

Chapter 14: Duties of Care and Welfare Practices

Dr Emma Kavanagh¹, Dr Daniel Rhind², Genevieve Gordon-Thomson³

¹Bournemouth University; ORCID ID: 0000-0001-9984-1501

²Loughborough University; ORCID ID 0000-0002-2595-4607

³De Montfort University

Abstract

Recent media reports and anecdotal evidence from across a range of sports has led to questions about whether welfare and safety really are being given the priority they deserve in elite sport. At a time of success for British sport in terms of medals, championships, and profile, this raises challenging questions about whether the current balance between welfare and winning is right and what we are prepared to accept as a nation (Grey-Thompson, 2017, p. 4). This chapter aims to introduce the term duty of care and consider its scope within sport. It will introduce mental health and abuse in sport as two risk factors which can threaten athlete well-being in performance environments, and finally introduce safeguarding as a step toward promoting a duty of care for all in sport. Practical recommendations are made in order to support people and organizations working toward achieving a duty of care for all.

In 2017 the British Government published the Duty of Care in Sport Review (Grey-Thompson, 2017) sharing the findings of a critical inquiry into the culture and climate of elite sport in the United Kingdom. High performance sport came under significant scrutiny linked to a number of high-profile accounts in the media that raised serious questions concerning the safety of elite sporting spaces and the threats they can pose to athlete welfare. Allegations of bullying, racial, sexual and gender abuse alongside other forms of discrimination have been made across Olympic and Paralympic sports. Such findings were echoed within a number of independent reviews of sports around the world: as an example, “a culture of fear, intimidation and bullying” was presented in a report on British Cycling (Phelps, Kelly, Lancaster, Mehrzad, & Panter, 2017). Cultures similar to this are suggested to have proliferated elite sport under the banner of a no compromise approach to performance. Within the United Kingdom, UK Sport responded to allegations with positive action through the implementation of various initiatives including the launch of a new Code for Sports Governance, a ‘Culture Health Check’ which was conducted across funded programs, the launch of a mental health strategy (UK Sport, 2018), and a clear focus on sporting integrity (UK Sport, 2017a). The impact of these initiatives is yet to be observed; as is the evidence of a pledged commitment to long term cultural change in high performance environments.

The notion of a duty of care has nominally been put forward as a solution to the challenges faced in high performance sport (UK Sport, 2017a; 2017b); however, to date it has failed to gain significant attention within the sporting literature and its meaning has not been clearly articulated. Currently, the duty of care remains a Western centric proposition with the UK at the world’s epicentre for the rapid emergence and prominence of this concept in sport. Therefore, the aims of this chapter are three-fold: 1) to examine the term duty of care and consider its scope within sport; 2) to explore potential factors which can threaten athlete welfare in performance environments (linked to the recommendations of the Duty of care

report; see also Chapter 6); and 3) to outline safeguarding mechanisms and make suggestions toward promoting a duty of care for all in sport.

Introducing The Duty of Care

Sport organizations are increasingly being held accountable for their role in developing and maintaining cultures that promote a duty of care and further support the wellbeing of all individuals within their realm of influence (Wagstaff, 2018); as a result, the term duty of care is increasingly being adopted within the sporting world. It is imperative that a distinction be drawn between moral and legal obligations. From a legal perspective, duty of care is encapsulated within the tort of negligence (Gordon, 2016). This considers when damage caused by another's carelessness becomes actionable (Plunkett, 2015). The basis of the tort of negligence and the duty of care, is that a necessary standard of care is owed to a claimant. As in sport and society at large, the legal duty of care owed is higher for children, young people, and vulnerable adults. Traditionally, a legal duty of care amounts to risk and whether reasonable steps to prevent foreseeable risk have been identified and action taken to reduce the risks. It was announced in 2016 that UK sports bodies wishing to receive centralized funding through Sport England, UK Sport, and National Lottery awards would have to adhere to a new code of governance to help ensure that the highest levels of transparency, ethical standards, and leadership are present across sport in the United Kingdom (Gordon, 2016). This goes some way to bridging the gap between the legal and moral stand points, relying on quasi legal standards in sport such as governance and regulation.

