



## **Ghana Badminton Adults at Risk Policy**

Ghana Badminton is committed to safeguarding adults at risk. An adult at risk is defined as someone aged 19 or over who:

- Is unable to protect him/herself from significant harm or exploitation.
- Is, or maybe, in need of community care services by reason of mental or other disability, increasing frailty or illness, alcohol or drug dependency.
- Is, or may be, unable to take care of him or herself (includes drug or alcohol dependency).

### **Relationship to Child Welfare procedures:**

- There is no specific 'adults at risk act' giving clear legislative guidelines.
- The definition of 'adult at risk' is open to interpretation and the adult at risk may apply only at times.
- Adults have a right to self-determination. They may not wish for intervention to safeguard them.
- Adults may consent to sexual activities and the issue of consent may affect the reporting and management of allegations.
- Local authorities may vary in dealing with referrals as there is not a consistent approach.

Whilst it is hoped that proactive preventative work and providing clear policies is sufficient to safeguard all persons within Ghana Badminton, the organization recognizes that it has a responsibility to safeguard vulnerable adults from abuse and harm and respond where abuse and harm are perceived to have occurred.

### **The responsibility taken by this Policy is to:**

- Safeguard the welfare of adults at risk in badminton by protecting them from any significant physical, sexual and emotional harm and from neglect, bullying and financial harm within the sport. This may include training and codes of practice amongst other strategies for reducing risk.
- Safeguard the welfare of adults at risk in badminton by making use of such vetting as is available to Ghana Badminton when seeking to establish suitability for a new or pre-existing role with adults at risk in badminton.
- Report to the appropriate authorities any concerns about abuse or harm to adults at risk whether this occurs within the sport or elsewhere and whether this be a criminal

offence or other concern. The appropriate authorities may be internal or external to the sport. This will include identifying reporting frameworks and developing guidelines for reporting.

- Ensure appropriate investigations and responses to concerns about abuse or harm within the sport including Badminton sanctions as appropriate. This will include work in partnership with the police and other statutory agencies charged with investigating and responding and with the vulnerable adult who is believed to be at risk or believed to have been harmed.
- Following such investigations, act to put appropriate safeguards in place to safeguard the vulnerable adult in the future and to reduce the risk of harm to other adults at risk in the sport.
- Report when appropriate to the Independent Safeguarding Authority anybody in the sport who is believed by Ghana Badminton to be a risk of harm to adults at risk.
- Seek to develop internal skills and knowledge based on research, government guidance and learning from experience.
- Review the policy from time to time.

### **Types of abuse**

- Physical
- Sexual
- Psychological
- Financial
- Neglect
- Discriminatory
- Bullying

In one situation there may be obvious signs and symptoms of abuse, but in others the indicators may be more discrete and difficult to detect. Combinations of factors which individually might not give cause for concern could be more so when considered together. The abuse maybe committed by one individual against another or be institutional in that the whole organization colludes in abusive practices through ignorance or choice.

Abuse behavior can be assessed on a scale from poor practice to bad practice to abuse. Abuse cannot be easily measured as an action alone. Its severity will partly be defined by the following:

- Vulnerability of the victim and the power differential;
- Nature and extent of the abuse;
- Length of time it has been occurring;
- Impact on the individual or group;
- Risk of it being repeated or becoming increasingly serious.

Some people who have been abused appear able to speak about it and wish action to be taken. Others seem very reluctant to talk about the experience. There may be several reasons for this:

- Too painful and emotional to talk about. Feelings of shame or embarrassment;
- There may not be the opportunity to see a trusted person in private;
- There may be anxiety about repercussions from the perpetrator or others;
- A worry about where will it end; for example if the police are involved, or perhaps a fear of going to court;

- The victim is just willing to put up with it;
- Communication or language;
- Failure to recognize that an experience is abusive.

## **Action**

### **Establish the victim's wishes**

It is important that you do not investigate the concerns, but the following guidance should be followed:

- Where there is no emergency, there is an opportunity to check out the victim's wishes to the concern;
- Establish who the victim would most like to talk to about the matter;
- Liaise with a welfare officer;
- The person to whom the victim wishes to speak should familiarize themselves with all possible options and the potential consequences of each;
- Remember that the talk is to establish what the victim wants to do about the concern to talk about the incident itself;
- The victim needs time to consider the options and, if necessary, agree to meet again.

### **Reporting**

Do not wait until you have all the information. If the person is injured or not yet safe, take immediate steps to help them.

Tell the person what you are going to do about the concern. Inform the welfare officer or, where appropriate, the police or local authority. Only tell people who need to know.

Make sure that you write everything down as soon as possible, including observations made before, during or after a disclosure.

### **Preservation of evidence**

It is important to have an awareness of preservation of any evidence available.

Welfare officer's role:

- › Check that urgent action has been taken to ensure safety.
- › Consider preservation of evidence and whether police have been informed.
- › Gather all relevant information, including written accounts where possible, and check whether adult is known to lack capacity.
- › Check whether consent has been obtained from the victim and refer the matter.
- › Consult with the victim's key carer or equivalent, or identify the best person to speak to victim to establish wishes in respect of referral.
- › Either refer or record reasons for not referring.

Note that referrals need to be made with or without consent if:

- Other people or children could be at risk from the person causing harm.
- It is necessary to prevent crime.
- Where there is a high risk to the health and safety of the adult at risk.
- The person lacks capacity to consent.

Any grievance or discipline matters will be dealt with according to Ghana Badminton discipline procedures.

Following a risk assessment, if Ghana Badminton is satisfied on the balance of probabilities that a member poses - or may pose - a risk of harm to an adult at risk, a suspension may be implemented.

## **Capacity**

The Mental Health 2012 (Act 846), covering Ghana and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this.

The Mental Health 2012 (Act 846) affects people who can't make decisions for themselves, perhaps because of:

- A learning disability;
- Dementia;
- A mental health problem;
- A head injury or a stroke;
- A drug, alcohol or substance addiction; or
- An acute illness, or the treatment for it.

All major decisions where a person lacks mental capacity are covered by the Act, from how their finances are managed to whether or not they have medical treatment.

## **The 5 principles of the Mental Health Act**

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
5. Before the act is done, or the decision is made, regard must be had 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.

## **Decision making**

If a person has been assessed as lacking capacity then any action taken, or any decision made for or on behalf of that person, must be made in his or her best interests (principle 4). The person who has to make the decision is known as the 'decision-maker' and normally will be the carer responsible for the day-to-day care, or a professional such as a doctor, nurse or social worker where decisions about treatment, care arrangements or accommodation need to be made.