

# Churches for Tunbridge Wells

## Tunbridge Wells Churches' Winter Shelter



An Ecumenical Christian Charity  
[www.twchurches.org.uk](http://www.twchurches.org.uk)

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## Safeguarding Adults at Risk

### Adult Protection Policy

Approved by Management Committee: December 2015

Date of Review: December 2017

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## 1. Scope

- This policy applies to all people aged 18 or over, who are suspected of being subject to abuse and do not have capacity as per the Mental Capacity Act 2005. The policy details the actions to be taken when dealing with people over 18.
- The policy deals with the process required when there has been an alleged or suspected disclosure of abuse of a TWCWS guest by a member of its staff, another guest, or any other persons.
- In cases where there is a suspicion that a child or young person under the age of 18 may be at risk of harm then please refer to the Safeguarding of Children and Young Persons policy.
- This policy applies to all staff carrying out any activity on behalf of TWCWS including staff and volunteers.

## 2. Purpose

- The purpose of this policy is to ensure that TWCWS provides appropriate advice and support so that all vulnerable adults whom are suspected of being abused will be protected.
- This policy aims to ensure that TWCWS works within UK government legislation and guidelines in relation to the protection of adults from abuse.
- To recognize and then minimize the situations in which the abuse of adults might occur.
- To ensure all staff and volunteers have a full understanding of safeguarding of vulnerable adults procedures and know how to respond when an adult protection issue arises.
- To ensure that all staff are given training on boundaries with guests and further information to be offered to staff and volunteers on abuse, boundaries and working with vulnerable people as the project develops.

## 3. Adult Protection Procedures

This part of the procedure applies where there is suspicion of abuse of any adult associated with the TWCWS. In all cases, the emphasis should be on the welfare of the individual as a possible victim of abuse. In all cases, TWCWS aims to act reasonably taking into account a number of complex factors such as:

- The age of the person
- The circumstances of the abuse
- How long ago it happened
- Who else might be at risk?
- The importance of retaining the trust of any person who may be a victim of abuse and allowing them to retain a sense of power and control without compromising their safety or the responsibilities of the organization, but which does not recreate in another form the abuse they have already experienced.

### 3.1 Adult Protection Concerns

Circumstances giving rise to Adult Protection concerns may include the following:

- An adult may disclose that he/she is being abused in the project or elsewhere by a member of staff, volunteer, guest or another person.
- An adult may disclose a past history of abuse in the project or elsewhere.
- A member of staff/volunteer may become suspicious that an adult is being abused due to their behaviour, conduct or physical signs.
- A member of staff/volunteer may receive information that makes them suspicious that an adult is being abused in the project or elsewhere.
- A member of staff/volunteer may become concerned about the conduct, behaviour or actions of another member of staff or volunteer.
- A parent, or other adult, may disclose a past history of abuse and there is a likelihood that risk of abuse could be continued.

### 3.2 Recognising Abuse

Recognising abuse is not easy, and it is not your responsibility to decide whether or not abuse has taken place. You do have a responsibility to act if you have a concern about an adult's welfare or safety. (For definitions of abuse, consent and capacity see appendix 1). Further guidance on how to deal with disclosures by a vulnerable adult is contained in Appendix 2.

All cases where abuse is suspected should be discussed with the TWCWS project management staff in order to clarify the specific concern and agree the appropriate action.

### **3.3 Investigating abuse allegations**

Staff members or volunteers should not attempt to investigate any allegations of abuse themselves. Where it is decided that an investigation is necessary, social services and/or the police will be responsible for carrying this out. Staff/volunteers should not attempt to carry out in depth questioning but should respond sensitively and allow the adult to speak for as long as they want to. Staff/volunteers should not question alleged perpetrators of abuse themselves.

### **3.4 Recording**

Staff/volunteers should record any pertinent information relating to allegations or suspicions of abuse making an accurate note of:

- Date and time of incident or disclosure
- People involved (names, addresses, ages, communication difficulties, contact details)
- What was said and done by whom
- Details of any significant marks / bruises or behaviour changes
- Any action taken by TWCWS e.g. suspension of worker
- Where relevant, reasons why there was no referral to a statutory agency
- Names of person reporting the concern and to whom they reported the incident

This information may be required by statutory authorities in the event of an investigation and must be clear, specific and strictly factual. It should not reflect a staff member's opinion.

