



Safeguarding policy and procedures

Written by: The Safeguarding Team

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Introduction

Bromley Homeless is committed to safeguarding and promoting the welfare of all those they encounter, especially the clients with whom we work. We are an adult service and if anyone under the age of 18 years old contacts Bromley Homeless for advice and support, staff and volunteers will adhere to our policy of working with under 18s.

The purpose of this policy is to outline the duty and responsibility of workers and staff working on behalf of Bromley Homeless. This policy will also give very clear guidelines of what to do if abuse is disclosed or suspected.

Safeguarding means protecting a person's health, wellbeing and rights, enabling them to live free from harm, abuse and neglect. Safeguarding children, young people and adults is a collective responsibility.

It should be noted that homelessness itself does not make people vulnerable although circumstances such as homelessness may exacerbate other conditions and impact negatively upon individuals' ability to care for and to protect themselves.

Terms used throughout this policy:

Client: all adults who access our services whether these are rough sleepers, those we are supporting in accommodation, or those making general enquiries of the service.

Worker: refers to all employed staff and volunteers/trustees carrying out the day-to-day operations of our charity

Staff: employed members of Bromley Homeless Charity

This policy is a comprehensive document that all staff and workers for Bromley Homeless must read. However, there are sections that only the Safeguarding Team need to action and everyone else simply needs to read. Where this is the case it will be made clear at the top of the page. For quick and easy reference there is a summary of what to do on page 7 if a safeguarding issue arises. However, this should not take the place of reading the whole document.

Policy statement

We believe that:

- children, young people and adults should never experience abuse of any kind
- we have a responsibility to promote the welfare of all adults, to keep them safe and to operate in a way that protects them.

We recognise that:

- all adults, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation have a right to equal protection from all types of harm or abuse
- some adults are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication or learning needs or other issues
- working in partnership with adults and other agencies is essential in promoting their welfare
- there may be conflicts of interest in housing adults with families with children and we need to safeguard the welfare of our clients but the welfare of any child is paramount.

We will seek to keep adults safe by:

- valuing, listening to and respecting them
- appointing a safeguarding team comprising of a lead member of staff, volunteers with health and safety knowledge and experience, a member of the trustee board with safeguarding responsibilities and a safeguarding administrator responsible for DBS checks and references.
- developing safeguarding policies and procedures which reflect best practice.
- using our safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving adults appropriately.
- creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedures to help us deal effectively with any bullying that does arise.
- developing and implementing an effective online safety policy (see page 8) and related procedures.
- sharing information about our policy with our clients, host families, staff and volunteers via leaflets, posters, group work and one-to-one discussions.
- recruiting staff, trustees, hosts and volunteers in accordance with Safer Recruitment practice and procedures, ensuring all necessary checks are made including DBS and references. Please refer to our DBS policy and procedures paper.
- providing effective management for staff, hosts and volunteers through supervision,

support, training and quality assurance measures.

- implementing a code of conduct for staff, trustees, hosts and volunteers.
- using our procedures to manage any allegations against staff, trustees, hosts and volunteers appropriately.
- ensuring that we have effective complaints and whistleblowing measures in place.
- ensuring that we provide a safe physical environment for clients, staff, trustees and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance.
- recording, storing and retaining information professionally and securely in line with General Data Protection Regulation (GDPR)

This policy has been drawn up on the basis of legislation, policy, and guidance that seeks to protect adults in England. The Care Act, updated in 2016 gives the legal framework for safeguarding adults.

Safeguarding team

Kim Sutton

Staff member

First point of contact for all clients, volunteers and host families during office hours
(9am-5pm)



Sandra Taylor

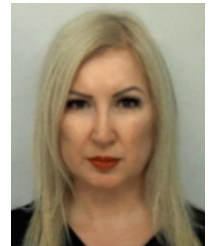
Trustee member

Responsible for raising matters of concern with the Trustee Board



Lulu Zivile Aleknaviciute **Administrator**

Responsible for DBS checks and references



Mark Burke

Health and Safety adviser

Responsible for health and safety governance



Loretta Igbe

Risk Assessor

Responsible for risk assessments



At a glance

This is not a substitute for our Safeguarding policies. Please make sure you are familiar with the details of our full policy.

WHAT TO DO IF SOMEONE DISCLOSES

1. Remain calm and listen without asking questions or passing judgement.
2. Tell the person what you are going to do next to help them.
3. Contact a member of the Safeguarding Team for advice. They may contact Social Services if this is deemed necessary.
4. Make careful notes as soon as you can.
5. If you would like pastoral support contact the trustee member on the Safeguarding Team.

WHAT TO DO IF YOU SUSPECT HARM

1. Share your concerns with a member of the Safeguarding Team.
2. Write your concerns down.
3. Do not share concerns with anyone else.

CONFIDENTIALITY

All concerns MUST be passed onto the Safeguarding Team. They will decide what can be shared with outside agencies based on whether:

1. What you are being told puts someone else in danger
2. The adult does not have the mental capacity to consent

Never promise to keep secrets. Always consult with a member of the safeguarding team.

GOOD PRACTICE

Providing a safe environment for all:

1. Treat everyone with dignity and respect.
2. Respect personal privacy.
3. Be available, but ready to refer to the Safeguarding Team.
4. Avoid questionable activity.
5. Challenge all questionable behavior and report all allegations/suspensions of abuse.
6. Follow our full safeguarding policies and procedures.

***If the delay in contacting a member of the safeguarding team would put a client at risk
please call 999***

Definitions of abuse

Bromley Homeless recognises that, sadly, abuse can and will occur. We also recognise that our clients are potentially more likely to be abused or at risk of such due to the nature of their housing needs or experiencing rough sleeping. We understand that they may be seen as an 'easy target' and may be less likely to report or even identify abuse themselves. We recognise that abuse comes in many forms and can be difficult to identify.

In accordance with social care guidelines, we have listed below the most likely forms of abuse, so that those who come into contact with our clients can identify abuse more easily. Bromley Homeless fully believes that abuse is a criminal offence and should be treated as such.

