



Soul Survivor & Momentum

Connect (Welfare)

Guidelines & Policies 2012

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Welcome to the Welfare Connect Team!

We're thrilled to have you and really grateful that you've given up this time to serve Soul Survivor and the young people at the events.

Please arrive in time for a team meeting at 2pm at the Welfare room. (If you miss this there will be another one at 5.30pm)

There is an all teams meeting at 3.30 pm which we'd also love you to be around for.

There will also be a session on the morning of Day 2 at 9.30am called 'praying for people so that stuff happens' We're encouraging all our teams to be at this meeting so please make it a priority.

Your Team Leaders is:

Week B
TBA

Week C
TBA

Momentum
TBA

The Welfare room that will be used for team meetings etc. can be found in the Portacabins next to the Band Stand and opposite the main show ring. Hopefully the map below will make things a bit clearer!

CONNECT ROOM IS HERE!



Connect Welfare Guidelines and Policies 2012

Information for all volunteers

All our teams on site are given basic Welfare Guidelines which will guide them in handling disclosures of abuse, mental illness, homelessness and substance misuse.

The Connect Team is in place to advise and support other Soul Survivor Teams and visiting youth workers on these issues.

Role of the Connect Team

The Connect Team is composed of qualified and experienced individuals whose role is to deal with complex issues arising from vulnerable delegates who arrive on site with ongoing complex problems, and for delegates who respond in meetings and times of ministry, managing their issues in a confidential caring and professional manner. The Team can offer delegates the opportunity to talk things through in more depth than is possible or appropriate within a normal ministry period.

In addition, the Connect Team:

- Deal with issues of child protection and abuse that comes to light at any stage during the course of the events, in accordance with the Child Protection policy and procedures and under the direction of the Safeguarding Coordinator
- Provide support and advice to Team Leaders or visiting Youth Leaders who are referring someone to the Welfare Connect Team, and where appropriate meet the delegate, together with the Team Leader/Referrer.
- Where appropriate, refer and connect delegates with local services and support after leaving the event.

Guidelines for dealing with a 'Welfare' situation

Initial response

If a situation comes up and a member of a team has to deal with someone struggling with one or more issues – or anything else that causes concern to the team member – that person should firstly make contact with their own Team Leader. Teams most likely to come across 'Welfare' situations are The Enabling Team, Village Hosts, Fringe Teams and also visiting youth workers. *It is important that the delegate be reassured that they are doing the right thing in disclosing the information but the team member MUST NOT promise confidentiality.*

Team Leader involvement

Only the most basic points of the disclosure should be passed on to the Team Leader in order to make a judgement on whether the matter should involve the Connect Team.

The Team Leader should not need to meet or interview the delegate, but it is important that the team member is able to support the delegate and that they don't have to repeat painful or upsetting details unnecessarily.

Youth Leader involvement and ongoing support

The Connect Team will consider how to involve the youth leader or other mature person on site, and try to ensure that the person is supported both at the event and afterwards.

Ongoing involvement of the Team Member

Ideally, the Connect Team should act to support the Team Member, enabling them to support the delegate as sensitively and appropriately as possible. The Connect Team Member needs to make the

judgement about whether the Team Member is emotionally mature enough to handle the process of disclosure or whether in fact, it would be better for them not to be involved – perhaps the Team Member is very young, or immature, or finds certain aspects of the disclosure too upsetting or disturbing.

As much as possible though, we would encourage the Team Member to be involved fully in the support of the delegate, this not only shows care of the delegate but is a valuable experience for the team member and shows that Soul Survivor recognises and values them for what they can offer to the situation.

General guidelines when someone discloses information

- Do not promise to keep confidential what they have told you.
- Listen carefully but do not ask questions.
- Reassure the person that they have done the right thing by telling someone
- Pass the information **immediately** to your team leader.
- Write up what has been told as soon as possible, using the person's own words. Sign this document and put the date and time of writing
- It is important to remember that it is not the responsibility of Soul Survivor to investigate the truth of any allegation. This is the responsibility of the Police and Social Care

Dealing with Allegations of Abuse

This guidance is in addition to the general guidance for dealing with allegations of abuse described in the Child Protection Policy. Disclosures of abuse will be brought to the attention of the Connect Team in a variety of ways. However this happens, the following procedure should be followed.