### **3.5 Reporting**

- All adult protection concerns must be discussed with the project manager. In the event of an allegation about the project manager, the staff member or volunteer should make contact with a management committee member.
- If it is agreed that this is a concern around an adult's protection this should be reported to the Adult Social Service Team, this should be done without delay. The project manager will be responsible for ensuring this concern is reported as soon as possible on the 24 hour helpline – 08458 247100.
- Following the phone call the project manager and/or worker should complete an Adult Protection Form (AP1 Form) and send through to the social service department

<https://shareweb.kent.gov.uk/Documents/adult-Social-Services/adult-protection/ap1-form.doc>

- Keep a copy of the form and complete the additional information form – both can be found in Appendix 3

### **3.6 Confidentiality and Protecting Vulnerable Adults**

- In most cases, any adult protection concerns will be passed on to social services or the police. However, all concerns will be reported to the project management even if the adult does not give consent.

### **3.7 Co-operating with adult protection investigations**

- TWCWS staff and volunteers are expected to co-operate with adult protection investigations.

### **3.8 Referral to other organisations**

- An adult who has experienced abuse may find it helpful to receive additional support such as counselling. TWCWS should refer to an appropriate agency which offers local provision as appropriate. Referrals should only be made with full awareness and consent of the adult concerned, and Adult Social Care, if any ongoing investigations are being made.

### **3.9 Abuse by Adults**

- Vulnerable adults are also open to physical, sexual, emotional and financial bullying from their peers. Such abuse should be taken seriously and subjected to the same adult protection procedures as apply to other circumstances. This abuse may come to the attention of staff:
  - As a result of an adult disclosing that they have in the past abused another person.
  - As a result of an adult stating that they are currently abusing another person.
  - As a result of an allegation made by an adult.
  - As a result of staff observing inappropriate behaviour.

Any concerns should be reported to the project management team. A risk assessment will be made in relation to the continuing involvement or residency of alleged perpetrator/s and victim/s in the project in question. Where it is suspected that an adult may have been involved in an incident of sexual abuse or physical assault, social services will be informed. Incidents of bullying will also be taken seriously and addressed by the project management team.

### **3.10 Self-Harm**

All self-harming adults should be supported to access input and advice from SWKMHT so that management plans can be put in place.

## **4. RECRUITMENT AND SELECTION OF STAFF AND VOLUNTEERS**

**4.1** It is recognised that some applicants may seek work with vulnerable adults in order to abuse them and that some applicants may have already shown themselves to be unfit to care for such people.

**4.2** All staff and volunteers working at the TWCWS will have been referenced by either a minister from their church or, for community volunteers, from a suitable professional. All Team Leaders will be DBS checked. Other volunteers will not, and will not be on their own with any guest.

## **5. ALLEGATIONS AGAINST STAFF**

**5.1** Any allegation or suspicion of abuse by staff or volunteers should be reported to the project manager immediately.

If the allegation or suspicion of abuse is against the project manager, a member of the management committee should be contacted immediately. This can be done by contacting Vanessa Nicholls on 07881 813079 or [vanessanic@hotmail.co.uk](mailto:vanessanic@hotmail.co.uk)

**5.2** Allegations of abuse by a member of staff or volunteers concerning adults should be referred to the Local Authority Designated Person (LADO) who will arrange a multi-agency strategy meeting to consider the concerns and decide on the most appropriate actions to be taken, including investigation. The TWCWS Management committee would make contact with LADO in the first instance, with the project management team implementing any changes in working practices that are recommended from the multi-agency meeting. TWCWS would follow the advice of the LADO / Adult Social Care until the investigations were complete.

**5.3** If appropriate, TWCWS will pass the staff member or volunteers name onto the Independent Safeguarding Authority (ISA) who will make a decision about whether the individual should be barred from working with vulnerable adults.

## Appendix 1

There are six main types of abuse

- Physical
- Psychological/Emotional
- Sexual
- Financial
- Neglect
- Discrimination

**Adult at Risk** - The term 'adult at risk' has been used to replace 'vulnerable adult'. This is because the term 'vulnerable adult' may wrongly imply that some of the fault for the abuse lies with the adult abused. The term 'adult at risk' is used as an exact replacement for 'vulnerable adult', as used throughout *No secrets*. An adult aged 18 years or over 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation' (DH, 2000). This definition is taken from the current Department of Health guidance to local partnerships.

**Mental Capacity** - The presumption is that adults have mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed consent are central to decisions and actions in Safeguarding Adults. All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take. All decisions taken in the Safeguarding Adults process must comply with the Mental Capacity Act 2005 Act.

