



# **Safeguarding for Vulnerable Adults Procedure**

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## **Introduction**

The Care Act 2014 reformed the law relating to care and support of adults and 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The Act superseded other legislation and it is this Act that local authorities have a duty to work to when dealing with safeguarding adults.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 is 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 and 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 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 six key principles:

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability

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

However, it is everyone's responsibility to be aware of the different types of abuse and to raise concerns if they suspect or know of an adult at risk of experiencing or is 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 wellbeing and, where appropriate, have regard to their views, wishes and feelings in deciding on action.

The Care Act makes it clear that it is 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 2 for more information).

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 Elders and Trustees 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.

### **Types of abuse and neglect**

The Care Act provides the following categories of abuse and neglect. This is not intended to be an exhaustive list but a guide to the 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** – is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 years 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** – is 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** – is 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 an adult's financial affairs or arrangements, misappropriating money, valuables or property, forcing changes to a will, denying the vulnerable adult 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.
- **Discriminatory abuse** – is the abuse of an individual's rights, which 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** – includes neglect and 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 ongoing ill treatment. It can be through neglect or poor professional practice as a result of structures, policies, processes and practices within an organisation.
- **Neglect** – is 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** 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 wellbeing of people who self-neglect and perhaps even their community.

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** – 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 and their wishes respected unless, exceptionally, a statutory responsibility to intervene arises and 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 the church and is underpinned by the principles set out in the Care Act 2014, 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 to undergo a DBS check, to be repeated every three years at least.

Volunteers will be familiar with the Safeguarding Policy and the Safeguarding Vulnerable Adults Procedure.

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.

Team leaders and volunteers who are involved in hybrid situations, such as working with children in a care home setting, i.e. Bumblebees, will require a DBS for both children and vulnerable adults, and will need to undergo training for both children and 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 the invasion of a person's space or covering them. Play fighting or any other such activity between team members and adults at risk must be avoided.

#### Prevention of Sexual Abuse

All team members work within a relationship of trust. Any form of 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 must be taken to safeguard the privacy of those in our care. Other than in exceptional cases, when



we have a duty of care towards someone or a person is 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 must include the avoidance of innuendos when speaking to an adult at risk. It must also include the wearing of modest clothing. Sexualised behaviour, or behaviour which could be misconstrued between team members or between team members and an adult at risk, must be avoided, as this could lead to insecurity for the adult at risk and lead to their believing that it is right for them to behave in the same way, thus placing them and/or others at risk.

### Prevention of Emotional Abuse

It is extremely easy for team members 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 team members 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 a necessity, 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 must not lend money to an adult at risk. This can lead to difficulties in trying to recoup money owed, giving rise to pressure on team members, or to accusations of unfairness.
- On no account should a team member borrow money from an adult at risk.

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.

### **Practical Measures to Prevent Accusation**

It is important that all team members recognise the fact that, when working with vulnerable adults, 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 risk, they should inform the team leader.

As far as reasonably practical, no team member should be on their own with someone who is known to make allegations. If the 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 the 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 a vulnerable adult may misinterpret a team member's actions 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 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 not a presumption of guilt.

In general, team members should avoid the following:

Being alone with a vulnerable adult, 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 one-to-one counselling situation with a person 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 must be left open.

### **Recognising Signs and Signals of Possible Abuse**

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

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

## **Adult at Risk may also be an Abuser**

It must be recognised that a vulnerable adult can themselves 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 a vulnerable adult may be, or is, abusing others, they should inform the Designated Safeguarding Lead or the Church Safeguarding Coordinator.

## **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 not 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 Surrey 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 Church Safeguarding Coordinator or (where the Church Safeguarding Coordinator is the subject of an allegation) a representative of the Trustees and Eldership (known as case manager) should discuss the allegation immediately with the Designated Safeguarding Lead. The matter should then be referred to Adult Social Care at Surrey County Council.

The steps in the graph at Appendix 1 will be taken.

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 Child Safeguarding Service for a case review.

### **Domestic Abuse**

If team members are aware that a vulnerable adult is living in an environment where they are victims of and/or witnessing domestic abuse, it is important that the Designated Safeguarding Lead 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 team leader (for that age group)
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.

## **Managing Concerns**

### Overview

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

Ensure the immediate safety of the vulnerable adult, the DSL or CSC will notify the emergency services if necessary.