1. The Connect Team Leader (CTL) is responsible for the situation at all times. They may manage the process themselves or delegate this to the child protection officer.
 - If the matter is referred straight to the CTL then they will assign a Connect Team member to work directly with the delegate.
 - If the matter comes to a Connect Team member in a meeting or seminar, the Welfare Connect Team member will inform the WTL as soon as possible about the nature of the issue.
2. The person to whom the disclosure was initially made will normally remain involved to assist in supporting the disclosing delegate. Go together with the delegate to somewhere appropriate to discuss the concerns. Avoid taking anyone from the young person's church with you at this time unless the young person requests it. You can always go and find someone else later.
3. Because this is a crucial time for the delegate and anything discussed with them could influence evidence in a police investigation it is important not to ask many questions now. If social services and the police become involved they have trained specialists for thorough investigation so not all the details are needed at this point. They, not Soul Survivor, have responsibility for the investigation.
 - Firstly, explain that you may not be able to keep confidentiality if the delegate tells you that they, or another young person, are at risk of harm.
 - Then allow the delegate to talk about the problem, and listen carefully to what they say. Let them finish their story before asking any questions at all. The key thing at this point is to establish if they are or have been at risk of harm. If they go into unnecessary detail about the alleged abuse then stop them, assuring them that they will have the opportunity to talk about the abuse thoroughly in the future but now might not be the right time.
 - Never ask questions that are leading or deal with specifics about the abuse like: 'where did he touch you' or 'did he lift your skirt', etc.

- It is necessary to ask some questions to enable the delegate to be supported and protected. The WTM should find out:
 - i. The name, date of birth, home address, and Soul Survivor village of the delegate
 - ii. Who the alleged perpetrator is, their relationship with the delegate (often the abuser is a member of the family), whether they are on site and their home address.
 - iii. Which adult is responsible for the delegate on site – parents or youth leader – and how this person is related to the alleged abuser
 - iv. Whether any other children or young people are at risk from the alleged abuser, even if the disclosing delegate is now over 18
 - v. What the delegate wishes to happen, bearing in mind that you may not always be able to fulfil that wish.
4. A strategy meeting should be held at this stage. The Connect Team member and child protection officer (available through Comms) must be present, possibly with the Connect Team leader. The following people may also be invited:
 - Site manager, if the abuse has taken place on site or if the alleged abuser is on site.
 - Christian Police Advisor, especially if the abuse has taken place on site.
 - Representative of Soul Survivor management, or the pastoral co-ordinator who will communicate with Soul Survivor Directors.
 5. The strategy meeting should decide on the following points:
 - What immediate action is required to safeguard the disclosing delegate and other delegates?
 - Whether a referral should be made to Social Services and/or Police in the delegate's home area. A referral should be made if Soul Survivor has reasonable cause to believe that the delegate or other person under 18 is suffering abuse or at risk of suffering abuse as defined in Soul Survivor documents. If possible the referral should be made within office hours since out-of-hours services will only deal with emergencies. This may not be possible e.g. if disclosure is made on Saturday and event finishes on Sunday.
 - Whether to inform the child's parents of the disclosure. Parents should be involved before any referral to social services is made, unless there is a possibility that this will put the young person at further risk of abuse.
 - Whether to involve the child's group leader on site. The wishes of the child should be considered and the meeting should bear in mind that the group leader will probably know that their delegate is 'missing' and may be asking for information. They will also have child protection procedures to follow, but these may be complicated if the alleged abuser is a member of the church.
 - Whether to reconvene the meeting at a later point in the conference.
 6. Connect Team member to make a referral to Social Services of home area, with support from Child Protection Officer. Social Services may advise that the Connect Team member should also inform the police in the delegate's home area, or the Shepton Mallet police. The appropriate social services site can be located through the Child Protection Officer or the NSPCC website www.nspcc.org.uk/nspcc/helpline or from directory enquiries. The referral should initially be made by telephone, but always followed up with documentation in the format requested, but not by Fax
 7. Social services and the police have responsibility for all the subsequent enquiries and action.

8. Connect Team to consider how to link the child, and those around the child, with support during and after the conference. Consider especially the person to whom the initial disclosure was made and offer support.
9. Carefully document all conversations with the child, and record the series of events that follow. Some of this will need to be “word for word”.

