

# Adults at Risk Policy

<b>Version</b>	<b>Author</b>	<b>Revision date</b>	<b>Summary of Changes</b>	<b>Endorsed by Motorsport UK Board of Directors signature and date</b>
V 0.1	Head of Safeguarding Linda Medicott	26/05/20		29/07/2020
This policy will be reviewed annually or when there is a legislative change or review due to lessons learnt or best practice guidance.				

MOTORSPORT UK ASSOCIATION LIMITED

Trading as Motorsport UK

Registered in England and Wales

Company Number 01344859

Registered Office

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## 1. Introduction

Motorsport UK is the national membership organisation and governing body for four-wheel motorsport in the UK, representing competitors, volunteers, clubs, and fans. Motorsport UK is committed to creating a safe and positive environment and accepts that it is our responsibility to safeguard the welfare of all adults involved in motorsport in accordance with the Care Act 2014. The policy and procedures apply to all adults, 18 years or over who are involved with Motorsport UK, our Clubs, Teams and groups.

This policy is endorsed by the Motorsport UK Board of Directors and it has Regulatory effect.

Motorsport UK proactively seeks to:

- Enable everyone, regardless of age, culture, disability, gender, racial origin, religious belief and/or sexual identity to participate equitably in motorsport in a safe environment;
- Support Member Clubs to implement their own adult at risk policies and procedures;
- Work with Member Clubs to ensure all those working with Adults at Risk are competent and have been provided with relevant awareness training regarding the potential difficulties Adults at Risk can face and how to manage them;
- Review our ways of working to incorporate good practice;
- In conjunction with our Member Clubs take all suspicions and allegations of abuse or poor practice seriously and respond swiftly and appropriately to them in accordance with current legislation and Motorsport UK Safeguarding Adults and Risk policy and procedures and where appropriate, the General Regulations of the sport.

## 2. Principles

### **Making Safeguarding Personal**

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

Wherever possible safeguarding concerns should be discussed with the adult to get their view of what they would like to happen. They should be involved in the safeguarding process, giving their consent to share information outside of the organisation where necessary.

## Wellbeing Principle

The concept of 'wellbeing' is threaded throughout English and Welsh legislation and is related to the personal dignity, support and inclusion of all.

## Capacity and decision making

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

People should be given information in formats that they understand to be able to make decisions.

## 3. Legislation

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

- England - The Care Act 2014
- Wales - Social Services and Well Being Act 2014
- Scotland - Adult Support and Protection Act 2007
- Northern Ireland - Adult Safeguarding Prevention and Protection in Partnership 2015
- The Protection of Freedoms Act 2012
- Domestic Violence, Crime and Victims (Amendment) Act 2012
- The Equality Act 2010
- The Safeguarding Vulnerable Groups Act 2006
- England and Wales - Mental Capacity Act 2005
- Scotland - Adults with Incapacity Act 2000
- Mental Capacity (Northern Ireland) 2016
- Sexual Offences Act 1956 & 2003
- The Human Rights Act 1998
- The Data Protection Act 1998

- The General Data Protection Regulation 2016 Definitions

### **England (Care Act 2014)**

An 'Adult at Risk' is an individual aged 18 years and over who:

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

### **Wales (Social Services and Wellbeing Act 2014)**

An "Adult at Risk" is an individual aged 18 years and over who:

- (a) Is experiencing or is at risk of abuse or neglect,
- (b) Has needs for care and support (whether or not the authority is meeting any of those needs) and
- (c) As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

### **Scotland (Adult Support and Protection Act 2007)**

For the purpose of this Policy the following definitions apply:

An "Adult at Risk" is an individual aged 16 years and over who:

- (a) Is unable to safeguard their own well-being, property, rights or other interests
- (b) Is at risk of harm, and
- (c) Because they are affected by disability, mental disorder, illness or physical or mental infirmity, is more vulnerable to being harmed than adults who are not so affected.

### **NI (Adult Safeguarding Prevention and Protection in Partnership 2015)**

An Adult at Risk of Harm is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their personal characteristics and/or life circumstances.

Personal characteristics may include, but are not limited to, age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain. Life circumstances may include, but are not limited to, isolation, socio-economic factors and environmental living conditions.

An ‘adult in need of protection’ is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

- A) personal characteristics and/or
- B) life circumstances and
- C) who is unable to protect their own well-being, property, assets, rights or other interests; and
- D) where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed.