Types of abuse:

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or universal credit.
- **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse** – including neglect and poor care practice within an Institution or specific care setting such as a hospital or care home, for example, or in relation to care

provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.¹
- **Female Genital Mutilation** - (FGM) is a collective term for procedures which include the removal of part or all of the external female genitalia for cultural or other nontherapeutic reasons. The procedure is typically performed on girls aged between four and thirteen, but in some cases FGM is performed on new born infants or on young women before marriage or pregnancy. The Female Genital Mutilation Act 2003 replaced the 1985 Act and made it an offence for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.
- **Spiritual Abuse**² - Linked with emotional abuse, spiritual abuse could be defined as an abuse of power, often done in the name of God or religion, which involves manipulating or coercing someone into thinking, saying or doing things without respecting their right to choose for themselves. Some indicators of spiritual abuse might be a leader who is intimidating and imposes his/her will on other people, perhaps threatening dire consequences or the wrath of God if disobeyed. He or she may say that God has revealed certain things to them and so they know what is right. Those under their leadership are fearful to challenge or disagree, believing they will lose the leader's (or more seriously God's) acceptance and approval.
- **Radicalisation**³ - refers to the process by others in which a person comes to support terrorism and forms of extremism leading to terrorism. During that process, it is possible to intervene to prevent people being drawn into terrorist-related activity. Due to the nature of our client work, staff and volunteers are in a position to identify people who may be vulnerable to radicalisation. It is important to emphasize that the Prevent duty is not intended to stop adults debating controversial issues. More information is available here: <https://www.gov.uk/government/publications/prevent-duty-guidance>
- **Forced Marriage and Honour Based Abuse** - The honour code to which forced marriage and honour based abuse refers to is usually set at the discretion of male

¹Taken from chapter 14 of the Care Act 2014

² CCPAS Infocus fact sheet: additional definitions of abuse

³ Taken from The Prevent Duty June 2015 by the Department for Education

relatives and girls or women who do not abide by the 'rules' are then punished for bringing shame on the family. Infringements may include a woman or girl having a boyfriend; rejecting a forced marriage; pregnancy outside of marriage; interfaith relationships; homosexuality; perceived inappropriate dress or make-up and even kissing in a public place. Crimes of honour do not always include violence, it can occur in many forms including: domestic abuse/assault, attempted/ conspiracy to commit murder, manslaughter, procuring an abortion, encouraging or assisting suicide, threats of violence, sexual or psychological abuse, forced marriage or being held against their will. **It is very important that you do not speak to any family members if you have concerns about forced marriage or honour based abuse. You should speak to a member of the Safeguarding Team immediately.**

Signs and symptoms

“Abuse is a violation of an individual’s human and civil rights by any other person or persons.”⁴

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to or exploitation of, the individual.

Possible Indicators of Abuse

Bromley Homeless fully recognises that possible indicators and examples of behaviour are not exhaustive and that individuals may be subject to a number of abuse types at any time. We also fully understand that evidence of any one indicator should not be taken as proof that abuse is occurring, but will always, in keeping with the Care Act of 2014, make further assessments and alert the appropriate authorities.

An individual may:

- Have no explanation for injuries or a consistent account of what happened.
- Have injuries inconsistent with their lifestyle.
- Show evidence of bruising, cuts, welts, burns or other marks on the body.
- May show loss of hair in clumps.
- Have frequent injuries or unexplained falls.
- Have subdued or changed behaviour, perhaps in the presence of a particular person.
- Show signs of malnutrition.
- Fail to seek medical attention.
- Show low self-esteem.
- Self-blame for any abuse.
- Be subjected to verbal abuse or humiliation in front of others.
- Fear/resent outside intervention.
- Become isolated, suddenly or over a period of time.

⁴ Department of Health’s No secrets March 2000

- Have limited access to money.
- Show unusual difficulty in sitting or walking.
- Show signs of self-harming.
- Have poor concentration.
- Show withdrawal from society and events.
- Show reluctance to be alone with a particular person.
- Suffer insomnia.
- Show sudden aggressive behaviour.
- Have sudden weight loss or gain.
- Show signs of distress, ie. tearfulness or anger.
- Have an unexplained lack of money or personal possessions.
- Show unexplained withdrawal from personal accounts.
- Have friends or family with unexplained interest in their finances or personal possessions.
- Have recent changes to deeds or title to property.
- Be in rent arrears or have eviction notices.
- May have a lack of personal documents or I.D.
- May continually wear the same clothes.
- Avoid eye contact.
- Show fear of police or other public bodies.
- Show poor standards of care and personal hygiene.
- May live in an unhygienic environment.
- Show pressure sores or ulcers.
- May not take prescribed medication.
- Have reluctant contact with medical professionals.

All observations, however trivial they may seem at the time, should be passed onto a member of the Safeguarding Team and will be recorded in writing and kept by Safeguarding Administrator in an appropriate secure place.

What to do

Who do I go to if I am concerned?

During office hours (9am-5pm) all staff and volunteers should contact Kim Sutton (the staff member with responsibility for safeguarding) and **nobody else**.

If your concern is about the staff member with responsibility for safeguarding you should go directly to the trustee responsible for Safeguarding. All contact details are on page 6 of this policy. The staff member or trustee with responsibility for safeguarding will contact a duty social worker within the referral and assessment team to discuss your concerns and/or to make a referral.

If you are unable to contact the staff member responsible for safeguarding or any other member of the Safeguarding team and to delay waiting on a response from a member of the team will put the person you are concerned about in grave danger you are to make the referral yourself.

Social Services referral and assessment team

Email: adult.early.intervention@bromley.gov.uk

Tel: 020 8461 7777

Civic Centre, Stockwell Close, Bromley, BR1 3UH

Out of office hours (6pm-9am) all staff and volunteers should contact the duty social worker on their out-of-hours service 0300 303 8671 for help and advice. In the event of an emergency, please dial 999.

What do I do if I am concerned?

It can take a great deal of courage for an adult to talk to someone about their abuse, whether it is something from their past or currently happening. They may be having to betray a person who is not only close to them but also loved by them and they are risking a great deal in the hope that you will believe what they say.

Some helpful responses:

- *Remain calm, approachable and receptive.*
- *Listen carefully, without interrupting.*
- *Make it clear that you are taking them seriously.*
- *Acknowledge their courage and reassure them that they are right to tell you.*
- *Reassure them that they should not feel guilty and that you're sorry that this has happened to them.*
- *Let them know that you are going to do everything you can to help them and what may happen as a result.*

Responses to avoid:

- *Do not allow your shock or distaste to show.*
- *Do not probe for more information than is offered.*
- *Do not speculate or make assumptions.*
- *Do not make negative comments about the alleged abuser.*
- *Do not make any promises that you cannot keep, remember the confidentiality statement.*
- *Do not agree to keep the information a secret.*

Before you are able to make a referral you must seek the person's permission to do so. If this permission is not forthcoming you cannot make a referral unless you have assessed their mental incapacity to do so, OR by not doing so puts other people at risk of harm.

ALWAYS seek advice from the Safeguarding Team.

What to do next:

a) If adult is in immediate danger:

- The staff member responsible for safeguarding will make a referral to the Social Services Emergency Duty Officer, 24 hrs, or the Police direct, or if a delay in doing this puts the adult in grave danger you are to make the referral. Tell them you are making an **adult protection referral** and need to speak to the appropriate person and explain the situation to them. Also explain that you have the adult with you.
- Explain to the adult the events which might happen next.
- Reassure the adult that you will support them during the difficult time to come.

