Recognising Poor Practice Adults at Risk

Introduction

This guidance helps people involved in hockey recognise poor practice and safeguarding concerns affecting an adult at risk.

An adult may not always identify themselves as being “at risk”. Their circumstances and support needs may also change over time. Refer to the EH Safeguarding Adults at Risk Policy for the approved definition of an adult at risk and the categories of abuse and neglect.

This guidance explains:

- how poor practice may affect an adult at risk;
- behaviors, circumstances and indicators that may give cause for concern;
- how to respond when an adult at risk shares a concern; and
- the immediate steps to take before following the approved reporting procedure.

Read this guidance alongside the:

- EH Safeguarding Adults at Risk Policy
- EH Safeguarding Reporting Procedures

Detailed requirements for reporting, information sharing and managing a safeguarding concern are contained in the EH Safeguarding Reporting Procedures.

You are not responsible for investigating a concern or deciding whether abuse or neglect has occurred. Your responsibility is to recognise the concern, respond appropriately, make a factual record and follow the approved reporting procedure.

What is poor practice?

Poor practice is behaviour, an omission or an organisational arrangement that falls below the expected standards of safe, respectful and accountable hockey delivery.

In relation to an adult at risk, poor practice may:

- undermine their dignity, independence, wellbeing or safety;
- restrict their choices or participation without proper justification;
- disregard their wishes, feelings or communication needs;
- create or increase dependency on another person;
- prevent them from accessing appropriate support;

- expose them to an avoidable risk of abuse or neglect; or
- prevent a safeguarding concern from being recognised or reported.

Poor practice must not be used as a label that minimises possible abuse or neglect. A single incident may require a safeguarding response. A series of apparently minor incidents may also show a pattern of concern.

You do not need to decide whether conduct is poor practice, abuse or neglect before raising a concern.

Principles for Safeguarding Adults at Risk

Safeguarding an adult at risk requires an approach that respects their rights, wishes, feelings and individual circumstances.

Wherever possible, the adult at risk should be:

- listened to and taken seriously;
- involved in decisions that affect them;
- supported to understand their options;
- asked what they would like to happen;
- provided with information in a form they can understand;
- supported to communicate in their preferred way; and
- kept informed about actions taken in response to the concern.

Safeguarding an adult at risk is not the same as safeguarding a child. An adult should not be treated as a child simply because they have care or support needs or may be at risk of abuse or neglect.

Do not assume that an adult is unable to make their own decisions because they:

- are disabled;
- have care or support needs;
- have a particular condition or diagnosis;
- communicate differently;
- receive assistance from another person;
- appear to be dependent on another person; or
- make a decision with which other people disagree.

An adult at risk may require support to understand information, communicate their views or participate in a safeguarding response. Depending on their circumstances and wishes, appropriate support may include:

- accessible or Easy Read information;
- additional time to understand and respond;
- a communication aid;
- an interpreter;
- a reasonable adjustment;
- an advocate; or
- support from a trusted person chosen by the adult, where appropriate.

Do not make an informal assessment of an adult's mental capacity. If there is a material concern about their ability to make a particular decision, seek advice through the EH Safeguarding Reporting Procedures.

Adult at Risk Centered Safeguarding

Safeguarding an adult at risk is not the same as safeguarding a child and your person. Adults at risk should be involved in decisions about them and supported to express their wishes, understand their options and participate in the safeguarding response.

Do not assume that an adult is unable to make their own decisions because they:

- are disabled;
- have care or support needs;
- communicate differently;
- have a particular diagnosis;
- require assistance; or
- make a decision that other people consider unwise.

Support the adult to understand and participate in conversations and decisions. Depending on the person's needs and wishes, this may include:

- providing accessible information;
- allowing additional time;
- using an appropriate communication aid;
- arranging an interpreter;
- making a reasonable adjustment; or
- involving an advocate or trusted person chosen by the adult, where appropriate.

Do not make an informal assessment of the adult's mental capacity. If there is a material concern about their ability to make a particular decision, seek advice through the EH safeguarding procedure rather than deciding this alone. The adult's wishes and consent are important, but they are not the only considerations. There may be circumstances in which information needs to be shared without the adult's agreement, including where:

- someone is in immediate danger;
- there may be a risk of serious harm;
- another person may be at risk; or
- another legal or safeguarding responsibility may apply.

