



King's Church Chessington

Safeguarding for Vulnerable Adults Procedure

Key Contacts

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contact@thecss.co.uk

FIEC (The Fellowship of Independent Evangelical Churches)

01858 43 45 40

Local Authority and Emergency Numbers

In an Emergency: **999**

If the alleged abuse takes place in the Borough of Kingston contact the numbers below:

Kingston Upon Thames Adult Care

020-8547-4735

Kingston Upon Thames Emergency Team (out of hours)

020-8770-5000

Kingston Upon Thames Police

030-0123-1212

If the alleged abuse takes place in Surrey contact the numbers below

Surrey Contact Centre (direct number for Adult Social Care, Surrey)

0300-200-1005

Surrey Emergency Team (out of hours)

01483-517898

Surrey Police

0845-125-2222



King's Church Chessington

Contents

Introduction	3
Types of Abuse and neglect	4
Best practise measures to minimise the possibility of abuse occurring	6
Practical measures to prevent accusation	8
Recognising signs and signals of possible abuse and abusers	8
Accusations against team members	9
Appointing Workers to work with vulnerable adults	10
Managing concerns	11
Photography, Video and Social Media	14
Management of ex-offenders	15
References	16

Appendices

Appendix 1	Key points on the Mental Capacity Act 2005	18
Appendix 2	Safeguarding Alerts – The issue of Consent and Sharing Information	19
Appendix 3	Incident/Concern Reporting Form	20
Appendix 4	Confidential File Chronology	22
Appendix 5	Record of safeguarding conversations and actions	22
Appendix 6	Safeguarding Report to the Trustees and Elders	23



King's Church Chessington

Introduction

The Care Act 2014 reformed the law relating to care and support of adults carers, and it makes provision for safeguarding adults from abuse and neglect.

The Act superseded other legislation and it is this Act that local authorities have a duty to work to when dealing with safeguarding adults.

Who is an adult at risk?

The Care Act states that safeguarding duties apply to any adult who:

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

Who has responsibility for safeguarding Adults at risk?

The Care Act makes it clear that it is the responsibility of the local authority to deal with enquiries or to delegate that task to another agency if it believes an adult is experiencing or is at risk of abuse or neglect. The Care Act lays down 6 key principles:

- * Empowerment.
- * Prevention.
- * Proportionality.
- * Protection.
- * Partnership.
- * Accountability.

These principles should underpin all that is done to safeguard adults at risk. The local authority should always have the individual's well-being in mind when making decisions or planning services for them.

However, it is every Leader's responsibility to be aware of different types of abuse and to raise concerns if they suspect or know of an adult at risk experiencing or at risk of abuse or neglect.

What is Adult Safeguarding and why it matters?

The Care Act states that safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. At the same time it is important to promote the adult's well-being and, where appropriate, have regard to their views, wishes and feelings in deciding on action.

The Care Act makes it clear that it is the responsibility of the local authority to make enquiries or to delegate that task to another agency if it believes an adult is experiencing or is at risk of abuse or neglect. They have the statutory responsibility and are the decision makers. The Local Authority will also seek to determine the person's capacity to make decisions in line with the Mental Capacity Act 2005. (See Appendix 1 for more information).



King's Church Chessington

The aims of adult safeguarding are to prevent or stop abuse or neglect, wherever possible, or reduce the risk of it happening. It is important to treat the adult at risk with dignity and respect.

It is important that Leaders are aware of the need to take steps to help safeguard adults at risk by being aware of the different types of abuse and their signs, supporting adults to keep safe, being clear on their roles and responsibilities in this area, and knowing how to raise concerns.

Type of Abuse and Neglect

The Care Act 2014 provides the following categories of abuse and neglect. This is not intended to be an exhaustive list but a guide to the sort of issues, which could give rise to a safeguarding concern.

Physical Abuse

The non-accidental infliction of physical force that results (or could result) in bodily injury, pain or impairment. Examples of behaviour: hitting, slapping, pushing, burning, physical restraint, harassment, enforced sedation, and inappropriate use of medication and catheterisation for management ease.

Sexual Abuse

Direct or indirect involvement in sexual activity without consent. Examples of behaviour: *Non-contact* – looking, photography, indecent exposure, harassment, serious teasing or innuendo, pornography. *Contact* – coercion to touch, e.g. of breast, genitals, anus, mouth, with or by penis, finger and/or other objects, rape.

Domestic Abuse

Domestic abuse is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: Psychological, Physical, Sexual, Financial and Emotional.