A duty of care further relies upon the moral obligation placed upon an individual (such as a coach or sport scientist) to understand their role in the prevention of foreseeable harm to others in order to ensure their safety or wellbeing. While the term "duty of care" has been adopted more recently in sport, it has a long-standing tradition in other professions, such

as nursing, teaching, or social work, and is associated closely with caring professions that may require difficult, social and emotional work. In such professions, there is an obligation to maintain both legal standards of care and further to act in accordance with professional standards set out by a regulatory body. The duty of care assumes a responsibility for the care of another whereby care refers to the relational element of this duty, and is linked to the interaction between people and or an organization. Such a climate aligns with the feminist tradition of an ethics of care (Brackenridge, 2001). As Noddings (2010) notes “Caring, in every approach, involves attention, empathic response, and a commitment to respond to legitimate needs” (p. 28). Whereby care consists of performed acts that have the potential to enhance relationships and promote well-being and flourishing of others (Hamington, 2019); as such the duty of care relies upon ethical and moral behavior in the treatment of the self and others.

It is now accepted that there is a moral duty owed by sport to protect its participants, and that measures need to be in place to ensure individuals are safe to participate in the absence of reasonable or foreseeable harm (within the boundaries of the activity). In essence, a moral duty of care means that a sporting body, and individuals working across its levels, need to take such reasonable measures to ensure individuals will be safe while participating in sport or physical activity. A duty of care further relies upon the moral obligation of those engaging in sport to understand their role in the prevention of foreseeable harm. The language here is important, and should be more widely adopted in order to consider the boundaries of practice and to ask stakeholders to consider more closely the duty owed in order to protect those in their charge from harm (physical and/or psychological).

In the United Kingdom, this duty gained greater focus through the publication of the Duty of Care in Sport Review (Grey-Thompson, 2017). The review challenged current practice in sport, and asked for greater consideration of *how* we promote care in the elite

environment. As a result, sports organizations are now tasked with taking greater account of their role in fostering a duty of care in practice; considering the importance of welfare at all stages of an athlete's career. The Duty of Care Review adopted a broad definition of care, spanning personal safety and injury, to mental health and consideration of the support provided to athletes at the elite level. The findings highlighted the importance of keeping people safe in sport as a central pillar around which talent, performance, and participation can be achieved. The current imbalance between winning and welfare was at the heart of the findings, as was the challenge to be more critical of current high-performance climates. "Putting people – their safety, wellbeing and welfare – at the center of what sport does" (Grey-Thompson, 2017, p. 5), was championed as a starting point for positive change toward addressing some of the current risks highlighted within the review.

Welfare in The Elite Performance Environment

Seven key themes were presented within the Duty of Care review based on evidence of current risks posed to athlete well-being in sport. Furthermore, each theme incorporates core recommendations for implementation and monitoring across National Governing Bodies of sport (NGB's). The seven themes are: 1) education; 2) transition; 3) representation of the participants voice; 4) equality, diversity and inclusion; 5) safeguarding; 6) mental welfare; and 7) safety, injury and medical issues (Grey-Thompson, 2017). These recommendations were made in order to raise the profile of a duty of care and call for industry wide adoption of improved standards of care from grass roots to performance sport. While it is outside the scope of this chapter to provide an overview of all of the recommendations arising from the Duty of Care Review (see Table 14.1 for an overview of the priority recommendations); instead the chapter will consider two areas that have gained recent attention both within the media and academic research: 1) risks to mental welfare; and 2) abuse and non-accidental

violence. Both present significant challenges and opportunities for the promotion of safety in sport.

Risks to Mental Welfare in Elite Sport

The pressures faced by elite athletes, and the need to consider the mental health and well-being of those involved in sport is recognized to be a critical shift in the promotion of care in high performance settings (Grey-Thompson, 2017). Reardon and Factor (2010) suggest that the tendency to idealize elite athletes has led the general public to assume a low prevalence of mental health issues in sport; research and anecdotal accounts in the media, however, demonstrate that elite athletes are not immune to poor mental health (Coyle, Gorczyński, & Gibson, 2017; Ingle, 2019; see also Chapter 8).

