



Safeguarding Policy Supplement Vulnerable Adults

GRACE CHURCH GREENWICH

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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.

Key safeguarding roles

The Church Safeguarding Officer (CSO)

The CSO is appointed by the Grace Church Greenwich Trustees 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 the person as Christ loves them.
- Setting an example of proper Christian conduct.
- Praying for those in their care.

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.

Important:

- All caregivers must read this policy.
- A list of key **contact details** can be found on the last two pages of this policy.

SECTION A

Guidelines for recognising and responding to potential abuse

Grace Church Greenwich 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 Grace Church Greenwich:

- 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, as part of visiting adults in institutions – hospitals, prisons and residential homes, anyone discovers concerns about the care being given and/or the way that someone is being treated, the Diocesan Safeguarding Adviser (DSA) should be contacted. The DSA's contact information is on the last page of this policy. 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.

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.

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 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; or the withholding of the necessities of life, such as medication, adequate nutrition and heating

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 i.e. 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 e.g. 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 (i.e. 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 e.g. 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

It is not easy to give precise guidance but the following general points may be of help:

- Above all else, listen, listen, and listen.
- Take what is said seriously.
- Only use open questions (open questions begin with words like: 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.

Concluding:

- 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 (e.g. 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, of course, be sought immediately, informing the doctors of any suspicions you may have.
- **Non-emergency:** You must contact the CSO and the ministry area leader immediately (for contact numbers see second last page). Please contact the CSO if the allegation is against your ministry area leader. If the CSO are not available within the 24 hours, contact Adult Social Care (see last page for contact numbers) and or the police directly if the concern is that the adult is being abused,
- At all stages in the reporting process, 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 the CSO.
- Under no circumstances should a church volunteer or employee investigate concerns of abuse themselves. Our responsibility is (in consultation with the Diocesan Safeguarding Team (DST)) to refer concerns to statutory authorities who will do the investigating required.
- Apart from telling your ministry area leader and or 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 Officers by a ministry area leader/CSO:

- If the Diocesan Safeguarding Officers advises further action, the ministry area leader/CSO must act upon all directions given by the Diocese in the timescale given.
- If the Diocesan Safeguarding Advisers state that **no** further action is 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 the Associate Rector, and they can involve others as necessary, including Church Wardens, 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:

- 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 - don't promise confidentiality
- However, do reassure them that you will only tell who you need to, and that they will remain involved in decisions going forward

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 - contact details can be found on the back page of this document
- 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, Grace Group leaders or other church members. Under no circumstances should you investigate concerns of abuse yourself – your role is to pass on the information you've received
- 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 (e.g. a description of the activity/situation). Record dates and times of these events and 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 your ministry area leader
- Your ministry area leader/the CSO will let you know if you need to do anything else. They are available to answer any questions/concerns that you or the individual involved may have at any stage
- 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 (e.g. 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.

Training

Safeguarding Training is provided at least annually to those serving in the relevant areas in GCG.

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 as a result 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 however the injury(ies) still give cause for concern discuss the issue with the CSO (within 24 hours) to decide if a 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, victimisation 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
- 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.

Possible behaviour by abuser

- threats, intimidation, bullying
- threats of abandonment
- promises which are not kept
- punitive approach to incontinence etc. blaming, sanctions
- few visitors or other contact
- locking the person in.

Visible signs may not be evident; however the impact of emotional mistreatment or abuse should never be underestimated as the deterioration in a victim’s physical or mental health may take a long time to recover from, and 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 alert to the deliberate isolation of a vulnerable person from friends and family resulting in the carer alone having total 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 for 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 physically and mentally and in many cases leads to self-harm and tragically in some cases, suicide. Recent cases and inquiry 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. Also denying contact with family, 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, e.g. 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

Guidelines for visiting vulnerable adults

It may often arise that we need to arrange home visits for some vulnerable adults in our church family. Although these people will be well known to us, however, unexpected circumstances can be encountered, some of which may place the person visiting at risk such as the unexpected presence in the home of a relative or friend with a history of violence or threatening behaviour.

For this reason it is very important for us to ensure all the people 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:

- 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 CSO. In these circumstances, consider whether the visit is necessary, or whether the visitor should be accompanied by another person. In addition, visiting in pairs may be advisable, especially if the adult is perceived to be vulnerable.
- Do not call unannounced; call by appointment, if appropriate telephoning the person just before visiting.
- Be clear about what support you can offer and the purpose and limitations of any pastoral care/support that is available.
- Do not make referrals to any agency that could provide help without the adult's permission, and ideally 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.
- 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 incumbent or directly to the DSA if they are not available
- Do not offer lifts in cars to vulnerable adults if you would be left alone in the vehicle together. Do not ask other church members to give lifts to vulnerable adults that might put them in a similar circumstance.

Guidance on communicating electronically with vulnerable adults

The CSO are the named persons 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 e.g. 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 (i.e. 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 Grace Church Greenwich into disrepute or compromises its reputation.

Apart from in exceptional circumstances, no communication should occur between 10pm and 8am.

Contact names and details

CHURCH SAFEGUARDING CONTACTS

Senior Minister

Revd Dr Andrew Latimer

andrew.latimer@gracechurchgreenwich.org.uk

Senior Minister

Revd Dr Andrew Sach

andrew.sach@gracechurchgreenwich.org.uk

Church Safeguarding Officer (CSO)

Sarah Wilde

safeguarding@greenwich.church

Women's Worker

Fiona Mahendran

fiona.mahendran@greenwich.church

Maternity Cover

Michaela May

michaela.may@greenwich.church

National contacts

- **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)

Helplines

- **NSPCC** for adults concerned about a child: 0808 800 5000
- **Childline** for children and young people: 0800 1111
- **Action on Elder Abuse** helpline 0808 808 8141
- **24-hour National Domestic Violence** helpline 0808 2000 247
- **NAPAC** offers support and advice to adult survivors of childhood abuse: 08088010331
- **Stop It Now** helps prevent child sexual abuse: 0808 1000 900
- **Cruse** bereavement helpline 0808 808 1677
- **Family Lives** provides support and advice on family issues: 0808 800 222
- **MACSAS** for people who have been abused by church officers: 0808 801 0340
- **Samaritans** for people struggling to cope and needing someone to talk to: 116 123

Sources of support for victims and families of abuse

- **Safeline** <https://safeline.org.uk/be-informed/how-to-support-someone-affected/>
- **The Survivors Trust** <https://www.thesurvivorstrust.org/>
- **SupportLine** <https://www.supportline.org.uk/problems/a-z/>
- **Victim Support** www.victimsupport.org.uk/crime-info/types-crime/childhood-abuse

Websites

www.nspcc.org.uk

www.womensaid.org.uk

www.restoredrelationships.org

www.stopitnow.org.uk

www.scie.org.uk

www.ceop.police.uk

www.elderabuse.org.uk

www.ageuk.org.uk

www.barnardos.org.uk

www.spiritualabuse.com

www.modernslavery.co.uk

<https://carers.org>