

Stopsley Baptist Church

Safeguarding Adults

Policy, Procedures & Guidance for Safeguarding Adults at Risk

December 2015

St Thomas' Road, Luton, LU2 7XP

POLICY STATEMENT STOPSLEY BAPTIST CHURCH

‘SAFEGUARDING ADULTS AT RISK’ POLICY (see para 1.1 for definition)

This statement was adopted at the Elders meeting held on

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It will be presented every year to a church meeting where the church will be asked to formally agree the following statement:

- 1. As members of this church we will commit ourselves to the safeguarding of adults at risk and ensuring their well-being in the life of the church.
- 2. It is the responsibility of each of us to prevent the physical, emotional, sexual, financial and spiritual abuse of adults at risk and to report such abuse that we discover or suspect.
- 3. We undertake to exercise proper care in the appointment and selection of those who will work with adults at risk.
- 4. The church is committed to supporting, resourcing and training those who undertake this work.
- 5. The church adopts the guidelines based on ‘Safe to Belong’ published by the Baptist Union of Great Britain.
- 6. Each person who works with adults at risk will agree to abide by the recommendations and the guidelines established by the church.

This church appoints Steve Moody and Ruth Deacon as the church’s Adults at Risk Coordinators to represent the concerns and views of adults at risk at our meetings and to outside bodies.

Signed.....

Position.....

Date.....

Forward

These guidelines and procedures are based on the Baptist Union's 'Safe to belong' publications and other appropriate sources. They are written to ensure that the right balance is being struck between promoting and respecting an individual's right to independence and self-determination whilst recognising their vulnerabilities and their rights to protection.

The abuse of adults at risk is a difficult and disturbing area where there are uncertainties and where a high degree of sensitivity, skill and knowledge is required. The purpose of this document is to build on existing good practice and provide a framework within which we, as a church, can work.

1.1 Definition of an Adult at Risk

The term "**adult at risk**" has replaced the previously used "adult at risk", focusing on the situation rather than the characteristics of the adult themselves. The label "adult at risk" may wrongly imply that some of the fault for any abuse lies with the abused adult.

There is no standard single definition for an adult at risk, so for our policy we are using the following simple definition taken from CCPAS (Churches' Child Protection Advisory Service):

Any adult aged 18 or over who due to disability, mental function, age, illness or traumatic circumstances may not be able to take care or protect themselves against the risk of significant harm, abuse, bullying, harassment, mistreatment or exploitation.

Some adults might be more at risk than others, and there are some times in life where risks may increase. Some of these circumstances may include:

- Learning, sensory or physical disability
- Old age and frailty (especially if it creates a dependency on or needing help from others)
- Mental health problems
- Dementia or confusion
- Illness
- Addiction or dependence on alcohol, drugs or medication
- Bereavement
- Past abuse or trauma
- English is not their first language

1.2 Adults at risk and the church.

The church is unique in that because it opens its doors to all, it is likely to be giving pastoral support and care to many vulnerable groups such as the frail and elderly, those with a mental disorder, including dementia, mental illness or personality disorder, those with a physical or sensory disability, a learning disability, severe physical illness, those who misuse substances, and the homeless.

In order to reduce the risk of abuse to adults at risk, the church should consider the following:

- Make the church a welcoming place where vulnerable people can feel secure and involved and can engage with regular worship and other activities. One way to help achieve this is to ensure that, as far as possible, the requirements of the Disability Discrimination Act 1995 (which came into full force in October 2004) are being met; for example the accessibility of toilet facilities, car park spaces and entrance(s) into the building and a regular audit of facilities such as lighting, acoustics and the hearing loop is needed.
- Have a 'adults at risk' policy and procedures that includes a response to domestic violence.
- Appoint an adults at risk coordinator who will be responsible for the safeguarding of adults at risk, and have a formal adults at risk protection statement displayed in a public place in the church.
- Initiate constructive links with Social Services who have lead responsibility for the protection of adults at risk in the community.
- Ensure that adults at risk are not treated in an infantile way. All adults should be treated with dignity and respect and in ways appropriate to their age, understanding and their specific needs.
- Draw up guidelines for the recruitment of those working with adults at risk, including undertaking an Enhanced Disclosure and Barring Service check where appropriate.
- Give those working with adults at risk clear roles and job descriptions and provide supervision.
- Be aware of the Safeguarding Policy produced by the Office of the Public Guardian

2. GUIDANCE

2.1 INTRODUCTION

Adult abuse can occur in many different settings and situations. It is usually a very complex area. Therefore we need to be aware of situations which may put an adult at risk at risk.

