



St Helen's
Bishopsgate

Safeguarding policy part C: vulnerable adults

ST HELEN BISHOPSGATE & ST PETER-UPON-CORNHILL

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Safeguarding policy aims

As a church, we desire to bring glory to God by knowing Jesus and making him known.

To that end, the aims of our safeguarding policy are:

- to uphold the honour of God's name.
- to keep the gospel from disrepute.

We do this by:

- protecting the children, young people, and vulnerable adults in our care.
- protecting the caregivers who serve in this ministry.

Safeguarding is an important part of our service in the gospel and one which we take seriously, aiming for a standard of excellence as we implement this policy.

The Parochial Church Council (PCC) has adopted "Promoting a Safer Diocese: A Safeguarding Policy for the Diocese of London." It can be accessed in full from the website: www.london.anglican.org/support/safeguarding/safeguarding-policy/

This policy is designed to be read together with the Church of England's House of Bishops, Parish safeguarding handbook – 'promoting a safer church' which you can access on: www.churchofengland.org/sites/default/files/2019-10/ParishSafeGuardingHandBookAugust2019Web.pdf

The St Helen's Church safeguarding policy applies the Diocesan safeguarding policy to the particulars of this parish. The full St Helen's policy can be found on the website: www.st-helens.org.uk/about/safeguarding/

This policy is one part of the whole St Helen's safeguarding policy, which is formed of the following documents:

- General safeguarding policy
- Safeguarding policy part A: children (ages 0-11)
- Safeguarding policy part B: youth (ages 11-18)
- Safeguarding policy part C: vulnerable adults
- Safeguarding policy supplement A: small group leaders
- Safeguarding policy supplement B: one-to-one Bible studies
- Safeguarding policy supplement C: church staff team
- Safeguarding policy supplement D: video conferencing and social media with young people
- PCC policy statement A: responding to domestic abuse
- PCC policy statement B: recruitment of ex-offenders

For the purposes of this document and all associated documents listed above, the 'St Helen's safeguarding policy' refers to the sum of all the documents listed.

Key safeguarding roles

The Church safeguarding officer (CSO)

The CSO is appointed by the PCC and given the responsibility for safeguarding within the church family and all its various ministries.

Given the size of our church and the diversity of our ministries it is necessary for the CSO to delegate their responsibilities to ministry area leaders. The CSO will assist and advise ministry area leaders if a safeguarding issue or risk arises and needs to be addressed.

The CSO will also be included in decisions about whether to permit someone to be involved in ministry with children where their Disclosure Barring Service (DBS) check is blemished or information is provided about them under the DBS scheme.

Ministry area leaders

The ministry area leaders are responsible for safeguarding within their ministry area. This includes:

- Ensuring all caregivers within their area are recruited in accordance with this safeguarding policy.
- Acting as safeguarding officers for any disclosures of abuse within their ministry area.

Caregivers

A caregiver is anyone serving in any role within church which involves any oversight of children, young people or vulnerable adults.

All caregivers share a particular responsibility for:

- Loving those in their care as Christ loves them.
- Setting an example of proper Christian conduct.
- Praying for those in their care and pointing them to God's word.

Everyone who is involved in providing formal care (as defined by the Diocesan policy) for vulnerable adults must complete a screening process prior to serving. Full information on the screening process can be found in the full policy.

If an existing caregiver moves to serve in a different ministry area they must read the relevant information for the new area before commencing their role.

All caregivers are required to complete the online Diocesan safeguarding training. Additional training may be offered in some instances.

Caregivers should note the following:

- All caregivers must read **Section A** of this policy.
- They must then read any additional information from **Section B** that is relevant to the area of ministry they are serving in.
- If the caregiver is visiting a vulnerable adult as part of a home visit, they must also read **Section C**.
- If the caregiver is communicating with the vulnerable adult electronically, they must also read **Section D**.
- A list of key **contact details** can be found on the last two pages of this document.

SECTION A

Guidelines for recognising and responding to potential abuse

St Helen's is committed to preventing abuse and neglect taking place and safeguarding the welfare of vulnerable adults within our community. We are committed to ensuring that St Helen's:

- provides a safe environment for vulnerable adults and actively seeks to prevent harm.
- identifies vulnerable adults who are suffering.
- takes appropriate action to see that such vulnerable adults are kept safe from harm.