While taking part in sport can positively reinforce a number of protective factors (e.g., increased confidence, enhanced self-esteem, increased satisfaction with body image) and be viewed as a mental health asset (Doherty, Hannigan, & Campbell, 2016; Hill, MacNamara, Collins, & Rodgers, 2015; Uphill, Sly, & Swain, 2016), it is also acknowledged that performance environments can present a range of factors which have the potential to magnify mental health issues. For example, athletes face numerous stressors that are unique to the sporting environment (such as, injury; career transitions; selection and de-selection; living away from home, concussion related problems; see also Chapter 1) many of which have the potential to increase risks to mental health (Newman, Howells, & Fletcher, 2016) and were presented as areas of risk within the Duty of Care review. Continuous exposure to some, if not all of these challenges, have the potential to cause a deterioration in athlete well-being (Roberts, Faull, & Tod, 2016; see also Chapters 6 and 8).

It remains contested whether poor mental health is more prevalent in athletic populations, or if the patterns are simply consistent with those present in the “general population” (Rice et al., 2016; see also Chapter 8). That said, the stigma surrounding

reporting or acknowledging problems is considered to be higher in athletic settings (Uphill, Sly, & Swain, 2016). This can be compounded by the culture of sport which has a tendency to dictate that “mental toughness and mental health are seen as contradictory terms in the world of elite performance” (Bauman, 2016, p. 135). An emphasis on toughness and the minimization of perceived weakness (Reardon & Factor, 2010) may contribute, in part, to under-recognition of mental illness in the athletic population. In addition, the sporting environment may exacerbate pre-existing mental ill-health, as Bauman (2016) suggests mental ill-health that presented prior to involvement in sport may “become more evident when athletes are faced with stressors associated with elite sport” (p. 135; see also Chapters 1 and 8).

Gorczyński et al., (2019) believe that one of the most problematic elements of mental health is that it is almost always viewed negatively, with the focus primarily being placed on mental ill-health, rather than a broader and more holistic understanding of mental health and well-being. Such misunderstanding has increased the stigma surrounding mental health in sport, and this, in turn, can increase barriers to reporting mental ill-health in athletic populations. Increasing mental health literacy has been championed as a strategy to better inform athletes of the broader scope of mental health and well-being (MacIntyre et al. 2018). Such a strategy aims to enhance education surrounding mental health problems, improve attitudes toward mental health and increase understanding of how to seek help (Gorczyński et al. 2019). Increasing mental health literacy may better enable individuals to understand the potential for optimizing their own mental well-being while further recognizing the signs of mental illness and where to seek support. Coaches and support staff are currently not required to undergo any formal mental health training, yet these frontline staff are argued to be well placed to promote mental health within sport systems (Sebbens, Hassmen, Crisp, & Wensley, 2016).

In theme six of the Duty of Care review, mental welfare was indicated as a core priority and further a major concern in British performance sport (Grey-Thompson, 2017). In the United Kingdom a Mental Health Strategy, developed by the Mental Health Steering Group, was launched by UK Sport and the English Institute of Sport in 2018 in response to the recommendations provided by the Duty of Care review. National Governing Bodies (NGBs) have been tasked by UK Sport with placing greater emphasis on mental health support across the Tokyo Olympic Cycle. The strategy consists of four key pillars: education, provision, communication, and assurance - with a clear overall vision to “create a positive mental health environment for everyone in the UK high performance system” (UK Sport, 2018, p.1). Such a focus has not just been present in British sport, the Australian Institute of Sport (2020) held a summit focused on the promotion of athlete well-being designed to develop sustainable high-performance programs where athletic well-being was prioritized. The impact of such strategies is yet to be seen, however the priority placed on athlete mental health and further discussions concerning the well-being of athletes are positive steps forward in challenging the concerns surrounding the negative culture of high-performance environments and making a critical shift toward the promotion of health and well-being. An increased focus on mental well-being in sport (albeit mostly in Western nations) could lead the way for other countries looking to emphasize the importance of the mental and physical health of (elite) performers and support staff.