- When it is appropriate write down a careful record of what was said, using the adult's actual words wherever possible, and how they appeared to be. Include in this report what you said, the date, place and time of disclosure, and then finally sign it as an accurate record of what happened. This should be done as soon as possible after the disclosure but not in the presence of the person who has disclosed.
- Stay with the adult until either the police or social services arrive.
- The adult may wish you to accompany them. You are under no obligation to do so, and you must use your own discretion. Seek advice from the Safeguarding Team.
- Also make sure you take the time to off-load onto a member of the Safeguarding Team.

OR

b) If it is safe for the adult to return to their accommodation:

- Reassure the adult they did the right thing in telling you.
- Explain to the adult the events which might happen next.
- Reassure the adult that you will support them during the difficult time to come.
- Explain that the lead staff member for safeguarding will contact Social Services tomorrow and let them know what you have told them.
- As soon as possible after the disclosure write down a careful record of what was said, using the adult's actual words wherever possible, and how they appeared to be. Include in this report what you said, the date, place and time of disclosure, and then finally sign it as an accurate record of what happened. This should be done away from the person who has made the disclosure.
- You may wish to follow up with the adult when you next see them to see how they are doing. The adult chose to tell you about the abuse because they trust you, it's important you maintain an attitude of care towards the adult in the days, weeks and months following a disclosure.
- The lead staff member for safeguarding will contact social services and make a referral if the Safeguarding Team decides this is appropriate. If this is done via the telephone it must be followed up within 48hrs using the disclosure of abuse multi-agency referral form. <https://www.bromley.gov.uk/AdultAtRiskReport>
- Also make sure you take the time to off-load onto a member of the Safeguarding Team, as your needs are important as well.

What to do if you suspect abuse is occurring as opposed to a client disclosing abuse to you:

Many clients may have periods where they have additional care and support needs. These could be

short term (bereavement or unemployment/redundancy, or health concerns) or longer term (mental health needs/learning difficulties or a physical or learning disability). As you get to know our clients you may well suspect that an adult is suffering abuse; they could display signs as described in this policy document or you witness something occurring. If so, you should follow the procedures detailed below:

- Concerns should be passed to the lead staff member or a member of the Safeguarding Team if they are unavailable. However difficulty in contacting these individual(s) should not delay action being taken.
- If the lead staff member is not sure whether an official referral is warranted but they nevertheless have legitimate concerns, they should still contact Adult Social Services to discuss their concerns.
- The primary responsibility for managing any investigation process rests with managers of the Adult Social Care team. Where a crime may have been committed, the police will investigate.
- Bromley Homeless has a duty to act on any concern of abuse of an adult to ensure that the situation is assessed and investigated. The first priority should always be to ensure the safety and protection of the person concerned.

Managing our own feelings

The existence of abuse is both distressing and disturbing. As a caring adult, it is natural for you to feel shocked and angry. It is important, however, for you to manage your own feelings so that you can react appropriately. Awareness of abuse can sometimes remind adults of painful situations in their own past. If this applies to you, you may find it helpful to talk to a member of the Safeguarding Team. It can also be emotionally draining to accompany an adult through an investigation, and it is important for you to be able to off-load your feelings. The Safeguarding Team are available for this and in particular the Services Manager.

Bromley Homeless will, in the event of abuse being disproven, do all it can to help and assist the individual.

Confidentiality

The common-law duty of confidentiality is an important principle that enables people to feel safe in sharing their concerns and to ask for help. However, **the right to confidentiality is not absolute**. Sharing relevant information with the right people at the right time is vital to good safeguarding practice.

Adults have a right to self-determination and to be consulted before any action is taken concerning them or on their behalf. Only in very specific circumstances, for example where an individual's mental capacity is impaired, OR their actions put someone else's life in danger, should decisions be made on his or her behalf. We need to remember that adults are free to put themselves in positions which others might judge to be inappropriate or dangerous – extreme sporting activities are a good example.⁵

Some basic principles⁶:

- Don't give assurances about absolute confidentiality.
- Try to gain consent to share information as necessary. Full details of the consent should be recorded, i.e. date consent is given, what information can be shared and with whom.
- Consider the person's mental capacity to consent to information being shared and seek assistance if you are uncertain from a member of the Safeguarding Team, in the first instance this being the staff member responsible for safeguarding.
- Make sure that others are not put at risk by information being kept confidential.
- Does the public interest served by disclosure of personal information outweigh the public interest served by protecting confidentiality?
- Could your action prevent a serious crime?
- Don't put management or organisational interests before safety.
- Share information on a 'need-to-know' basis and do not share more information than necessary.
- Do not discuss any allegation of abuse, substantiated or not, with anyone other than the Safeguarding Team.
- Record any decisions made.
- Carefully consider the risks of sharing information in relation to domestic violence or hate crime.

IF YOU ARE AT ALL UNSURE AS TO WHETHER OR NOT TO RAISE AN ISSUE ALWAYS CONTACT THE SAFEGUARDING TEAM FOR ADVICE.

⁵ CCPAS protecting vulnerable adults guidance P.12

⁶ Social Care Institute for Excellence webpage on the Care Act 2014 – what does the law say about sharing information?

Consenting adults⁷

This section is for the Safeguarding Team ONLY to act upon, all other volunteers and staff are asked to read it for reference alone.

What to do if a person DOES NOT consent to their disclosure being shared:

Embedded in the very beginning of the Mental Capacity Act are its statutory principles which underpin the law's requirements. Bromley Homeless endorses these legal principles of:

- A person is **assumed to have capacity** unless it is established that they lack capacity
- A person is not to be treated as unable to make a decision unless all **practicable steps** to help them do so have been taken without success
- A person is not to be treated as unable to make a decision merely because they make an **unwise decision**
- An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in their **best interests**
- Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is **less restrictive** of the persons rights and freedom of action

If a client has the capacity to consent but withholds their consent to the sharing of information regarding safeguarding concerns, wherever possible their views and wishes should be respected. They should be given information about where to get help if they change their mind, or, if the abuse or neglect continues, and they subsequently want support to promote their safety. The referrer must assure themselves that the decision to withhold consent is not made under undue influence, coercion or intimidation. A safeguarding record must be made of the concern, the adult's decision and of the decision not to refer, with reasons. A record should also be made of what information they were given.

If there is an overriding public interest or vital interest or if gaining consent would put the adult at further risk, the duty of care overrides the individual's refusal and a referral for support should be

⁷ This section is based on Homeless Link paper: Using the Mental Capacity Act and the Mental Health Service Interventions for Rough Sleepers Tools and Guidance hosted by Pathway, in partnership with Lambeth Council, South London and Maudsley NHS Trust, ThamesReach, the Greater London Authority and EASL.

made. The need to protect the individual or the wider public outweighs their rights to confidentiality.

This would include situations where:

- other people or children could be at risk from the person causing harm
- it is necessary to prevent crime
- where there is a high risk to the health and safety of the adult at risk
- the person lacks capacity to consent

If the lead staff member thinks that a client does not have the capacity to make a decision as to whether a referral can be made the following assessment process should be followed:

1. Identify the decision to be made and the time at which it needs to be made
2. Have you any reason to believe that the person is struggling to make this decision?
3. If yes, carry out an assessment of their capacity in consultation with Social Services.