These guidelines and procedures require any responsible person to act with regard to any information which comes to their attention, giving reasonable grounds to suspect that a adult at risk has been abused.

2.2 POLICY STATEMENT

All adults at risk have a right, and should be enabled to achieve that right, to live and be included in an environment that is free from prejudice and safe from abuse.

Where abuse is suspected, it is essential that we deal with it in a way that that...

Is prompt - and ensures the immediate and ongoing health and safety of the vulnerable person.

Is sensitive - to adults at risk and their representatives/carers and to staff.

Is effective - in the way we follow up and in the action taken to ensure the wellbeing of the adult at risk and in aiming to prevent the risk of abuse recurring.

Is balanced - It is important to ensure that all intervention in people's lives, is justified, with the reasons being fully documented (recorded) in the recommended way outlined in the procedures.

Is aware - and does not discriminate against a person because of their religious and cultural beliefs, age, disability, gender, race or sexuality.

2.3 VALUES & PRINCIPLES

- (i) The principle of minimal intervention. There should be no intervention in the affairs of an adult unless such an intervention will benefit the adult.
- (ii) The adult at risk's wishes should be taken account of at all times.
- (iii) During the initial action, investigation and outcome, the primary focus and concern must, at all times, be the welfare of the adult at risk
- (iv) Wherever possible the family, or the adult's carers, or any other relevant person; should be encouraged to take responsibility to follow through with any difficulty that arises.

Things to be considered:

Self determination

Is the adult at risk able to make their own decisions and choices and do they wish to do so?

Consent

Did the person subject to abuse consent, and did he/she consent willingly?

NB: The presence or absence of consent is not the single determining factor as to whether formal investigation occurs.

Capacity

Does the person subject to abuse have the capacity for self determination, the capacity to understand to what they are consenting, or alternatively the capacity to refuse?

2.4 ADVOCACY

An Adult at Risk may need Independent Advocates – We as a church may be able to provide this service where appropriate:

Adults at risk are often – though not always - limited in personal power and resources to argue their case when they need to. This is especially true for people who do not, or cannot, use words to communicate, for people who cannot read or write, or those who are physically frail, or are regarded as incapable of making decisions for themselves.

If these individuals do not have well motivated and capable family and friends to speak up for them, they may be at risk.

The role of the advocate is to ensure the voice of the adult at risk is heard, and consultation is evident throughout the procedural process. This is, therefore, something practical we can, and are doing.

2.5 THE ROLE OF THE ADULT AT RISK COORDINATORS

1. The church has appointed 'Adult at Risk Coordinators' : At present these are:- Steve Moody and Ruth Deacon

2. **The General Responsibilities** of the Adult at Risk Coordinator are to: -

- Promote the consistent use of the Good Practice Guidance and Procedures within the church.
- Act as a professional advisor to the church on the protection of adults at risk.
- Ensure that required local training is provided.
- Provide and arrange for support of all concerned when these guidance and procedures are being followed and acted upon.
- Ensure the ongoing review and updating of the guidance and procedures policy along with the identification of training needs.

3. **The Specific Responsibilities** in relation to individual cases are to: -

- Receive information from concerned members, or group leaders, concerning the need of extra care or possible abuse of individual adults at risk.
- Where appropriate to consult with the Pastoral Steering Group and/or others on the Safeguarding Board when a further investigation is required or there is a need to

make a report to an outside agency.

