

Grace Church Leatherhead Safeguarding Adults At Risk Policy & Procedures

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Key Contacts

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Out of hours: 01483 517898

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1. POLICY STATEMENT

INTRODUCTION

1.1The Church seeks to follow the example of Christ, to obey His commands, by bringing the love and Gospel of Christ to those in our community who are vulnerable and may be adults at risk. We seek to ensure that all such persons coming within our ministry are kept safe from any form of abuse and are afforded the dignity and respect that Christ Himself gave to the vulnerable with whom He came into contact.

- 1.2 The underlying ethos of all our work and of this policy is the biblical teaching that each human being is made in the image of God, so no-one should be looked down upon. Neither should any have to live in fear of harm or suffer discrimination, thus all should respect the needs and rights of others. The Bible is full of exhortations to provide for and protect the needy and vulnerable. The Lord Himself showed us through His daily life how to respect, protect and care for adults at risk: the hungry, those who had physical or mental health needs, alsothose whom everyone else despised.
- 1:3 The aim of the policy and procedures is to protect the adults at risk in our care, and to provide a safe environment for them and for those Leaders in managing a particular ministry.
- 1:4 Leaders are defined as Employees of the Church, Church members who have the responsibility for managing a specific ministry, or Church members who volunteer to help leading a specific ministry.

Adult abuse occurs irrespective of a person's race or ethnicity, class, sexuality, age, religion, mental or physical ability. All adults at risk will be provided for in a manner that respects the rights, dignity, privacy and beliefs of all individuals concerned and does not discriminate on the basis of race, culture, religion, language, gender, disability, age or sexual orientation.

- 1.5 The Managing Trustees require that all Leaders, relevant employees and volunteers read and accept the following policy and procedures. They must also sign a statement that they have read and accepted it in full, and that they are happy to work within these constraints.
- 1.6 The Care Act 2014 reforms the law relating to care and support for adults and carers, and it makes provision for safeguarding adults from abuse and neglect. The Act supersedes other legislation and it is this Act that local authorities have a duty to work to when dealing with safeguarding adults. (See note 1 for a link to the Care Act for more information.)

2. 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.

3. 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 Leaders 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.

4. WHAT IS ADULT SAFEGUARDING AND WHY IT MATTERS?

- 4.1 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.
- 4.2 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 2 for more information).
- 4.3 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.

4.4 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.

5. TYPES 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 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. 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 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 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 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.

6. VALUES

6.1 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 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.

6.2 All support provided by Leaders 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).

7. WHO ABUSES AND NEGLECTS?

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

AND

Abuse can happen anywhere.

8. BEST PRACTICE MEASURES TO MINIMISE THE POSSIBILITY OF ABUSE OCCURRING

SAFE RECRUITMENT PROCEDURES

The Adult Safeguarding Lead (ASL) for Grace Church Leatherhead will ensure all Leaders, where appropriate, undergo a Disclosure and Barring Service check, to be repeated every three years at least.

- Leaders will make themselves familiar with the policy and procedures.
- Ministry Leaders will ensure all Leaders read the document and then sign to say they have done so.
- Managing Trustees, the Church Safeguarding Co-ordinator (CSC) and the Adult Safeguarding Lead (ASL) for Grace Church Leatherhead will regularly review and update this document as appropriate.
- Managing Trustees, the Church Safeguarding Co-ordinator, and the Adult Safeguarding Lead for Grace Church Leatherhead and Ministry Leaders will ensure systems are in place, whereby concerns regarding possible abuse of adults at risk can be reported, and issue clear guidance to all Leaders regarding the reporting mechanism (See section 13 for fuller details and Appendix 1)

8.1 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.

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.

8.2 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 is deemed to be seriously at risk, noone should be disturbed whilst undressing ordressing or whilst in the toilet.

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.

8.3 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.

8.4 PREVENTION OF FINANCIAL ABUSE

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

- 8.4.1 No Leader 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.
- 8.4.2 An adult at risk may very easily be persuaded to give money to Leaders, or easily persuaded to spend their money on items chosen by a Leader. 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 Leader's own interests must be carefully avoided.
- 8.4.3 Leaders 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.
- 8.4.4 On no account should a Leader borrow money from an adult at risk.
- 8.5 An adult at risk may lack the capacity to make a decision on appearing in photographs, social media, etc. Care must be taken to ensure they are giving informed consent.

9. PRACTICAL MEASURES TO PREVENT ACCUSATION

- 9.1 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 ministry Leader is aware of particular individuals who are likely to make accusations or to misinterpret a Leader's behaviour, the Ministry Leader is expected to warn the Leader of the risk. If any Leader is aware of such a risk, they should inform the Ministry Leader.
- 9.2 As far as is reasonably practical, no Leader should be on their own with someone who is known to make allegations. If this situation cannot be avoided ,it is down to the Ministry 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 Leaders. If experiencing difficulty, it is the responsibility of any Leader to follow advice given and to request further advice from the Ministry Leader where needed.

- 9.3 It must be remembered that an adult at risk may misinterpret Leader's actions or words because of earlier, harmful and confusing experiences. However, it is the responsibility of the Ministry Leader to take seriously an accusation made by any adult at risk, and to take appropriate steps.
- 9.4 Although the welfare of the Leaders will always be most carefully considered, the accusation will also be most carefully considered. It may be deemed necessary immediately to request the accused Leader to withdraw their services from the ministry whilst the matter is being investigated. Thus it is vital that Leaders action any advice given with regard to avoiding accusations of abuse. It is a precautionary measure and not a presumption of guilt.
- 9.5 In general Leaders should avoid the following:
 - Being alone with an adult at risk, who is of the opposite sex, including the provision of transport. Owing to limited transport facilities, 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.

