

Safeguarding Children, Young Adults & Vulnerable Adults



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Introduction

The Personal Bests (Chichester Personal Bests, Winchester Personal Bests and Aqua Bests) are inclusive events bringing coaches, volunteers, day services, family carers and event partners into contact with young people, and vulnerable adults. This policy applies to everyone involved with the Personal Bests (including Aqua Bests) events.

This policy reflects the responsibilities of the Event Management Team (EMT) under the following legal frameworks and associated guidance documents:

- The Children Act 2004,
- The Human Rights Act 1998,
- the Mental Capacity Act 2005,
- The Public Interest Disclosure Act 1998
- The Care Act 2014

EMT partner commitments

The EMT partnership understands that the safeguarding of children and vulnerable adults is everyone's responsibility and will take steps to ensure that staff, coaches and volunteers, and anyone acting on behalf of the Personal Bests adhere to the relevant codes of conduct and are able to follow best practice appropriate to the level of contact they have.

Aims of the policy

In addition to the aims set out above, this policy:

- Provides a framework to ensure that the Personal Best EMT complies with all legal obligations and reflects best practice in respect of the responsibility of care of children and vulnerable adults.
- Provides a solid foundation for the EMT to work together to keep children and vulnerable adults safe.

- Supports and enables information sharing about safeguarding concerns with relevant agencies and parents/ carers, children and vulnerable adults where appropriate.

Definitions

Child Safeguarding

The Children Act 2004 places a statutory duty on all prescribed agencies to safeguard and promote the welfare of children.

Adult Safeguarding

The Care Act 2014 defines adult safeguarding as:-

- Protecting an adult's right to live in safety, free from abuse and neglect.

An adult is considered vulnerable in safeguarding terms if they have care and support needs and, due to these needs, are at risk of or experiencing abuse or neglect, and are unable to protect themselves from harm. This vulnerability can stem from various factors such as age, disability, mental health conditions, or social isolation.

Our safeguarding policy includes all potentially vulnerable people – Personal Bests participants, volunteers, coaches, support staff, family carers. It is aimed at adults with care and support needs who may be in vulnerable circumstances and at risk of abuse or neglect. Vulnerable adults include participants (adults with learning disabilities). The focus is on people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is being promoted.

In reflecting this broad definition of safeguarding, the event's policy is therefore to consider the safeguarding of children and vulnerable adults:

- In its forward planning processes
- In the way that the event is designed and delivered; and,
- In the way that events are designed with partner organisations.

The above will be implemented to create a culture of awareness and confidence in responding to these issues. Safeguarding will be discussed with staff, coaches and volunteers through event briefings leading up to the event.

The event brings staff, coaches and volunteers into contact with children and vulnerable adults, as a result, the EMT should ensure that they have taken up appropriate training and requested a Disclosure and Barring Service (DBS) check where appropriate.

A crucial emphasis of the Children Act 2004 and the Care Act 2014 is the need to work effectively across agencies.

Types & indicators of abuse

It is not the responsibility of event staff, coaches or volunteers to decide whether abuse has taken place or if a child, young person or vulnerable adult is at significant risk; they do however have a responsibility to act if they have any concerns.

The following table shows some of the main indicators associated with the different types of abuse. The presence of one or more does **not** prove that abuse is occurring. There may be other reasons for changes in an individual's behaviour.

| Type of Abuse | Indicators |
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| Physical Abuse | <ul style="list-style-type: none"> • Any injury not fully explained by the history given. • Self-inflicted injury. • Unexplained bruises and welts on face, lips, mouth, torso, arms, back, buttocks, thighs in various stages of healing; clusters forming regular patterns, reflecting shape of an article or on several different surfaces. • Finger-marks. • Unexplained burns, especially on soles, palms and back; immersion burns; rope burns; electric appliance burns. • Unexplained fractures to any part of the body, in various stages of healing; multiple or spinal injuries. • Unexplained lacerations or abrasions to head, face, scalp, mouth, lips, gums, eyes, external genitalia. |

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| | <ul style="list-style-type: none"> • Malnutrition - rapid or continuous weight loss, no evidence of food; dehydration; complaints of hunger. • Rapid weight gain / “gorging”. • Subdued personality in presence of carer. • Untreated medical problems. • Urinary/faecal incontinence. • Signs of medication misuse (over or under-medication). • Use of furniture and other equipment to restrict movement. • Withholding walking aids to restrict movement |
| <p>Sexual Abuse</p> | <ul style="list-style-type: none"> • Full or partial disclosure or hints of sexual abuse. • Wetting/soiling. • Poor concentration; sudden onset of confusion. • Unusual difficulty in walking and sitting. • Torn, stained or bloody underclothing. • Pain or itching, bruises, lacerations, bleeding in genital area. • Sexually transmitted diseases / urinary tract / genital infections. • Love bites. • Finger marks, scratches, bruises on upper arms, thighs. • Significant change in sexual behaviour or outlook. • Pregnancy in a female who is not able to consent. • Sudden withdrawal from activities. • Wearing extra layers of clothing. • Self injury. • Showing fear or being aggressive to one particular person. • Refusing to be touched for personal care. • Loss of appetite. • Sleep disturbances, nightmares. |
| <p>Financial Abuse</p> | <ul style="list-style-type: none"> • Unusual or inappropriate bank account activity. • Unexplained or sudden inability to pay bills or buy essential items. • Power of Attorney obtained when person is unable to comprehend. • Recent change of deeds or title of house. • Person lacks belongings or services which they can clearly afford. • Money and valuables going missing. • Recent acquaintances expressing sudden or disproportionate affection for a person with means. |