- Wherever possible link with the family, or the adult's carers, or any other relevant person; in terms of any action to be taken.
- Where appropriate, report and make recommendations to the Elders

3. PROCEDURES

3.1 WHAT TO DO IF YOU SUSPECT THAT ABUSE MAY HAVE OCCURRED

- You must report concerns as soon as possible to the Co-ordinator as is appropriate. The Co-ordinator is nominated by the elders of Stopsley Baptist Church to act on their behalf in referring allegations or suspicion of abuse to the statutory authorities. The Co-ordinators will all have undergone 'DBS Checks'. Aside from the Co-ordinators the matter will **NOT** be discussed with anyone other than the appropriate pastoral staff.
- Suspicions should not be discussed with anyone other than the Co-ordinator.
- It is, of course, the right of any individual as a citizen to make a direct referral to the local authority or other agency or seek advice from CCPAS. However, it is hoped that workers will use the procedure stated above.

3.2 WHAT TO DO IF AN ADULT AT RISK TALKS TO YOU ABOUT ABUSE

- Listen, and keep on listening. Don't ask any questions just listen.
- Do not promise confidentiality, but do tell them what you are going to do.
- Accept what you hear without passing judgement.
- Try to make notes as soon as possible (preferably within one hour of the adult at risk talking to you), writing down exactly what they said and when they said it, what you said in reply, and what was happening immediately beforehand (eg. a description of the activity). Record dates and times of these events and when you made the record. Keep all hand written notes, even if subsequently typed. Such records should be submitted to the Co-ordinator and will be kept safely for an indefinite period.
 - Report your discussion as soon as possible to the Church's Adult at Risk Co-ordinator.
- Suspicions or allegations should not be discussed with anyone other than the Adult at Risk Co-ordinator.

If you have concern for an adult at risk, or are concerned about the behaviour of a staff member or volunteer, please write the details down and follow the above procedure.

3.3 ALLEGATIONS OF PHYSICAL ABUSE OR NEGLECT

If a adult at risk has a physical injury or symptoms of abuse or neglect it is the Adult at Risk Co-ordinator's responsibility to:

1. Contact Social Services for advice in cases of deliberate injury, or where concerned about the adult at risk's safety. Where the Co-ordinator is unsure whether or not to refer a case to the Social Services then advice from CCPAS will be sought and followed. CCPAS will confirm its advice in writing as this may be needed for reference purposes in the future.
2. In an emergency medical attention should be sought, with the person's consent if possible and family members informed where appropriate. The Co-ordinator will inform the examining doctor of any suspicions of abuse.
3. In circumstances other than emergencies speak with the person concerned and or their carer and suggest that medical help/attention is sought. The doctor (or health visitor) will then indicate further action, if necessary.
4. Decide whether to encourage the person or their carer to seek help from the Social Services.¹ Where the carer is unwilling to seek help, if appropriate, the Co-ordinator will offer to go with them. If the carer still fails to act the Co-ordinator will, in cases of concern, contact Social Services on behalf of the adult at risk.
5. Be aware, in extreme circumstances, of the necessity to take swift action in contacting Social Services and/or Police to discuss putting into effect immediate safety measures.

3.4 ALLEGATIONS OF SEXUAL ABUSE

In the event of allegations or suspicions of sexual abuse it is the Co-ordinator's responsibility to:

- 1) Contact the social services team directly¹.
- 2) Follow the above point (3.3.1). Where the Co-ordinator is unsure whether or not to follow the above point then advice from CCPAS will be sought and followed. CCPAS will confirm its advice in writing as this may be needed for reference purposes in the future.
- 3) Collect and clarify the precise details of the allegation. A Co-ordinator will not, however, attempt to carry out any investigation into the allegation or suspicions of sexual abuse – this is something that needs to be left to the professionals.
- 4) Be aware, in extreme circumstances, of the necessity to take swift action in contacting appropriate authorities to discuss putting into effect immediate safety measures for an adult.

¹ Useful phone numbers can be found at the end of this document

3.5 REPORTING PROCEDURE

- 1) An adult at risk discloses abuse
or
There is concern for an adult at risk's demeanour.
or
There is concern at the behaviour of a staff member or volunteer.
- 2) Write down exactly what the person said and what you said in reply (remember it is better not to ask questions).

Write down any concerns you have.