All caregivers need to know how to respond to signs of abuse or allegations of abuse. The following guidelines are in place to meet that need.

1. Definitions

When is an adult vulnerable?

The term 'vulnerable adult' refers to a person aged 18 or over whose ability to protect himself or herself from violence, abuse, neglect or exploitation is significantly impaired through physical or mental disability, illness, old age, emotional fragility, distress, or otherwise; and for that purpose, the reference to being impaired is to being temporarily or indefinitely impaired.

Please note that some adults may not consider themselves vulnerable but may be vulnerable to being abused by individuals in positions of leadership and responsibility. As adults are not inherently vulnerable and in need of protection, it is important to recognise that the factors described below do not, of themselves, mean that a person is vulnerable. It is a combination of these factors and the circumstances that a person finds him/herself in that can make an individual vulnerable to abuse or neglect.

Some factors that increase vulnerability include:

- A mental illness, chronic or acute
- A sensory or physical disability or impairment
- A learning disability
- A physical illness
- Dementia
- An addiction to alcohol or drugs
- Failing faculties of old age
- Those who are homeless
- Refugee families or individuals (including those seeking asylum)
- Victims/survivors of domestic abuse—direct violence and/or
- Significant emotional coercion
- Those who have suffered historic abuse in childhood
- A permanent or temporary reduction in physical, mental or
- emotional capacity brought about by life events – for example bereavement or abuse or trauma.

It is also important to note that these factors may not exist in isolation: for example, someone with a drink problem masking underlying dementia or a frail housebound elderly person with underlying depression.

Who abuses adults

Potentially anyone, adult or child, can be the abuser of an adult. Abuse will sometimes be deliberate, but it may also be an unintended consequence of ignorance or lack of awareness. Alternatively, it may arise from frustration or lack of support. The list can include:

- Relatives of the vulnerable person including husband, wife, partner, son or daughter. It will sometimes include a relative who is a main carer
- Neighbours.
- Paid carers
- Workers in places of worship
- People who are themselves vulnerable and/or are users of a care service
- Confidence tricksters who prey on people in their own homes or elsewhere

Relatives who are main carers

Carers can experience considerable stress, exhaustion and frustration without respite or support. This can lead to unintended poor care or abuse. Relatives who are the main carers may also be subject to abuse by those for whom they are caring. This abuse is often endured for long periods and unreported¹.

Institutions

All people living in institutions are more likely to have a degree of vulnerability. The Care Quality Commission in England has responsibility for inspecting and regulating the quality of care in institutions such as residential care homes, domiciliary care services and hospitals. In addition, the Local Government Ombudsman deals with complaints that relate to adult social care. HM Inspectorate of Prisons in England inspects prisons. If anyone discovers concerns about the care being given and/or the way that someone is being treated while visiting adults in institutions (hospitals, prisons and residential homes), the Diocesan Safeguarding Adviser (DSA) should be contacted. The DSA's contact information is at the end of this document. You can also refer directly to the institution or raise concerns with the appropriate inspection and/or complaints body.

Definitions of adult abuse

The UK central government 'Care and Support Statutory Guidance categorises and defines adult abuse in terms of:

Physical abuse including assault, hitting, slapping, kicking, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic abuse that is usually a systematic, repeated and escalating pattern of behaviour, by which the abuser seeks to control, limit and humiliate, often behind closed doors.

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, 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, exploitation, 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 benefits.

Modern slavery including slavery, human trafficking, forced labour, domestic servitude; and traffickers and slave master using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Discriminatory abuse is maltreatment or harassment that is based on any characteristic of a person's identity, such as their race, sex, or disability. Many of the signs of discriminatory abuse will be the same as for psychological abuse. The impact of discriminatory abuse can lead to significant self-harming and must never be underestimated.

Organisational abuse which can include 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 sustained ill-treatment. It can occur 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; or the withholding of the necessities of life, such as medication, adequate nutrition and heating.

¹ Please note that the Local Authority Designated Officer (LADO) should be the first point of contact. They will then inform the police, as required.

Self-neglect which covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt enquiry. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

Factors that may lead to abuse

Abuse can occur in any setting no matter where a person lives or where they are being cared for. Abuse can occur in residential or day care settings, in hospitals, in other people's homes churches and other places previously assumed safe, and in public places. Abuse is more likely to occur if the vulnerable adult:

- rejects help
- has a communication difficulty
- has challenging/unusual behaviour
- is not helpful or co-operative
- is behaviourally disturbed or there are major changes in personality behaviour
- is socially isolated.