Psychological/Emotional Abuse

That which impinges on the emotional health and development of individuals. It also presents with other forms of abuse. Examples of behaviour: shouting, swearing, insulting, ignoring, threats, intimidation, harassment, humiliation, depriving an individual of the right to choice and privacy, unjustifiable withdrawal of services or supportive networks.

Financial or Material Abuse

The unauthorised, fraudulent obtaining and/or improper use of funds, property or any resources of a vulnerable person. Examples of behaviour: theft, fraud, internet scamming, coercion in relation to adult's financial affairs or arrangements, misappropriating money, valuables or property, forcing changes to a will, denying the adult at risk the right to access personal funds.

Modern Slavery

Encompasses slavery, human trafficking, and forced labour and domestic servitude. Traffickers and slave masters use any means to coerce, deceive and force people into a life of abuse and/or servitude.



King's Church Chessington

Discriminatory Abuse

Abuse of individual rights is a violation of human and civil rights by any other person or persons. This includes harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation and religion.

Organisational Abuse

This includes neglect or poor practice within an establishment or specific care setting or in relation to the care provided at home. This may relate to one off incidents or on-going ill-treatment. It can be through neglect or poor professional practise as a result of structures, policies, processes and practices within the organisation.

Neglect

Neglect in Ignoring medical, emotional or physical care needs. Examples of behaviour: failure to provide appropriate food, shelter, heating, clothing, medical care, hygiene, personal care; the inappropriate use of medication, or over-medication; failure to provide appropriate access to health, care and support.

Self-neglect

Self neglect is “the inability (whether intentional or not) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of people who self-neglect and perhaps even to their community” (Gibbons, 2006). For example an individual may be considered as self-neglecting and therefore at risk of harm if they are:

- either unable or unwilling to provide adequate care for themselves;
- unable or unwilling to obtain necessary care to meet their needs;
- and/or declining essential support so that their health and safety needs cannot be met.

Examples may include hoarding and/or failure to self-medicate.

Other types of abuse to be aware of:

- **Professional Abuse** The misuse of therapeutic power and abuse of trust by volunteers and professionals, the failure by them to act on suspected abuse/crimes. Examples of behaviour: entering into a sexual relationship with a club member, failure to refer disclosure of abuse, punitive responses to challenging behaviour.
- **Restraint** Restraint that is unlawful or inappropriate is a form of physical abuse. Restrictive interventions can only be justified when they are used in the best interest of the person and / or to protect the safety of others. Where these are necessary the least restrictive approach should always be used. If the person lacks capacity regarding this, any interventions must be in line with the Mental Capacity Act and Deprivation of Liberty Safeguards Code of Practice.
- Human trafficking, Hate crime, Mate crime, Honour based Abuse, Forced marriage.

Values

Where adults at risk are clearly able to make choices, they must be advised of the options available to them and their wishes respected, unless, exceptionally, a statutory responsibility to intervene arises or there is a risk to others. If agencies are to enable people to experience both the opportunities and challenges of an ‘ordinary life’, some risk-taking is essential. In jointly determining appropriate action, every effort must be made to enable adults at risk to express their wishes in a way that is appropriate. Basic human and civil rights must be respected.

All support provided by Leaders is underpinned by the principles set out in the Care Act 2014,



King's Church Chessington

Mental Capacity Act 2005 and Human Rights Act 1998. It should be noted that, where an individual has capacity, they must retain the right to make what might be seen as eccentric or unwise decisions. Where an individual does not have capacity, any action taken on their behalf should be the least restrictive of their basic rights and freedoms. (See *Appendix 2*).

Who Abuses and Neglects?

- Spouses/partners
- Other family members
- Neighbours
- Friends
- Acquaintances
- Leaders
- Strangers
- Paid staff and professionals

And

- Abuse can happen anywhere

Best Practice Measures to Minimise the Possibility of Abuse Occurring

The Designated Safeguarding Lead will ensure all volunteers, where appropriate, undergo a DBS check, to be repeated every three years at least.

Team Leaders will ensure all volunteers read the policy and procedures; then sign to say they have done so.

Team leaders and volunteers who are involved in one-off or regular activities for older people and/or people living with disabilities (mental and/or physical) will have a DBS for vulnerable people and undergo training for working with vulnerable adults every two years.

The failure to attend training every two years (unless there is a good reason) and ensuring the update of the DBS certificate may result in the worker being removed from the ministry.

Prevention of Physical Abuse

All such abuse must be avoided and physical restraint should only be used when the life or health and safety of the person needing to be restrained, or another person in the group or a leader is at risk. A report detailing all of the particulars must be completed and handed to the DSL.

Neither should any threat of abuse or force be used, including verbal threats or, for example, raising one's fist. Adopting a threatening posture should be avoided, including invasion of a person's space or cornering them. Play fighting between all Leaders and adults at risk should normally be avoided.