Inform the Designated Safeguarding Lead (or, if they are unavailable, the Church Safeguarding Coordinator), who will then follow the local authority safeguarding adults' procedures and processes.

The team member should carefully record what the vulnerable adult 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 vulnerable adult, 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 of a formal interview at a later date.

### **Team Members' Guidance**

See Appendix 1

The team member should:

Remain calm. Listen very carefully as to what is being said. Demonstrate a sympathetic approach by acknowledging the 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.
- You are treating the information seriously.
- The abuse is not their fault (if information shared by the victim).
- Reflect back the statements that are made so that you understand correctly.

Be aware of the possibility of needing to capture forensic evidence.

Explain that it is necessary to share the information immediately with the Designated Safeguarding Lead or the Church Safeguarding Coordinator in order to safeguard the welfare of everyone concerned. Reassure the adult at risk that any further investigation will be concluded 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 must **not**:

- Confront or contact the alleged abuser. This may put them and the vulnerable adult in further 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 to question the vulnerable adult as they could be leading questions and could compromise any future investigation. 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 adults' assessments and investigations.
- Damage/destroy possible evidence. Be aware that you may be the first to hear about the allegations of abuse. It is important that the vulnerable adult gives their full account to people who have a role in the investigation. 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).

### **Helping those who have experienced abuse in the past**

Do:

- Listen carefully to what they say
- Accept what is said, even if it is 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 from a qualified and competent source

Do not:

- 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 vulnerable adult to share information must be obtained where the 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 vulnerable adult, or someone else, may be in imminent danger.
- There is a significant risk to health/wellbeing – 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 Concerns**

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

The situation is to be referred to the Designated Safeguarding Lead or Church Safeguarding Coordinator; 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 and/or the CSC is to contact the Social Services office that covers the area where the alleged abuse/neglect took place.

## **References**

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

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

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)

**Appendices:**

Appendix 1 – Responding to a report about actual/suspected abuse

Appendix 2 – Key points on the Mental Capacity Act 2005

Appendix 3 – Safeguarding Alerts – The issue of Consent and Sharing Information

Appendix 4 – Volunteer Application Form

Appendix 5 – Incident/Concern Reporting Form

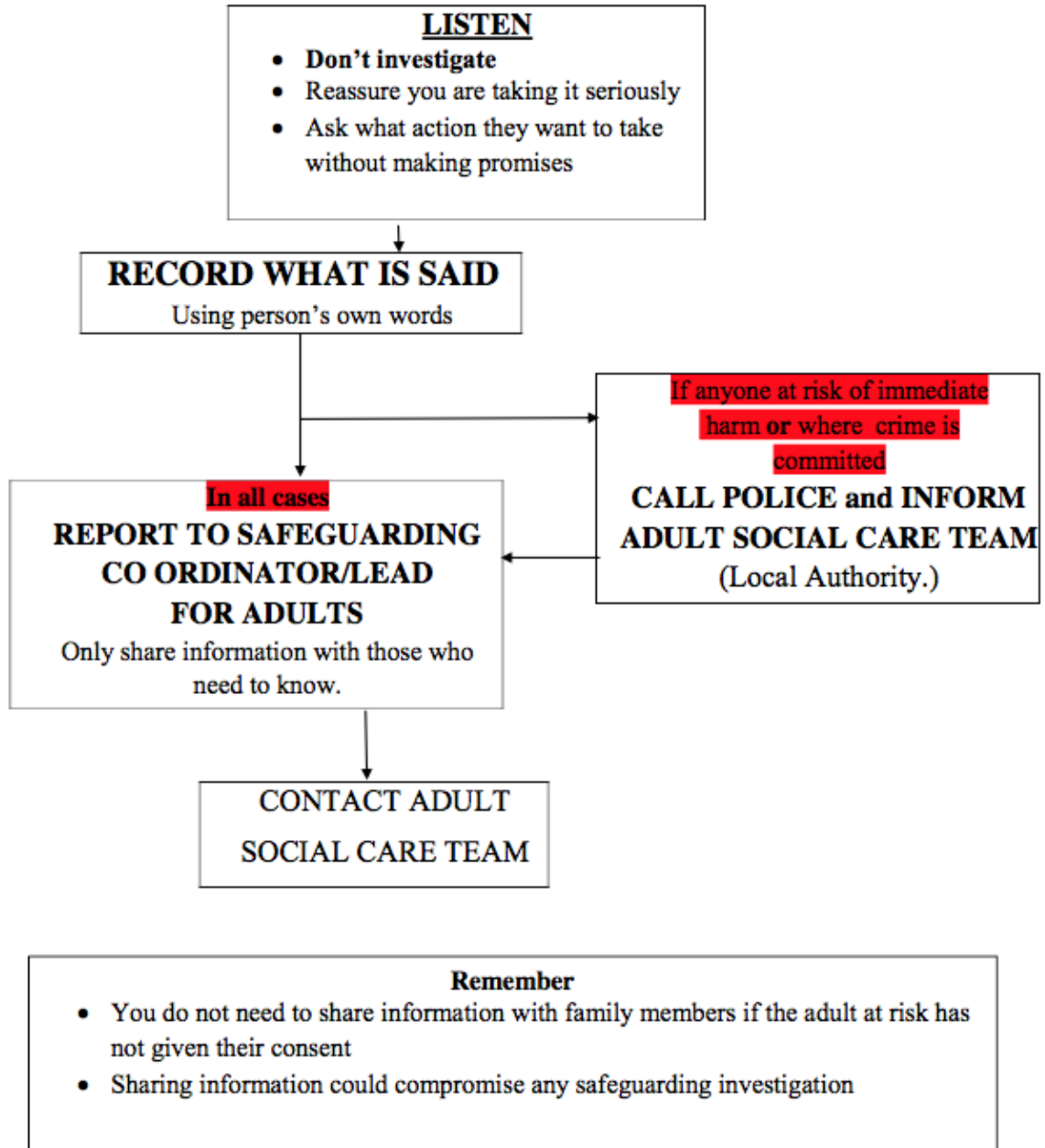
Appendix 6 – Confidential File Chronology

