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**WINCHESTER**

Diocese of Winchester Safeguarding

# Safeguarding Adults Guidance Manual



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## FOREWORD

BY THE BISHOP OF WINCHESTER

“Give justice to the weak and the orphan; maintain the right of the lowly and the destitute. Rescue the weak and the needy; deliver them from the hand of the wicked.” – Psalm 82: 3-4

God’s mission reaches the least, the last and the lost and brings them into the Kingdom of God. Before Christ we are all vulnerable people as our weakness and brokenness are exposed and the process of healing and redemption begins. As God is, so should we be. This manual is all about becoming more like Christ as we reach out, draw in and begin to heal the most vulnerable members of our community in a way which is safe and responsible.

In 2006 the Church of England published separate guidelines dealing with adults at risk of abuse or neglect “Promoting a Safe Church” – and this manual updates our 2013 Manual and brings together in a single, convenient resource the guidelines and examples of best practice for use in this Diocese. It sets out the expectations and the standards which we must strive to achieve, and the importance of keeping our arrangements under regular review and scrutiny to ensure they are operating appropriately. Inevitably a document of this kind will be written in terms which at times appear directive or restrictive, but I hope that all the good advice and wisdom which it contains will also be a positive encouragement, demonstrating our conviction that keeping our churches safe forms a core part of our commitment to living the mission of Jesus together.

We are very much helped in our efforts to achieve the highest standards of safeguarding by highly skilled professional advisers who are always happy to assist you should you have any concerns or questions, as indicated in this manual.

Finally, I wish to thank all those who have contributed in many different ways to compiling this manual. It is an invaluable resource and we are grateful for it.

+ Timothy Winter

## PREAMBLE

### For clarification:

- Parish Safeguarding Adults Policy—is the Policy the parish produce. Most parishes use the template included here and amend it to suit their situation and activities.
- Parish Policy Statement—is a short, usually one side statement summarising the policy
- Diocesan Safeguarding Adults Guidance Manual—is this document and provides a wealth of information to support and inform Safeguarding Adults.

Diocesan Policy and Procedures are described in this Manual.

The Care Act seeks to move away from the term ‘vulnerable adults’ and instead refers to adults at risk of abuse or neglect, or whose circumstances may increase their vulnerability. We have sought to follow this and refer now to adults at risk rather than vulnerable adults.

### KEY CONTACT DETAILS:

DIOCESAN SAFEGUARDING ADVISER - Monday to Friday 08:00 – 18:00

- Emergency – 01962 737317
- General Enquiries 01962 737347, [jane.fisher@winchester.anglican.org](mailto:jane.fisher@winchester.anglican.org)
- Safeguarding Registry – 01962 737347, [siona.jeffery@winchester.anglican.org](mailto:siona.jeffery@winchester.anglican.org)

Between 18:00 – 08:00 Monday to Friday, weekends and Bank Holidays, immediate or urgent concerns ring the Hampshire out of hours team on 0300 555 1373. If you use this number please ensure you also inform the Diocesan Safeguarding Adviser as soon as possible.

### Diocesan Communications Team:

Diocese of Winchester number, 020 7618 9197,

email address: [dioceseofwinchester@luther.co.uk](mailto:dioceseofwinchester@luther.co.uk)

## 1 INTRODUCTION

### 1.1 Context

In recent years society has become more aware of the extent of harm perpetrated against adults at risk of abuse or neglect. In response to this Parliament passed the Care Standards Act 2001 and the Department of Health published accompanying guidance *No Secrets*, a document developing and implementing inter-agency policies and procedures to safeguard adults. In October 2005 *Safeguarding Adults: a national framework of standards and good practice in adult protection work*, was published, which expanded on the guidance in *No Secrets*.

The **Care Act 2014**: came into force in April 2015 and significantly reforms the law relating to care and support for adults and carers. This legislation also introduces a number of provisions about safeguarding adults at risk from abuse or neglect.

The Care Act 2014 replaces No Secrets.

In 2002 Churches Together in Britain and Ireland produced the report ***Time for Action***, which in part challenged the Churches to respond more compassionately and effectively to adults who had been sexually abused in a church context.

This Guidance Manual seeks to bring together the legal requirements, best practise and the challenges of responding to Time for Action.

Living a life that is free from harm and abuse is a fundamental right of every person. When abuse or neglect does occur, it needs to be dealt with swiftly, effectively and in ways that are proportionate to the concerns raised. In addition, the person must be at the centre of any safeguarding response and must stay as much in control of decision making as possible.

The Care Act 2014 creates a new legal framework for how Local Authorities and other parts of the system should work together to protect adults at risk of abuse or neglect.

**The Care Act 2014 establishes that safeguarding is everybody's business.**

All staff, whatever the setting they work or volunteer in have a key role in preventing harm or abuse occurring and for taking action when concerns arise.

