'abolition of identity cards and unnecessary laws'. The Act includes changes to freedom of information, rights to data and criminal history checks (Vetting and Barring – DBS checks) amongst other civil liberty issues. The Act also applies to policing in particular counter terrorism measures and stop and search power. This Act will affect sport organisations when undertaking safe recruitment and DBS (formerly CRB) checks.

www.legislation.gov.uk/ukpga/2012/9/contents/enacted

Care and Support Bill 2012 – draft

This Bill will create a single law for adult care and support, replacing more than a dozen different pieces of legislation. It provides the legal framework for putting into action some of the main principles of the White Paper, 'Caring for our future: reforming care and support', and also includes some health measures.



WHY DO WE NEED A SAFEGUARDING ADULTS POLICY?

A safeguarding adults policy sets the best practice framework for an organisation to be able to respond to safeguarding concerns about adults and promotes the importance of safeguarding adults throughout the whole organisation. The Government has introduced a legal requirement for vetting certain individuals who work with adults. Safeguarding adults in sport is an important responsibility for a governing body to take on to ensure wider participation and safe access for everyone. Sport and recreation organisations that demonstrate best practice in safeguarding, commit to both.

What is the purpose of a safeguarding policy in sport?

The policy should aim to:

- ensure that safeguards are put in place to keep adults at risk safe and to prevent harm from occurring
- promote the sports organisation's commitment to a legal, moral and social responsibility to provide a safe environment as well as an inclusive and positive experience for all those working and participating in the organisation's activities.

The policy should state that whilst sports organisations have a commitment to preventative work, including training, appropriate procedures for vetting of potential staff and volunteers should be in place to safeguard all adults.

The policy should provide a framework for the sports organisation's procedures. Procedures would include:

- safe recruitment and vetting
- clear codes of conduct
- clarity about roles and responsibilities
- clear definitions
- guidance on establishing the adult at risk's wishes and the notion of capacity
- a clear, unambiguous, well promoted and publicised process for responding, recording, reporting and referring of concerns
- a whistleblowing process – supportive and open response to concerns
- a complaints procedure
- access to help and support – for both the alleged victim and others involved.

The safeguarding adults policy should address the following areas:

- To safeguard the welfare of adults at risk by protecting them from any significant physical, sexual and emotional harm, and from neglect, bullying and financial harm within the organisation. A commitment to training and support for Codes of Ethics and Conduct are amongst the strategies for reducing risk.
- To report to the appropriate authorities any concerns about abuse or harm to adults at risk whether this occurs within the organisation or elsewhere and whether this is a potential criminal offence or other concern. The appropriate authorities may be internal or external to the organisation. This includes following the organisation's reporting framework.
- To ensure appropriate investigations and responses to concerns about abuse or harm within the organisation, utilising disciplinary processes as appropriate. This will include working in partnership with the police and other statutory agencies charged with investigating and responding, and with the adult who is believed to be at risk, or believed to have been harmed.
- Following such investigations, to act to review and then put in place appropriate safeguards to protect the adult at risk in the future and to reduce the risk of harm to other adults at risk in the organisation.
- Consideration should be given about what level of support may be appropriate for the alleged victim, alleged perpetrator and all those involved in the case. This may include the use of help lines, support groups or signposting to other available services.

SECTION 2

POLICIES AND PROCEDURES

WRITING A SAFEGUARDING ADULTS POLICY AND PROCEDURES DOCUMENT

1. Ensure you frame the policy by creating a positive approach to safeguarding, which will include: raising awareness of individuals within your sport or activity; operating open and fair recruitment processes with appropriate reference checks; providing opportunities for appropriate training; and taking positive action.
2. Produce a policy statement which gives information on the commitment to safeguarding adults in your sport or activity or service you provide and why you are doing it.
3. Outline the principles to be upheld, in line with government guidelines for safeguarding adults – this will include:
 - take a constructive approach to safeguarding adults, aiming to provide a positive sport experience
 - seek to ensure sport is inclusive and is adapted for any ability, disability or impairment and commit to continuous development, monitoring and review
 - continually seek ways to improve the safety and well-being of all adults who play sport
 - emphasise that everyone in sport has a shared responsibility to ensure the safety and well-being of all adults



- recognise that ability and disability can change over time, such that some adults may be additionally vulnerable to abuse, for example those who have a dependency on others or have different communication needs
 - recognise that a disabled adult may or may not be identified as an adult 'at risk' and
 - provide support and advice to sport venues and people working in sport.
4. Provide a definition for Safeguarding Adults – you may choose to use that offered by the Steering Group for Safeguarding Adults in Sport or develop a definition that more closely reflects your sport.
 5. Provide definitions for different types of abuse relating to safeguarding all adults and give specific examples to your sport or activity. Please note: bullying is usually psychological/emotional abuse, but can also be physical abuse.
 - Neglect
 - Physical Abuse
 - Sexual Abuse
 - Psychological/Emotional Abuse
 - Financial Abuse
 - Institutional Abuse
 - Discrimination
 6. Provide examples of signs and symptoms or indicators of abuse to help members identify this. It is important to give specific examples that could occur in your own sport.
 7. Outline the roles, responsibilities and accountability of staff and volunteers, and in particular the lead officer for safeguarding. Outline how to respond, record, report and make referrals – including clear guidance on the notion of 'Capacity' and overview on the statutory principles and how to assess

whether an individual is deemed to have capacity and when to refer for an external agency referral/assessment. Include whether your sport has agreed to refer without the person's consent.