In order to meet the definition of an ‘adult in need of protection’ either (A) or (B) must be present, in addition to both elements (C), and (D).

#### 4. Types of Abuse and Neglect

Dependent upon where the abuse takes place, the definition of harm varies:

England (Care Act 2014)	Wales (Social Services and Well Being Act 2014)
Physical	Physical
Sexual	Sexual
Emotional/Psychological/Mental	Psychological
Neglect and acts of Omission	Neglect
Financial or material abuse	Financial
Discriminatory	
Organisational / Institutional	
Self-neglect	
Domestic Abuse (including coercive control)	
Modern slavery	

<b>Scotland (Adult Support and Protection Act 2007)</b>	<b>NI (Adult Safeguarding Prevention and Protection in Partnership 2015)</b>
Physical Psychological Financial Sexual Neglect	Physical Sexual violence Psychological / emotional Financial Institutional Neglect Exploitation Domestic violence Human trafficking Hate crime

Whilst not included in legislation, those who work with adults at risk must be aware of the following abuse:

- Cyber bullying
- Forced marriage
- Hate Crime
- Radicalisation

## 5. Signs and indicators of abuse and neglect

Abuse can take place in any context and by all manner of perpetrator. Abuse may be inflicted by anyone in the organisation who a participant comes into contact with. Alternatively, other participants, workers or volunteers may suspect that an adult is being abused or neglected outside of the organisation's setting. There are many signs and indicators that may suggest someone is being abused or neglected. These include but are not limited to:

- Unexplained bruises or injuries – or lack of medical attention when an injury is present.
- Person has belongings or money going missing.



- Person is not attending / no longer enjoying their sessions. You may notice that a participant in a team has been missing from practice sessions and is not responding to reminders from team members or coaches.
- Someone losing or gaining weight / an unkempt appearance. This could be a player whose appearance becomes unkempt, or does not wear suitable sports kit, and there is a deterioration in hygiene.
- A change in the behaviour or confidence of a person. For example, a participant may be looking quiet and withdrawn when their brother comes to collect them from sessions in contrast to their personal assistant whom they greet with a smile.
- They may self-harm.
- They may have a fear of a particular group of people or individual.
- They may tell you / another person they are being abused – i.e. a disclosure.
- Harassment of a participant because they are or are perceived to have protected characteristics.
- Not meeting the needs of the participant. E.g. training without a necessary break.
- A coach intentionally striking an athlete.
- A participant who sends unwanted sexually explicit text messages to an adult with learning disabilities they are training alongside.
- A participant threatening another participant with physical harm and persistently blaming them for poor performance.

## **6. What to do if you have a concern or someone raises concerns with you**

It is not your responsibility to decide whether an adult has been abused. It is however everyone's responsibility to respond to and report concerns. Where you are concerned that someone is in immediate danger, notify the Police on 999 straight away. Where you suspect that a crime is being committed, you must involve the Police.

If you have concerns and or you are told about possible or alleged abuse, poor practice or wider welfare issues you must report this to your Club Safeguarding Officer (CSO) or if you are uncomfortable doing so or are not happy with the outcome please refer to Motorsport UK's Head of Safeguarding. If the Head of Safeguarding is implicated, then report to the Motorsport UK's General Secretary.

When raising your concern with the Club Safeguarding Officer (CSO) / Motorsport UK Head of Safeguarding, remember to make safeguarding personal. It is good practice to seek the adult's views on what they would like to happen next and to inform the adult of what actions you intend to take.

It is important when considering your concern that you keep the person informed about any decisions and action taken about them, and always consider their needs and wishes.

## 7. How to respond to a concern

### Remember to 'make safeguarding personal'.

- Discuss your safeguarding concerns with the adult.
- Obtain their view of what they would like to happen.
- Inform them it's your duty to pass on your concerns to your Club Safeguarding Officer (CSO) who will in turn inform Motorsport UK's Head of Safeguarding.

Make a note of what the person has said using his or her own words as soon as practicable. Describe the circumstances in which the disclosure came about. Take care to distinguish between fact, observation, allegation and opinion. It is important that the information you have is accurate.

Inform your Club Safeguarding Officer (CSO) / Motorsport UK's Head of Safeguarding by passing on the information gained.