All organisations have a responsibility to ensure that they foster a culture which enables transparency, reporting of concerns and whistle blowing.

We aim to think in terms of '**Ministry with**' rather than '**Ministry to**' all adults. An attitude of looking at what people 'can do' and encouraging them to do as much they can / want to is more appropriate.

Reducing isolation – for both the carer and person being cared for - can be a significant factor in reducing abuse; the church is well placed to do this.

Staff and volunteers who have contact with persons at risk have a responsibility to be aware of issues of abuse, neglect or exploitation. All staff and volunteers have a **duty to act** in a timely manner on any concern or suspicion that an adult at risk is being, or is at risk of being, abused, neglected or exploited and to ensure that the situation is assessed and investigated.

### **HCC Policy states:**

#### **Faith communities**

Churches, other places of worship and faith-based organisations provide a wide range of activities for persons at risk and have an important role in safeguarding persons at risk and supporting their families. Religious leaders, staff and volunteers who provide services in places of worship and in faith-based organisations will have various degrees of contact with persons at risk.

Like other organisations that work with persons at risk, churches, other places of worship and faith-based organisations need to have appropriate arrangements in place for safeguarding and promoting the welfare of persons at risk. In particular these should include:

- Procedures for staff and others to report concerns that they may have about the abuse, neglect or exploitation of a person at risk
- Appropriate codes of practice for staff, particularly those working directly with persons at risk
- Safe recruitment procedures, alongside training and supervision of staff (paid or voluntary).

## **1.2 Aims of safeguarding**

### **The aims of the safeguarding process are to:**

- Stop abuse or neglect wherever possible
- Prevent harm and reduce the risk of abuse or neglect to adults at risk
- Safeguard adults in a way that supports them to make choices and have control over their lives
- Promote an approach that concentrates on improving life for the adults concerned
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- Provide accessible information and support to help people understand the different

types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult

- Address what has caused the abuse or neglect
- Support the recovery from the abuse or neglect.

### 1.3 Vulnerability

**All adults can be at risk of mistreatment at different times in their life.**

Human beings are, by their very nature, subject to the chances and changes of this world – frequently with little or no opportunity or ability to influence the things they are subject to. Each person has strengths and weaknesses, capacities and restrictions. At some time everyone will be vulnerable to a wide range of pressures, concerns or dangers. No one is ‘invulnerable’; some people may consider themselves to be strong but, when circumstances change, strengths can quickly disappear. Some people, by reason of their physical or social circumstances, have higher levels of vulnerability than others. It is the Christian duty of everyone to recognise and support those who are identified as being at risk of abuse or neglect. In supporting a person experiencing vulnerability we must do so with compassion and in a way that maintains dignity.

Vulnerability is not an absolute; an individual cannot be labelled as ‘vulnerable’ in the same way as a child is regarded as a child. Childhood is absolute: someone who is not yet eighteen years of age is, in the eyes of the law, a child; this is not the case with vulnerability.

In our work and ministry within the church we must be aware that there may be times when people are at risk of abuse or neglect because of circumstances, and these are often the times when the church is in contact with them. Whilst these don’t appear in the statutory definitions we must bear them in mind to ensure best practice in all areas of our ministry and service.

### 1.4 Definitions for use with those who may be at risk of abuse or neglect

In order to bring into focus those people for whom the Church should have a particular care this working definition may be helpful:

**Any adult aged 18 or over who, by reason of mental or other disability, age, illness or other situation is permanently or for the time being unable to take care of him or herself, or to protect him or herself against significant harm or exploitation.**

Adults at risk of abuse or neglect may therefore be people who have:

- a substantial learning or physical disability;

- a sensory disability;
- a physical disability;
- a mental illness or mental disorder (including dementia), chronic or otherwise;
- a significant reduction in physical or mental capacity;
- a dependency upon others in the performance of, or a requirement for assistance in the performance of basic physical functions;
- severe impairment in the ability to communicate with others;
- impairment in a person’s ability to protect him/herself from assault, abuse or neglect;
- failing faculties in old age;
- an addiction to alcohol or drugs;
- a reduction in physical, mental, or emotional capacity brought about by life events;
- any situation which reduces a person’s capacity to protect themselves from significant harm or exploitation;
- a person experiencing long term disability or deterioration in health, or caring for someone with physical difficulties;
- a person who is unable to demonstrate the capacity to make a decision and is in need of care and support;
- a recently bereaved person;
- a permanent or temporary reduction in physical, mental or emotional capacity brought about by life events, for example: bereavement; previous abuse or trauma; divorce; birth of a baby; retirement; loss of job; domestic abuse.