8. Consider including a complaints procedure or right to appeal within this policy and procedures, such as: allegations made or for an individual to complain if their concern is not followed up or ignored. You may also want to include reference to your organisation's whistle-blowing policy for allegations made against staff.
9. Provide useful contacts for further support and advice.

CAPACITY

It is not for you as an individual to make a decision about whether an adult lacks capacity, but it is useful for professionals to have an overview or understanding of the 'notion' of capacity.

Definition

- 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.
- The term 'lacks capacity' means a person who cannot make a particular decision or take a particular action for themselves at a particular point in time, even if they are able to make other decisions. For example, they may be able to make small decisions about everyday matters such as what to wear for a sports activity, or what a healthy sports diet would be, but they lack capacity to make more complex decisions about financial matters.
- It may be the case that a person who lacks capacity to make a decision at a certain time due to illness or an accident, may be able to make that decision at a later date.

Assessing capacity

- A person's capacity must be assessed at the point at which a decision is needed, taking into account relevant and immediate circumstances as well as possible long-term issues.
- Does the person have an impairment of the mind or brain, or is there some sort of disturbance affecting the way their mind or brain works? (It does not matter if the impairment/disturbance is temporary or permanent).
- If so, does that impairment or disturbance mean that the person is unable to make the decision in question at the time it needs to be made?

Assessing ability to make a decision

- Does the person have a general understanding of the decision they need to make and why they need to make it?
- Does the person have a general understanding of the likely consequences of making, or not making the decision?
- Is the person able to understand, retain, use and weigh up the information relevant to this decision?
- Can the person communicate their decision (by talking, using sign language or any other means)? Would the services of a professional (such as a speech and language therapist) be helpful?

Assessing capacity to make more complex or serious decisions

- In most instances a doctor or other professional expert will have assessed the adult's capacity. Where background information such as this is available, for example, from a partner agency, the information should be stored confidentially.
- In most localities an Independent Mental Capacity Advocate (IMCA) is appointed to assist a person who is judged to lack capacity.

Statutory Principles – The Mental Capacity Act 2005

- A person must be assumed to have capacity unless it is established that they lack capacity.
- A person is not to be treated as unable to make a decision unless all practical steps to help him/her to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision.
- An act carried out or decision made, for or on behalf of a person who lacks capacity must be undertaken, or made, in their best interests.
- Before the act is carried out, or the decision is made, regard must be paid to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

For examples of national governing body safeguarding adults policies, click on the hyperlinks below.

[LTA Safeguarding Adults Policy](#)

[British Rowing Safeguarding and Protecting Vulnerable Adults Policy](#)



CREATING A PROCESS TO RESPOND, RECORD, REPORT AND REFER

An appropriate referral model should be developed which offers direction to people in your sport on how to respond, what they should record and when they should report internally and externally to statutory agencies.

It is important to explain that it is not the responsibility of people in your sport to interview or investigate if they have a concern about abuse. This is always the role for statutory agencies, such as the police or social care.

Internal and external reporting procedures:

The process your sport creates should include clear internal procedures on how to respond, record and report a disclosure or concern in relation to an adult at risk.

You will also need to create a process for how to refer to statutory agencies.

If a referral to a statutory agency is required:

You will need to define what action to take if the concern is about the safety of an adult at risk or if/when welfare necessitates referral to external agencies, including:

- who is responsible for making the referral
- who is responsible for other actions and
- when all actions should be completed.

Case example:

Jenny, a rider with cerebral palsy attends a riding club with her own care assistant. One week at the club a fellow rider, Sue, notices that the care assistant's behaviour seems intimidating and aggressive and she is using inappropriate and abusive language toward Jenny. Jenny is visibly upset and flinching away from her carer, this in turn is upsetting for Sue, who feels uncomfortable and unsure what to do.

It is not Sue's responsibility to decide or accuse the carer of abuse. It is not Sue's responsibility to investigate or wait until she has 'all the information' before reporting her worries and concerns about the carer's behaviour. It is Sue's responsibility to tell someone about her concerns – the safeguarding officer or other designated person.

An example of an appropriate process for Sue to follow in this circumstance will need to include all of the following actions (please note that this list of actions is not exhaustive):

- if Jenny appeared to be injured or not yet safe, Sue may take immediate action by seeking help, e.g. dialling 999 for police or ambulance
- collecting available relevant facts and appropriate information;
- making a written record of the concern
- alerting the appropriate safeguarding officer or following the internal procedures for reporting this concern
- Sue may tell Jenny what she is going to do about the concern and note any known views that she may have regarding how she wishes the matter to be dealt with
- Sue will only tell the people who need to know, e.g. safeguarding officer.