Appendix 7 – Record of safeguarding conversations and actions

Appendix 8 – Safeguarding Report to the Trustees and Elders

Appendix 9 – Record of safeguarding conversations actions

**Responding to a report about actual /suspected abuse**



## Appendix 2

### 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. 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 3**

### **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.

## Appendix 4

### Volunteer Application Form

About You		
Full name	Address	
Phone number		
Mobile number		
E-mail address		
About the role		
Department /Group / ministry area	Role applied for	
Is the role subject to a DBS check?		
Children only	Adults only	Children and adults
Personal statement		
Please briefly describe your reasons for applying for this role and any appropriate experience in similar roles.		
Do you have any questions or concerns about the role, or your ability to fulfil it, that you would like to discuss with us?		



Please supply details of 2 people who are able to comment on your suitability for this role.		
Reference 1	Reference 2	
Name	Name	
Relationship to you or capacity in which you are known to them	Relationship to you or capacity in which you are known to them	
Address	Address	
Phone	Phone	
E-mail address	E-mail address	
<b>Self-declaration</b>		
	Yes	No
Do you have any criminal convictions that would affect your ability to perform this role?		
Is your state of physical, mental, emotional, and spiritual health adequate to fulfil this role?		
If the role involves working with children, young people or vulnerable adults, are you, or have you ever been barred from such work?		
Are you in agreement with the church's beliefs as outlined in the statement of faith?		
Do you agree to abide by the policies, procedures, codes of conduct, risk assessments etc that are relevant to this role?		
Is there anything that you wish to add or that you wish us to take into account in relation to this self-declaration?		
I confirm that the information supplied in this form is accurate to the best of my knowledge.		
Signature:		
Date:		
<b>For office use only: Form reference / volunteer reference as per Single Central Record.</b>		

## Appendix 5

### Incident/Concern Reporting Form

About this form and the person completing it			
Your name	Your phone number	Your mobile number	Your e-mail address
Are you reporting: <i>Please tick the appropriate box(es)</i>	An incident	A disclosure	A concern
Department /Group / 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
Action taken to ensure immediate safety	
Other action taken or advice sought	
Signature	
<b>For office use only: Form reference –</b>	

## 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 communications 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.



## Appendix 7

### 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

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

## Appendix 8

### Safeguarding Report to the Trustees and Elders

<b>Report from the Designated Safeguarding Lead and Deputy covering the period from 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021</b>	
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		

## Appendix 9

### Record of safeguarding conversations actions

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