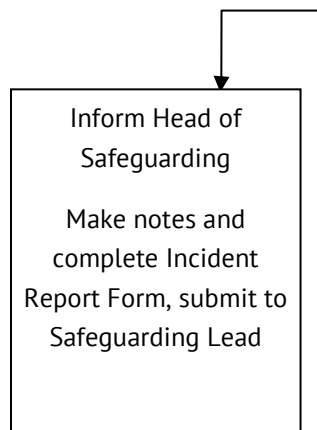
Your Club Safeguarding Officer (CSO) will complete a referral form (this can be found on the Motorsport UK website).

The referral form must be submitted to Motorsport UK's Head of Safeguarding either via Myconcern or by password protected email to [safeguarding@motorsportuk.org](mailto:safeguarding@motorsportuk.org) within 24 hours of receipt of disclosure.

Be mindful of the need to be confidential at all times. This information must only be shared with your Club Safeguarding Officer (CSO) and Motorsport UK's Head of Safeguarding. There will at times be a requirement for information to be shared in the best interests of the adult but this must only be done on a strictly need to know basis.

**If the matter is urgent and relates to the immediate safety of an adult at risk, then contact the emergency services immediately.**

There are concerns/suspicions about a person



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

## **8. Roles and Responsibilities within Motorsport UK**

Motorsport UK is committed to having the following in place:

- A Head of Safeguarding to produce and disseminate guidance and resources to support the policy and procedures;
- A clear line of accountability within the organisation for work on promoting the welfare of all adults;
- Procedures for dealing with allegations of abuse or poor practice against members of staff and volunteers;
- A Safeguarding Strategy Group that effectively reviews safeguarding investigation outcomes and may refer to the Regulatory Counsel & Disciplinary Officer where necessary i.e. where concerns arise about the behaviour/practices of someone who is a participant of Motorsport UK activities, its member clubs, groups, teams or Motorsport UK Academy. Or may complete risk assessments in regard to an individual's suitability to work/volunteer in '*Regulated Activity*' roles and enforce relevant restrictions.
- The Regulatory Counsel & Disciplinary Officer may refer any breach of conduct obligations to Motorsport UK's National Court whether for disciplinary purposes or for an Inquiry to be held.
- Arrangements to work effectively with other organisations to safeguard and promote the welfare of adults, including arrangements for sharing information.
- Appropriate whistle blowing procedures (Motorsport UK's *Speak up Speak Out* policy can be found on our website) and an open and inclusive culture that enables safeguarding and equality and diversity issues to be addressed.

### **Good practice, poor practice and abuse**

It can be difficult to distinguish poor practice from abuse, whether intentional or accidental.

It is not the responsibility of any individual involved in Motorsport UK to make judgements regarding whether or not abuse is taking place. However, all Motorsport UK personnel have the responsibility to recognise and identify poor practice and potential abuse, and act on this if they have concerns.

## Good practice

Motorsport UK expects that coaches of adult participants:

- Adopt and endorse the Motorsport UK Code of Conduct.
- Have completed a course in basic awareness in working with and safeguarding Adults.

## Everyone should:

- Aim to make the experience of Motorsport UK fun and enjoyable.
- Promote fairness and playing by the rules.
- Not tolerate the use of prohibited or illegal substances.
- Treat all adults equally and preserve their dignity; this includes giving more and less talented members of a group similar attention, time and respect.

## 9. Relevant Policies

This policy should be read in conjunction with the following policies

- Motorsport Club Safeguarding Code of Conduct
- Motorsport UK Speak Up Speak Out Policy
- Motorsport UK Social Media Policy
- Motorsport UK Complaints Policy
- Motorsport UK Disciplinary Policy
- Motorsport UK Equality, Diversity and Inclusion Policy
- Motorsport UK Code of conduct

## 10. Further Information

Policies, procedures and supporting information are available on the Motorsport UK website.

Motorsport UK Head of Safeguarding:

Linda Medicott

Email: [linda.medlicott@motorsportuk.org](mailto:linda.medlicott@motorsportuk.org)

Tel: 07851 248672

This policy will be reviewed annually, or sooner in the event of legislative changes or revised policies and best practice.

## Appendix 1

### Six Principles of Adult Safeguarding

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

#### Empowerment

People are supported and encouraged to make their own decisions and informed consent.

*“I am asked what I want as the outcomes from the safeguarding process and this directly inform what happens.”*

#### Prevention

It is better to take action before harm occurs.

*“I receive clear and simple information about what abuse is. I know how to recognise the signs, and I know what I can do to seek help.”*

#### Proportionality

The least intrusive response appropriate to the risk presented.