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| | <ul style="list-style-type: none"> • Carer asks only financial questions of the worker, does not ask questions about care. • Carer(s) withholding money. • Person managing financial affairs is evasive or uncooperative. • Tradespeople overcharging for services. • Disparity between income/assets and living conditions. |
| Psychological Abuse | <ul style="list-style-type: none"> • Ambivalence. • Tearfulness. • Passivity. • Resignation. • Fearfulness expressed in the eyes, avoids looking at caregiver, flinching on approach. • Excessive fears. • Emotional withdrawal. • Sleep disturbance, insomnia, need for excessive sleep. • Low self-esteem. • Confusion. • Unexplained paranoia. • Agitation. • Over-meticulous. • Changes in appetite leading to unusual weight gain/loss. • Isolation e.g. confined to one room and denied social contact. • Showing lack of respect for the dependent person as an individual. |
| Neglect or acts of omission by carers | <ul style="list-style-type: none"> • Unkempt, unwashed, smell of urine / faeces. • Condition of environment is poor. • Physical condition of person poor, e.g. ulcers, pressure sores. • Clothing is inappropriate or in bad condition, e.g. unclean, wet. • Inadequate heating. • Inadequate lighting. • Failure to give prescribed medication. • Malnutrition, weight loss, dehydration. • Failure to access appropriate medical / social care. • Failure to ensure appropriate privacy and dignity. • Inconsistent or reluctant contact with health or social agencies. • Refusal of access to callers/visitors. • Failure to engage in social interaction. • Sensory deprivation, not allowed access to hearing aid, glasses. • Absence of mobility aids. |
| Discriminatory Abuse | <ul style="list-style-type: none"> • Signs of a sub-standard service offered to an individual. |

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| | <ul style="list-style-type: none"> • Repeated exclusion from rights afforded to citizens e.g. health, education, employment. • Reluctance to go out, refusing to go to places previously visited • Withdrawn • Fear and anxiety. • Crying. • Anger. • Questioning self. • Lack of respect shown to an individual. |
| Organisational Abuse | <ul style="list-style-type: none"> • Lack of choice and consultation e.g. choice of food, bedtimes. • Lack of respect shown to vulnerable adult. • Controlling relationships – minimal interaction between workers and service users. • Inappropriate or poor care. • Failure to ensure privacy and dignity. • Lack of personal clothing and belongings. • Poor quality environment. • Sensory deprivation and lack of organised activities. • Denial of visitors and phone calls. • Misuse of medication. • Inappropriate use of restraint. • Restricted access to toilet, bathing, drinks or snacks. • Restricted access to medical or social care. • Lack of appropriate resources. • Poor staffing. • Inadequate policies and procedures. • Management acceptance. • Rigid routines and regimes. |
| Self-Neglect | <ul style="list-style-type: none"> • Health indicators which apply when there is no reasonable explanation, e.g., attributable to a person's medical condition: weight loss, incontinence, infected sores, skin integrity compromised, missed appointments, failure to follow treatment plans, repeated injuries as a result of falls or other accidents. • Environmental indicators: using unsafe electrical appliances, alerts raised by Fire & Rescue Service, extreme clutter, windows/locks broken, no heating, water or electricity, little or no sign of food in the home, infestations. |

Roles and Responsibilities

It is the responsibility of everyone at the Personal Bests event to raise any safeguarding concerns they have. Safeguarding is everybody's business. This includes coaches, volunteers, EMT and support staff.

Safeguarding concerns need to be raised with the Safeguarding Lead (Betty Chadwick, Active LD) or the Deputy Safeguarding Lead (Calum Drummond, Winchester City Council).

Process and procedures

The safeguarding lead will help coordinate with the relevant organisations (day services, coaches/clubs, leisure centre provider, Active LD, etc), who will also have their own internal safeguarding procedures to follow in the face of a safeguarding concern.

The process and procedures for dealing with cases of abuse or suspected abuse are set out at:

Appendix A (Hampshire)

Appendix B (West Sussex)

Policy agreed: 15th April 2026

Review due: April 2027

Appendix A – Hampshire

If you are concerned about an adult, don't ignore it. If the abuse you have seen is a crime, it should be reported to Hampshire Constabulary or the police on [101](#).
In an emergency, or if you suspect someone is in immediate danger, call [999](#).

There is an online safeguarding referral to let adult social care know about your safeguarding concerns. You can reach them by phone at 0300 555 1386 or 0300 555 1373 for out-of-hours support

The online referral form is not available from 6pm until 8am, or at weekends.

<https://www.hants.gov.uk/socialcareandhealth/adultsocialcare/contact/start-a-referral>

Appendix B – West Sussex

<https://www.westsussex.gov.uk/social-care-and-health/social-care-support/adults/raise-a-concern-about-an-adult/>

How to raise a concern

If you or someone else is in immediate danger, call the police on 999.

If your concerns are about yourself or a person finding it difficult to manage daily living tasks because of an illness or disability, [contact Adult Services](#) for advice and guidance.

If you think someone vulnerable is experiencing, or at risk of being abused or neglected, raise a safeguarding referral.

[Complete a safeguarding referral form here](#)

If you report a concern outside of usual working hours (Monday-Friday, 9.00am-5.00pm) it will not be viewed until the next working day, when we will aim to provide a response.

You should ask the person or their representative for their consent to report the concern unless this increases the risk to them or you.

Other ways to contact West Sussex Adult Services:

Sending us the information on our online form is the best way of reporting your concerns but, if you prefer, you can call us on:

- Phone: 01243 642121 (not to be used by professionals)

For emergencies only

To report an urgent concern that requires a same day response, call the Adult Social Care out of hours manager on 033 022 27007.