This list is not exclusive and the presence of one of these conditions does not necessarily mean a person will be at risk of abuse or neglect. There is no specified age at which ‘faculties fail’.

The definition could include a wide range of people and does not make it easy for people in Churches to identify areas where they may need to undertake special care or training. It could almost be taken to apply to anyone to whom clergy offer pastoral care, whether a regular attendee at their local church, or a person coming for one of the occasional offices or who simply wants pastoral support.

“*The Safeguarding Vulnerable Groups Act (2006)* recognises that **any adult** receiving any form of health care is vulnerable. Whilst there is no formal definition of vulnerability within health care, some people receiving health care may be at greater risk from harm than others, sometimes as a complication of their presenting condition and their individual circumstances.

### Vulnerability factors

There may be a number of factors which increase a person’s vulnerability to abuse, neglect or exploitation. The table below gives more information about this.

### Factors which increase a person’s vulnerability of to abuse and exploitation

Personal characteristics of a person at risk that can increase vulnerability may include:	Personal characteristics of a person at risk that can decrease vulnerability may include:
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<ul style="list-style-type: none"> <li>▪ Not having mental capacity to make decisions about their own safety including fluctuating mental capacity associated with mental illness and other conditions</li> <li>▪ Communication difficulties</li> <li>▪ Physical dependency – being dependent on others for personal care and activities of daily life</li> <li>▪ Low self esteem</li> <li>▪ Experience of abuse</li> <li>▪ Childhood experience of abuse</li> </ul>	<ul style="list-style-type: none"> <li>▪ Having mental capacity to make decisions about their own safety</li> <li>▪ Good physical and mental health</li> <li>▪ Having no communication difficulties or if so, having the right equipment/support</li> <li>▪ No physical dependency or if needing help, able to self-direct care</li> <li>▪ Positive former life experiences</li> <li>▪ Self-confidence and high self-esteem</li> </ul>
<p><b>Social/situational factors that increase the risk of abuse may include:</b></p>	<p><b>Social/situational factors that decrease the risk of abuse may include:</b></p>
<ul style="list-style-type: none"> <li>▪ Being cared for in a care setting, that is, more or less dependent on others</li> <li>▪ Not getting the right amount or the right kind of care that they need</li> <li>▪ Isolation and social exclusion</li> <li>▪ Stigma and discrimination</li> <li>▪ Lack of access to information and support</li> <li>▪ Being the focus of anti-social behaviour</li> </ul>	<ul style="list-style-type: none"> <li>▪ Good family relationships</li> <li>▪ Active social life and a circle of friends</li> <li>▪ Able to participate in the wider community</li> <li>▪ Good knowledge and access to the range of community facilities</li> <li>▪ Remaining independent and active</li> <li>▪ Access to sources of relevant information</li> </ul>

## 1.5 A definition of safeguarding, mistreatment, abuse and harm

### **Definition of safeguarding**

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Organisations should always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved.

### **Definition of abuse**

Abuse may be perpetrated by an individual or by a group of people. As with many other forms of abuse it is about the misuse, the abuse, of power; trust; control and or authority. It may be a criminal offence. Harassment, bullying, exploitation, victimisation, discrimination, are other forms of behaviour that should not be accepted within the life and ministry of the church.

In some situations people from the church may be the only 'independent' people some adults have contact with. Church workers see people in a range of situations – home, residential care, church, other activities. We need to be aware and alert to the possibility of abuse and know what to do about it.

Abuse may be accepted or exacerbated by the culture of an organisation, in which case it is described as 'organisational abuse'. Abuse concerns the misuse of power where control and/or authority can manifest as a criminal offence.

Abuse can take place in the person's home, day centre, family home, community setting and in public places (including churches and ancillary buildings).

Abuse of a person at risk may consist of a single act or repeated acts affecting more than one person.

It may occur as a result of a failure to undertake action or appropriate care tasks.

It may be an act of neglect or an omission to act, or it may occur where a person at risk of abuse or neglect is persuaded to enter into a financial or sexual transaction to which they do not, or cannot, consent.

Abuse can occur in any relationship and any setting and may result in significant harm to or exploitation of, the individual.

In many cases abuse may be a criminal offence.

Intent is not an issue at the point of deciding whether an act or a failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that individual.

Staff and volunteers need to look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared. Patterns of abuse vary and include:

- Serial abusing in which the perpetrator seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;
- Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse; or
- Opportunistic abuse such as theft occurring because money or jewellery has been left lying around.

**Definition of mistreatment** 'a violation of an individual's human and civil rights by any other person or persons'. In a church context it could be any misuse of a pastoral or managerial relationship, from the most serious to less severe behaviour, which lies at its root. The term covers **abuse**, bullying and harassment. These categories are not watertight and can merge into one another.