Research has shown that mistreatment is more likely to occur if carers:

- are lonely or isolated
- are under stress due to poor income or housing conditions
- have other responsibilities eg work, family
- are showing signs of physical or mental illness
- are becoming dependent on alcohol or drugs
- family relationships over the years have been poor
- live where family violence is the norm

2. Recognising signs of abuse

Safeguarding adults is everyone's business. Anyone can witness or become aware of information suggesting that abuse or neglect is occurring. It may not always be obvious that a vulnerable adult is being abused or mistreated, however there may be general indicators that something is amiss: the adult may say or do things that hint that all is not well. In some cases, there may be a marked change in behaviour or a direct disclosure or complaint of abuse.

The government is clear that workers across a wide range of organisations—including faith groups—are often well-placed to notice changes in an adult that may indicate they are being abused or neglected, and therefore need to be vigilant in identifying concerns and understand how to respond appropriately. This will include:

- knowing about different types of abuse and neglect and their signs
- supporting adults to keep safe
- knowing who to tell about suspected abuse or neglect
- supporting adults to think and weigh up the risks and benefits of different opinions when exercising choice and control

Signs of abuse to look out for

If someone is suffering abuse you may notice one or a combination of the following signs:

- Multiple bruising or finger marks
- Injuries you cannot give a good reason for
- Worsening health for no reason
- Withdrawal or mood changes
- Tearfulness
- Neediness, wanting affection or being clingy
- An unexplained shortage of money
- Inappropriate, dirty or inadequate clothing
- Covering up or rationalising injuries or demeaning behaviours towards them
- Confusion and/or denial that anything is amiss despite marked deterioration
- Flirtatious, precocious or expressive sexual behaviour out of character
- Indications of unusual confinement eg closed off in a room.

Behaviours that may be observed about the carer, family member or the person close to the vulnerable person include:

- Getting the vulnerable person to pay for their (ie carer's) shopping/petrol/tickets
- Taking advantage of their naivety or trust
- Attitudes of indifference or anger towards the vulnerable person
- Blaming or chastising them eg that soiling themselves was deliberate
- Aggressive or harsh behaviour (threats, insults, harassment)
- Inappropriate display of affection or care
- Social isolation or restriction of activity
- Lack of willingness to let other people have access to the vulnerable person
- Obvious absence of assistance or attendance.

More information on possible signs of abuse can be found in Section B.

3. Procedures following disclosure or concern of abuse

You should never assume that someone else will report the concern and pass on the information. It is far better that two caregivers raise their concerns and the person is made safe than no-one says anything because they assume someone else will deal with it and the person is significantly harmed.

Guidelines for when someone tells you they have been abused

The following general points may be of help:

- Above all else, listen.
- Take what is said seriously.
- Only use open questions (open questions begin with words such as who, what, when, where and how. Open questions cannot be answered with a 'yes' or 'no').
- Remain calm and show acceptance of what they say, however unlikely it seems.
- Take into account the persons' age and level of understanding.
- Check, if face to face, whether they mind you taking notes while they talk so you can make sure you capture the information accurately. At the end you can check with them that you have understood everything correctly.
- Let them know you will need to tell someone else—don't promise confidentiality
- Be aware the person may have been threatened
- Never push for information. If they decide not to tell you after all, then accept that and let them know that you are always ready to listen
- Avoid leading the person and ask only what is necessary to ensure a clear understanding of what has been said - you might put something into their mind that was not there. If the case were to end up in court, the case could be thrown out if it is thought that the person had been led.
- Reassure the person that they were right to tell you
- Explain that you will try to take steps to protect them from further harm
- Let them know what you are going to do next and that you will let them know what happens (you might have to consider referring to social services or the police to prevent the person returning home if you consider them to be seriously at risk of further abuse)
- Reassure them that they will be fully involved in any decisions about what will happen next, and ask them what they would like to be done
- If you've not been able to make notes during the conversation, make notes as soon as possible (preferably within one hour of the person talking to you, but always within 24 hours), writing down exactly what the person said and when they said it, what you said in reply and what was happening immediately beforehand (eg a description of the activity). Record dates and times, including when you made the record. Keep all hand-written notes even if subsequently typed. Such records should be kept for an indefinite period in a secure place. A copy of these notes must be passed onto the relevant ministry area leader.