Abuse and Non-Accidental Violence

In Great Britain, safeguarding was given a priority within the Duty of Care review (theme five). All athletes have a right to engage in ‘safe sport’, defined as “an athletic environment that is respectful, equitable and free from all forms of non-accidental violence to athletes” (Mountjoy et al., 2016, p. 1). However, recent global media accounts have been replete with reports of incidents suggesting that sport has not always provided a safe space

for those who compete within it (Kavanagh, Adams, Lock, Stewart, & Clelland, 2020). For example, the case of Larry Nassar and the systemic abuse of over 150 gymnasts, spanning decades, perpetrated while in his privileged position as team doctor for United States Gymnastics (Fisher & Anders, 2020); in South Korea female athletes have spoken out about the culture of abuse in skating (BBC, 2019a); in the United Kingdom numerous sports including cycling, rowing, canoeing and gymnastics have each been indicted as having practices that have allowed athletes to have been bullied by coaches, managers, and teammates (Adams & Kavanagh, 2020; Phelps et al., 2017); and English football has been investigated concerning a history of child sexual abuse committed over more than 30 years (BBC, 2019b). Fisher and Anders (2020) highlight how sport provides an optimal space for violence, oppression, sexism, and exploitation to occur, often without question.

Collectively, various types of abuse have been referred to as maltreatment (Stirling, 2009), non-accidental violence (Mountjoy et al., 2016) and/or interpersonal violence (Vertommen et al., 2016), in order to encompass a variety of behaviors (including, but not limited to sexual, emotional and physical abuse, neglect, bullying and harassment, see Table 14.2 for definitions). Studies have reported prevalence rates of sexual abuse in sport as between 2% and 42% (Kerr & Stirling, 2019). Emotional abuse is recognized as potentially the most prevalent safeguarding concern, yet this remains one of the most accepted forms of abuse and therefore the least reported (Hartill & Lang, 2018). Less is known about the prevalence of physical abuse and other forms of interpersonal violence.

In 2011, a total of 652 cases of a range of abuses were recorded as occurring in NGB's in the United Kingdom (UK), including physical, sexual, and emotional abuse; bullying; inappropriate behavior via technology; racial abuse; sexual harassment; and poor practice (Rhind, McDermott, Lambert, & Koleva, 2014). Alexander, Stafford, and Lewis (2011) surveyed over 6000 young people on their experience of taking part in sport in the

UK; 75% reported to have experienced some form of emotional harm while taking part in sport. More recently, Hartill and Lang (2018) outlined findings concerning reports of child abuse in sport received by local authorities (LA's) in England (between 2010-2015). Of the local authorities that responded (70 returning usable data), 1013 distinct safeguarding reports were recorded during this time. Reports concerning sexual abuse were by far the most common accounting for nearly 50% of those recorded.

The impact of abuse in sport can be long-term and extremely damaging (Mountjoy et al., 2016) and is correlated with a plethora of long-term sequelae, including depression, anxiety, maladaptive eating behavior, social withdrawal, self-harm, detriments to academic or work performance, and long-term post-traumatic stress symptomatology (Mountjoy et al., 2016; Parent & Fortier, 2018). Furthermore, the experience can have an impact both on the athlete and those closest to them (friends, family, partners, and teammates). Such an impact can present both in the moment, and can persist long after the abuse ends (McMahon & McGannon, 2020). As Kerr and Stirling (2019) suggest, we cannot deny the existence of abuse in sport and the recent media cases firmly place this issue in the spotlight.

The International Olympic Committee (IOC) has developed a number of guiding documents that place an emphasis on its mission toward protecting the safety and well-being of athletes and which acknowledge that this topic is of global importance. For example, the Olympic Movement Medical Code (2009) underscores that all stakeholders “should take care that sport is practiced without danger to the health of the athletes and with respect for fair play and sports ethics ... [and should take] measures necessary to protect the health of participants and to minimize the risks of physical injury and psychological harm”. The IOC consensus statement on harassment and abuse (non-accidental violence) in sport states that eliminating abuse against athletes should be part of a broad international conversation which reflects wider societal discourse regarding the need to eradicate abusive and unethical

practices in institutional settings (Mountjoy et al., 2016). Evidently there is a legal and moral duty of care incumbent on those who organize, administer, and take part in sport, to ensure that risks are identified and mitigated (Mountjoy et al., 2015). An emphasis on safeguarding is of great importance in articulating the duty of care and enhancing the safety of all participants.