King's Church Chessington

Prevention of Sexual Abuse

All Leaders work within a relationship of trust. Any form of a sexual relationship between them and an adult at risk is deemed as abusive and must be avoided at all costs. This is because of the imbalance of power and influence in the relationship.

We should seek to give true dignity and respect to all those in our care, protecting them from any form of sexual embarrassment. Thus, great care should be taken to safeguard the privacy of those in our care. Other than in exceptional circumstances, when we have a duty of care towards someone or a person deemed to be seriously at risk, no-one should be disturbed whilst undressing or dressing or whilst in the toilet – such instances must be fully documented and handed to the DSL.

Avoidance of sexual embarrassment should include the avoidance of the use of innuendos when speaking with an adult at risk. It should also include the wearing of modest clothing. Sexualised behaviour, or behaviour which could be misconstrued between Leaders or between Leaders and an adult at risk, should be avoided, as this could lead to insecurity for the adult at risk and lead to their believing it is right they should behave in the same way, thus placing them and/or others at risk.

Prevention of Emotional Abuse

It is extremely easy for Leaders to abuse someone in their care emotionally, so it is very important that we act in a thoughtful and sensitive manner at all times. It is unacceptable for anyone to make fun of an adult at risk.

Emotional abuse can also occur when Leaders request an adult at risk to keep a matter secret by using a threat or any form of coercion.

Prevention of Financial Abuse

In order to avoid even the appearance of financial abuse, the following guidelines must be carefully implemented:

- No team member should agree to look after money for an adult at risk. If in unusual circumstances this becomes necessary, a receipt (receipt book) should be given to the person concerned and a copy kept.
- An adult at risk may very easily be persuaded to give money to team members, or easily persuaded to spend their money on items chosen by a team member. We have a duty of care to advise those who are particularly vulnerable and to help them in their choice of spending. However, any suggestion to spend money on items chosen because of a team member's own interests must be carefully avoided.
- Team members should not lend money to an adult at risk. This can lead to difficulties in trying to recoup money owed, giving rise to pressure on Leaders, or to accusations of unfairness.
- On no account should a team member borrow money from an adult at risk.



King's Church Chessington

Practical Measures to prevent Accusation

It is important that all Leaders recognise the fact that, when working with adults at risk, they themselves may be at risk of accusation of inappropriate behaviour or abuse. If the team leader is aware of particular individuals who are likely to make accusations or to misinterpret a team member's behaviour, the team leader is expected to warn the team member of the risk. If any team member is aware of such a risk, they should inform the team leader.

As far as is reasonably practical, no team member should be on their own with someone who is known to make allegations. If this situation cannot be avoided, it is down to the team leader to risk assess the specific situation and recommend what steps need to be put in place to minimise risk to both the adult at risk and the team member. If experiencing difficulty, it is the responsibility of any team member to follow advice given and to request further advice from the team leader where needed.

It must be remembered that an adult at risk may misinterpret a team member's actions or words because of earlier, harmful and confusing experiences. However, it is the responsibility of the team leader to take seriously an accusation made by any vulnerable adult, and to take appropriate steps.

Although the welfare of the team members will always be most carefully considered, the accusation will also be most carefully considered. It may be deemed necessary immediately to request the accused team member to withdraw their services from the ministry whilst the matter is being investigated. Thus it is vital that team members act on any advice given with regard to avoiding accusations of abuse. It is a precautionary measure and not a presumption of guilt.

In general team members should avoid the following:

- Being alone with an adult at risk who is of the opposite sex including the provision of transport. There may be limited transport facilities, so it is appreciated that this may not always be possible.
- Being in a one to one counselling situation with a person who is of the opposite sex, or with a person who is disclosing sexual abuse or other very personal matters. If it is absolutely necessary, the door of the room should be left open

Recognising Signs and Signals of Possible Abuse and Abusers

Where abuse has occurred one or more of the following signs or indicators may have been or may be present, for example:

- Seeking shelter or protection
- Unexplained reactions towards particular individuals or settings
- Frequent or regular visits to the GP or the accident and emergency department, or hospital admissions
- Frequent or irrational refusal to accept investigations or treatments for routine difficulties
- Unexplained bruising, burns, fractures or broken bones
- Unusual physical changes
- Unexpected change in material circumstances
- Inconsistency of explanation regarding the area of possible concern
- Carer(s) or third party always wishing to be present during conversations
- Panic attacks, withdrawal of verbal communication, regressive behaviour



King's Church Chessington

- Absconding/wandering
- Dislike of being touched and flinching on being touched
- Obsessive or challenging behaviour
- Self-harm
- Withdrawal

None of these indicators alone definitely suggests abuse. However, suspicions should be heightened if one or a combination of factors exists.