4. Responding to concerns of abuse

- **Emergency:** if you believe the adult is in immediate danger of significant or serious harm, contact the emergency services on 999. Where emergency medical attention is necessary then this should be sought immediately, informing the doctors of any suspicions you may have.
- **Non-emergency:** You must contact the ministry area leader or CSO immediately. Please refer to the end of this document for email addresses. If the allegation is against your ministry area leader, please contact the CSO. If the CSO is not available within the 24 hours, contact Adult Social Care (see the end of this document for contact numbers) and/or the police directly.
- At all stages in the reporting process, you retain the right to report serious matters directly to social services or the police. Even if you do so, you must also contact the CSO as soon as possible (and within 24 hours).
- Under no circumstances should a church volunteer or employee investigate concerns of abuse themselves. Our responsibility is to refer concerns to statutory authorities who will do the investigating required in consultation with the Diocesan Safeguarding Team (DST).
- Apart from telling your ministry area leader/CSO, this information must be treated as confidential. Do not inform/confront any alleged perpetrator under any circumstances.
- You should also consider your own feelings and ask your ministry area leader for pastoral support if needed.

Even if you may feel the person's story is unlikely, this must not prevent appropriate action being taken.

5. Procedures for responding to abuse—outcomes

When a safeguarding concern is reported to the Diocesan safeguarding officer (DSO) by a ministry area leader/CSO:

If the DSO advises **further action**, the ministry area leader/CSO must act upon all directions given by the Diocese in the timescale given.

If the DSO advises **no further action** required, this is not the end of the process. The CSO or the relevant ministry area leader must arrange a further meeting in the parish to discuss whether alternative action should be taken or whether to accept that no further action is required.

This meeting should include the CSO and they can involve others as necessary. This includes churchwardens, the Operations Manager and the relevant ministry area leader.

Guidelines for responding to a disclosure of historic abuse

In the course of their work, ministers and those offering pastoral support may hear disclosures from adults regarding abuse that happened to them when they were children or from children regarding abuse that happened to them when they were younger. Historical abuse must be treated as seriously as recent abuse and each individual must be treated with great pastoral sensitivity.

The church is required to take advice from the diocese and may need to report allegations or disclosures of criminal acts to the police.

When someone tells you they have been abused, or have committed abuse, whether recently or many years ago:

General points:

- Above all else, listen.
- Keep calm, and show understanding/acceptance of what is said, however unlikely it seems. Reassure the individual that they were right to tell you.
- Never push for information. Avoid leading questions and ask only what is necessary to ensure a clear understanding of what has been said.
- Let the individual know what you are going to do next and that you will keep them informed. Let them know that you will need to tell someone else—do not promise confidentiality.

Action you must then take:

- You must contact your ministry area leader and tell them what you know (you do not need to disclose any names at this stage unless told otherwise). If the allegation is against your ministry area leader, contact the CSO.
- You retain the right to report serious matters directly to Social Services or the police. Even so, as soon as possible (and within 24 hours), you must also contact either your ministry area leader or the CSO.
- Apart from telling your ministry area leader/CSO, the information must be treated as confidential and not shared with co-leaders, Bible study leaders or other church members.
- Under no circumstances should you investigate concerns of abuse yourself.
- The contact details for your ministry area leader and the CSO can be found on the back page of this document.
- Make notes as soon as possible (preferably within one hour, but always within 24 hours), writing down exactly what was said and when, what you said in reply and what was happening immediately beforehand (eg a description of the activity/situation). Record dates and times of these events and when you made the record. Keep all handwritten notes, even if subsequently typed. Such records should be kept for an indefinite period in a secure place. A copy of these notes must be passed onto your ministry area leader.
- Consider your own feelings and ask your ministry area leader for pastoral support if needed and consider with your ministry area leader what pastoral support is needed for the individual involved.

Respecting the vulnerable adult's rights to decide if they want help

The following is quoted in the Statutory Guidance 14.79:

BMA Adult safeguarding toolkit: "...where a competent adult explicitly refuses any supporting intervention, this should normally be respected. Exceptions to this may be where a criminal offence may have taken place or where there may be a significant risk of harm to a third party. If, for example, there may be an abusive adult in a position of authority in relation to other vulnerable adults [sic], it may be appropriate to breach confidentiality and disclose information to an appropriate authority. Where a criminal offence is suspected it may also be necessary to take legal advice. Ongoing support should also be offered. Because an adult initially refuses the offer of assistance he or she should not therefore be lost to or abandoned by relevant services. The situation should be monitored and the individual informed that she or he can take up the offer of assistance at any time."