Safeguarding in Sport

The initial response to managing welfare issues in sport focused on protecting specific children who were deemed to be at increased risk. These strategies drew upon the broader concept of child protection as developed in the context of social work. Child protection has been defined as: “A set of activities that are required for specific children who are at risk of/or are suffering from significant harm” (Rhind, Brackenridge, Kay, & Owusu-Sekyere, 2015, p. 73). Mountjoy, Rhind, Tiivas, and Leglise (2015) argued that the scope of the issues to be addressed by those working to protect children in sport are much broader than the traditional approach of preventing abuse through child protection. As a result, there has been a move towards a more holistic approach, called safeguarding, which serves to promote the welfare and wellbeing of *everyone* in sport. Safeguarding has been defined as “the reasonable actions taken to ensure that everyone involved in sport are safe from harm” (Rhind, et al., 2015; p. 73); and is therefore seen as a central tenant to keeping people safe in sport when considering a duty of care for all.

International Safeguards for Children in Sport

A significant development in this field was the launch of the International Safeguards for Children in Sport (Rhind & Owusu-Sekyere, 2018). The International Safeguards outline the guidance and processes that should be put in place by any organization providing sports activities to children and young people (Rhind & Owusu-Sekyere, 2018). The safeguards should be viewed as guides, which facilitate an organization’s journey towards safeguarding

individuals rather than as an end in themselves. The safeguards reflect the United Nations Convention on the Rights of the Child (United Nations, 1989), relevant legislation (Chroni, et al., 2012), and existing child protection/safeguarding good practice (Boocock, 2002). These safeguards represent collective good practice at a point in time and will be subject to periodic review to ensure they reflect developments within safeguarding practice.

The International Safeguards aim to: help create a safe sporting environment (for children) wherever they participate and at whatever level; provide a benchmark to assist sports providers and funders to make informed decisions; promote good practice and challenge practice that is harmful; and provide clarity on safeguarding to all involved in sport. Specifically, eight safeguards have been identified: 1) developing your policy; 2) procedures for responding to safeguarding concerns; 3) advice and support; 4) minimizing risk (to children); 5) guidelines for behavior; 6) recruiting, training, and communicating; 7) working with partners; and 8) monitoring and evaluating. Each of these safeguards are explained in Table 14.3. Mountjoy et al. (2016) outlined how the issues encapsulated under the umbrella of safeguarding in sport have broadened in three key areas. Firstly, the range of potential threats that an individual can be exposed to in sport are now recognized at three levels: the individual level (e.g., depression, self-harm, substance abuse, and disordered eating); the relational level (e.g., sexual, physical, and emotional abuse); and at an organizational level (e.g., systems which promote over training or competing with an injury, institutional doping, or an unhealthy organizational culture). Secondly it is now acknowledged that anyone can be involved in such issues as a perpetrator, victim, or bystander. This includes all stakeholders from athletes, peers, and coaches through to parents, members of the support team, and managers. Thirdly, the context in which these issues can take place has expanded beyond the environment of training or competition, for example recent research has highlighted that athletes can be subject to online abuse via social media

(Kavanagh, Jones, & Sheppard-Marks, 2016; Sanderson & Weathers, 2020); abuse that occurs far beyond the sports field. In addition, research has also highlighted that sport can be a context in which people disclose abuse which has occurred outside of sport (Rhind, et al., 2015).

Although the International Safeguards for Children in Sport refer to child athletes, the underlying principles and strategies are applicable to adults. Safeguarding adults in sport has remained a significant blind spot for many organizations and requires far greater attention both in research and practice.

Safeguarding the Adult Athlete

When a person turns 18, the need for him/her to be safeguarded in sport does not stop overnight. Rather, safeguarding measures need to be implemented to help manage such transitions and mitigate any increased areas of risk (e.g., associated with participating at an elite level). An important contribution is the work of the Ann Craft Trust which is based at Nottingham University. The Ann Craft Trust offer resources, training, and advice regarding how to safeguard adults within sport (with a focus on those with additional vulnerabilities). Such developments are necessary because although the principles of safeguarding children can be applied to adults, there is also a need to acknowledge the specific safeguarding issues that are more salient in adult sport. For example, consent is often implied when adults continue to train in environments that may incorporate harmful practices or toxic relationships. Indeed, there should be an understanding of how tolerance of such practices can result in compliance, and thus increase vulnerability of those participating in such environments.