Do not make this decision alone. Record the adult's wishes and seek advice promptly through the EH Safeguarding Reporting Procedures.

Wherever it is safe and practicable, explain what information may be shared, with whom and why. Keep the adult appropriately informed about what happens next.

Behaviour and culture

A safe hockey culture enables adults at risk to participate with dignity and to raise questions or concerns without fear of losing opportunities, support or involvement in hockey.

Concerning practice includes:

- excusing humiliation, intimidation or excessive pressure as motivation;
- dismissing harmful or discriminatory behaviour as banter;
- making assumptions about an adult because of disability, health or support needs;
- treating an adult at risk as a child;
- failing to listen to or involve the adult in decisions;
- protecting someone from scrutiny because of their role, status, performance or reputation;
- discouraging a complaint or safeguarding report to protect an individual, team, club or organisation;
- failing to recognise patterns of concern;
- treating repeated concerns as unrelated incidents;
- allowing informal arrangements to bypass agreed safeguards;
- creating a culture in which people do not feel able to challenge inappropriate behaviour; and
- disadvantaging an adult because they raised a concern.

Recognising Poor Practice Affecting an Adult at Risk

The following examples are not exhaustive. Depending on the circumstances, some may indicate abuse, neglect, misconduct or another serious breach rather than poor practice.

Dignity, respect and choice

Concerning practice includes:

- speaking about the adult as though they are not present;
- speaking for the adult when they can and wish to speak for themselves;
- making decisions about the adult without involving them;
- treating the adult as a child;
- using patronising, humiliating or demeaning language;
- making assumptions about what the adult can or cannot do;
- dismissing their preferences because they receive care or support;
- failing to offer meaningful choices;
- disregarding their privacy; and
- failing to explain decisions that affect their participation.

Participation and support

Concerning practice includes:

- failing to provide agreed support or reasonable adjustments;
- repeatedly allowing agreed support arrangements to break down;
- excluding the adult without considering safe and suitable alternatives;
- placing unnecessary restrictions on their involvement;
- pressuring them to train, play or continue participating despite an injury, illness or welfare concern;
- providing unwanted assistance;

- touching or physically assisting the adult without first involving them, unless immediate action is required to prevent serious harm;
- failing to ask the adult what support they need;
- allowing another person to exercise inappropriate control over the adult's participation; and
- assuming that the adult cannot participate independently because they receive support in another area of their life.

Relationships, influence and dependency

An adult at risk may depend on a coach, volunteer, teammate, carer, family member or another person for assistance, transport, communication, access to hockey or personal support. This can create an imbalance of power that must not be misused.

Concerning practice includes:

- insisting that contact, conversations or arrangements remain secret;
- creating unnecessary dependency;
- discouraging the adult from seeking other sources of advice or support;
- isolating the adult from teammates, friends, family or support networks;
- using gifts, favours, loans or financial arrangements to create pressure, secrecy or obligation;
- controlling access to money, equipment, transport or communication;
- continuing unwanted contact;
- using a position of trust or influence for personal benefit;
- developing an inappropriate personal, emotional, sexual or financial relationship; and
- arranging contact in a way that avoids agreed oversight or safeguarding arrangements.

Communication and privacy

Concerning practice includes:

- humiliating, threatening, intimidating or demeaning the adult;
- dismissing or minimising what the adult says;
- failing to provide an accessible means of communication;
- preventing the adult from speaking privately where it is safe and appropriate to do so;
- allowing another person to answer every question on the adult's behalf;
- sending intrusive, excessive, sexualised or unwanted messages;
- using communication channels in a way that bypasses agreed safeguards;
- accessing private information without an appropriate reason;
- sharing personal information more widely than necessary; and
- discussing the adult's circumstances in front of other people without an appropriate reason.

Signs and Indicators of Concern

Signs and indicators must be considered in the context of the adult's individual circumstances.