Regardless of whether the adult has given you consent to inform the authorities (social services and/ or the police) of the suspected abuse, you must inform the ministry area leaders and CSO. Where the adult has declined consent to share information with statutory services, this must be respected by the MAL/ CSO, except if a crime has allegedly been committed or it is in the public interest for the information to be shared (eg the alleged perpetrator of abuse is in a position of authority, such as a paid care worker, and other vulnerable adults could therefore also be at risk).

Even without the consent of the individual, the CSO retain the right to seek advice from social services or the Diocesan Safeguarding Officers provided they do not use any names or details.

Recruitment and training

Recruitment and training is conducted in line with the House of Bishops Safeguarding Policy 2018.² More information can be found on the general safeguarding policy document.

² Available online at: www.churchofengland.org/sites/default/files/2017-12/PromotingSaferChurchWeb.pdf

SECTION B

Further indicators of abuse

A fuller list of possible indicators is listed in the Parish safeguarding handbook.

1. Physical abuse

Physical abuse is the act of physical ill treatment. It may include hitting, slapping, pushing, punching, kicking, burning, biting, suffocating, and misuse of medication, restraint or inappropriate sanctions.

Possible indicators of physical abuse:

- any injury not fully explained
- untreated or poorly treated injuries
- unexplained bruises or welts, particularly in protected areas
- bruises in various stages of healing, clusters forming regular patterns
- any cuts or abrasions
- injuries to head/face/scalp
- broken eyeglasses or frames
- unexplained burns, fractures or lacerations
- malnutrition and dehydration without an illness-related cause; loss of weight
- lack of personal care
- urinary/faecal incontinence
- inappropriate use of medication, overdosing or under dosing
- history of moving GPs or frequently moving between agencies (agency hopping)

No suspected injury should be ignored. However, care should be taken as not all marks and injuries are caused because of abuse.

The key to identifying mistreatment or abuse is noticing unexplained marks or injuries with unsatisfactory explanations. Where an injury occurs often, you should at least question the safety of the environment and what could be done to minimise further risks. Always note the site and type of injury observed so that patterns can be identified. If the injury or injuries still give cause for concern, discuss the issue with the CSO (within 24 hours) to decide if further intervention is required.

2. Domestic abuse

Domestic abuse is the use of forms of control and/or maltreatment within an intimate or domestic relationship. Types of domestic abuse include:

Physical: for example: hitting, slapping, burning, pushing, restraining, giving too much medication or the wrong medication, assault with everyday implements such as kitchen knives, kicking, biting, punching, shoving, smashing someone's possessions, imprisoning them or forcing them to use illegal drugs as a way of blackmailing and controlling them.

Psychological: (also called emotional, mental, or verbal abuse) For example, shouting, swearing, frightening, blaming, ignoring or humiliating someone, blackmailing them, threatening harm to children or pets if they misbehave, ridiculing every aspect of their appearance and skills, keeping them deliberately short of sleep, being obsessively and irrationally jealous, keeping them isolated from friends and family, threatening suicide or self-harm.

Sexual: for example, forcing someone to take part in any sexual activity without consent, eg rape or sexual assault, forcing them or blackmailing them into sexual acts with other people, forcing children to watch sexual acts, sexual name calling, imposition of dress codes upon a partner, involvement in the sex trade or pornography, knowingly passing on Sexually Transmitted Infections, controlling access to contraception.

Economic/financial: for example, the illegal or unauthorised use of someone's property, money, pension book or other valuables, forcing them to take out loans, keeping them in poverty, demanding to know every penny they spend, refusing to let them use transport or have money to pay for it.

Stalking and cyber-stalking are also forms of control and abuse. Church workers should remain alert to the use of words, physical or sexual practices to demean and control a vulnerable adult.

Possible indicators of domestic abuse:

- has unexplained bruises or injuries
- shows signs of feeling suicidal
- becomes unusually quiet or withdrawn
- has panic attacks
- has frequent absences from work or other commitments
- wears clothes that conceal even on warm days
- stops talking about her/his partner
- is anxious about being out or rushes away.