When the victim is over 18 at the time of the disclosure, but under 18 at the time of the abuse

- It is likely that the abused person may be damaged and need patience to work with them. Sometimes such people push boundaries and can be threatening, in terms of harming themselves or others. Be patient, kind, but clearly professional. Encourage them to take responsibility for their own future, rather than trying to solve all their problems for them.
- The person may need counselling and other support for after the conference, which Welfare will try and facilitate by finding possible contact details and resources in the person’s locality.
- There may be other children at risk. Therefore encourage the person to disclose information to social services, and possibly to inform the police. If they refuse to disclose information, and we do not know who the abuser is, then we are unable to take further action. The person may tell you who the abuser was; if there is a risk of further abuse, with other children being at risk, Soul Survivor will pass information to social services, who will then investigate. In such a case, where we are making a referral against the expressed wish of the abused person, the case should be discussed in a strategy meeting, as above.

Supporting the delegate on site

Many abused people feel responsible for the abuse so always reassure them that it is never the victim’s fault – it is the job of adults to protect children. The delegate will need a lot of support from their church group during the event, and sometimes may need to go home before the event ends. The Welfare Connect Team should check that the youth leader or parents are able to give this support and may need to give advice. Be aware that it may not be appropriate to encourage the young person to access further prayer ministry during the event as it can become too much for the emotional delegate. Also bear in mind the delegate may not be a Christian and could be confused by the whole event!

Records

Record cases of abuse, the discussions held and the decisions made. They will be stored confidentially by Soul Survivor.

Safe Guarding Officer

The Safe Guarding Officer, contactable through Comms, is available to give advice and discuss cases with a disclosure of abuse or other child protection/safeguarding element.

Procedure for Dealing with Para-Suicidal or Suicidal Behaviour

Suicidal behaviour and Deliberate Self-Harm (DSH) is a complex issue; no two cases are the same. The following document is therefore designed to serve as guidelines, rather than a rigid protocol.

Due to the complexity of the issue, it is likely that several teams will be involved in the interaction with a delegate, possibly including First Aid, Welfare, Detached, Enabling, and the Site Management team.

Very broadly speaking self-harming behaviour breaks down into two types:

- More commonly, DSH, in the form of cutting or small overdoses, as a response to external and internal stress, and in the absence of suicidal intent, although intent may be expressed. The purpose of such DSH, or threats of it, is to reduce stress, and sometimes to seek a response from others, such as extra-care.
- Less commonly, but still frequently, DSH may represent a serious desire to commit suicide, in response to hopelessness caused by depressive illness, social circumstance, and occasionally by psychotic illness (illness characterised by paranoid delusions and hearing voices). The self-inflicted injury is often more serious, such as deep cuts, large overdose, or a dangerous method such as hanging, jumping off a height, or in front of a vehicle.

When a delegate presents with DSH, there are two frequent responses in the team member, either irritation that their time is being wasted, or a desire to solve all the problems for the delegate. As the first interaction is important, these extremes should be avoided; a middle position is to be caring, but to ensure that the delegate remains responsible for him/herself as much as possible.

Action when a delegate presents having self-harmed

Consider what medical attention is required. All but the most superficial of cuts need to be seen by first aid. All overdoses need to be seen by first aid, and then referred to the NHS.

If there is concern that the self-harm is linked to serious suicidal intent, then a formalised suicide risk assessment is required, initially by first aid, and possibly by the NHS.

Should the delegate refuse medical treatment, see later section.

If the DSH is minor, and not related to serious suicidal intent, then referral to the Welfare Connect Team is sufficient. This can be done via Control. If the delegate has presented in the middle of the night, it may be more appropriate for Welfare to become involved the next day, and a meeting to be set up. The Welfare Connect Team will review the causes for the self-harm (psychological, social and spiritual) and will suggest suitable counselling and other contact after the conference.

Action when a delegate presents with threats of suicide or self-harm

The delegate should be referred to the Connect Team, who can be accessed via Comms. If first contact is in the middle of the night, there is clearly no suicidal intent, and the delegate is supported, then the meeting may be arranged for the next morning.

If the Connect Team member has concern that there is a risk of dangerous self-harm, or suicide, then the delegate must be referred to a local GP or Hospital for a formal risk assessment. An assessment *can* be made on site but only if a qualified person is available. (Liaise with First Aid).

Should the delegate refuse medical treatment, see later section.