Safeguarding for adult athletes is currently characterized by the implementation of welfare policies that are inconsistently applied across sports; these policies often rely upon whistleblowing and/or grievance policies in the reporting of incidents. Clearly there are

implications for the relationship between sporting bodies and the criminal justice system when dealing with adult safeguarding. Some allegations may require legal intervention; others, which are unlikely to lead to criminal conviction, may need to be dealt with through disciplinary channels managed by the NGBs. Consistency in the approach to dealing with cases across sports is a necessity, as is a transparent approach to safeguarding across sports at all age levels. It is also important that a holistic approach is adopted in which everyone is safeguarded within the context, including coaches and support staff (Rhind, Fletcher, & Scott, 2013).

Practical Implications of The Duty of Care

It seems we are at a critical tipping point in increasing focus on the promotion of care in practice in order to promote thriving and foster a greater balance between well-being and performance (see also Chapter 13). As Kavanagh et al. (2020) suggest, without greater focus in *how* to achieve the duty of care, there is danger that such duties are treated as symbolic requirements that will remain overshadowed by performance expectations (e.g., medal targets). Newton et al. (2007) define a caring climate as “the extent to which individuals perceive their particular setting to be interpersonally inviting, safe, supportive, and capable of providing the experience of being valued and respected” (p. 70). There is a collective responsibility to practice with compassion, treating the self and others with respect and dignity. Like safeguarding, the duty of care should be considered on a number of levels, including the self, relational, and organizational.

The call for a more joined up approach concerning “safeguarding and welfare of all” is championed here as a significant step in the care in sport agenda. In order to achieve this ambition, there needs to be alignment between four key elements: 1) vision and structure, 2) strategy and policy, 3) program content, 4) and, practice. At the broad level, the vision and structure of performance sport, as well as individual governing bodies, need to emphasize and

support a philosophy grounded in a duty of care. At the national level, this can be facilitated through having clear measures and indicators of duty of care which are tied to key drivers (e.g., government funding or the ability to participate in a given competition). Within sports organizations, a duty of care should be fundamental to the vision and structure of the organization. The most senior members of an organization and the management board play a key role in shaping this vision. There needs to be a translation of this vision clearly articulated in an organization's strategy and policy documents which are effectively communicated to key stakeholders. Those colleagues with specific responsibility for the duty of care can significantly influence this element (e.g., Director of Safeguarding or Integrity). The strategy should explain how the duty of care fits into the overall vision. This is supported by policies which clearly outline what is expected in relation to the promotion of a duty of care within the organization. The specific program should be coherent with a duty of care philosophy. This should feed through to the practice environment in which everyone behaves in a way which reflects their understanding and support for the duty of care; this includes all key stakeholders including athletes, coaches and other support staff (e.g., sport scientists, sport psychologists, strength and conditioning practitioners).

An organization's performance with respect to duty of care can be monitored through a periodic audit process, as is embedded within the International Safeguards for Children in Sport (Rhind & Owusu-Sekyere, 2018). This audit can assess the extent to which the vision/structure, strategy/policy, program, and practice reflect a duty of care. Areas of good practice can be identified and championed with action plans being developed for areas of potential improvement. At the individual level, coaches and/or other practitioners can conduct their own self-audit through asking: Do I know my responsibilities related to our reciprocal duty of care? Am I aware of the policies, procedures, resources, and support available to help meet these responsibilities? Am I confident that I am fulfilling my duty of

care for others? Are other people fulfilling their duty of care for me? This reflection at both the organizational and individual level can help to promote continual improvement through emphasizing that duty of care is a journey and not a destination.

Conclusion and A Call to Action

There remains a responsibility for all to question the integrity of current practices and consider the duty of care to athletes and other key stakeholders in performance environments (Adams & Kavanagh, 2018). Safeguarding *all* from foreseeable harm and enhancing knowledge concerning safety, integrity, and duty of care in sport is an essential next step in the commitment to optimizing safety and performance in sporting spaces. As Fletcher and Wagstaff (2009) rightly suggested, organizations collectively hold (a) duty of care to protect and support the mental wellbeing of its employees and members, and (b) an ethical obligation to create performance environments that facilitate individual and group flourishing. We would further this statement and call upon other practitioners such as coaches, sport scientists, and other performance support staff to consider their role in the promotion of caring climates and fulfilling their responsibility for the duty of care. We believe there is still a distance to cover in making this a reality through the actions we see reflected in practice, policy, and substantial change to elite performance cultures.