3. Sexual abuse

Sexual abuse is a sexual act (contact or non-contact) carried out without the informed consent or knowledge of the other individual. Non-contact abuse may include sexual suggestions, salacious exposure to indecent material and indecent behaviour. Contact abuse may include rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting. Victims suffer emotionally and psychologically. If you believe there is any issue about an individual's capacity to consent to any relationship, you should seek advice from the CSO within 24 hours.

Possible indicators of sexual abuse:

- low self esteem
- full or partial disclosure
- nightmares
- signs of depression or stress
- unusual difficulty in walking and sitting
- torn, stained or bloody underclothes
- pain, itching or any injury to genital area
- sexually transmitted diseases/infections
- bites, bruising or any marks on inner thighs or arms
- significant change in sexual behaviour/language
- agitation during personal care/examination
- pregnancy in a person who is unable to consent.

4. Psychological abuse

Psychological abuse is the use of threats or fear of the use of 'power over' relationships to deny the vulnerable person's independent wishes. This includes: threats of harm or abandonment, deprivation of contact, humiliation and denial of dignity, blaming, controlling, bullying, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal of services / supportive networks.

Harassment may include: name calling, victimization and ostracism, unwanted sexual attention, stalking, compromising invitations or gifts, the display of images that are racially/sexually offensive or the suggestion that sexual favours might be advantageous.

Possible indicators of psychological abuse:

Possible behaviour by vulnerable adult

- insomnia/sleep deprivation
- change in appetite, weight gain or loss
- ambivalence to carer

Possible behaviour by abuser

- threats, intimidation, bullying
- threats of abandonment
- promises which are not kept

- anger without an apparent cause
- deference, resignation, helplessness, excessive fears
- unexplained paranoia
- self-harming/suicide attempts emotional withdrawal—the person becomes uncommunicative or nonresponsive
- low self-esteem.
- punitive approach to incontinence etc. blaming, sanctions
- few visitors or other contact
- locking the person in.

Visible signs of psychological abuse may not be obvious. However, the impact of emotional mistreatment or abuse should never be underestimated. It may take a long time for the victim to recover from the deterioration in physical and mental health caused by psychological abuse. In some cases, the damage may be irreparable.

5. Financial abuse

Financial abuse is the wilful use or manipulation of the vulnerable person's property, assets, or monies without their informed consent or authorisation. This can include theft or fraud of monies or possessions, exploitation, pressure or undue influence to change wills, financial arrangements or the misuse of property, possessions or benefits.

Possible indicators of financial abuse:

- signatures on cheques etc. that do not resemble the adult's signature or which are signed when the adult cannot write
- sudden changes in bank activity including unexplained withdrawals of large sums of money
- inclusion of additional names on an adult's bank account
- issues with Powers of Attorney
- abrupt changes to or creation of wills
- sudden appearance of previously uninvolved relatives claiming their rights to a vulnerable person's affairs or possessions
- unexplained transfers of assets to family member or someone outside the family
- numerous unpaid bills, overdue rent, when someone should have been paying these for the vulnerable person
- A carer asks financial questions about a person, unrelated to their care
- lack of amenities, such as TV, personal grooming items, appropriate clothing, that the vulnerable person should be able to afford
- unexplained disappearance of money or valuable possessions eg silverware or jewellery.

You should be particularly concerned when a vulnerable person is deliberately isolated from friends and family, resulting in the carer alone having complete control.

6. Discriminatory abuse

Discriminatory abuse is maltreatment or harassment that is based on any characteristic of a person's identity, such as their race, sex or disability. Many of the signs of discriminatory abuse will be the same as that of psychological abuse. The impact of discriminatory abuse can lead to significant self-harming and must never be underestimated.

The emotional and psychological impact of discriminatory abuse can cause untold damage to the individual, both physical and mental. This can result in self-harm and suicide in some cases. Recent cases and inquiries have borne out the fatal impact of discrimination on the grounds of disability.

7. Neglect

Neglectful behaviour is any pattern of activity or omission which seriously impairs an individual. This includes ignoring a need for medical or physical care, failing to provide access to appropriate health, social care, religious or educational services or the deliberate withholding of necessities of life such as medication, adequate nutrition and heating. Neglect also includes denying contact with family and failing to intervene in situations where there is danger to the vulnerable person or to others, particularly when a person lacks the mental capacity to assess risk.