**Definition of harm** - what results from mistreatment or abuse.

Harm involves ill treatment (including sexual abuse and forms of ill treatment which are not physical), the impairment of, or an avoidable deterioration in, physical or mental health and/or the impairment of physical, intellectual, emotional, social or behavioural development.

All those who work in regular, face-to-face contact or have responsibilities for adults or are in positions of trust should be aware of the potential for the misuse and abuse of power. Training in good practice and awareness of adult abuse and the proper recruitment of those who work in any recognised ministry on behalf of the Church is therefore essential.

The possibility of people at risk being harmed is not confined to their lives outside of the Church. Church workers need to be vigilant to protect people at risk from harm whilst they are attending worship or other meetings or activities or being visited by someone from the congregation. There is a specific range of issues that need to be addressed about church buildings, to ensure they are safe and accessible. In addition the Church has a responsibility and duty of care to ensure that all those who are closely involved with people at risk are behaving in safe and appropriate ways. Of course many people will be good friends of people who have impairments – it is not appropriate to try to 'legislate' their friendship, only their responsibilities when acting on behalf of the Church. All church workers have a responsibility to treat all those they minister to with respect.

## **1.6 Safeguarding Concerns**

A Safeguarding concern is anything which causes you concern for the welfare of an adult at risk of abuse or neglect or that they are experiencing abuse or neglect.

This may happen in many ways:

DISCLOSURE – a person telling you about abuse they have experienced.

ALLEGATION – where you are told that a specific individual has or is abusing an adult at risk.

CONCERN: you observe or are told that:

- An individual's behaviour or comments cause any safeguarding concerns – this may be towards adults at risk in general or a specific person,

- An individual shows any behaviours, signs, symptoms that are have been or are being abused. This may take many forms – comments, behaviour, behaviour around a certain person.

Always act on a concern regardless of whether you have specific evidence.

**All such situations must be referred to the Diocesan Safeguarding Adviser for discussion and to agree actions.**

## 1.7 Theological reflection

From beginning (in the cry of a baby) to end (in the cry from the cross), the life and death of Jesus Christ illustrates the willingness of God to be vulnerable in order to share to the full our world of pain, poverty, suffering and death. In his earthly ministry, Jesus constantly showed himself to be compassionately on the side of the outcast, the marginalised and the stranger, reaching across social barriers with the inclusive love of God. This was wholly in line with the Hebrew Bible's priority concern for orphans and widows, its obligation to provide a voice for the voiceless, and its prophetic call for justice to 'roll down like waters, and righteousness like an ever-flowing stream' (Amos 5.24). The risen Christ's commission to his followers ('As the Father has sent me, so I send you' [John 20.21]) requires the Christian Church to exercise that same concern for those whom some in society treat as the outsider and the stranger, to reach across barriers of exclusion and demonstrate a love which shows itself in compassionate pastoral care and in the quest for justice in all our relationships. The heart of Christian pastoral care is this: love for God and love for our neighbour, the social expression of which is justice in all human affairs.

In line with the gospel of creation and redemption, Christian pastoral care has often been described in terms of healing, sustaining and reconciling. All people, and especially those who may be marginalised through vulnerability, need to receive the healing love of God to rebuild relationships with others or within themselves which illness, disability or abuse may have fractured. Healing is a process of being made more whole. There can be substantial steps for some people in this life, which can be aided through the Church's ministry of healing and reconciliation, though full healing in all dimensions of life must wait for the coming of Christ's kingdom when all creation will be healed and renewed. For those who have been abused, neighbour love includes the need for them to be listened to and believed, supported as they cope with the effects of trauma, enabled to make the choices which will lead to healing and start on the costly road towards forgiveness. The Christian gospel offers the grace of reconciliation with God, which can enable people to learn to live lives more reconciled with others and with their environment.

Everyone needs the sustaining reassurance that they are treated with the respect that is due to all human beings made in the image of God and precious to God. Those who have challenging personal situations must receive the resources they need to live independent lives with dignity. Everyone needs to know that they can live safely in a non-threatening environment.

Christian pastoral care takes place in the context of the present world, which in gospel terms is provisional. We live in the time between God's living Word to us in Jesus Christ, and the coming of God's kingdom in its fullness, when there will be no more pain, no more tears, no more social exclusion, and no more death. In this world the Holy Spirit sustains our ministry – enabling us to do what we can within the constraints of fallenness and sin, and yet holding out the living hope that the day will come when God will be all and in all.

As Christians we believe that all people are created in the image of God, are completely known and totally loved by God. That God sent His Son to die that each and every one of us may be restored to relationship and fellowship with Him. It is God's plan and intention that everyone has the opportunity to: have life and have it to the full. (Jn 10v10)

The Bible has many references to older or vulnerable people and their treatment:

- **Acts 2 v 17 / Joel 2 v 28 – 32**, God has a place in ministry for older people.