Write down details of any incident involving a member of staff or volunteer.
- 3) Report your concerns to the Co-ordinator without delay giving them your written report/notes.
- 4) The Co-ordinator will consider the matter and decide whether to discuss the facts with the Chair of Elders, and, if appropriate, the leader responsible for this area of the church's ministry. It may also be deemed necessary to inform a Senior Officer of the church.
- 5) A decision will be made on what action to take. If there is uncertainty advice will be sought from CCPAS.
- 6) There will follow one of two outcomes:
 - Social Services or the Police will be contacted.
or
 - A decision will be made to monitor/review concerns/speak with the staff member or volunteer concerned. It may be deemed necessary to ask the staff member or volunteer to withdraw from activities involving adults at risk for a period of time.

4.1 TYPES OF ABUSE

Adults at risk can be at risk of one, or several, of the following categories of abuse. The following list is not exhaustive.

1. Physical

e.g.

- hitting
- kicking
- inappropriate physical restraint
- force feeding
- inappropriate sanctions

2. Emotional/Psychological/Social

e.g.

- threat of harm or abandonment
- intimidation by word or deed
- humiliation
- harassment
- enforced social isolation or withdrawal from support networks
- verbal or racial abuse

3. Financial - Misuse and/or misappropriation of monies, benefits and/or property.

e.g.

- theft
- fraud
- pressure in connection with wills
- property or inheritance or financial transfer

4. Neglect/Deprivation

e.g.

- deprivation of food, warmth, clothing, medical attention, or aids
- neglect of physical and/or emotional needs
- removing of friendships/companionships

5. Misuse of Medication

e.g.

- the withholding of appropriate medication
- over sedation.

6. Sexual Abuse

e.g.

- unwanted physical and sexual contact
- indecent exposure
- sexual harassment (verbal or physical)
- inappropriate language

4.2 POSSIBLE INDICATORS OF ABUSE

1. Some Possible Indicators of Physical Abuse:

- unexplained skin bruising
- unexplained cuts or abrasions
- unexplained burns
- unexplained fractures etc

However some medical conditions can cause changes which are hard to distinguish from some aspects of physical abuse.

2. Some possible Indicators of Neglect:

- poor hygiene
- malnutrition
- inappropriate clothing
- broken skin

3. Some indicators which may suggest Emotional Abuse:

- withdrawal
- depression
- cowering and fearfulness
- sudden changes in behaviour
- deliberate self harm

4. Some Possible Indicators of Sexual Abuse:

- unexplained marked fluctuation of mood changes
- pain, bruising or bleeding
- inappropriate sexually related activities/behaviour
- inappropriate language

5. Some General Indicators Which May Suggest Abuse:

- seeking shelter or protection
- unexplained reactions towards particular settings
- above average visits to the GP, or hospital casualty department – some of which may appear unnecessary.
- frequent or irrational refusal to accept help or go for treatment.

4.3 RISK INDICATORS

1. Where the following "trigger" behaviours are apparent, these may be additional indicators that abuse is occurring:

- destruction of physical environment
- turning night into day/sleep disturbance
- chronic incontinence
- extreme physical and/or emotional dependence
- verbal abuse and aggression towards the carer
- changes in personality – caused by illness and/or medication
- non compliance with carers wishes
- obsessive behaviour
- wandering/absconding
- self harm

2. The following problems exhibited by the 'carer' may increase the risk and likelihood of an abusive situation:

- alcoholism
- mental illness
- stress
- chronic fatigue
- frequent medical consultation

3. There may also be a variety of other contributing factors such as:

Family History:

- marital violence
- child abuse
- previous relationship difficulties
- conflicting demands of other family members

Family Problems:

- housing
- financial
- employment
- lack of support
- lack of respite

Individuals whose needs are not being met:

- lack of appropriate opportunities for the experience and development of all types of personal relationships
- lack of appropriate opportunity for individual autonomy and choice
- lack of knowledge of information/support

4.4 FLOW CHART

RESPONDING TO ALLEGED ABUSE AND OR CONCERN – KEY STEPS

Information received or concerns exists regarding possible risk/abuse of an adult at risk