Adult at Risk may also be an Abuser

It must be recognised that an adult at risk themselves can cause abuse as well as be a victim of abuse. In this case, if an alleged crime or incident has been committed, it should be assumed that the person has the capacity to know what they are doing and the decisions they are making, unless it has been established that they do not have capacity. If a team member becomes aware that an adult at risk may be, or is, abusing others, they should inform the Designated Safeguarding Lead or the trustee with responsibility for safeguarding.

Accusations against team members

Although the welfare of the team members will always be most carefully considered, the accusation will always be most carefully considered.

It may be deemed necessary immediately to request the accused team member to withdraw their services from the ministry whilst the matter is being investigated. Thus it is vital that the team members act on any advice given with regard to avoiding accusations of abuse. It is a precautionary measure and a presumption of guilt.

It is essential that any such issue is dealt with very quickly, in a fair and consistent way that provides effective protection for the vulnerable adult and, at the same time, supports the person who is the subject of the allegation.

The following definitions should be used when determining the outcome of the allegation investigations – advice should be sought from the Adult Social Care service at Kingston County Council:

- **Substantiated:** there is sufficient evidence to prove the allegation;
- **Malicious:** there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive;
- **False:** there is sufficient evidence to disprove the allegation;
- **Unsubstantiated:** there is insufficient evidence to either prove or disprove the allegation. The term, therefore, does not imply guilt or innocence;
- **Unfounded:** to reflect cases where there is no evidence or proper basis which supports the allegation being made.

The Designated Safeguarding Lead or (where the DSL is the subject of an allegation) a representative of the Trustees and Eldership (known as case manager) should discuss the allegation immediately with the trustee with responsibility for safeguarding. The matter should then be referred to Adult Social Care at Kingston County Council.

The steps in the graph at Appendix I will be taken.



King's Church Chessington

Advice should be obtained from the Church Safeguarding Service regarding the appropriate steps as soon as possible.

Learning from Investigations

Following an investigation of an incident of safeguarding, especially when it involves an employee or a volunteer, the Trustees will be at liberty to refer the matter to the Adult Safeguarding Service for a case review.

Domestic Abuse

If team members are aware that an adult at risk is living in an environment where they are victims of and/or witnessing domestic abuse, it is important that the DSL is informed without delay.

Appointing Workers to work with Vulnerable Adults

All those aged 16 years and over working regularly with vulnerable adults, whether in a paid or unpaid capacity, must complete all stages of our five-stage recruitment and selection process:

1. Interview with ministry co-ordinator
2. Online DBS Application and sharing of DBS with the DBS Coordinator
3. Church Application Form – including two references of suitability to work with vulnerable adults.
4. Provide identification documents (e.g. photo ID, proof of address) as required
5. Safeguarding training to be undertaken as appropriate at the time of appointment and signed off as having been completed.
6. If there are doubts regarding someone's suitability, it may be possible for them to continue in the role subject to support being in place associated with an appropriate risk assessment.

Those people who are considering joining a team may come and observe sessions before completing this formal process.

Eligibility Criteria for acceptance:

- In agreement with the Biblical ethos of working with vulnerable adults
- No history of violence or sexual offence.
- No concerns raised about their suitability to work with vulnerable adults.
- Deemed suitable to work with vulnerable adults by the DSL.
- A church member.
- In some circumstances, a non-church member will be allowed to work with vulnerable adults with the agreement of the Elders.
- Clear suitability for the role.



King's Church Chessington

Junior Leaders (16-18 year olds serving in ministry teams)

At KCC we encourage 16-18 year olds to participate in church life by serving in ministry teams; to encourage them spiritually and to explore the gifts that God has given them.

We acknowledge the tension that 16-18 year olds serving as junior leaders face in being recognised as a leader in one setting, yet treated as a child when attending their own youth group. With that in mind the following are practical steps for ministry team leaders and adults serving in ministry teams (over 18s no longer in youth work) to adhere to in line with the safeguarding policy. These should be communicated with adults and young leaders serving within any team where these apply:

- All junior leaders will complete the recruitment process including DBS requirements
- All 16-18 year olds attending KCC are offered and encouraged to have their own Church Suite account to allow direct communication to the young person regarding rotas, team meetings and other practical elements of serving in ministry teams. These are linked to parent accounts where settings and communication can be accessed by both parent and young person. This encourages independence yet maintains parental oversight until 18 and no longer attending youth work.
- Young leaders must be included within the adult - child ratio as a child.
- All communication to a young person either via email or text should be in a group type format where possible or copying another adult in for accountability purposes. Communication should not take place via direct messages on social media sites.
- Young leaders should be encouraged to attend team meetings and treated as other team members, being able to keep confidential information about children to themselves. On occasions where pastoral or safeguarding issues are flagged more widely to a team, they should be asked to wait outside.
- Adult team members should avoid any 1-1 situations with young leaders where possible, for example, putting sports equipment away in the storage cupboard at the end of a session.
- The above also applies to adult team members giving lifts home to young leaders. On an occasion where this does happen, adults should seek to safeguard themselves and encourage the young leader to sit in the back rather than next to them.
- If attending a residential camp as a young leader, consent and medical forms must be provided in line with the requirements for children attending. Under no circumstances is a young leader to share a room with an adult leader.
- Young leaders are encouraged to take an active role in the ministry teams they are serving in, following the same code of conduct that adults do. Team leaders should recognise that they may need additional support, encouragement and leadership to grow into the role they are taking on. Please speak to the Ministry Coordinator for more help with this, should you need it.

Managing Concerns

Overview

Listen to what the adult at risk is saying, but do not question them.

Ensure the immediate safety of the adult at risk, the DSL will notify the emergency services if necessary.



King's Church Chessington

Inform the DSL, (or if they are unavailable, the trustee with responsibility for safeguarding), who will then follow the local authority safeguarding adults procedures and processes.

The team member should carefully record what the adult at risk is communicating. This communication should be taken seriously as it could be regarded as a source of evidence. No internal investigation should occur at this time. It is, therefore, important to listen and not ask leading questions, which may suggest or invite an anticipated or acceptable answer. Record the concerns precisely, as expressed by the adult at risk, including the time, date and location that the disclosure was made. All written notes should be made as soon as practicable, as they may become the basis for a formal interview at a later date.

Team Members' Guidance

The team member should:

- Remain calm.
- Listen very carefully to what is being said.
- Demonstrate a sympathetic approach by acknowledging concern that this has happened to them.
- Reassure the adult at risk, by telling them –
 - that they have done the right thing by sharing the information with you
 - that you are treating the information seriously
 - that the abuse is not their fault (if information shared by the victim).
- Be aware of the possibility of needing to capture forensic evidence.
- Explain that it is necessary immediately to share the information with the Designated Safeguarding Lead in order to safeguard the welfare of everyone concerned.
- Reassure the adult at risk, that any further investigation will be conducted sensitively and with their full involvement, wherever possible.
- Reassure the adult at risk, that the team member will take steps to support and, where appropriate, protect them in the future.