We have family services, and youth services, and youth groups, and Sunday School, and youth worship group, and youth choir and messy church. It is, of course, right that we should be encouraging young people in their faith journey – but this must not be to the exclusion of older people or adults at risk . Our ministry must reflect 'both / and' not 'either / or'. A mixed economy.

- **Isaiah 46 v 4** - Gods promise of care and sustaining in old age.
- **1 Timothy 5 Paul** - gives Timothy a list of instructions about treating those who may, for various reasons, be deemed vulnerable.
- **1 Cor 12** - clearly portrays us as all being members of one body – there is no differentiation on the basis of age or ability or disability.
- **Exodus 20 v 12** - Honour your father and mother, so that you may live long in the land the Lord your God is giving you.
- **Leviticus 19 v 32** - Rise in the presence of the aged, show respect for the elderly and revere your God.
- **Isaiah 1 v 17** - Learn to do right! Seek justice, encourage the oppressed. Defend the cause of the fatherless, plead the case of the widow.
- **James 1 v 27** - Religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress and to keep oneself from being polluted by the world.
- **Psalms 92 v 14** - They will still bear fruit in old age; they will stay fresh & green.
- **Acts 2 v 17** - ... your old men will dream dreams.
- **Micah 6 v 8** - God wants justice and mercy.
- If we doubt the Bible really grasps the ageing process we would do well to read and reflect on Ecclesiastes 12 – especially in The Message version.

## 2 THE POLICY

### 2.1 Principles underlying the Policy

Christian communities should be places where all people feel welcomed, respected and safe from abuse. The Church is particularly called by God to support those at the margins, those less powerful and those without a voice in our society. The Church can work towards creating a safe and non - discriminatory environment by being aware of some of the particular situations that create vulnerability. Issues which need to be considered include both the physical environment and the attitudes of workers. A person who might be considered at risk has the right to:

- be treated with respect and dignity;
- have their privacy respected;
- be able to lead as independent a life as possible;
- be able to choose how to lead their life;
- have the protection of the law;

- have their rights upheld regardless of their ethnicity, gender, sexuality, impairment or disability, age, religion or cultural background;
- be able to use their chosen language or method of communication;
- be heard.

## 2.2 The House of Bishops Policy Statement on safeguarding adults in the Church of England

The Church of England is committed to encouraging an environment where all people and especially those who may be at risk for any reason are able to worship and pursue their faith journey with encouragement and in safety. Everyone, whether they see themselves as at risk or not, will receive respectful pastoral ministry recognising any power imbalance within such a relationship. All church workers involved in any ministry will be recruited with care including the use of the Disclosure and Barring Service Disclosure Service when legal or appropriate. Workers will receive training and continuing support. Any allegations of mistreatment, abuse, harassment or bullying will be responded to without delay. Whether or not the matter involves the church there will be cooperation with the police and local authority in any investigation. Sensitive and informed pastoral care will be offered to anyone who has suffered abuse, including support to make a complaint if so desired: help to find appropriate specialist care either from the church or secular agencies will be offered. Congregations will often include people who have offended in a way that means they are a continuing risk to people at risk. The risks will be managed sensitively with the safeguarding of adults in mind.

## 2.3 Implementing a Policy for Safeguarding Adults in a Parish

Everyone has a responsibility for the safety, well being and protection of others.

**Safeguarding is everybody's responsibility.** All of us within the church community have a responsibility to ensure that there is a welcome for all people, including adults at risk. A policy about safeguarding adults should be the concern of the whole church and therefore should be presented to the PCC for adoption and be reviewed and reaffirmed at least annually. This will provide an opportunity for church members to remember their commitment to one another. Everyone should be alert to situations where those who are at risk might be exposed to unacceptable risks. Those who work with adults at risk are often in challenging situations and need the support, prayers and encouragement of all in the church. Sometimes they may be confronted with difficult behaviour from those they are trying to serve; sometimes they may have to face difficult decisions about incidents that may need to be reported to the statutory authorities. The church needs to be clear about the procedures they should follow when they have concerns about adults being harmed or abused.

Those who work most closely with adults at risk in lunch clubs, day centres, Bible study groups or as pastoral visitors, etc. are in a unique position to get to know them. As a result they might learn about things that give cause for concern or they may see others, sometimes including fellow workers or church members, behaving in ways that may be described as abusive or potentially harmful. Workers should have a good knowledge of the guidelines for good practice and be implementing them; they should know what to do if they learn of any incidents where adults are being mistreated or abused.

Not all concerns about the welfare or safety of an adult at risk need the statutory authorities to be involved; sometimes it may be that the concern focuses on behaviour and attitudes that are not a safeguarding and/or criminal issue and the matter should be dealt with through training or discussion. The response to our concerns should always be proportionate and appropriate to the issue.