*“I am sure that the professionals will work in my interest and they will only get involved as much as is necessary.”*

#### Protection

Support and representation for those in greatest need.

*“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”*

## **Partnership**

Services offer local solutions through working closely with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

*“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”*

## **Accountability**

Accountability and transparency in delivering safeguarding.

*“I understand the role of everyone involved in my life and so do they.”*



## Appendix 2

### Capacity

England and Wales share the Mental Capacity Act of 2005. Scotland has the Adults with Incapacity (Scotland) Act 2000 and Ireland the Mental Capacity (Northern Ireland) Act 2016.

The Acts all apply to people over the age of 16.

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

We make many decisions every day, often without realising. We make so many decisions that it's easy to take this ability for granted. But some people are only able to make some decisions, and a small number of people cannot make any decisions. Being unable to make a decision is called "lacking capacity".

To make a decision we need to:

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

The various legislation sets out the principles for working with adults who lack capacity to make decisions. A person's ability to do this may be affected by things like learning disability, dementia, mental health needs, acquired brain injury and physical ill health.

Good practice states that every individual has the right to make their own decisions and legislation provides the framework for this to happen.

The legislation is designed to ensure that people have the support they need to make as many decisions as possible. The legislation also protects people who need family, friends or paid support staff to make decisions for them because they lack capacity to make specific decisions.

Any intervention in the affairs of an adult should:

- benefit the adult
- take account of the adult's wishes, so far as these can be ascertained
- take account of the views of relevant others, as far as it is reasonable and practical to do so
- restrict the adult's freedom as little as possible while still achieving the desired benefit

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

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

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

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

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

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

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

**Remember:**

You should not discriminate or make assumptions about someone's ability to make decisions, and you should not pre-empt a best interest decision merely on the basis of a person's age, appearance, condition or behaviour.

As an organisation, when it comes to decision-making, you could be involved in a minor way, or asked to provide more detail. The way you provide information might influence a person's ultimate decision. A person may be receiving support that is not in line with the principles of the legislation, so you must be prepared to address this.

\*PLEASE NOTE: The Mental Capacity Act in England and Wales is currently under review and the legislation and process is likely to change. Once changes have been implemented, then a review of the policy is recommended.

## Appendix 3

### Consent and Information Sharing

Although we want to make safeguarding personal, there are some circumstances when we may need to take action without an adult's consent.

Sometimes an adult at risk may not want you to act on your concerns or their disclosure.

This may be because they are scared or fearful of the repercussions from you taking action.

It may also be because they are not aware abuse is taking place, or they have not got the mental capacity to make an informed decision and understand that remaining in their current situation is unsafe.

Sharing information with the right people is central to good practice in safeguarding adults.

You should not keep safeguarding concerns about adults at risk to yourself. Explain to the adult that you must pass the concern on to your Safeguarding Lead, as you have a duty of care.

You should reassure the adult that they will be fully included on what happens.

It is appropriate to report concerns without an adult's consent when:

- You have reason to believe the adult's health and or wellbeing will be adversely affected by ongoing harm.
- Other people are, or may be, at risk from the person causing harm, including children.
- It is necessary to prevent a crime, or a serious crime has been committed.
- Sharing the information could prevent a crime and help to stop abuse.
- The adult may be under duress or being coerced.
- The alleged abuser has care and support needs and may also be at risk.

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

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

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

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

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

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

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

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

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

- Seek advice if in any doubt.
- Be transparent - The Data Protection Act (DPA) is not a barrier to sharing information but to ensure that personal information is shared appropriately; except in circumstances where by doing so places the person at significant risk of harm.
- Consider the public interest; base all decisions to share information on the safety and well-being of that person or others who may be affected by their actions.
- Share with consent where appropriate. Where possible, respond to the wishes of those who do not consent to share confidential information. You may still share information without consent, if this is in the public interest.
- Keep a record; record your decision and reasons to share or not share information.
- Accurate, necessary, proportionate, relevant and secure; ensure all information shared is accurate, up-to-date, necessary and share with only those who need to have it.

## Appendix 4

**Legislation and Government Initiatives are documented here, links provided for ease of access.**

### **England – Care Act 2014 – statutory guidance**

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

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

### **Wales - Social Services and Well Being Act 2014**

[http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw\\_20140004\\_en.pdf](http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf)

Reforms and integrates social services law-making provisions for improving well-being outcomes for people who need care and support. Requiring co-ordination and partnership by public authorities to improve well-being. It replaces No Secrets and puts adult safeguarding on a statutory footing.