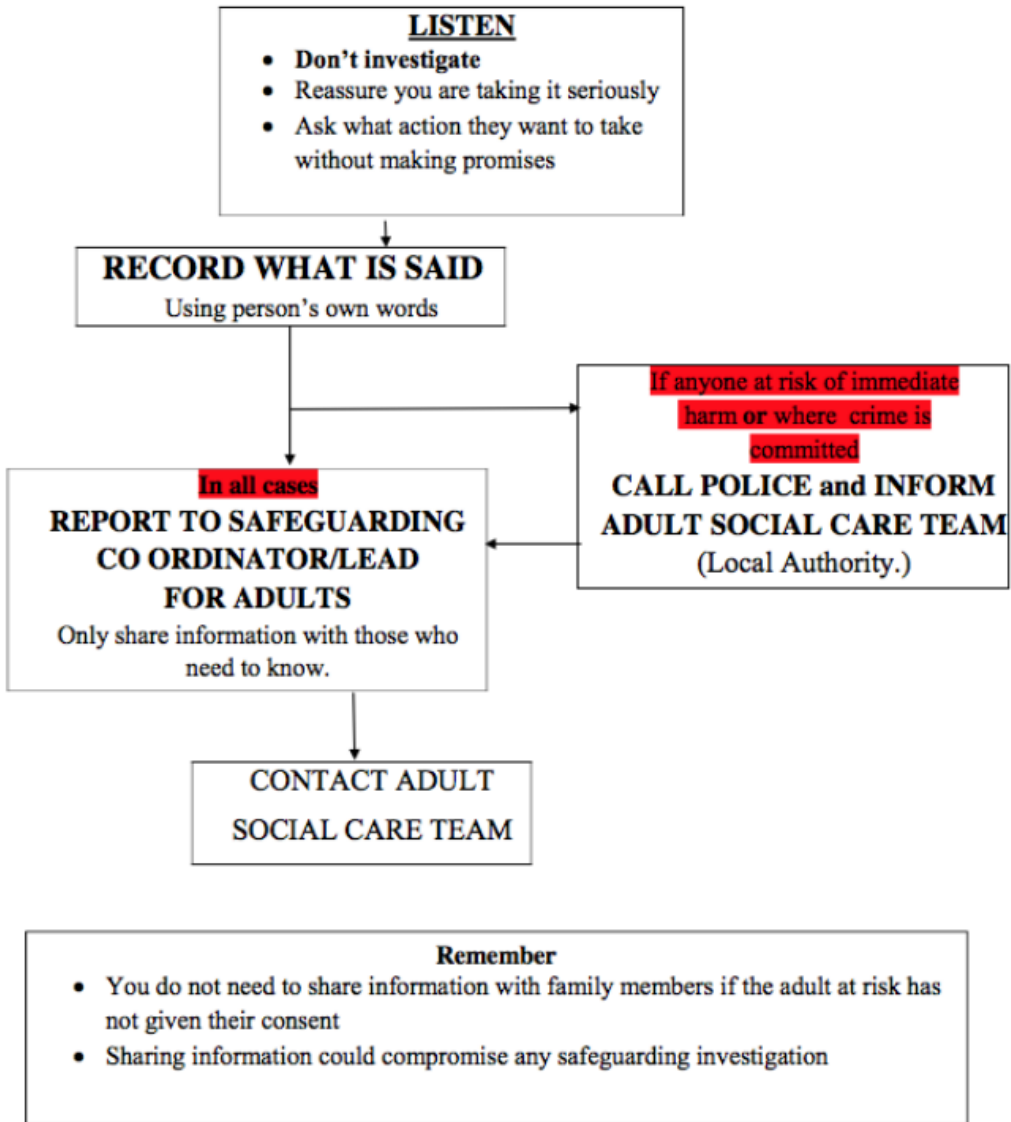
The team member should **NOT:**

- Confront or contact the alleged abuser. This may put them and the adult at risk, at risk. This could be the role of the police during the investigation, if a criminal offence has been committed.
- Begin an investigation on your own and not question the adult at risk as they could prove to be leading questions. There are staff from the police and social care teams, learning disability and mental health teams in the area where the alleged abuse took place, who have been trained to carry out safeguarding adult's assessments and investigations.
- Damage/destroy possible evidence. Be aware that you may be the first to hear about allegations of abuse. It is important that the adult at risk gives their full account to people who have a role in investigating. If a physical or sexual assault may have been committed, the police need to be informed immediately in order to gather possible forensic evidence.
- Discuss the alleged abuse with people other than the Designated Safeguarding Lead.

A copy of the notes will be retained by the church in the event of any possible criminal/ civil proceedings (e.g. for the insurers).



Responding to a report about actual /suspected abuse



Helping those who have experienced Abuse in the past

DO:

- Listen carefully to what they say
- Accept what is said, even if very shocking
- Encourage them to believe things can change
- Ask if you can pray for them
- Act to help the abused person
- Think about counselling/further help



King's Church Chessington

DON'T:

- Ask lots of questions
- Panic!
- Promise to keep the abuse secret
- Touch the person without permission
- Expect them to forgive the abuser now
- Believe you have all the answers!

Confidentiality

Wherever possible, the consent of the adult at risk to share information must be obtained where a disclosure of abuse has been made. On some occasions (such as the person lacks capacity), it may be necessary to pass information on without their consent. Other examples could include:

- A criminal offence has been or is likely to be committed
- The adult at risk, or someone else may be in imminent danger
- There is a significant risk to health/well-being – physical and/or mental health
- There are concerns around adult abuse/neglect

However, the person disclosing the alleged abuse should be told of this and advised that they will be consulted so their views can be established.

Safeguarding Concern

Whether the abuse is intentional or not, whether it is just a suspicion, it is still important to raise the concern.

The situation is to be referred to the Designated Safeguarding Lead but as stated earlier:

The Care Act makes it clear that it is the responsibility of the local authority to make enquiries or to delegate that task to another agency if it believes an adult is experiencing or is at risk of abuse or neglect.

The DSL is to contact the Social Services office that covers the area where the alleged abuse/neglect took place

Photography, Video and Social Media

A vulnerable adult may lack the capacity to make a decision on appearing in photographs, social media, etc. Care must be taken to ensure that they or, after a Best Interest meeting, the person who is acting with their Power of Attorney has given prior written consent.

Guidance on use of social media for communication

Communicating online, whether via messaging, zoom call, messaging platforms, video or telephone is to be seen as part of any ministry to adults at risk especially in the context where face to face meetings are difficult. Digital inclusion of this type is encouraged among adults at risk.

We recognise the positive impact video messaging can have in maintaining social contact. But during every contact with an adult at risk it is important to remember to ensure their safety and wellbeing.