Parishes should do their best to provide a safe place for those who may be at risk. Where the parish organises special activities or groups for adults at risk, care should be taken to ensure that those who work in these activities are carefully appointed, supported and supervised. Recruitment to other positions of trust should be carried out sensitively but thoroughly to try to prevent inappropriate appointments being made. All recruitment should be carried out in accordance with Safer Recruitment guidance – available on the Diocesan website.

The Parochial Church Council together with the incumbent carries a duty of care for the safety of those who attend or use the church. The PCC should, with the help of the diocese, ensure that a policy is in place that reflects the need to safeguard adults and that it is being implemented and has appropriate resources. The PCC needs to find ways to communicate the policy to the whole congregation. Clergy in particular need to be aware of the pastoral needs of adults at risk, their carers and those that work with them.

It is recommended that a named individual be appointed by the PCC to act as the key person to speak on behalf of adults. Ideally the appointed person should have some experience in this field.

They should be recruited using Safer Recruitment Guidance and should apply for a DBS disclosure. The lead person should always liaise with and seek advice from the Diocesan Safeguarding Advisor immediately a concern becomes known. If there is clear evidence that the person has suffered abuse, then this should be reported to the Diocesan Safeguarding Advisor as soon as possible, who may refer to local authority Adult Services as the lead agency.

All Adult Services Departments (or similar) have policies about the safeguarding of adults and will work in multi-agency collaboration with health services, police and other agencies.

### 2.4 What happens if a parish does not comply with the Diocesan Policies and Procedures?

It will be a condition of the parish insurance policies that the parish takes all reasonable steps to prevent injury, loss or damage occurring to adults at risk. Failure to take such precautions may prejudice your insurance.

To satisfy this condition, you therefore have a duty to adopt 'best practice', by following the Church of England current and ongoing guidelines in safeguarding; the contents of this manual interpret these for parishes in the Diocese.

For parishes which are required to register with the Charity Commission, incidents that cause a significant loss of funds or pose serious risks to a charity's beneficiaries, resources or reputation should be reported to the Charity Commission as soon as possible. Serious incidents include not having a policy for safeguarding its vulnerable beneficiaries; no vetting procedure for trustees and members of staff.

Apart from these insurance and Charity Commission requirements, serious damage may be done to adults at risk, their leaders, and the reputation of your church, if best practice is not followed.

### 2.5 What is a Safeguarding Adults Policy?

A Safeguarding Adults Policy is both a statement of intent – how you regard the welfare of adults, and the action you will take to ensure that all your activities and interactions with people are managed to ensure the best possible safeguarding for all adults.

#### **Why do we need a Safeguarding Adults Policy?**

It will show that your organisation takes all adults seriously and demonstrates your commitment to the ensuring the welfare of all adults in all your activities.

Organisations should have a Safeguarding Adults Summary Statement which summarises their Policy and is displayed – usually a one page document. The main Policy, which will be a lengthier document, will be available but not displayed.

A sample Summary Statement is available in Section 12.

### Contents of a Policy

A Policy will usually contain:

- 1 An introduction
- 2 Policy issues
- 3 Good practice expected of all those working with adults
4. Forms and paper work
5. Protocols / Procedures
6. Contact details of the person responsible for safeguarding adults

#### **1. Introduction**

Contents page – to explain what is included

Glossary – definition of terms

Why you need a policy and who it covers

#### **2. Policy Issues**

- Your mission statement / statement of intent on safeguarding adults

- The policy is approved and endorsed by the PCC
- Types and definitions of abuse – and signs and symptoms
- Expected behaviour of those working with adults – to keep adults and workers safe
- Recruitment procedures and checking requirements
- How you will provide for adults to report abuse or concerns in a safe way – whistle blowing policy
- Reporting of abuse process – all concerns, and allegations of abuse will be taken seriously by trustees, staff and volunteers and responded to appropriately – this may require a referral to adult services and in emergencies, the Police
- Information handling and dealing with reports of abuse

### **3. Good practice**

May include:

- How to recognise adult abuse
- What to do if an adult talks about abuse - the term 'complaint' can cover an allegation, disclosure or statement; something seen or something heard. The complaint need not be made in writing but, once received; it must be recorded and acted upon.
- Residential activities / off site activities
- Managing Behaviour
- Bullying
- Storage and use of information, and images of adults
- Use of internet and e-mail
- Transporting adults

Information on all areas is available in the Safeguarding Adults Guidance Manual and can be adapted to your situation.