An appropriate process for the **safeguarding officer** to follow in this circumstance will need to include (please note that this list is not exhaustive):

- checking the actions outlined above by Sue have been carried out
- gathering further information
- checking whether Jenny is known to have capacity (and therefore determining who needs to be involved in decisions and communications)
- ensuring that the balance is correct between listening to Jenny's wishes and confidentially referring information where others may be at risk
- informing Jenny, the adult at risk, about the outcome of any process
- seeking advice from the Local Authority Safeguarding Adults team – so that they can decide on whether there needs to be an intervention and how to proceed
- alternatively, based on the information received, referring immediately (with consent or without consent)
- deciding what to do with the information whether or not you refer it to Local Authority Safeguarding or when they have completed their investigations, e.g. disciplinary action
- considering what further support may be appropriate for Jenny (alleged victim) and also for the carer (alleged abuser), e.g. use of helplines, signposting to support groups

If you would like to talk to someone about producing a safeguarding adults at risk policy or a flowchart for reporting a concern and making a referral please email the Ann Craft Trust.

SAFEGUARDING ADULTS IN SPORT – FREQUENTLY ASKED QUESTIONS

The Government has introduced a legal requirement for vetting certain individuals who work with adults. Safeguarding adults in sport is an important responsibility for a governing body to take on to ensure wider participation and safe access for everyone. Sport and recreation organisations who demonstrate best practice in safeguarding, commit to both a legal and a moral responsibility to all paid staff, volunteers and participants. To demonstrate this commitment to safeguarding, they accept this responsibility and strive to embed it within the culture of their organisation.

To support governing bodies to achieve best practice in safeguarding, the FAQs below are designed to help sport understand what the legal requirements are for vetting individuals working with adults and to appreciate, beyond the legal requirements, what the best practice may be for vetting individuals working with adults.

What are the legal requirements for vetting individuals working with adults at risk?

Under the Protection of Freedoms Act the government has introduced a new definition of Regulated Activity with adults at risk. In the past, the definition of Regulated Activity with adults at risk has been focused on the *location of the activity* and on whether the activity was *specifically designed for adults at risk*.

The types of activity that fall into Regulated Activity with adults at risk are clearly set out in government guidance, and there are a small number of activities that apply specifically to sport and recreation organisations.

There is also a moral and social obligation for sport and recreation organisations to demonstrate best practice, ensuring that it is the responsibility of staff/volunteers and participants to treat one another with dignity, respect, sensitivity and fairness, that any discriminatory, offensive and violent behaviour is unacceptable and that complaints will be acted upon. Respect for equality and diversity is embedded within the culture of the sport and recreation organisation, which is promoted and underpins codes of conduct, policies and procedures within each sport.

The legal requirement for vetting individuals working with adults at risk is: **'to not knowingly employ a barred person in Regulated Activity'**.

The new definition of Regulated Activity focuses much more on the *type of activity* and *contact* an individual may have with an adult at risk. It also does not stipulate a frequency requirement like the definition of Regulated Activity with children. For adults at risk the *activity alone* means an individual is in Regulated Activity – there is no frequency requirement – once is enough.

Within this new legal framework an individual is defined as being in Regulated Activity with adults at risk if any **one** of the following six conditions is met:

1. The individual is in contact with the person by providing healthcare

(healthcare by a healthcare professional – only first aid if it is administered by an individual on behalf of an organisation whose purpose is to provide first aid).

There is potential under this activity for sports physiotherapists to be classed as in regulated activity – however given the factual note provided by the Government, this is unlikely.

2. The individual is in contact with the person by providing personal care

(physical assistance with eating or drinking, going to the toilet, washing or bathing, dressing, oral care or care of the skin, hair or nails because of the adult's age, illness or disability).

3. The individual is in contact with the person in providing social work.
 4. The individual is in contact with the person in assisting with general household matters (managing the person's cash, paying the person's bills, or shopping on their behalf).
 5. The individual is in contact with the person in assisting in the conduct of a person's own affairs (power of attorney).
 6. The individual is in contact with the person in conveying (any form of transport).
- It is important to note that personal relationships are exempt from Regulated Activity in relation to adults at risk.

However, best practice states that sport and recreation organisations should be vetting all individuals who have an opportunity to build up a relationship of trust with adults at risk.

If the individuals in our club are not in Regulated Activity but we feel there is an opportunity for them to build up a relationship of trust with an adult at risk – what can we do to vet them?

The legal requirement for vetting individuals working with adults at risk is: **'to not knowingly employ a barred person in Regulated Activity'**, therefore, legally, being involved in Regulated Activity only necessitates a check against the barred list – it does not actually require a DBS disclosure. It would be best practice to consider, on an individual basis, the need to conduct a DBS disclosure. This continues to be optional and available for an organisation to use as part of safe recruitment practices and an additional valuable vetting tool – however, **it can only be used where there is eligibility to request it and this is dependent on the role the individual holds.**

If a person meets eligibility criteria for a DBS disclosure then this can be conducted to provide the organisation with information on the individual's criminal history. The barred status (i.e. if the individual is barred or not from working with adults) will not show up on the disclosure because you are only entitled to see this if the individual is in Regulated Activity, however, all of the background information on the individual will show up and this should help you conduct a risk assessment and make a decision on whether the individual is suitable to work with adults, or if they may potentially pose a risk to this group.

The DBS disclosure and check against the barred list, if appropriate to the role, is only one part of a safe recruitment process. It should be noted that in all cases regarding the vetting of paid and voluntary staff working in sport, standard best practice dictates a thorough checking of a person's qualifications and training attended.