Empowering individuals and organizations to prioritize environments, climates and cultures that promote care and increase psychological safety for all stakeholders is intuitively appealing but requires far greater attention within academic literature. While we promote the benefits of such spaces, there needs to be far greater guidance concerning the strategies for implementing and committing to them. There are a range of associated avenues for future research which merit exploration. Firstly, research is required to establish the nature and scope of duty in care from a range of perspectives. Secondly, the antecedents of duty of care can be studied such as the influence of sport type, culture, or competitive level. Finally, the

consequences of duty of care should be investigated to include the performance, satisfaction and well-being of athletes. Such evidence could help to strengthen the rationale for a duty of care beyond the legal and moral arguments.

A responsibility for addressing safeguarding issues lies with all stakeholders and, in turn, such a focus will serve to protect all those who work and perform in sporting spaces. Adhering to statutory requirements (in those countries where such requirements exist) is certainly a start (for example in the United Kingdom statutory guidance concerning safeguarding children in sport). However, these more formal protections must be built upon and exist within a culture which values the importance of safeguarding and works towards promoting the welfare of all participants as a priority.

Elite sport in particular often strives for the Olympic motto in which athletes become faster, higher, and stronger. We need to facilitate the same motivation for sport to be safer for all participants. Through raising standards around duty of care and striving for the highest performance when it comes to safeguarding people in sport, we can go beyond the minimal professional requirements to create cultures in which people are able to thrive and flourish (see also Chapter 13). As such, it is not a choice between performance or duty of care. These factors are not mutually exclusive. Instead, it can be argued that they go hand-in-hand and it is only through providing a genuine duty of care that the optimal performance can be achieved.

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Table 14.1

Priority Recommendations of the Duty of Care Review (Grey-Thompson, 2017, p. 6).

1. A sports ombudsman	The government should create a Sports Ombudsman (or Sports Duty of Care Quality Commission). This organization should have powers to hold national governing bodies (NGBs) to account for the Duty of Care they provide to all athletes, coaching staff, and support staff, providing independent assurance and accountability to address many of the issues covered by the review.
2. Measurement	The government should measure Duty of Care via an independent benchmark survey giving equal voice to all stakeholders in the system. The results of the survey, which could act as the basis for the Duty of Care key performance indicator mentioned in the “Sporting Future” strategy, would allow government and others in the sport sector to monitor whether sport duty of care policies intended to improve standards are successful, and inform future policies and investment decisions. The survey should give an indication of levels of trust in the provision and receipt of support in sport.
3. Named board member responsible for Duty of Care.	All NGB boards should have a named Duty of Care guardian. The guardian should have an explicit responsibility and leadership role to engage with participants across the talent pathways and in community sport, and to provide assurance at board level. This assurance should be evidenced in a public statement from the Duty of Care guardian in the NGB’s annual report. Duty of Care should be a mandatory condition of future funding and all funded sports bodies should demonstrably apply it.
4. Induction process	An induction process should be carried out for all participants entering elite levels of sport (and, where relevant, their families should also be included). The content will change depending on the level the individual is at within the system but it should include the steps involved with entering the elite system, what can be expected while training and competing, and what to be aware of and prepare for regarding exiting the elite level.
5. Exit survey for elite athletes	As participants leave formal programmes an independent exit interview should be conducted, the results of which would be taken account of in future funding discussions.
6. Duty of Care Charter	A Duty of Care Charter should be established by government, explicitly setting out how participants, coaches, and support staff can expect to be treated and where they can go if they need advice, support, and guidance. As part of this, participants who receive funding (in any part of the system) should be offered honorary contracts, which set out the roles and responsibilities of both the sport and the participant.
7. The British Athletes Commission (BAC)	Government should independently fund the BAC to enable it to provide the best support to participants on talent pathways in Olympic and Paralympic sports. This will increase confidence in grievance and dispute resolution, reducing the need for escalation, saving time, money and emotion.

Table 14.2

Definitions of Abuse Types in Sport (adapted from Mountjoy et al. 2016; Kavanagh, 2014; Stirling, 2013; 2009).