### **4 Forms and paperwork**

This may include:

- Consent forms (if appropriate)
- Concerns recording form
- Accident book
- Incident Form

### **5 Protocols**

These will be determined by the work you do with adults but may include:

- Boundaries & Contracts for Offenders within the church
- Handling Disclosure Information
- Internet use including consent form for using images of adults
- Off Site Activities Policy
- Responding to Abuse - allegations

- Responding to Abuse - survivors
- Supervision of Activities – ratios
- Responding to inappropriate behaviour
- Transporting adults
- Working with adults in the community

## 6 Contact details

Name of Parish Safeguarding Officer

Who to contact if Parish Safeguarding Officer is not available

Name and contact details of Diocesan Safeguarding Advisor

- Key contact details:
  - Name and telephone number of Diocesan Safeguarding. Adviser.- Monday to Friday 8:00 – 6:00
    - Emergency – 01962 737317
    - General Enquiries 01962 737347, [jane.fisher@winchester.anglican.org](mailto:jane.fisher@winchester.anglican.org)
    - Safeguarding Registry – 01962 737347, [siona.jeffery@winchester.anglican.org](mailto:siona.jeffery@winchester.anglican.org)
  - Between 18:00 – 08:00 Monday to Friday, weekends and Bank Holidays, immediate or urgent concerns ring the Hampshire out of hours team on 0300 555 1373. If you use this number please ensure you also inform the Diocesan Safeguarding Adviser as soon as possible.
  - If you use this number please ensure you also inform the Diocesan Safeguarding Adviser.

### 2.6 Checklist for implementing a Safeguarding Adults Policy in the Parish

This provides a checklist of the key stages to help you implement and review your Safeguarding Adults Policy, procedures and good practice in the parish.

- The PCC and Incumbent should appoint a Parish Safeguarding Officer for the Parish / benefice.
- A policy statement summarising the key points of the policy should be produced and displayed.
- If there are any people in the congregation who are known to have offended against adults the Diocesan Safeguarding Advisor must be notified and an Agreement with that person established.
- Identify all outside groups using the church premises – follow the procedure for such groups.

- Identify all activities aimed at adults at risk that are the responsibility of the PCC and therefore come under the Safeguarding Adults protection procedures.
- Consider whether there are any people in the congregation who have informal contact with adults at risk – verger, caretaker, mini-bus driver, etc. these people will come under Safeguarding Adults procedures.
- Decide how new workers will be recruited and appointed.
- Make sure the parish insurance policy covers all church activities on and off the premises and includes Legal Protection Insurance for employees and volunteers.
- Check that every group has enough helpers and that if possible there is a gender balance.
- Inspect all premises used to make sure they are physically safe and any health and safety issues are addressed.
- Check that every group has a register of attendance and up to date registration forms.
- The Parish Safeguarding Officer should hold a log book where concerns or any unexpected incidents can be recorded. These should be kept in compliance with the Data Protection Act.
- Decide how the Safeguarding Adult Policy will be introduced to the congregation, volunteers, and adults at risk .
- Decide on a drink and drugs policy for the parish.
- Assess all the activities provided by the parish and ensure appropriate policies are in place to determine expected behaviour of leaders.
- Identify local support groups, counselling services and resources for adult survivors of abuse.

**The incumbent and church wardens should sign the parish Safeguarding Adult’s Policy statement and agree a date to review the policy on an annual basis.**

**It is advisable that a copy of the summary statement be placed in a public place – eg. notice board and a reference made to where the policy may be accessed.**

## **2.7 Implementing this Policy – a checklist**

The following checklist shows the responsibilities of those who have contact with or provide services for people at risk of abuse or neglect. It provides an action plan for the Church. We

should:

- Seek to work in a non-abusive way that respects the rights of individuals to enjoy privacy, dignity, independence and choice.
- Actively promote the empowerment and well-being of people at risk through the services we provide.
- Ensure rigorous recruitment practices to deter those who actively seek opportunities to abuse, exploit or neglect people, including taking up references, completion of Confidential Self Disclosure form, and using DBS checks. See Safer Recruitment Procedures.
- Actively promote an organisational culture within which all those who express concern will be treated seriously and will receive a positive response from management.
- Ensure that staff and volunteers understand that vulnerable people can be abused and that they know what to do if they think that someone is being abused.
- Ensure that all staff and volunteers receive appropriate training and support.
- Have an internal policy, procedure and guidance on how managers, staff and volunteers will deal with allegations of abuse, including allegations against their own organisation's staff and volunteers.
- Work in cooperation with the local Adult Services and the police when they are investigating an allegation of abuse.
- Identify a Parish Safeguarding Officer who takes responsibility for arranging training for staff and volunteers and updating procedures.
- Ensure that confidentiality and information sharing related to the protection of adults who may be at risk and perpetrators of abuse in a multi-agency context are maintained through the agreed protocols.