Detailed application forms, self-disclosure, robust interviews that include safeguarding, equality and diversity knowledge and skills (if appropriate to the role), checking references and thorough induction processes, form the basis of safe recruitment and best practice when recruiting individuals to work with adults at risk.

The following case studies are designed to illustrate best practice in terms of vetting people who work with adults at risk, and what the legal requirements are in respect of working with this group.

1. What do we need to consider if we have a disabled player who plays in an inclusive sport session, i.e. with non-disabled players.

Best practice answer provided by the Ann Craft Trust

The club should ask the person with a disability how they can help them to integrate and discuss any special arrangements that they may need to ensure they enjoy and benefit from the sport and the social experience of being a member of the club. The coach should be given advice and support to help them deliver their role in full for the team and the individual.

Practical Ideas for you to consider:

- you could make arrangements for the person to have a buddy or mentor who they can choose to approach with any difficulties or questions they have
- you could also think about conducting a practical assessment with the individual to ensure they are able to use all the club's facilities
- you may want to offer assistance in transport to and from the club and to matches/events to help them enjoy the sport or activity fully;
- you may want to offer the coaches and trainers inclusivity training or disability awareness training. For details of suitable courses contact the Sport and Recreation Alliance.

Your club should be thinking about putting in place these practices in preparation for being inclusive and not only doing this as a reactive measure.

Legal duties answer provided by the Department of Health

If there is no one in the club delivering one of the six types of activity as noted on page 1 of this guidance which would make the adult at risk, then there is no legal requirement to vet any of the individuals in the club. The club's standard good practice pre-employment procedures (whether for voluntary or paid staff) will be the same. This will include the taking up of references, checking qualifications and training and completing a self-disclosure form.

2. What do we need to do or consider if we are looking to establish a specific disabled squad/team as one part of the overall club?

Best practice answer provided by the Ann Craft Trust

Depending on the disability you should consider the practical implications before you establish the team and make adjustments as necessary to accommodate their needs. This may include access requirements, changing room, communication aids, specialist help and additional training for coaching staff or volunteer helpers. You should do this in consultation with the players/users themselves to ensure you don't make assumptions about their needs and overlook their specific requirements. From a coaching and team management perspective it is a good idea to ensure that you have people who have specific skills and an interest in being a part of this team/squad. In addition to the legal requirements outlined below, you should also ensure anyone involved in the team management fosters a culture of inclusion and it is important that the team is part of the overall club so aim to put in place appropriate ways to integrate this team with the rest of the club.

Practical ideas for you to consider:

- member nights which include all teams
- information about the team is integrated into information about all other teams
- make people aware that you are planning to establish this team and set the culture of inclusion from the beginning
- you may want to offer the coaches and trainers inclusivity training or disability awareness training. For details of suitable courses contact the Sport and Recreation Alliance.

Legal duties answer provided by the Department of Health

- If no one in the club is delivering one of the six types of activity to an adult to make the adult an adult at risk then there are no legal vetting requirements for the club.

3. We are looking to set up a new sports club solely for disabled people. What do we need to be aware of?

Best practice answer provided by the Ann Craft Trust

In considering setting up this club you should ensure that it does not sit in isolation from any other local clubs. You may decide that a better model would be to integrate this club within existing club structures. This would ensure that participants get the full experience of being able to interact with other team players/enthusiasts.

If you do set up a sports club purely for disabled people you should consider everything mentioned in previous answers including:

- access requirements
- the needs of the participants beyond physical access
- the type of support you might need
- buddying or mentoring for specific support
- number of helpers/volunteers you might need
- transport requirements
- risk assessments
- accompanied support person (family member or personal assistant)
- inclusivity or diversity training for coaches and trainers
- the legal requirements outlined below.

Legal duties answer provided by the Department of Health

It is important to ensure that the club has good recruitment procedures, whether for volunteers or paid employees. Best practice suggests this should include an application form, challenging interview questions, two character references and a question to ask whether the person has any previous criminal records as well as a formal induction process.

The person should also be made aware that, for a specific role within the club, an enhanced DBS disclosure may be requested, if this is the club's (or national governing body) internal policy.

4. What do we need to consider if we have social members of the club who help out occasionally and who have mental health issues?

Best practice answer provided by the Ann Craft Trust

Certain good practice measures should be taken to ensure that both the volunteer and the participants have a positive experience. A risk assessment is always a useful tool to establish the specific needs of the volunteer and help you decide the best roles and functions for the individual to take on. You should also think about giving the volunteer access to additional support if they feel they require it and that your other team volunteers are encouraged to raise concerns if they have any. This should be considered best practice throughout the club regardless of any mental health issues.

Legal duties answer provided by the Department of Health

Firstly, enabling people to help out in any capacity is a very positive aspect of club life. The other club members who work alongside helpers with mental health problems are not engaged in Regulated Activity if they are not delivering one of the six types of activity outlined above and the person with the mental health problem (in this context) is not a vulnerable adult. Support and considerations extend to the level the club would give to any person helping out, whom the club wanted to support and encourage.