If NHS referral was not necessary, the Connect Team will review the causes for the self-harm (psychological, social and spiritual) and will suggest suitable counselling and other contact after the conference.

Referral to the NHS

This is at the discretion of the First Aid team, for both assessment of physical harm and suicidal intent. The threshold should be fairly low, but is at the discretion of the First Aid team.

If possible the delegate should be accompanied. This might be by a member of the Welfare Connect Team, or by another team. It may be appropriate for the delegate to be accompanied solely by another member of his/her church, according to the age and responsibility of that person.

The accompanying team member should attempt to speak to nursing staff, and to assessing doctors and explain the nature of the conference site, in order to receive advice of the delegate's suitability to return to site. Soul Survivor cannot provide constant support for the person, although the individual's church may be able to do so. If the delegate is kept overnight in hospital, then the accompanying team member should return to site, but attempt to be in the hospital the next day when the delegate is seen by the mental health worker for assessment of suicide risk.

When the delegate is returned to site, the Connect Team should provide support, and consider appropriate support for after the conference, in line with the plan recommended by the NHS. If the NHS is unable to confirm that there is no suicidal risk with the person on site, then the Site Manager must be informed, and the person requested not to return to site. Welfare should consider what avenues of support there might be for the delegate at home, in line with the plan recommended by the NHS.

Delegate who refuses medical contact / assessment

If a delegate refuses medical assessment, the action taken should be determined by their perceived level of risk.

The delegate should be discussed with the Connect Team Leader, one of the doctors from First Aid, and the Pastoral Coordinator. Feedback should be given to the Site Manager. The risk factors should be reviewed.

If there is no perceived risk of suicide, then the Connect team should continue to support the delegate on site.

If there is a sufficient level of risk to require medical assessment, and the delegate continues to refuse, then there are two courses available.

Ask the delegate to leave site, whilst attempting to ensure that support is available at home. This is likely to be perceived to be unkind and dismissive, but it must be stressed that it was brought about by the delegate's lack of co-operation, and that were it not they would be welcome on site. The Site Manager should be informed, who will facilitate the process.

Should the risk of suicide be perceived to be high, then a doctor from the First Aid team should begin to arrange a Mental Health Assessment. This can be arranged by contacting an Authorised Social Worker (ASW), on the mental health desk of the local social services. The assessment may take some time to arrange. The site manager should be informed, as stewarding teams may be required to assist. The team (Welfare, First Aid, and others) must decide how to ensure the safety of the delegate during this time. This may be facilitated by members of the delegate's church, or require members of one of the pastoral teams. If the situation deteriorates and the delegate begins to behave in a way that acutely threatens their life, then reasonable force can be used under Common Law. The police should be contacted to consider placing the delegate on a Section 136 of the Mental Act – this contact will involve the site manager and the police liaison officer. Team members should not put themselves in harm's way, and must be willing to leave a situation in which they are threatened. In such a case, the police must be called (via the site manager and the police liaison officer), and site security informed.

Action when a delegate is under 18

An individual under the age of 18 is deemed a minor, and therefore parents must be informed of any suicidal behaviour. The church youth worker may best do this. A Connect Team member should facilitate this process.

It should be borne in mind that parental problems may be the reason for suicidal behaviour, and therefore other support provided, such as through the church, as well as informing parents. Self-harm is a potential marker of abuse; therefore the Connect Team member should gently ask about relationships, and any inappropriate ones.

Indicators of high suicide risk (useful for the suicide assessment by the doctor)

- Previous serious suicide attempts planned
- Suicide note
- Final acts performed
- Measures taken to avoid discovery
- Method considered to be lethal
- Help not sought
- Regret at surviving
- Unbearable psychological pain – mental illness, substance dependence
- Chronic and severe physical illness
- Social deprivation
- Homeless
- Unemployed
- Recent loss
- Social isolation
- Family history of psychiatric illness, suicide, or substance dependence
- Persisting intent with plans for further suicide

The threshold for referral to the NHS should be low, as doctors working at Soul Survivor are likely to be working in a role outside their usual field of care.

Useful phone numbers during the events:

EMERGENCY Please contact Comms by calling

0303 333 1335

Please do NOT dial 999 yourself. This can cause confusion and delay response. Comms will contact Emergency Services.

Main Information Line 0303 333 1333

Comms General Info Line 0303 333 1344