The assessment process is to be carried out by the staff member responsible for safeguarding in consultation with Social Services. It is not to be carried out by a volunteer, although they may raise this issue with the lead staff member.

The decision to be made

The key issue here is to be clear about what the decision is that the person needs to make. In the case of this policy, it will be to give permission for a safeguarding referral to be made. The Mental Capacity Act (MCA) relates to a person's ability to make a particular decision at a particular time, and capacity should never be considered as an overall concept. It is relatively rare for people not to be able to make any decisions, (although possible such as in the case of an unconscious person), so we should not be using sweeping statements to that effect. In some circumstances, you might not have any concerns about a client's ability to make their own decision. Conversations with them might seem perfectly normal, and through general conversation, you are satisfied that they are able to make the decision in hand for themselves. However, in other circumstances, you might have reason to think that someone is struggling to make a decision for themselves, and this is more than the usual indecision that many of us will experience when faced with a difficult choice.

Capacity assessment

The first stage of the capacity assessment is what is referred to as the two-stage test of capacity.

This is:

1. Is the person unable to make the decision in question at the time it needs to be made?
2. Is this inability a result of an impairment of, or disturbance in the functioning of the mind or

brain?

If you believe that the two-stage test criteria are met, you should then carry out a full assessment of the person's ability to make the decision at hand, using the four-step test of capacity.

Through conversation and discussion around the issue, you should establish the following:

1. Does the person have an understanding of the key points of the decision that needs to be made, and why they need to make it? Do they understand the likely consequences of making the decision, or not making it?
2. Is the person able to use and weigh the information relevant to the decision?
3. Is the person able to retain the information relevant to the decision long enough to make the decision?
4. Is the person able to communicate the decision by any means?

Remember, a person needs only to be unable to do one of these things to be considered unable to make the decision.

In making the assessment, please consider the following:

- ❖ **Don't ask the person closed questions** - these are likely to elicit 'yes' or 'no' answers, and that doesn't really help you to establish whether they can, for example, understand the information.
- ❖ **Don't ask the person whether they can or cannot do these things!** Workers often ask "do you understand the information relevant to the decision" or "can you retain information"? The key thing is to be able to demonstrate how you could tell if they could or couldn't do something, which you will only learn from asking around the issue, and recording how you came to your understanding. Recording only that the person is able to 'understand, use and weigh, communicate, and retain' the information without explaining how you know this, is not legally correct.
- ❖ **Remember that, just because someone is going along with everything suggested to them, this doesn't mean that they have capacity to consent to or refuse an intervention.** Research has shown that workers have a tendency to assume capacity more readily if a person is compliant. Capacity assessments need to be carried out regardless of whether a person is going along with what is suggested to them or not.
- ❖ **Ensure the ways that you explore the points are relevant to the decision.** For example, testing whether someone can remember your name after a few minutes doesn't help you to

establish their ability to retain information relevant to the decision, although it is often cited as being evidence of someone's memory difficulties. Try to tailor your questions to the situation and decision.

- ❖ **Be clear about the specific points a person needs to understand to make the decision.** You might need to break the decision down into much smaller bits to be able to help them understand the issue and to assess their understanding. Be careful not to set the bar too high – people only need to be able to understand the salient points, not absolutely everything about a situation and decision (as is the case for everyone).
- ❖ **Be specific.** Some people might not be able to answer a question such as 'what would you like to eat' as the variety of possible responses make it too abstract for them, but if given a simple choice (such as whether they would like rice or pasta), they might well be able to make that decision.
- ❖ **Is the person giving appropriate weight to different elements of the information?** For example, are they giving more weight to the fact that being outside in the freezing cold may result in their death, than the fact that they don't really like the colour of the coat that you have found for them? If they seem to feel that the colour of the coat is the main issue, you might have cause to believe that they are attributing inappropriate weight to some information, and that they are unable to use and weigh.
- ❖ **If someone is clearly unable to do one element of these four stages, you may not need to record your efforts to assess the other three, though it may be wise to do so if the issue isn't very clear.** For example, if someone is unable to communicate in any way at all (such as if they were unconscious), you would simply conclude that they lacked capacity to make the decision at hand because they were unable to communicate their decision, and you would not need to attempt to assess their ability to understand, use and weigh, or retain. You could just record that you did not explore these three points, because being unable to do just one of the four elements is sufficient to conclude that the person lacks capacity.
- ❖ **Being able to communicate a decision is by any method.** This might just be someone who blinks once for yes and twice for no, or someone who is able to squeeze your hand for yes. As long as you have established that there is a clear pattern to their communication, it is appropriate to use any information you can get from them in this way. You might consider getting specialist help involved if appropriate, such as from a speech and language therapist.
- ❖ **Timing is key.** You must ensure that you take all appropriate steps to help someone to make the decision for themselves. If you are aware that, for example, one of your clients tends to be sober in the morning, but heavily intoxicated by the mid-afternoon, you must carry out your assessment in the morning. Certain conditions may also be worse at certain times of the day,

and you should always meet with people when they are at their best.

- ❖ **It doesn't matter if the person forgets their decision** five minutes after your assessment ends, and says something different to another worker. If, during your assessment, when you are presenting the information to them, they are able to retain it long enough to make the decision, this is sufficient. It would, however, be prudent to write down that you are aware that they gave a different decision a short time later.
- ❖ **Try not to be fearful of coming to the wrong conclusion.** It has been seen on many occasions that workers have not made a decision because they have said that they cannot be 100% sure of whether a client has capacity or not. This is not a reasonable position to take. If you have reason to doubt someone's capacity to make a decision, and you are the right person to carry out the assessment, then you must do it. The law states that your conclusions are 'on the balance of probabilities' – in other words, you only need to be more than 51% sure that you have reached the right conclusion, and have 'reasonable belief' that you have done so. If you follow the process thoroughly and are diligent in your recording, you are unlikely to be criticised for your opinion.
- ❖ **If you think someone's inability to make a decision is temporary**, and you could safely delay making the decision to enable them to recover sufficiently to make it, then you should do so.
- ❖ **Clients may sometimes refuse to engage in a formal capacity assessment**, often because it can sound quite scary to them, or they do not accept that there is an issue with their capacity. They cannot be forced to have the assessment, but it may be that you conclude that it is in their best interests for you to carry out the assessment through several, less formal, conversations, if this is the only option.

It is essential to follow these processes, not only because it is the best way of ensuring that our client's wishes and feelings are respected and considered, but also because doing so means that you are legally protected should decisions be challenged – something which is becoming more common. Section 5 of the MCA provides decision makers with protection for acts they have carried out, but only if it can be demonstrated that they had taken 'reasonable steps' to establish capacity, and had 'reasonable belief' that the client was unable to make the decision for themselves and the decision taken was in the client's best interests. By following what the law says, and ensuring that your recording is accurate and thorough, you should be able to meet these thresholds.