### **Scotland - Adult Support and Protection Act 2007**

<https://www.legislation.gov.uk/asp/2007/10/contents>

Introduced new measures to identify and protect individuals by defining adults at risk. Placing a duty on Local Authorities to identify and prevent harm whilst requiring partnership working. It replaces No Secrets and puts adult safeguarding on a statutory footing.

### **Northern Ireland - Adult Safeguarding Prevention and Protection in Partnership 2015**

<https://www.eani.org.uk/sites/default/files/2018-11/Adult%20Safeguarding%20-%20Prevention%20and%20Protection%20in%20Partnership.%20DHSSPS%202015.pdf>

Implemented to improve safeguarding arrangements for adults who are at risk of harm from abuse, exploitation or neglect. The framework is to provide support and effective protective interventions, placing significant emphasis on prevention and early intervention. It also seeks to ensure that access to justice is available to adults that have been harmed. It replaces No Secrets and puts adult safeguarding on a statutory footing.

### **Protection of Freedoms Act 2012**

<http://www.legislation.gov.uk/ukpga/2012/9/contents/enacted>

Brought about a wide range of measures, regarding numerous areas of law. Notably changes to the vetting and barring system to create the Disclosure and Barring Service.

### **Domestic Violence, Crime and Victims (Amendment) Act 2012**

<http://www.legislation.gov.uk/ukpga/2012/4/contents/enacted>

Creates an offence of causing or allowing the death or serious harm of a child or adult at risk for those within the household.

### **Equality Act 2010**

<https://www.legislation.gov.uk/ukpga/2010/15/contents>

The Act legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations.

### **England & Wales - Mental Capacity Act 2005**

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

Its general principle is that everybody has capacity unless it is proved otherwise, that they should be supported to make their own decisions, that anything done for or on behalf of people without capacity must be in their best interests and there should be least restrictive intervention. [www.dca.gov.uk](http://www.dca.gov.uk)

### **Scotland - Adults with Incapacity Act 2000**

<http://www.legislation.gov.uk/asp/2000/4/contents>

Provides ways to help safeguard the welfare and finances of people who lack capacity.

### **Northern Ireland - Mental Capacity 2016**

<http://www.legislation.gov.uk/nia/2016/18/contents/enacted>

Combines mental health and capacity within one piece of legislation. Considers the individuals capacity to independently make decisions about their health, welfare or finances, and the safeguards that must be put in place if they lack the capacity to do so.

### **Sexual Offences Act 1956**

<https://www.legislation.gov.uk/ukpga/Eliz2/4-5/69/contents>

This Act consolidated the law relating to sexual offences committed between 1957 and 2004. It was mostly repealed by the Sexual Offences Act of 2003 below, but sections 33 to 37 still survive.

### **Sexual Offences Act 2003**

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

The Sexual Offences Act introduced a number of new offences concerning adults at risk and children.  
[www.opsi.gov.uk](http://www.opsi.gov.uk)

### **Human Rights Act 1998**

<https://www.legislation.gov.uk/ukpga/1998/42/contents>

Designed to incorporate into UK law the rights contained in the European Convention on Human Rights. The Act makes a remedy for breach of a Convention right available in UK courts, without the need to go to the European Court. In particular, the Act makes it unlawful for any public body to act in a way which is incompatible with the Convention, unless the wording of any other primary legislation provides no other choice.

### **Data Protection Act 2018 (including General Data Protection Regulations)**

**2018 Act** - <http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>

GDPR - <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32016R0679&from=EN>

The original 1998 DPA was superseded in May 2018. The new Act supplements the General Data Protection Regulation (GDPR), which came into effect later the same month. The Act is designed to protect personal data stored on computers or on paper, regulating collection, storage, and use. The Act provides individuals with the legal rights to control information about themselves.

### **Safeguarding Vulnerable Groups Act 2006**

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

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

### **Deprivation of Liberty Safeguards**

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

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

### **Disclosure & Barring Service 2013**

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

Criminal record checks: guidance for employers. How employers or organisations can request criminal records checks on potential employees from the Disclosure and Barring Service (DBS). [www.gov.uk/db-update-service](http://www.gov.uk/db-update-service)

### **Making Safeguarding Personal Guide 2014**

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

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