SECTION 3

INFORMATION AND ADVICE

SAFEGUARDING ADULTS CHECKLIST

This checklist may be a useful template to ensure that all relevant safeguarding activities have been completed and it can be adapted to meet your organisation's specific needs.

Task	Completed	Review date
Nominated safeguarding lead		
Policy and procedures:		
• Safeguarding adults		
• Whistleblowing		
• Dealing with complaints		
• Accessible versions		
• Safe recruitment		
• Other		
Training:		
• Safeguarding awareness		
• Safeguarding leads – additional training		
• Mental Capacity Act		
• Other		
Record keeping		
• Confidential records		
• Incident forms		

Task	Completed	Review date
Local authority contact details:		
• Adult social care		
• Adult safeguarding		
• Police		
Useful support contact details		



DIRECTORY OF ORGANISATIONS AND USEFUL CONTACTS

KEY SAFEGUARDING CONTACTS

Ann Craft Trust

Centre for Social Work
University Park
University of Nottingham
Nottingham
NG7 2RD

Tel: 0115 9515 400

Fax: 0115 9515 232

[> Contact by email](#)

[> Visit the website](#)

ACT is a national organisation working with staff in the statutory, independent and voluntary sectors in the interests of people with learning disabilities who may be at risk from abuse.

Respond

3rd Floor
24-32 Stephenson Way
London
NW1 2HD

Tel: 020 7383 0700

0808 808 0700 (Helpline)

Fax: 020 7387 1222

[> Contact by email](#)

[> Visit the website](#)

Respond provides a range of services to victims and perpetrators of sexual abuse who have learning disabilities, and training and support to those working with them.

Action on Elder Abuse

Action on Elder Abuse
PO Box 60001
Streatham
SW16 9BY

Tel: 020 8835 9280

[> Contact by email](#)

[> Visit the website](#)

A national organisation based in London. It aims to prevent the abuse of older people by raising awareness, encouraging education, promoting research and collecting and disseminating information.

GENERAL

Arthritis Care

Tel: 020 7380 6500

[> Contact by email](#)

[> Visit the website](#)

Arthritis Care is the only UK-based voluntary organisation working with and for everyone with arthritis. They provide information, training and support to help people take control of their health and their lives. At the same time they campaign for raised awareness about arthritis, and for better services for people affected.

The Consortium of Therapeutic Communities

Tel: 01242 620 077

[> Visit the website](#)

The Association of Therapeutic Communities. Methods of psychological treatment remain a seriously undervalued form of psychotherapy. The ATC exists to try to correct this neglect. Their site includes a database of therapeutic communities.

British Association for Counselling and Psychotherapy

Tel: 01455 883 300

[> Contact by email](#)

[> Visit the website](#)

The Association exists to serve its members and the psychological therapies, as well as increasing awareness. It publishes directories and other information to enable those seeking counselling and training to make an informed choice.

British Deaf Association	
Tel: 020 7405 0090 > Contact by email > Visit the website	The British Deaf Association is the UK's largest national organisation run by deaf people for deaf people. It represents the deaf community, a community united by shared experiences, history and a common language.
British Medical Association	
Tel: 020 7387 4499 > Contact by email > Visit the website	The BMA represents all doctors from all branches of medicine all over the UK. It is an independent trade union, officially recognised by government.
Care Quality Commission	
> Visit the website	CQC check whether hospitals, care homes and care service are meeting national standards.
Disabled Living Foundation	
Tel: 020 7289 6111 > Contact by email > Visit the website	Provides specialist advice for people with disabilities and their carers. It has a national telephone helpline service (0845 130 1977), and equipment centre (020 7289 6111), factsheets, publications shop and training and events.
Equality and Human Rights Commission	
Tel: 0808 800 0082 > Visit the website	Parliament gave the Commission the mandate to challenge discrimination, and protect and promote human rights. They are committed to the vision of a modern Britain where everyone is treated with dignity and respect, and all have an equal chance to succeed.
NACRO	
Tel: 020 7840 7200 > Contact by email > Visit the website	Crime reduction charity aiming to make society safer by finding practical solutions to reducing crime. Projects include resettling prisoners, working with young people, housing people, working with families and communities, getting people into work and finding better ways to reduce crime.

National Association of Citizens Advice Bureaux	
> Visit the website	The Citizens Advice Bureau runs 'Adviceguide' which gives basic advice and information on people's rights. It gives a broad outline of your legal position and what you can do. If problems are complicated, it is more appropriate to contact Citizens Advice Bureaux.
National Autistic Society	
Tel: 020 7833 2299 > Contact by email > Visit the website	The charity's objective is to provide education, treatment, welfare and care to people with autism and related conditions.
National Information Forum	
Tel: 020 7402 6681 > Visit the website	National Information Forum is an umbrella organisation that seeks to encourage the provision of accessible information to people with disabilities, older people and anyone else disadvantaged in gaining access to information by whatever means possible.
National Organisation for the Treatment of Abusers	
> Visit the website	NOTA is the only professional multi-disciplinary organisation in the UK dedicated to working with sexual abusers.
Rape Crisis Federation of England and Wales	
Helpline: 0808 802 9999 > Contact by email > Visit the website	Rape Crisis was launched in 1996 and exists to provide a range of facilities and resources to enable the continuance and development of Rape Crisis Groups throughout England and Wales.
Royal National Institute for the Blind	
Tel: 020 7388 1266 0845 766 9999 (Helpline) > Contact by email > Visit the website	The Royal National Institute for the Blind offers information, support and advice to over 2 million people with sight problems. It fights for equal rights and funds research.