10. 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 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
- 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.

11. 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 Leader becomes aware that an adult at risk may be, or is, abusing others, they should inform the Adult Safeguarding Lead or the Church Safeguarding Coordinator.

11.1 MINISTRY LEADERS, EMPLOYEES AND VOLUNTEERS AS ABUSER

If a Leader is aware of another Leader abusing an adult at risk, they should inform the Adult Safeguarding Officer immediately (see Section 13 below). If the accusation is against the Adult Safeguarding Lead they should inform the Church Safeguarding Coordinator.

If the allegation is against an employee, the same reporting procedures apply and the relevant HR policies and procedures will be followed.

11.2 DOMESTIC ABUSE

If Leaders are aware that an adult at risk is living in an environment where they are witnessing domestic abuse, it is important that the Adult Safeguarding Lead is informed without delay.

12. MANAGING CONCERNS

12.1 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 SLC or CSC will notify the emergency services if necessary.

Inform the Adult Safeguarding Lead for the Church, (or if they are unavailable, the Church Safeguarding Co-ordinator), who will then follow the local authority safeguarding adults procedures.

The Leader 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.

12.2 LEADERS GUIDANCE (see Appendix 1)

The Leader 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).
- Reflect back the statements that are made so they understand correctly.

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

Explain that it is necessary immediately to share the information with the Adult Safeguarding Lead or Church Safeguarding Co-ordinator 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 Leader will take steps to support and, where appropriate, protect them in the future.

The Leader 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 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 Church Adult 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)

12.3 POLICE INVOLVEMENT

In cases of serious assault and sexual assault/rape, i.e. an offence against a vulnerable person, it is the responsibility of the police to gather evidence, even if the victim does not wish to make a statement or to press charges. It is, therefore, very important that the police should be informed and no action is taken that might compromise forensic evidence.

12.4 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

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!

12.5 CONFIDENTIALITY

Wherever possible, the consent of the adult at risk to share information should be obtained where a disclosure of abuse has been made. On some occasions it maybe necessary to pass information on without their consent. This could include incidents where:

- . a) A criminal offence has been or is likely to be committed
- . b) The adult at risk or someone else may be in imminent danger
- . c) There is a significant risk to health/well-being physical and/or mental health
- . d) 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.

13. WHO DO WE GO TO WITH A SAFEGUARDING CONCERN?

Whether the abuse is intentional or not, whether it is just a suspicion, it is still important to raise the concern. CCF has an Adult Safeguarding Lead, and a Church Safeguarding Co-ordinator. CCF is also a member of CCPAS. Contact details can be found below for the ASL, the CSC and CCPAS.

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.

Contact the Social Services office that covers the area where the alleged abuse/neglect took place.

USEFUL CONTACT NUMBERS

In an Emergency: 999

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

SURREY CONTACT CENTRE (this is the direct number for Adult Social Care, Surrey) 0300-200-1005

SURREY EMERGENCY TEAM (out of hours) 01483-517898

SURREY POLICE 0845-125-2222

14. IMPORTANT CONTACT DETAILS FOR Grace Church Leatherhead

CHURCH SAFEGUARDING CO-ORDINATOR: The Pastor

ADULT SAFEGUARDING LEAD: Kirsty Thresher

LEAD DBS RECRUITER AND ADMINISTRATOR: Hilary Sneller

Christian Safeguarding Services

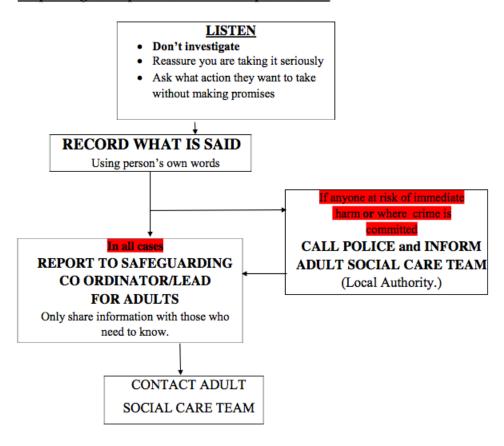
15. NOTES

For information on the Care Act 2014 see: www.legislation.gov.uk/ukpga/2014/23/enacted

For Surrey Social Services Safeguarding Policy se safeguarding adult multi- agency procedures	ee: <u>www.surreycc.gov.uk</u> surrey
Approved by the Managing Trustees on	

Appendix 1:

Responding to a report about actual /suspected abuse



Remember

- You do not need to share information with family members if the adult at risk has not given their consent
- · Sharing information could compromise any safeguarding investigation

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 with dementia,

significant learning disabilities, stroke or head 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 the 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 the capacity to make that particular decision, the Act makes it clear who can take decisions, in which situations and how to go about it.

There are FIVE key principles that must be kept in made 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 he/ she has capacity to do so unless it is proved otherwise.
- 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.
- 2 Unwise decisions. A person might be seen as making an unwise / risky decision but an unwise/risky decision does not mean 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 is 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 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 of the key principles found in the Mental Capacity Act. If you wish to look at the Act in greater depth, further information can be obtained on the Department of Health website, then search for 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 need to be shared with other agencies in order to protect them 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 the 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.