The final part of carrying out a capacity assessment if you have decided that they do not have the capacity to make a particular decision, is to undertake a **Best Interests** assessment.

When undertaking a best interests assessment the following should be taken into account:

- ❖ **Show your working out** – even if it seems obvious you must still record it. If a decision was ever challenged, you need to be able to demonstrate that you have considered all the required points.
- ❖ **Record all points** – even if one of the best interest checklist does not apply to the client you should still record this and briefly comment why it isn't relevant.
- ❖ **Be clear and realistic about the options available** – even if a particular option would be desirable or even perfect for a client, it cannot be considered if it isn't available.
- ❖ **Lasting power of attorney** – if a person has lasting power of attorney which covers the decision to be made, it is for that Attorney to make the decision. Use this link to find if someone has an attorney: www.gov.uk/find-someones-attorney-or-deputy

Best interest assessment checklist to be followed: (notes should be written up by the lead staff member when undertaking this assessment using the MCA checklist)

- ❖ **Encourage participation** – do whatever is possible to permit and encourage the person to take part, or to improve their ability to take part, in making the decision.
- ❖ **Identify all relevant circumstances** – try to identify all the things that the person who lacks capacity would take into account if they were making the decision or acting for themselves.'
- ❖ **Find out the persons views** – the person's past and present wishes and feelings, beliefs and values (including religious, cultural, moral, or political beliefs), and any other factors the person would consider if they were making the decision for themselves.'
- ❖ **Avoid discrimination** – do not make assumptions about someone's best interests simply on the basis of their age, appearance, condition, or behaviour.'
- ❖ **Assess whether the person might regain capacity**, and consider whether the decision could wait until then.
- ❖ **If the decision relates to life-sustaining treatment**, workers must not be motivated in any way by a desire to bring about the person's death, and should not make assumptions about the person's quality of life.
- ❖ **Consultation with others** – anyone previously named by the person as someone to be consulted, anyone engaged in caring for the person, close relatives, friends, or others who take an interest in the person's welfare, any attorney appointed under a Lasting Power of Attorney or previous Enduring Power of Attorney, or any Deputy appointed by the Court of Protection to make decisions for the person should be consulted.
- ❖ **Avoid restricting the persons rights** and consider whether there are other options which may be less restrictive of their rights.

- ❖ **Take all of the information into account, and weigh up the information to work out what is in the person's best interests.**

This can be a very difficult position for the lead staff member to find themselves in, and it is worth referring back to the key principles of the MCA, and remembering that you are a substitute decision-maker, and the aim is not to eliminate all risk and go with the 'safest option'.

On completing the assessment, you should ensure that your write up includes a clear conclusion covering the following:

- Key issues which have pointed you in the direction of a particular decision/conclusion.
- If you conclude that certain risks are worth taking, you should clearly identify why the benefits outweigh the potential detriment, and explain what steps will be taken to reduce them.
- You should clearly state which is the option you consider to be in the client's best interests, and why. This is especially important where there is dispute about the best course of action.

**IF YOU ARE AT ALL UNSURE AS TO WHETHER YOU CAN PASS ON A DISCLOSURE
CONTACT THE SAFEGUARDING TEAM FOR ADVICE**

Working with clients on the Sex Offender register

We have a separate policy and procedures on how we work with clients who are convicted sex offenders, those convicted of other abusive activities and those awaiting court appearances on such charges. Please refer to that policy.

Record keeping

This section is for the Safeguarding Team ONLY to act upon, all other volunteers and staff are asked to read it for reference alone.

Incidents of abuse may only come to light after a long period of time, in some cases many years, and so the retention of documents should be on an indefinite basis. Keep a copy for yourself and give the original to the Safeguarding Administrator who will hold them in a secure place.

The Safeguarding Administrator will also hold all DBS checks and references in a secure place for an indefinite period.

Documentation

The Safeguarding Team will keep in a locked cupboard in Bromley Homeless office all relevant referral forms, including multi-agency referral forms.

Data protection⁸

The Data Protection Act 2018 contains principles governing the use of personal data. This means that the eight principles put in place by the Data Protection Act 2018 need to be applied. These say that the data must be:

- (i) fairly and lawfully processed;
- (II) processed for limited purposes;
- (III) adequate, relevant and not excessive;
- (iv) accurate;
- (v) not kept for longer than is necessary;
- (vi) processed in line with your rights;
- (vii) secure; and,
- (viii) not transferred to countries without adequate protection.

All records relating to volunteer appointments and staff appointments, including a note of when a DBS check was obtained will be kept by the Safeguarding Administrator in a secure place. Records of adult protection matters will be kept, together with a note of the outcome, by the lead staff member in a secure place. These will be retained even if the information received was judged to be malicious, unsubstantiated or unfounded.

⁸ Based on the guidance in the Diocesan Policy P.2

Safe working practices

Good practice guidelines

These guidelines provide a framework within which adults should be safe from harm, and those working with them protected from false allegations or temptations. Be prepared to remind one another if you forget one of these guidelines. All volunteers and staff **must** adhere to these guidelines:

- All staff, volunteers, host families and trustees should conduct themselves in accordance with the reasonable expectations of someone who represents Bromley Homeless. This includes adhering to our values which can be found in our values statement.
- They should work in a non-abrasive manner that respects the right and abilities of individuals to enjoy privacy, dignity, independence and choice.
- They should recognise that the right to self-determination can involve risk and ensure that such risk is understood by all concerned and minimised whenever possible.
- They should assist in creating an environment within Bromley Homeless that includes everyone.
- They should take care to observe appropriate boundaries between their work and their personal life.
- They should not enter into any financial transaction with a client. This includes but is not limited to handling a client's money to pay bills etc. on behalf of the client. They should only give advice on budgeting and on managing the payment of bills. Workers should not accept valuables for safe custody or sign any legal or commercial document on behalf of a client or host, although they may witness their signature.
- They should be aware of the dangers of dependency in pastoral and professional relationships and seek advice or supervision when these concerns arise.
- They should recognise their limits and not undertake any role that is beyond their competence (e.g. therapeutic counselling, giving legal advice etc). In such instances the person should be referred to another person within the charity or an agency with appropriate expertise.
- They should avoid behaviour that could give the impression of inappropriate favouritism or the encouragement of inappropriate special relationships.

- They should treat those with whom they work with respect, encouraging self-determination, independence and choice.
- Client relationships may develop into romantic attachments and such situations should be handled sensitively. Workers need to recognise such a development and make it clear to both the person concerned and a supervisor or colleague. Alternative arrangements should be made for the ongoing pastoral care of the person concerned.
- They should not undertake any work while they are under the influence of drink or non-prescribed drugs.
- It is never appropriate for workers to take advantage of their role and engage in sexual activity with anyone with whom they have a working relationship. Workers should be aware of the power imbalance inherent in these relationships.
- Workers should not give their personal telephone numbers to clients. All contact should be made via staff's work mobiles or the office telephone.