Scottish Office of the Public Guardian	
<p>Tel: 01324 678 300 > Contact by email > Visit the website</p>	<p>The Office of the Public Guardian gives information on the Scottish Court system for protecting vulnerable people from financial abuse. The link is to the Scottish Office of the Public Guardian. The Scottish OPG was established by the Adults with Incapacity (Scotland) Act 2000, one of the first pieces of social legislation enacted by the Scottish Parliament.</p>
Signalong Group	
<p>Tel: 0870 774 3752 > Contact by email > Visit the website</p>	<p>Signalong is a sign-supporting system based on British Sign Language, designed to help children and adults with communication difficulties, mostly associated with disabilities.</p>
Survivors Network	
<p>Tel: 020 8519 2122 > Contact by email > Visit the website</p>	<p>The Survivors Network Website provides over 70 pages of information on recovery, self management techniques/tools and self help strategies, mental health issues, health and well being, education articles, information on different treatment approaches (alternative and traditional), indirect support, research, training, news, events, volunteering and networking opportunities, all of which can be used to support an individual's recovery from mental distress, and be accessed and used by mental health professionals, academics, supporters and allies.</p>
Susy Lamplugh Trust	
<p>Tel: 020 7091 0014 > Contact by email > Visit the website</p>	<p>The Trust is a leading authority on personal safety. Its role is to minimise the damage caused to individuals and to society by aggression in all its forms – physical, verbal and psychological.</p>
Turning Point	
<p>Tel: 020 7481 7600 > Contact by email > Visit the website</p>	<p>Turning Point has over thirty years of experience working with those most excluded in our society. They operate a range of projects throughout the country in the areas of drug and alcohol abuse, mental health and learning disabilities.</p>

Victim Support	
<p>Switchboard: 020 7268 0200 > Contact by email > Visit the website</p>	<p>Victim Support provides practical advice and help, emotional support and reassurance to those who have suffered the effects of a crime.</p>
Welsh Women's Aid	
<p>Tel: 01970 612 748</p>	<p>See Women's Aid Federation of England and Wales</p>
Women's Aid Federation of England and Wales	
<p>Tel: 0117 944 4411 > Contact by email > Visit the website</p>	<p>Women's Aid is a national domestic violence charity. It also runs a domestic violence helpline 08457 023 468.</p>
LEARNING DISABILITY	
Ann Craft Trust	
<p>Tel: 0115 9515 400 > Contact by email > Visit the website</p>	<p>ACT is a national organisation working with staff in the statutory, independent and voluntary sectors in the interests of people with learning disabilities who may be at risk from abuse.</p>
Association for Real Change	
<p>Tel: 01246 555 043 > Visit the website</p>	<p>ARC is an umbrella organisation which brings together those who provide services for people with learning disabilities. Its objectives are to support, develop and promote quality services for people with learning disabilities throughout the UK.</p>
British Institute for Learning Disabilities	
<p>Tel: 01562 723 010 > Contact by email > Visit the website</p>	<p>BILD is a not-for-profit organisation with charity status, which exists to improve the quality of life of all people with a learning disability. BILD provides information, publications and training and consultancy services for organisations and individuals.</p>
Mencap	
<p>Tel: 020 7454 0454 > Contact by email > Visit the website</p>	<p>Mencap offers advice and information on anything to do with learning disability. It provides a variety of services for people with learning disabilities, their families and carers, including support for housing, education, employment and leisure.</p>

People First	
Tel: 01536 515 548 > Contact by email > Visit the website	People First is run and controlled by people with learning difficulties to improve the lives of all people with learning disabilities. It aims to help people speak up for themselves, to be respected and have their rights recognised.
Sense	
Tel: 0845 127 0060 > Contact by email > Visit the website	Sense is the UK's leading organisation for people who are deafblind and have associated disabilities. Sense believes that given the right services and support, deafblind people can develop their talents and choose how they wish to live their lives.
Speakability (formerly known as Action for Dysphasic Adults)	
Tel: 020 7261 9572 > Contact by email > Visit the website	Speakability provides advice, information and support for people with aphasia. A national directory of services and advocacy is available.
MENTAL HEALTH	
Alcohol Concern	
Tel: 020 7566 9800 > Contact by email > Visit the website	A national agency on alcohol misuse, working to reduce the incidence and costs of alcohol related harm and to increase the range and quality of services available to people with alcohol-related problems. Provides a useful factsheet (No 33) on alcohol and older people.
Aware Defeat Depression	
Tel: 028 7126 0602 > Visit the website	Information, talks, support groups for sufferers and relatives.
BBC mental health section	
> Visit the website	BBC Online have a mental health homepage offering information on mental health conditions, and resources for getting help and treatment.
Depression information	
> Visit the website	What you need to know about depression – a guide to hundreds of useful sites.