**Consent** - it is always essential in safeguarding to consider whether the adult at risk is capable of giving informed consent. If they are, their consent should be sought. This may be in relation to whether they give consent to:

- an activity that may be abusive – if consent to abuse or neglect was given under duress, for example, as a result of exploitation, pressure, fear or intimidation, this apparent consent should be disregarded

**Abuse** - For the purpose of the Safeguarding Adults policy and procedures the term *abuse* is defined as: a violation of an individual's human and civil rights by any other person or persons which results in significant harm. (DH, 2000)

## Appendix 2

### Do

- Be calm
- Listen
- Be empathetic
- Tell the person that
  - they did the right thing to tell you
  - you are treating the information seriously
  - it was not their fault
  - you are going to inform the appropriate person
  - you/the team will take steps to protect and support them

### Don't

- Press the person for more details
- Stop someone who is freely recalling significant events
- Ask leading questions
- Promise to keep secrets. You cannot keep this kind of information confidential
- Make promises you cannot keep (such as 'this will never happen to you again')
- Pass on the information to anyone other than those with a legitimate 'need to know'



## Providers

Service providers should ensure this form is completed if adult abuse is witnessed or suspected. If a criminal offence is witnessed or reported the police should be contacted as a matter of urgency. Revised July 2009

|   |                     |                 |                            |  |
|---|---------------------|-----------------|----------------------------|--|
| <b>Date Alert Received</b>                |                     |                 | <b>Time Alert Received</b> |  |
| Name of person completing this form       | Role and Profession | Contact Address | Telephone and Email        |  |
|   |                     |                 |                            |  |
| Name of person reporting alleged incident | Role and Profession | Contact Address | Telephone and Email        |  |
|   |                     |                 |                            |  |

|                                     |  |                                 |  |
|-------------------------------------|--|---------------------------------|--|
| <b>Date of Alleged Incident</b>     |  | <b>Time of Alleged Incident</b> |  |
| <b>Location of Alleged Incident</b> |  |                                 |  |
| (Please record any                  |  |                                 |  |

|                            |                          |        |                                      |           |
|----------------------------|--------------------------|--------|--------------------------------------|-----------|
| Name of Service User       | Date of Birth            | Gender | Marital Status                       | Ethnicity |
|                            |                          |        |                                      |           |
| Current Address            | Contact Telephone Number |        | Social Services ID and/or NHS Number |           |
|                            |                          |        |                                      |           |
| Next of Kin                | Contact Address          |        | Telephone, Fax, E-mail               |           |
|                            |                          |        |                                      |           |
| GP                         | Practice Address         |        | Telephone, Fax, E-mail               |           |
|                            |                          |        |                                      |           |
| Key Professionals if known | Contact Address          |        | Telephone, Fax, E-mail               |           |
| (if other please state)    |                          |        |                                      |           |

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

|  |
|--|
| <b>Does the Service User have any problems with sight, speech, hearing, language, or mental capacity if known?</b> |
|  |

|   |     |    |        |   |  |
|---|-----|----|--------|---|--|
| Is the Service User aware that you are contacting another agency? | Yes | No | Unsure | If no, why is this? E.g. understanding, have not been told. |  |
| Has the Service User given permission to share information?       | Yes | No | Unsure | If no why not?  |  |

|  |     |    |   |  |
|--|-----|----|---|--|
| Is the Service User purchasing services privately? | Yes | No | Who is funding the service? (where known and applies) |  |
|--|-----|----|---|--|

|  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Type of Alleged Abuse</b> (please tick all you consider relevant) |                          |                          |                          |                          |                          |
| Physical   | Psychological            | Sexual                   | Financial                | Neglect                  | Discriminatory           |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |
|---|
| <b>Details of the Allegation</b>  |
| What happened? Who was involved? Where and when did the alleged abuse take place? |
|   |

|                                   |                     |                                     |           |
|-----------------------------------|---------------------|-------------------------------------|-----------|
| Name(s) of alleged perpetrator(s) | Date(s) of Birth    | Gender                              | Ethnicity |
|                                   |                     |                                     |           |
| Own home address(es)              | Telephone Number(s) | Role / Relationship to Service User |           |
|                                   |                     |                                     |           |

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

|   |  |
|---|--|
| <b>Have you taken any immediate action? If so what?</b> | <b>Have you informed any other person/agencies of this Alleged incident? Please give details (Police, COC, Health)</b> |
|   |  |

|   |                             |                                 |
|---|-----------------------------|---------------------------------|
| <b>Do you consider anyone else to be at risk? E.g. other vulnerable adults and/or children.</b> |                             |                                 |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

Please provide any extra details of the adult protection concerns

## Recording of social services involvement

|   |
|---|
| Service users name:                     |
|   |
| DOB:                                    |
|   |
| Project Staff name:                     |
|   |
| Social workers name/office worked from: |
|   |
| Any other agency involvement:           |
|   |
| Brief description of current situation: |
|   |
| Is this a safeguarding/POVA situation?  |
|   |