Possible indicators of neglect:

- poor physical condition, eg rashes, sores, weight loss/gain
- inadequate heating/lighting
- inadequate clothing in poor condition
- malnutrition
- failure to access medical care or give prescribed medication when required
- lack of assistance with eating and drinking
- failure to ensure privacy and dignity
- inconsistent/reluctant contact with health or social agencies
- inappropriate clothing
- sensory deprivation
- poor personal hygiene

8. Institutional abuse

Institutional abuse is when a culture of poor practice or maltreatment within a setting becomes routine at the expense of good professional practice. It may be exercised through defamatory attitudes, negative stereotyping and abusive behaviours which are not corrected. Local authorities and churches should promote good practice in adult care.

Possible indicators of institutional abuse:

- Lack of respect and dignity
- Name calling – inappropriate ways of addressing people; inappropriate use of power or control
- Inability to make choices and decisions
- Agitation when routine is broken
- Patterns of challenging behaviour
- Inappropriate use of power or control
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care

SECTION C

Guidance for visiting vulnerable adults

A situation may arise where home visits for some vulnerable adults in our church family will need to be arranged. Although these people will be well known to us, unexpected circumstances can be encountered during home visits, some of which may place the person visiting at risk. For example, the visit may occur in the unexpected presence of a relative or friend with a history of violence or threatening behaviour.

For this reason, it is very important for us to ensure everyone making such home visits and the people being visited are as safe as they can be and that there is accountability and transparency in all the visits.

To assure the person being visited of their safety, and for the visitor's own safety, the following should be adhered to:

- Where possible, a risk assessment must be undertaken before an initial visit, especially if the person being visited is not well known. If there are any concerns or risks known before a visit is made, a risk assessment must be undertaken. This can be obtained from the Safeguarding Administrator (safeguarding@st-helens.org.uk). In these circumstances, consider whether the visit is necessary or whether the visitor should be accompanied by another person. In addition, visiting in pairs is advisable, especially if the adult is perceived to be vulnerable.
- Do not arrive unannounced. Call by appointment and, if appropriate, telephone the person just before visiting.
- Be clear about what support you can offer and the purpose and limitations of any pastoral care and/or support that is available.
- Do not make referrals to any agency that could provide help without the adult's permission and encourage them to set up the contact, unless there are safeguarding concerns.
- Never offer 'over-the-counter' remedies to people on visits or administer prescribed medicines, even if asked to do so.
- Do not accept any gifts from adults other than token items, to avoid misunderstandings or subsequent accusations from the person or their family. If someone wants to make a donation to the ministry at St Helen's Bishopsgate, put it in an envelope, mark it on the outside as a donation and obtain a receipt from the church office.
- Make a note of the date when you visit people, report back about the visit to the agreed named person and say what is concerning or going well. They will report safeguarding concerns to the CSO and/or the incumbent or directly to the DSA if they are not available.

SECTION D

Guidance on communicating electronically with vulnerable adults

The CSO is the named person to whom all the volunteers and helpers are accountable.

Do:

- Have your eyes open and be vigilant.
- Maintain the upmost integrity – honesty, transparency, consistency and accountability are key. Treat online communication with vulnerable adults as you would communication that is face to face. Always maintain the same level of confidentiality.
- Report any safeguarding concerns that arise on social media to the CSO.
- Always assume that everything you write is permanent and may be viewed by anyone at any time; and that everything can be traced back to you personally as well as to your colleagues or the church. Always think before you post.
- Draw clear boundaries around your social media usage associated with your private life and your use of different social media for public ministry. Keep church accounts and profiles separate from your personal social media accounts eg only use a Facebook page, Twitter or blogs for public ministry, while keeping a separate Facebook profile for private life.
- Where possible, only use an approved ministry account to communicate with vulnerable adults. The named persons should be able to access this and review conversations where applicable. Save any messages and threads through social networking sites, so that you can provide evidence to the named persons of your exchange when required.
- Use clear and unambiguous language in all communications and avoid abbreviations that could be misinterpreted.
- Save and download to hard copy any inappropriate material received through social networking sites or other electronic means and show immediately to the named persons.
- Use passwords and log off promptly after use to ensure that nobody else can use social media pretending to be you.