Depressives Anonymous	
Tel: 01702 433 838	Mutual aid organisation providing self-help groups, pen-friend scheme and newsletters.
Drugs Information Online	
> Visit the website	A comprehensive and up-to-date drug information resource online – over 24,000 approved medications.
Internet Mental Health	
> Visit the website	An encyclopaedia of common mental health conditions offering information on diagnosis, treatment and research.
Mental Health Foundation	
Tel: 020 7803 1100 > Contact by email	The Mental Health Foundation is a leading UK charity working in mental health and learning disabilities. It pioneers research and community projects to improve support available to people with mental health problems and people with learning disabilities.
MIND	
Tel: 020 8519 2122 > Contact by email > Visit the website	Mind is a leading mental health charity working to create a better life for everyone with experience of mental distress by challenging discrimination, influencing policy, developing quality services, advancing users' views and achieving equal rights.
No Panic	
Tel: 01952 680 640 > Contact by email > Visit the website	A charity aiming to aid the relief and rehabilitation of people suffering from panic attacks, phobias, obsessive/compulsive disorders, other anxiety related disorders, including tranquilliser withdrawal, and to provide support to sufferers and their families and/or carers.
Psychology Information Online	
> Visit the website	Psychology Information Online provides information online about psychological diagnosis, disorders, problems, psychotherapy and counselling.

Rethink	
Tel: 0300 5000 927 > Contact by email > Visit the website	Rethink, as of July 2002, is the new operating name for the 'National Schizophrenia Fellowship'. Dedicated to improving the lives of those affected by severe mental illness.
Royal College of Psychiatrists	
Tel: 020 7235 2351 Fax: 020 7245 1231 > Visit the website	The professional and educational body for psychiatrists in the United Kingdom and the Republic of Ireland. The College is currently running a campaign (Changing Minds) aimed at increasing understanding of different mental health problems, including dementia.
Samaritans	
Tel: 08457 90 90 90 > Visit the website	The UK and Republic of Ireland based charity provides confidential emotional support to any person who is suicidal or despairing and increases public awareness of issues around suicide and depression.
Scottish Association for Mental Health	
Tel: 0141 530 1000 > Visit the website	Campaigns and provides services for people with mental health problems.
Sane	
Email: london@sane.org.uk > Visit the website	Sane is a charity concerned with all mental illnesses including depression, schizophrenia, anxiety and phobias.
OLDER PEOPLE	
Action on Elder Abuse	
Tel: 020 8835 9280 > Contact by email > Visit the website	A national organisation based in London. It aims to prevent the abuse of older people by raising awareness, encouraging education, promoting research and collecting and disseminating information.
Age UK	
Tel: 0800 169 6565 > Visit the website	Age UK provides essential services and campaigns on issues like age discrimination and pensions and works to influence public opinion and government policy about older people.

Alzheimer's Disease Society	
Tel: 020 7423 3500 > Contact by email > Visit the website	The Alzheimer's Disease Society is the UK's leading care and research charity for people with any form of dementia and their carers.
British Geriatrics Society	
Tel: 020 7608 1369 > Contact by email > Visit the website	The Society is the only professional association in the UK of doctors practising geriatric medicine.
Care Directions	
> Visit the website	Care Directions provides a guide to care and the rights of older people in the UK. The objective of the site is to empower people with the information they need to make truly informed, effective choices – to give them control in their lives, or the lives of their loved ones. Includes sections on staying at home, care homes, sheltered housing, the role of social services, hospital discharges, complaints procedures, funding choices, and financial planning.
Centre for Policy on Ageing	
Tel: 020 7553 6500 > Contact by email > Visit the website	An independent organisation promoting social policies that allow older people to achieve the full potential of their later years.
Friends of the Elderly	
Tel: 020 7730 8263 > Contact by email > Visit the website	Friends of the Elderly is a charity providing a combination of nursing, residential and dementia care from nine sites and support services to people through day centres or in their own homes. It makes grants nationally from funds it manages and helps people access other funds they are entitled to.
Oxford Dementia Centre	
Tel: 01865 761 815 > Contact by email > Visit the website	The Oxford Dementia Centre is staffed by a multi-disciplinary team of social and health care professionals, having access to a wide range of related expertise. The centre provides education, training, information, consulting services and undertakes research to support the development of services for people with dementia and their families.

Stroke Association	
Tel: 020 7566 0300 Helpline: 0845 30 33 100 > Contact by email > Visit the website	The Stroke Association “provides high quality, up-to-date stroke information for stroke patients, their families and carers”.
Independent Age	
Tel: 020 7605 4200 Fax: 020 7605 4201 > Contact by email > Visit the website	Independent Age provide an information and advice service for older people, their families and carers, focusing on social care, welfare benefits and befriending services. This is integrated with local support, including one-to-one and group befriending schemes.
COMMON CONDITIONS	
Arthritis	A condition which deteriorates the bone and causes joint pain. The most common condition in the country.
Asperger Syndrome	Shares many of the same traits as autism, but certain traits, such as clumsiness, an almost obsessive interest in a hobby or collection and the love of routines, are typical of people with Asperger syndrome.
Autism	An abnormality of childhood development affecting language and social communication.
Profound blindness	As defined by the World Health Organisation, the inability to count fingers at a distance of ten feet or less.
Registered blind	Visual activity is 3/60 or worse, or 6/60 if field of vision is very restricted.
Registered partially sighted	Visual acuity is between 3/60 and 6/60 with a field of vision, or up to 6/18 if field of vision is very restricted.
Severe low vision	An inability to count fingers at twenty feet or less.
Brain damage	A condition where people can exhibit a wide range of symptoms: memory loss, inappropriate, uninhibited behaviour, severe mood swings and can have little or no understanding of their own condition. They may have communication difficulties and be unable to fully understand what is said to them, appreciate the implications for them and be able to express their ideas properly.