Photography and social media

Bromley Homeless understands that the use of images is governed by the requirements of the Data Protection Act of 2018. This states that a person must have given explicit permission before any personal details can be published (including but not limited to publishing via the internet). There will be times when photographs will be taken to help in promoting the work of Bromley Homeless. Photographs are an important way of recording activities and celebrating the projects that we undertake with our clients. To avoid any concerns or unsuitable behaviour these are the guidelines to prevent any mis-understandings:

- We will ask permission as a matter of course for all clients and events when taking photographs and or filming.
- If an individual is named in any image or video we will refrain from publishing such material, unless explicit permission has been given.
- We will never photograph, or video record any individual who has explicitly asked not to be recorded or filmed, or is subject to any court order (if known).
- All individuals must be appropriately dressed when photographed or filmed.
- All concerns regarding inappropriate behaviour or intrusive photography must be reported to the safeguarding team.

We also recognise that the Internet and social media can be a valuable tool and fun resource for entertainment, making friends, and learning. However, in using the internet, adults can be at risk of

illegal activity or abuse. As part of our Safeguarding policy, will endeavour to:

- Ensure all electronic communications are appropriate and professional. This includes but is not restricted to email, instant and text messaging, and social media.
- Appoint a member of the Trustee Board to manage our social media.
- Be careful in using images. Bromley Homeless understands that photographs and videos of adults may be used to identify them and/or make them vulnerable to people who may wish to groom them for abuse. In keeping with our photography policy, Bromley Homeless will think carefully about how we use images. We will also endeavour to uphold a policy whereby no images or videos may be taken in areas of personal privacy.
- Avoid excluding people. We understand that not all social media tools are accessible for some adults, including those but not limited to those with learning or physical disabilities. We will ensure that no person is prevented from participating or accessing information they may need. This is in keeping with the Equality Act of 2010.
- Report problems or threatening online behaviour. If given to believe that any adult is being subjected to inappropriate behaviour on a website, through email, or social networking, Bromley Homeless will undertake to report such behaviour directly to the website on which it appears, and also to the police or other such body as appropriate. This is in keeping with our confidentiality policy and the Data Protection Act 2018.

Touchy subject

All people need physical contact but as workers for Bromley Homeless we need to be careful how we use physical contact with our clients. As far as touch is concerned we need to be wise. Touch only becomes dangerous when it lacks respect for the other person, when it's about your own needs rather than those of the other person, or it is violent and abusive.

It is important to take the issue of touch seriously. Because of the affects abuse may have had on a person they may be extremely uncomfortable with expressions of physical affection such as a hug or even a handshake. It is therefore vital to be sensitive and if you think the person would, for example, appreciate a hug or an arm around them you should check this out with them first and only proceed if appropriate safeguards are in place for both the worker and the client.

Although wanting to physically comfort someone who is upset is a natural response, it is worth bearing in mind that unless used appropriately it may interrupt or detract from the person expressing what they are thinking or feeling.

- Keep everything public. A hug in the context of a group is very different from a hug behind closed doors.
- Touch should be related to the need of the client not the worker's.
- Touch should be age-appropriate and generally initiated by the client rather than the worker.
- Avoid any physical activity that may be sexually stimulating.
- All clients are entitled to personal privacy and the right to decide how much physical contact they have with others, except in circumstances such as a medical emergency.
- When giving first aid encourage the client to do what they can themselves but, in their best interests giving appropriate help where necessary.
- Workers should monitor one another in the area of physical contact. They should be free to help each other by constructively challenging anything which could be misunderstood or misconstrued.
- Concerns about abuse should always be reported.

Lone working

Lone working is an everyday and essential practice for staff who undertake host family visits or maybe working late in the office. There may also be times when only 1 person turns up to an activity, event or meeting and you find yourself in a lone working position. It is essential you think through the following risk factors and put the control measures in place to keep yourself safe and the client free from harm as well.

Planning lone working: considerations for risk assessment

- Is lone working necessary? Can confidentiality be assured with other people within reach?
- Assess any foreseeable risks – for example is there glass in the office door so that all callers can be seen before the door is opened?
- Who will be involved? And who else should know about it?
- When and where will it take place? Avoid making arrangements which could be misinterpreted.
- Is there a risk of violence? A good working definition of violence is: *Any behaviour which uses physical force so as to injure, abuse, damage, or destroy.*
- Are there any increased risks to the particular worker?
- Are there any known medical or other factors which could make either party more vulnerable?

- Are the locations accessible – if not, is it suitable to be carried out by only one person?