Do not:

- Use a personal Facebook or any other social media account in your work with vulnerable adults.
- Add vulnerable adults as friends on your personal accounts.
- Facebook stalk (ie dig through people's Facebook pages to find out about them).
- Say anything on social media that you would not be happy saying in a public meeting, to someone's face, writing in a local newspaper or on headed notepaper.
- Comment on photos or posts, or share content, unless appropriate to your role.

In particular, do not allow content to contain or share links to other sites that contain:

- Libellous, defamatory, bullying or harassing statements.
- Breaches of copyright and data protection.
- Material of an illegal nature.
- Offensive sexual or abusive references.
- Inappropriate language.
- Anything which may be harmful to a vulnerable adult or which may bring the ministry at St Helen's Bishopsgate into disrepute or compromises its reputation.

Except for in exceptional circumstances, no communication should occur between 10pm and 8am.

Key contacts

Church safeguarding sub-committee

Parish Safeguarding Officer (PSO)
Beccy Scott
safeguarding.officer@st-helens.org.uk

Youth Worker & St Peter-upon-Cornhill
Church Safeguarding Officer
Will Waugh
w.waugh@st-helens.org.uk

Children's Champion
Anna Lamb
childrens.champion@st-helens.org.uk

Children's Worker
Matt Bridges
m.bridges@st-helens.org.uk

Deputy Parish Safeguarding Officer
Evidence Checker & Safeguarding Administrator
Abraham Sin
safeguarding@st-helens.org.uk

Operations Manager
Jason Barrington
j.barrington@st-helens.org.uk

Alison Glover
alison Glover205@btinternet.com

Tracey Huizinga
tracey.huizinga@gmail.com

Ministry area leaders

Sunday morning meeting
(including creche, Sunday school, Central Focus, Central Focus weekend, Long Weekend Away, 10.30 weekend, occasional seminars, Christianity Explored)

Phil Hudson
p.hudson@st-helens.org.uk

Sunday Mandarin meeting
(including creche, Sunday school, IGG, IGG weekends)

Henry Eatock-Taylor
h.eatock-taylor@st-helens.org.uk

Sunday afternoon meeting
(including creche, Sunday school, Food at 5s, 4pm weekends)

Aneirin Glyn
a.glyn@st-helens.org.uk

Sunday evening meeting
(including RML, RML weekends, RML training weekends, Leaders' Weekend, Christianity Explored)

Luke Cornelius
l.cornelius@st-helens.org.uk

Little Pickles and Women on Wednesday

Rachel Anderson
rachel.anderson@btinternet.com

City ministry
(including Partnership, City Summer School, City weekend, City Offsite)

Wes Illingsworth
w.illingsworth@st-helens.org.uk

Student ministry

Tim Sheppard
t.sheppard@st-helens.org.uk

Youth

Will Waugh
w.waugh@st-helens.org.uk

East End outreach
(including Shantir Boi and Asha)

Rob Scott
r.scott@st-helens.org.uk

DIOCESAN SAFEGUARDING ADVISER (DSA)

Andy Munro

Email: andrew.munro@london.anglican.org

Tel: 020 3837 5092

NATIONAL CONTACTS

Thirtyone:Eight

Helpline: 0303 003 11 11

thirtyoneeight.org

City of London Corporation Children and Families Team

020 7332 3621 (Monday to Friday, 9am–5pm)

020 8356 2710 (weekdays after 5pm, weekends and bank holidays)

City of London Social Care Services

020 7332 1224 (Monday to Friday, 9am–5pm)

020 8356 2300 (weekdays after 5pm, weekends and bank holidays)

Child Line

Freepost 1111, London N1 0BR

Tel. 0800 1111

(full number is just these 8 digits)

NSPCC

Child Protection Helpline,

0808 800 5000

Family Lives (previously Parentline) 0808 800 222

Domestic Violence Helpline (for females) 0808 2000 247

Mankind (for males) 01823 334244

FURTHER RESOURCES

- 'Protecting all God's children: The Child Protection Policy of the Church of England', 2010
- 'Policy for Safeguarding in the Diocese of London', 2015
- 'The Church of England, House of Bishops, Parish safeguarding handbook' – promoting a safer church, October 2018
- 'The Care Act 2014, and the Care and Support Statutory Guidance 2016' (Chapter 14)
- London Multi Agency Safeguarding Adults Policy and Procedures 2015
- www.london.anglican.org/support/safeguarding