King's Church Chessington

The following guidance is recommended when seeking to support adults at risk in their spiritual growth and mental health.

- Both parties agree to the contact at a mutually agreeable time.
- As much as possible, communication should happen in a public space in the house/flat, residential or supported living accommodation. If this cannot easily be achieved, the planned meeting should be discussed with the team leader.
- It is important for carers and family members to help the adult at risk to be aware of available and appropriate messaging platforms.
- The meeting/conversation should not exceed 60 minutes.
- The meeting can cease at any time if the adult at risk or team member chooses.
- The team leader, of the work of which the adult at risk is a part, is to be made aware of any regular meeting or conversation.
- A summary note is to be kept of what has been discussed during the contact including the location of the meeting.
- Workers must be appropriately dressed for video calls, just as they would for a normal face to face meeting.
- Any concerns should be brought straight to the team leader, who in turn may pass it on to the DSL.

Management of ex-offenders or those who pose an actual or potential risk to others; particularly to vulnerable people

As a church, we believe in the power of God to forgive and transform individuals. We also believe that every individual is valuable to God and should be protected; particularly those who are vulnerable.

Where the church becomes aware that an individual is an ex-offender or that they may pose a risk to vulnerable people, the church leaders will enter into an open and frank discourse with that individual to understand the context and the risks.

With the consent of the individual (if required), the church will seek to work in partnership with probation services or other agencies supporting the individual where this is appropriate.

The leaders will assess the risk posed by the individual and a formal risk assessment will be formulated

A formal agreement with the individual will be drawn up and will be signed by both the church leaders. The agreement will include:

- The church's commitments to the individual who poses the risk



King's Church Chessington

- The steps the church will take to support the individual while simultaneously protecting everyone in the church community
- The restrictions and conditions that will be applied to the individual's involvement in the life of the church
- The consequences of failure to comply with the agreement
- When and how the risk assessment and formal contract will be reviewed

All decisions and agreements will be formally recorded and securely stored

The individual who poses a risk will be fully involved in the planning process and information will only be shared with church members by the leaders either:

- With the agreement of the individual who poses a risk
- Where information needs to be shared to protect vulnerable people and then, only the minimum information that is essential will be shared and the individual will be informed in advance what information will be shared

If the individual chooses to leave the church to avoid the management of the risk and starts to attend elsewhere, the church leaders will take specialist advice as to whether this information should be passed on

References

Safeguarding Adults: A National Framework of Standards for Good Practice and Outcomes in Adult Protection (Association of Directors of Social Services, 2005) 18

Safeguarding Adults Guidance for Christian Faith Organisations (The National Centre for Post-Qualifying Social Work and Professional Practice, Bournemouth University, 2019)

Surrey Social Services Safeguarding Policy

(https://www.surreycc.gov.uk/_data/assets/pdf_file/0005/192038/SCC-ASCSafeguarding-Policy-and-Procedure-v-1-01-Nov-2020..pdf)

The Care Act 2014

Care Standards Act 2000

Deprivation of Liberty Standards 2007

Disclosure and Barring Service (DBS)

Fraud Act 2006

Health and Social Care Act 2008

Human Rights Act 1998

Mental Capacity Act 2005

Multi-Agency Public Protection Arrangements (MAPPA)



King's Church Chessington

Multi-Agency Risk Assessment Conference (MARAC)

Police and Criminal Evidence Act 1984

Public Interest Disclosure Act 1998

Sexual Offences Act 2003 (see new Section 22a as from 2022)



Appendix I

Key points on the Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework to empower and protect people who may lack the capacity to make some decisions for themselves. For example, people living with dementia, significant learning disabilities, stroke or heart injuries may lack capacity to make certain decisions. This does not mean that they cannot make any decisions for themselves, but they may lack capacity to make a specific decision at any one time in relation to a particular matter.

The Mental Capacity Act covers major decisions about someone's property and affairs, healthcare treatment, where someone lives, as well as everyday decisions, for example personal care. If the person has been assessed as lacking capacity to make that particular decision, the Act makes it clear who can take the decisions, in which situations and how to go about it.

There are five key principles that must be kept in mind and guide all decisions being taken by other people on behalf of others:

1. **Presumption of capacity**

Every adult has the right to make his or her own decisions and it must be assumed that he/she has the capacity to do so unless it is proved otherwise.

2. **Individuals must be given all support to enable them to make their own decisions**

A person must be given all practical help with making decisions before anyone treats them as not being able to make their own decision. For example, the individual may need information presented in an accessible way.

3. **Unwise decisions**

A person might be seen as making an unwise/risky decision, but an unwise/risky decision does not mean that they lack capacity to make that specific decision. 4.