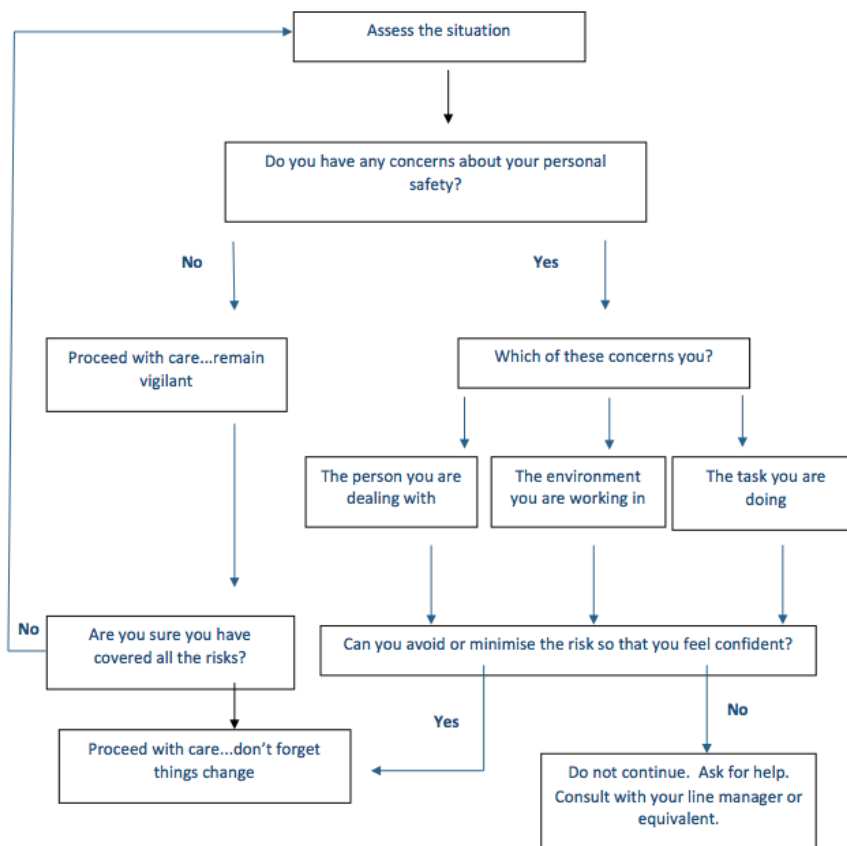
Control measures

- The proposed lone working should be planned in advance and noted in an appropriate diary or other record. Where possible it should be notified to an appropriate person.
- Some of the people the lone worker is at risk of meeting are those who, through medical reasons or substance abuse, are liable to mood swings leading to physical violence. It is recommended good practice to encourage the person you are meeting to enter a room first and for the lone worker to seat themselves closest to the door. Should the situation lead to risk of violence, the lone worker then has a higher chance of withdrawing safely.
- The lone worker must have access to a landline phone or carry a charged mobile phone and be accustomed to use it. During the winter months it is also advisable to carry a torch.
- As part of our recruitment practice all workers will supply their next of kin details which will be held on file and regularly updated by the Administrator.
- Don't call on people unannounced – call by arrangement, if appropriate telephoning the person just before you go.
- When driving alone ensure the vehicle is properly insured, MOT`d, serviced and is roadworthy with sufficient fuel. Ensure you know the route, keep doors locked when driving, park in well-lit areas and subscribe to a breakdown service.

Personal Safety Risk Assessment⁹

You can use the following to assess your environment, and your working practice as well as for an instant assessment of a situation:

⁹ Suzy Lamplugh Trust www.suzylamplugh.org



Registration

A register of those attending a support service should be maintained, together with a register of those who are running that session or meeting. All clients and visitors to the Bromley Homeless office should sign in leaving a contact number. This is especially important if there were to be a fire evacuation and the register then becomes a means of recording that all are present, as well as notifying people about possible transmittance of Covid.

Transportation

Transport, travel or escort arrangements to or from Bromley Homeless activities are the responsibility of individual adults if they make informal arrangements among themselves. They are the responsibility of the Bromley Homeless if the charity formally organises them.

Cars must be in a roadworthy condition and drivers need to have comprehensive insurance and ensure that their insurance covers the giving of lifts relating to charitable activities. Drivers must comply with the law in relation to seat belts, child seats and booster cushions. At no time should the number of those travelling in a car exceed the usual passenger number. All those who drive adults on Bromley Homeless activities should be over 21 and should have held a full driving licence for at least two years. Any driver who has an unspent conviction for any serious road traffic offence should not transport adults on behalf of our charity.

The use of minibuses: Appropriate arrangements, for example regarding insurance and driving qualifications, should be made by those driving minibuses on behalf of Bromley Homeless. Workers should sit among the group and not together. If noise or behaviour appears to be getting out of control, stop the vehicle until calm is restored. Before using a minibus, ensure you know the up-to-date regulations for its use and have had a trial drive. A mini-bus with seat belts must be used. All passengers must have a proper seat. An escort must always be taken.

Risk assessments

Risk assessments of new and existing support activities should be made to identify hazards and take action to minimize risk. Risk assessments should be made covering outside activities including travel arrangements and venue to be visited. If specialised activities are to be undertaken, appropriate instructors should be engaged and their credentials confirmed. Risk assessments of all activities will be undertaken every two years as well as assessing the venue in which these activities take place. All risk assessments need to be signed off by the safeguarding team member and the safeguarding trustee responsible for risk assessments.

Insurance

The Trustee Board has made sure that there is adequate insurance cover in place including public liability insurance, to cover all their activities both on and off site. Staff and volunteers who use their own cars to transport clients must also have adequate insurance.

Home visits

As part of Bromley Homeless provision, potential host families will be visited as well as visiting clients in supported accommodation. These visits will be carried out by employed members of staff, with volunteers accompanying them if this is deemed necessary and appropriate by the member of staff.

Guidelines for visiting:

- Inform a colleague in the office of the proposed visit.
- Keep a written record of the visit detailing the following: purpose, time you arrived and left, who was present and what was discussed.
- If the client was absent when the call is made, leave some means of identification and explanation for the visit that can be given to them.

Preparation of food

Any food that is made and/or consumed on Bromley Homeless premises should meet food safety

regulations. **The Food Safety Act 1990** is the principal source of food safety law. Food is very widely defined in the Act and includes drink. Although the Act regulates those who are concerned with the 'sale' of food, sale has an extended meaning as it includes food given away in connection with any entertainment (which includes any social gathering) whether on payment of money or not.

Bromley Homeless will ensure that it has people who hold a Food Safety qualification, such as the Basic Food Hygiene Certificate, and are knowledgeable in areas such as food preparation, food handling, food storage and disposal of waste where appropriate. When food is being prepared on Bromley Homeless premises advice should be sought from one of these people, who would ideally be present when the food is being prepared and served. Details of who these people are can be obtained from the Services Manager.

On all occasions when food and drink are being provided as part of an activity on Bromley Homeless premises, the following should be observed:

- All food handlers should follow high standards of personal hygiene, e.g. frequent hand washing during food preparation, storage and serving, and after using the toilet.
- Anyone suffering from recent sickness or diarrhea should not prepare food.
- Food should be protected from all contamination, including by soiled surfaces or utensils, by loose clothing, hair or open wounds.
- Food and drink should be covered and stored at an appropriate temperature,
- Fresh drinking water should be available at all times.
- Any food that contains allergens* should be identified.
- A list of food ingredients should be available.

This advice also covers activities such as shared meals when food is brought from home to be shared on Bromley Homeless premises.

*Allergens: the most common allergens are Milk, Eggs, Peanuts and tree nuts, Soy, Wheat (and other grains) with gluten in, Fish (mostly with adults), Shellfish (mostly with adults) and Sesame. The presence of these ingredients should be labelled. Virtually any food can cause an allergic reaction, but the above ingredients account for over 90% of known allergic reactions.

Disabilities

Workers should be aware that adults with a special need or disability may need extra help in areas such as communication and mobility (e.g. use of sign language and assistance in going to the toilet). They may behave in a non-age appropriate way. For example, a young adult of 23 years of age

might behave more like an 8 year old, particularly in demanding cuddles or sitting on a worker's lap. So, it is important to set appropriate boundaries that take their needs into account, but also protect workers from false accusation.

Guidelines to follow:

- Ask the client attending the activity, and any carers how their needs can be met, ensuring all workers involved with them are aware of their expectations. Some of these needs may be more easily met than others, so be realistic. A family may ask for changes to enable easier access to the building (ensure you meet the requirements of the Equality Act 2010). Listen, and give feedback to the person, family or carer as to what can or can't be achieved and the reasons why.
- Ideally ensure that a worker of the same gender assists if they need help with toileting, but again discuss with the person, their family or carer to discuss their preference and your ability to provide this.
- Bromley Homeless is committed to making our premise accessible (e.g. ramps, toilets for the disabled and hearing loop system) and is working alongside the URC church where we hire our office space to put things in place to make this achievable.