Sexual Abuse	Any sexual interaction or conduct of a sexual nature with person(s) of any age that is perpetrated against the victims will, where consent is coerced/manipulated or is not or cannot be provided.
Psychological Abuse	Sustained and repeated pattern of deliberate non-contact behaviors by a person in a critical relationship role that has the potential to be harmful to an individual's affective, behavioral, cognitive, or physical wellbeing. While often referred to as emotional abuse, the adoption of psychological abuse recognizes the broader impact of this abuse type beyond emotional affect. It also consists of cognitions, values and beliefs about oneself, and the world. "The behaviors that constitute psychological abuse target a person's inner life in all its profound scope" (Mountjoy et al. 2016, p. 1021).
Physical Abuse	Non-accidental trauma or physical injury caused by punching, beating, kicking, biting, burning, or otherwise harming an athlete. Can be experienced as contact or non-contact abuse. Contact abuse can relate to non-accidental trauma or physical injury inflicted by a person or caregiver (examples include punching, striking with an object or shoving). Non-contact physical abuse can stem from punishments or actions that can cause physical discomfort but do not necessarily have to involve physical contact from the perpetrator (examples here include physically aggressive displays, the use of physical punishments, doping practices).
Bullying	Bullying is likely to occur in peer-to-peer relationships and can include physical, verbal or psychological attacks or intimidations that are intended to cause fear, distress, or harm. Can include overt and covert hostility, such as repeated criticism or belittling, making threats, spreading rumors, verbal and/or physical attacks.
Harassment	Any unwanted and unwelcome conduct of a sexual nature, whether verbal, non-verbal, or physical.
Neglect	A failure to meet the physical and/or emotional needs of an individual or the failure to protect a person from exposure to danger.
Negligence	Acts of omission regarding the provision of safety for an athlete. For example, depriving an athlete of food/or drink; insufficient rest and recovery; failure to provide a safe physical training environment; or developmental age-inappropriate or physique-inappropriate training methods.

Table 14.3

International Safeguards for Children in Sport (adapted with permission from Rhind & Owusu-Sekyere, 2018).

Safeguard 1: Developing your policy	Any organization providing or with responsibility for sports activities should have a safeguarding policy. This is a statement of intent that demonstrates a commitment to safeguard everyone involved in sport from harm, and provides the framework within which procedures are developed. A safeguarding policy makes clear to all what is required. It also helps to create a safe and positive environment and to show that the organization is taking its duty of care seriously.
Safeguard 2: Procedures for responding to safeguarding concerns	Procedures describe the operational processes required to implement organizational policy and provide clear step-by-step guidance on what to do in different circumstances. They clarify roles and responsibilities, and lines of communication. Procedures help to ensure a prompt response to concerns about a person's safety or wellbeing.
Safeguard 3: Advice and support	Arrangements made to provide essential information and support to those responsible for safeguarding. People should be advised on where to access help and support. An organization has a duty to ensure advice and support is in place to help people to play their part in safeguarding such that they know who they can turn to for help.
Safeguard 4: Minimizing risks (to children)	The measures which are taken to assess and minimize the risks to people in the organization. Some people, who work or seek to work in sport in a paid or voluntary capacity, pose a risk. People can also be at risk when placed in unsuitable places or asked to participate in unsuitable activities. It is possible to minimize these risks by putting safeguards in place.
Safeguard 5: Guidelines for behavior	An organization should have codes of conduct to describe what an acceptable standard of behavior is and promote current best practice. Standards of behavior set a benchmark of what is acceptable for all and codes of conduct can help to remove ambiguity and clarify the grey areas around what is viewed as acceptable behavior.
Safeguard 6: Recruiting, training and communicating	Recruiting appropriate members of staff, creating opportunities to develop and maintain the necessary skills and communicating regarding safeguarding. Everyone within an organization has a role to play in safeguarding. Organizations providing sporting activities have a responsibility to provide training and development opportunities for staff and volunteers.
Safeguard 7: Working with partners	The actions taken by the organization to influence and promote the adoption and implementation of measures to safeguard people by partner organizations. Sports organizations have both a strategic and a delivery role. Where organizational partnership, membership, funding or commissioning relationships exist or develop with other organizations, the organization should use its influence to promote the implementation of safeguarding measures.
Safeguard 8: Monitoring and evaluating	It is essential that there is on-going monitoring of compliance and effectiveness, involving all key stakeholders. This is necessary because organizations need to know whether safeguarding is effective and where improvements and adaptations are needed, or recognize patterns of risk.