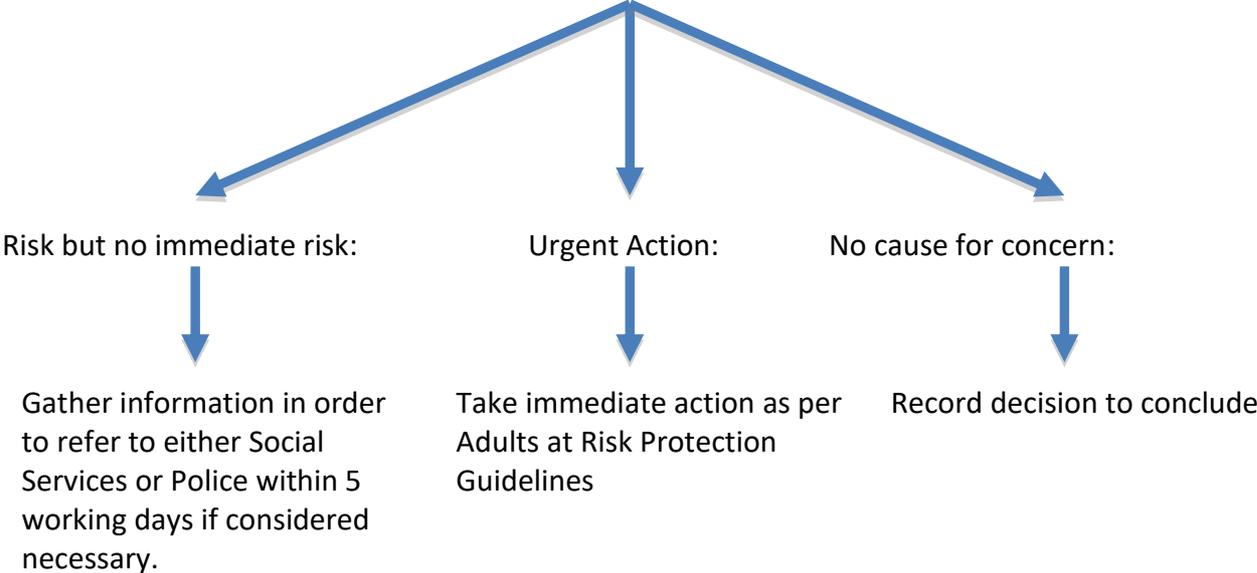
- RECORD – REPORT –

Immediate consultation with the Church’s appointed Adults at Risk Co-ordinator where the alleged abuse has been disclosed



- RECORD – REPORT –

Church Appointed Adults at Risk Coordinator/advocate will determine initial risk and the need for any subsequent action



- RECORD – REPORT –

4.5 RISK ASSESSMENT & MANAGEMENT

1. A framework for risk assessment

We hope that the following framework will facilitate an objective, open and accountable approach to risk assessment. It cannot prescribe what to do or decide in any given situation but offers a process for decision-making and tools/principles to assist in that decision-making.

The framework consists of the following steps:

Defining the level of risk by:

Identification of possible outcomes	Examine possible benefits and possible harms (hazards/dangers)
How likely are these outcomes to occur?	Look at data; past history; motivation to succeed; attitude to risk-taking; success so far; sustainability of carers roles; reports/opinions of others
Consider what actions can be taken to influence the likelihood of benefits/harms occurring.	Investigate options for action

The above is initially carried out as an unrecorded academic exercise. Where the possible outcomes are harmful and the level of risk high the information should be written and advice on how best to proceed sought.

NB: In undertaking a risk assessment the risk to general public safety and the safety of others must be taken into account alongside the risk to an adult at risk. Where there is a perceived risk to volunteers from the adult at risk involved in the situation this should be assessed within a similarly clear and consistent process and records kept as appropriate.

Safeguarding Adults at Risk: references and useful contacts:

Adult at risk Co-ordinators: Steve Moody and Ruth Deacon

Safe to Belong - published by Baptist Union of Great Britain

Safeguarding Policy – published by the Office of the Public Guardian

‘Government guidance on developing a policy for adults at risk *and* no secrets advice for workers’

Luton Council Safeguarding Adults Team 01582 547730/547563

Police (ask for Special Investigations Unit) 0845 4564564

Action on Elder Abuse helpline 0808 8088141

Respond (for people with learning difficulties and their carers) 0808 8080700

CCPAS: PO Box 133 0845 1204550
Swanley
Kent
BR8 7UQ

Churches Advisory Service; (CAS) - Adults at Risk Section.