First aid

Provision should be made for an appropriately qualified first-aider to be available at all activities together with an adequate First Aid kit. There is a list of such workers kept within the first aid kit. Good hygiene should always be practised. Disposable latex gloves and an apron should be used when dealing with broken skin, bodily fluids or faeces. Should you use any items in the first aid kit, please let the First Aid Administrator (currently Lulu) know. All first aid kits will be checked periodically by those responsible for them. The first aid kit is located in the Bromley Homeless office. All accidents, however minor, should be recorded in the accident book. In the event of an accident, the injured person (or carer/spouse) should be asked to read and sign the on-line accident book.

Safer recruitment

Bromley Homeless is committed to safe employment. Safe recruitment practices reduce the risk of exposing children, young persons and vulnerable adults to people unsuitable to work with them. We will ensure that we carry out robust interview procedures, take up references and carry out Disclosure and Barring checks on every employee and volunteer. As part of our recruitment process all volunteers will sign a volunteer agreement which sets out their volunteering responsibilities including their role description.

With regards to staffing levels Bromley Homeless will develop a systematic approach to determine the number of volunteers/staff and skills required in order to meet the needs of our clients. This includes but is not limited to leadership and supervision needs. We will also ensure we continuously review our staffing levels/volunteer numbers and skill set, adapting quickly to the changing needs and circumstances of people using our services.

Complaints procedure

Bromley Homeless promotes transparency and honesty when things go wrong. All staff and volunteers should apologise and be honest with clients and other relevant people when things go wrong. Our complaints policy and procedures will be followed.

Bromley Homeless is committed to ensuring that staff and volunteers who in good faith whistle-blow in the public interest, will be protected from reprisals and victimisation. Our whistleblowing policy and procedures will be followed.

Training

Bromley Homeless requires all staff, volunteers, host families and trustees to undertake safeguarding training relevant to their position. This will be done through accessing Bromley's MeLearning portal (see page 39 for registering instructions) for their free range of courses.

Volunteers must undertake

Safeguarding awareness

In-house induction by staff of this Safeguarding policy

Host families must undertake

Safeguarding awareness

Agree to read this Safeguarding policy

Trustees must undertake

Unconscious bias

Safeguarding Adults level 1

Staff must undertake

Safeguarding Adults Level 1

Unconscious bias

As part of a staff member's ongoing Continual Professional Development we encourage them to also undertake:

Personal Safety – Lone Working

Handling violence and aggression at work

Female Genital Mutilation (FGM)

Gangs

Safeguarding against Radicalisation: The Prevent Duty

Care Act

Domestic abuse

Honour based violence

Human trafficking and modern day slavery

Mental capacity act

The lead staff member for safeguarding and the trustee responsible for safeguarding must also undertake:

Mental Capacity Act assessment training <https://www.scie.org.uk/e-learning/mca> (£29+VAT)

Safeguarding Children & Adults at Risk

With the COVID-19 situation, it is essential that we provide you with critical virtual learning, development and support. We understand that these are unprecedented times and we are here to help you develop in this new virtual way of working.

Safeguarding is everybody's responsibility.

Safeguarding training courses can be accessed via the **Me Learning website**. Courses are appropriate for those that may need a refresher or they can be used as an induction. The courses are aimed at professionals and frontline staff who work or have contact with children, young people and their families and/or adults at risk within the London Borough of Bromley, however some training is applicable to all staff.

See the all staff training highlighted in purple below.

Most courses take between 60 to 90 minutes to complete. If you can't complete the course in one go, it will save your progress and you can resume the training when you are ready. Successfully complete the quiz at the end of a course to achieve your certificate, (you can have more than one go to try to get a higher score!).

These courses are available **FREE** to all within Bromley.

- | | |
|---|--|
| ✓ Autism Awareness | ✓ Human Trafficking & Modern-Day Slavery |
| ✓ Care Act | ✓ Information Sharing & Consent |
| ✓ Child Sexual Exploitation | ✓ Mental Capacity Act 2005 |
| ✓ Data Protection Law, Definitions and Principles | ✓ Mental Health, Dementia & Learning Disability (Awareness) - for Health & Social Care |
| ✓ Deprivation of Liberty Safeguards | ✓ Multi-Agency Working - NEW |
| ✓ Domestic Abuse | ✓ Online Safety - Risks to Children |
| ✓ Female Genital Mutilation (FGM) | ✓ Online Safety for Parents and Carers |
| ✓ Gangs | ✓ Personal Safety – Lone Working - NEW |
| ✓ Handling Violence and Aggression at Work | ✓ Safeguarding Adults Level 1 & 2 |
| ✓ Hate Crime | ✓ Safeguarding against Radicalisation: The Prevent Duty |
| ✓ Hoarding & Scamming - NEW | ✓ Safeguarding Awareness |
| ✓ Honour Based Violence | ✓ Safeguarding Children Level 1 & 2 |
| | ✓ Safeguarding Children with Disabilities |
| | ✓ Unconscious Bias |

HOW TO REGISTER

- 1) Make sure you have access to your email before you register
 - 2) Type in this address or click on link: https://bromley.melearning.university/course_centre
 - 3) Click on the blue 'self-register' button
 - 4) Enter all of your details, including a username.
 - 5) Enter the correct information in all of the fields using the drop down arrow to select.
 - 6) Click 'Send log-in request'
 - 7) You will then receive a welcome email to your registered email account. Please select the link within the email to confirm your email address. You will then receive another email with your username and temporary password.
 - 8) Bromley has to validate all accounts.
 - 9) Once registration is complete you will be able to log on to complete courses in future with your username and password.
 - 10) On the home screen select **Course Library** (this will show you all courses available)
 - 11) Under options select **details** of the course you wish to complete
 - 12) Complete equal opportunities form
 - 13) Enrolment details – select **'enrol'**
 - 14) Select **Launch** – this will take you to the course to begin the training
- If you have any general queries or problems accessing the site please email: safeguarding.training@bromley.gov.uk providing your name, contact phone number and username.

Useful contacts

If ever abuse is suspected (particularly but not limited to that of a criminal nature), Bromley Homeless will alert the appropriate authorities. However, listed below are some telephone numbers that may be of use to any individual concerned about the welfare of another, about abuse in general, or for further information. As ever, in any emergency event where life may be at imminent risk, please phone 999 and ask for the police.

Marie Stopes International (Abortion Help): 0845 300 80 90

Action Fraud: 0300 123 20 40

Age UK: 0800 678 1602

Alcoholics Anonymous: 0800 917 7650

Beaumont Society (trans-gender issues): 01582 412 220

Brook Advisory (sexual health): 0800 018 50 23

Cruse Day by Day (bereavement help): 0808 808 1677

Domestic Violence Helpline: 0808 2000 247

FRANK (drugs help): 0300 123 6600

MenCap: 0808 808 1111

Mind (information line): 0300 123 3393

Shelter: 0300 330 1234

The Samaritans: 11 61 123