Cerebral Palsy	A disorder of movement and posture. It is due to damage to a small part of the brain, which controls movement.
Cystic Fibrosis	A genetically inherited disorder which affects the lungs and the digestive system.
Deafblind	A severe degree of combined visual and hearing impairment. Few deafblind people are both profoundly deaf and totally blind.
Deafness	A breakdown of the physiological mechanisms of hearing. May be congenital or the result of an accident or illness.
Dementia	The progressive loss of the powers of the brain. Common causes/types include Alzheimer’s disease, multi infarct dementia, alcohol-related dementia’s, Lewy Body dementia and Pick’s disease.
Disability	A physical or mental impairment which has a substantial and long-term effect on a person’s ability to carry out normal day-to-day activities.
Dysarthria	Commonly associated with stroke or neurological disorders, a muscle speech disorder, results in slurred/ imprecise/spasms in speech.
Dyslexia	A difficulty in processing and storing information in the brain and affects writing, spelling and reading. It cannot be cured; it is more prevalent in males and covers all social classes. It varies very much in severity and every person with dyslexia is different.
Dysphasia	A serious disorder of language where the intellect remains intact but the person loses his/her ability to use language.
Dyspraxia	A condition in which the person is unable to carry out planned or purposeful movement. One indicator of dyspraxia is uncertain, struggling movement. A person may be found looking at their hand trying to remember what to do with it.

Epilepsy	A symptom of cerebral dysfunction. There are several types of epilepsy and many types of attack, some are major and may involve collapse or convulsions, others less severe involving only a momentary loss of awareness or some twitching in a part of the body.
Huntingdon's Disease	A hereditary disorder of the central nervous system. It usually develops in adulthood causing physical and mental control to steadily deteriorate. There is no cure.
Learning disabilities or difficulties	Classed as mild, moderate or severe and will usually have affected an individual since birth. Over a million people in Britain (2% of the population) have mild learning disabilities, while 200,000 (0.4%) have severe learning disabilities for which they require support from education, health, social and financial services.
Mental disorder	Defined in Section 1(2) of the Mental Health Act, 1983, as 'mental illness, arrested or incomplete development of mind, psychopathic disorder and any other disorder or disability of mind'.
Neurosis	A more common form of mental illness whereby someone will be depressed, anxious or tense to a higher degree than is usual. It exists within around 1 in 7 of the population at any one time. The individual will recognise the presence of their maladaptive behaviour and the effect that it has on their personality.
Psychosis	A relatively rare form of mental illness, which less than 1% of the population experience, it is more serious than neurosis. The illness may involve delusions, hallucinations, the inappropriate expression of emotion, hyperactivity, social withdrawal and fragmented thinking. There is also a lack of realisation by a person that their behaviour is abnormal. Schizophrenia is a psychotic illness.

Personality disorder	A number of categories of personality disorder which cover a wide range of attitudes and behaviour, from ruthless exploitation to fear of other people and social situations.
Multiple Sclerosis	The most common neurological disorder among young adults and affects around 85,000 people in the United Kingdom. It is the result of damage to the protective sheath surrounding all the nerve fibres in the brain and spinal cord. The damage can affect nerves in the eyes, parts of the brain and spinal cord. Damage to sensory nerves can result in numbness or tingling.
Paraplegic	A person whose lower extremities and the lower part of the torso are paralysed from an injury to the back.
Polio	An infectious disease caused by one of three viruses. If the virus attacks the nerves supplying the arms and legs, they can become weak or paralysed. The virus can affect any part of the body. The most serious cases are those involving the breathing muscles. Any of these symptoms can result in permanent disability.
Rheumatism	Pain in soft tissue, such as muscles, tendons and ligaments.
Spina Bifida	Literally means 'split spine', is a congenital deformity of the vertebrae, some of which fail to close. Damage to the spinal cord or spinal nerves may cause varying degrees of paralysis and lack of sensation below the level of damage.
Tetraplegic	A paraplegic person with additional paralysis of the hands and parts of the arms resulting from an injury to the neck.
Usher Syndrome	A genetic sight-hearing condition.

UK Sport

40 Bernard Street
London

WC1N 1ST

Tel: 020 7211 5100

Fax: 020 7211 5246

Contact by email

Visit the website

Sport and Recreation Alliance

Burwood House

14-16 Caxton St

London

SW1H 0QT

Tel: 020 7976 3900

Contact by email

Visit the website

Ann Craft Trust

Centre for Social Work

University Park

University of Nottingham

Nottingham

NG7 2RD

Tel: 0115 9515400

Fax: 0115 9515232

Contact by email

Visit the website



**SPORT+
RECREATION
ALLIANCE**