4. **Best Interest**

A specific decision made under the Act or on behalf of someone who lacks capacity must be done in their best interest. The Act provides guidance on who can take these decisions and how to go about it. If the decision made in someone's best interest, it has to...

5. **Be the Least Restrictive Option**

Anything done for or on behalf of a person should be the least restrictive of their basic rights and freedoms.

So the law assumes that adults are able to make their own decisions unless proved otherwise. So as long as an adult can understand the information relevant to the decision, retain the information relevant to the decision, have the ability to use the information in order to make the decision and have the ability to communicate that decision (verbally or non-verbally), then the decision is theirs to make.

AND it is only if they cannot do the above that a decision is made in their Best Interest.

This is a brief summary – further information can be found at the Mental Capacity Act Code of Practice.



Appendix 2

Safeguarding Alerts – The issue of Consent and Sharing Information

Where an adult at risk is involved in a safeguarding situation and he/she has the capacity to make decisions regarding their present situation and future actions in response to the concerns, they should have the opportunity to discuss possible options but should not be given a guarantee of confidentiality. The information they give may be shared with other agencies in order to protect them and/or others from possible abuse. The information will be shared only with those people who need to know, and in a sensitive and appropriate way.

Where a person lacks capacity to make specific decisions in relation to the safeguarding matter, a safeguarding alert may well need to be raised on their behalf, in their best interests.



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Appendix 3

Incident/Concern Reporting Form

About this form and the person completing it			
Your name	Your phone number	Your mobile number	Your email address
Are you reporting: <i>Please tick the appropriate box(es)</i>	An incident	A disclosure	A concern
Ministry area			Date completed
About the person or people, we are concerned about or involved in the incident			
Their name(s)	Their Address and contact details	Their Date of birth	Name & contact details for parent / (where appropriate)
<i>Please insert more lines as required</i>			
Details of the incident / disclosure / concern			
<i>What happened / was said / have you noticed etc?</i>			
Context of the incident / disclosure / concern			
<i>Where / when / who else was present etc.</i>			
Date of incident / disclosure		Time of incident / disclosure	



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Action taken to ensure immediate safety
Other action taken or advice sought
Signature
For office use only: Form reference –

Notes for completion

About this form and the person completing it

Please complete all sections

About the person or people, we are concerned about or involved in the incident

When reporting a concern involving a child or young person, please complete all sections. When reporting a concern about an adult, the parent / carer details may not be required. Where this is recorded, please include the relationship to the person involved. Please insert additional lines as required.

Details of the incident / disclosure / concern

Please include as much relevant detail as you can. When reporting a disclosure, please quote the individual where possible. Please also comment on their body language or any other non-verbal communication that might be useful. When drawing conclusions, please include the evidence that has led to that conclusion.

Context of the incident / disclosure / concern

Please include as much relevant detail as you can

Action taken to ensure immediate safety

Please provide details. If no action was required, please indicate by writing "None".

Other action taken or advice sought

If any advice was sought, please provide details including who you spoke to, their contact details and what advice was given or action that was taken.

Signature

Please ensure that you sign the form.



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Appendix 4 Confidential File Chronology

Date	Doc ref	Document type	Brief summary of content	Action Taken	Entered by

Appendix 5

Record of Safeguarding conversations and actions

Date of action / conversation	Document reference
Description of record	
Information given	
Advice received	
Actions to take	
Outcomes	
Recorded by	Date recorded



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Appendix 6

Safeguarding Report to the Trustees and Elders

Report from the Designated Safeguarding Lead and Deputy covering the period from		
Report completed by:	Date	
Summary of safeguarding activity		
Number of concern / incident reports received in relation to children		
Number of concern / incident reports received in relation to adults		
Number of cases referred to Children's Social Care		
Number of cases referred to Adult Social Care		
Number of allegations received		
Number of allegations investigated by Local Authority		
Number of reportable incidents reported to charity commission		
Were there any common themes or issues in the reports submitted?	Yes / No	
If so, what?		
Do you have any concerns about the effectiveness of the safeguarding arrangements that are in place?	Yes / No	
If so, what?		
What training or informal update activity been completed this year?		
Any recommendations to or requests of the trustees?		
Declaration from Safeguarding Leads	Yes	No
Has the policy been reviewed for legal compliance and effectiveness? <i>(CSS can be consulted to check whether any significant changes have occurred)</i>		
Are DBS checks up to date for all staff and volunteers?		
Is the Single Central Record up to date?		
Is staff and volunteer training up to date?		
Is DSL training up to date?		
Is the training log up to date?		
Any other comments		