Possible indicators include:

- unexplained injuries or inconsistent explanations for injuries;
- changes in behaviour, mood, appearance or confidence;
- withdrawal from hockey or reluctance to attend;
- appearing fearful, distressed or unusually quiet around a particular person;
- another person repeatedly speaking for the adult;
- another person preventing the adult from having a private conversation;
- a sudden or unexplained change in support, transport or attendance arrangements;
- agreed care, assistance or support repeatedly not being provided;
- deterioration in the adult's health, hygiene or general wellbeing;
- unexplained loss of money, equipment or possessions;
- unusual gifts, debts, loans or financial arrangements;
- another person controlling the adult's money, belongings or access to hockey;
- unwanted, excessive or secretive communication;
- increased dependence on a particular person;
- the adult appearing reluctant to disagree with a particular person; and
- the adult describing pressure, threats, mistreatment, unwanted contact or feeling unsafe.

An indicator is not proof that abuse or neglect has occurred. Equally, the absence of visible signs does not mean that there is no concern.

Record what you observe, hear or are told. Do not diagnose, speculate or make assumptions about the adult or their circumstances.

Safeguarding responsibilities

Concerning practice includes:

- waiting for proof before reporting;
- promising secrecy;
- investigating the concern informally;
- confronting the person whose behaviour has caused concern;
- attempting to mediate a suspected safeguarding concern;
- asking the adult leading, repeated or intrusive questions;
- failing to make a prompt factual record;
- failing to record the adult's wishes;
- assuming that no action is needed because the adult has declined support;
- assuming that information can always be shared because the person is considered to be at risk;
- failing to follow the approved reporting procedure;
- sharing information with people who do not need to know;
- disadvantaging the adult for speaking up;

- failing to use an alternative reporting route when the usual contact is implicated, unavailable or inappropriate.

If an Adult at Risk Raises a Concern

If an adult at risk tells you about something that has happened, or says that they feel unsafe, respond calmly and take them seriously.

Do

- Listen carefully.
- Allow the adult to communicate in their own words and in their preferred way.
- Give them sufficient time.
- Acknowledge what they have told you.
- Ask only what is necessary to understand immediate safety and support needs.
- Use open and neutral prompts if clarification is essential.
- Ask what the adult would like to happen.
- Ask what support or communication assistance they need.
- Explain what you will do next.
- Explain that you cannot promise to keep the information secret.
- Check whether the adult or anyone else is in immediate danger.
- Make a prompt factual record.
- Follow the EH Safeguarding Reporting Procedures.

Do not

- promise secrecy;
- assume that the adult cannot understand or make decisions;
- ask leading, repeated or intrusive questions;
- challenge or test the adult's account;
- express disbelief or blame;
- investigate the concern;
- confront the person suspected of causing harm;
- contact other people to test or corroborate what the adult has said;
- attempt to mediate the situation;
- promise a particular outcome; or
- delay reporting while trying to obtain more information.

If an Adult Does not Want a Report or Referral

An adult's wish not to make a report does not automatically mean that no further action should be taken. It also does not automatically justify sharing information without their agreement.

If the adult does not want a report or referral:

- listen to their reasons;
- take their wishes seriously;
- check whether they need accessible information or communication support;
- give them time to understand and consider their options where circumstances allow;

- explain the available options;
- explain what you can and cannot do;
- explain the limits of confidentiality;
- record their wishes accurately;
- record any reasons they choose to share;
- consider whether the adult or anyone else is in immediate danger;
- consider whether another adult or child may be at risk;
- seek advice promptly through the EH Safeguarding Reporting Procedures;
- do not decide alone that information must be shared;
- do not decide alone that no further action is required; and
- wherever possible, explain what will happen next and keep the adult informed.

Do not assume that the adult lacks capacity simply because they decline support, do not want to make a report or make a decision with which others disagree.

Wishes, Consent and Information Sharing

The wishes of the adult at risk should be sought, recorded and taken seriously.

Wherever possible, explain:

- what action is being considered;
- what information may need to be shared;
- why it may need to be shared;
- who it may be shared with; and
- what is likely to happen next.

Do not promise to keep safeguarding information secret.

There may be circumstances in which information needs to be shared without the adult's agreement, including where:

- the adult or another person is in immediate danger;
- there may be a risk of serious harm;
- another adult or a child may be at risk;
- the person suspected of causing harm has access to other people who may be at risk; or
- another legal or safeguarding responsibility may apply.

Do not make this decision alone. Record the adult's wishes and seek advice promptly through the EH Safeguarding Reporting Procedures.

Where it is safe and practicable to do so, tell the adult if information needs to be shared without their agreement and explain the reason.