**Have other policies and procedures in place which support good practice, e.g. complaints / whistle blowing / management of service users' money / staff disciplinary procedures.**

**A SAMPLE SAFEGUARDING ADULTS POLICY IS INCLUDED IN SECTION 12.**

## 3 RESPONSIBILITIES WITHIN THE DIOCESE

### 3.1 Introduction:

**Safeguarding is everyone's responsibility. We all have a role in ensuring safeguarding policies and procedures are implemented. However, there are a number of roles with specific responsibilities. We need to work together to create and maintain the safest possible space and environment for everyone to attend and participate in our churches and church activities.**

### 3.2 The role of the Diocese:

- adopt the House of Bishops' Policy for Safeguarding Adults in the Church of England, together with any additional Diocesan procedures and good practice Guidelines;
- provide a structure to manage safeguarding and protection of adults at risk of abuse or neglect in the diocese;
- appoint a Diocesan Safeguarding Adviser with responsibility for safeguarding adults, directly accountable to the Diocesan bishop, and provide appropriate financial, organisational and management support;
- include monitoring of safeguarding adults in parishes as part of the archdeacons' responsibilities;
- provide access to the Disclosure and Barring Service for parishes, the cathedral, the bishop's office and the Diocesan office for those beneficed and licensed clergy, paid workers and voluntary workers who need to obtain disclosures;
- provide access to risk assessment so that the bishop and others can evaluate and manage any risk posed by individuals or activities within the church;
- provide training and support on safeguarding and protection matters to parishes, the cathedral, Diocesan organisations and those who hold the bishop's licence;
- provide a handbook of procedures and recommended good practice to enable parishes and others to undertake their duties, and encourage them to implement the procedures and good practice according to local needs.

### 3.3 Responsibilities within the parish church

#### 3.3.1 The role of the Parochial Church Council (PCC):

##### **With the incumbent, to:**

- accept the prime duty of care placed upon the incumbent and PCC to ensure the well-being of adults in the church community;
- create an environment which is welcoming, respectful and safe from abuse; encourages everyone to lead as independent a life as possible, to choose how to lead their life, and to be active contributors to the church community; safeguards adults from actual or potential harm; and enables and encourages concerns to be raised and responded to openly and consistently;
- adopt and implement Safeguarding Adults policies and procedures, accepting as a minimum the Diocese of Winchester's policies and procedures, and being responsive to local parish requirements;
- appoint a designated Parish Safeguarding Officer, to work with the incumbent and the PCC to implement policy and procedures;
- ensure that appropriate health and safety policies and procedures are in place;
- pay particular attention to hidden groups within the community, including adults with special needs, in order to ensure their full integration and protection within the church community;
- inform and work in co-operation with the Diocesan Safeguarding Adviser in the event of any allegations or concerns that an adult has been harmed, or is at risk of harm, or the behaviour of an adult may be causing harm;

- ensure, in co-operation with the Diocesan Safeguarding Adviser, that those who may pose a risk to adults are effectively managed and monitored;
- undertake regular Health and Safety inspections and Risk Assessments of buildings, taking into account the safeguarding of adults;
- provide appropriate insurance cover for all activities undertaken in the name of the parish;
- monitor and support the work of the incumbent and Parish Safeguarding Officer in relation to safeguarding, and review the implementation of the Safeguarding Adults policies and procedures annually.

*Local ecumenical projects, and churches in a sharing agreement under the Sharing of Church Buildings Act 1969, should agree which denomination's safeguarding adults policy to follow, and this decision should be ratified by the bishop and other appropriate church leaders.*

### 3.3.2 The role of the incumbent with the PCC, to:

- ensure that Safeguarding Adults policies and procedures are 'owned' by the parish, through the PCC;
- ensure the parish has one or more designated Safeguarding Officers, and support them;
- have an oversight of the 'culture' of activities with adults;
- ensure individuals, groups or organisations using church premises have seen and agree to abide by the Diocesan Safeguarding Adults policies, as adopted by the parish;
- ensure that all workers (unpaid and paid) are recruited safely;
- promote the Diocesan policies as adopted by the parish, and make them widely available;
- ensure people know procedures, and the implications for their work;
- ensure the policy and procedures are practised, and reviewed annually;
- inform the Diocesan Safeguarding Adviser as soon as an allegation is made;
- work co-operatively with the Diocesan Safeguarding Adviser to follow Diocesan procedures;
- manage the consequences for the congregation after an allegation or a conviction has been made;
- ensure pastoral care for all concerned is offered (victim and alleged abuser and families) either personally or delegated to others;
- ensure provision of a secure cabinet for storage of records.

### 3.3.3 The role of the Parish Safeguarding Officer In co-operation with the incumbent and the PCC, to:

- be familiar with the Diocesan Safeguarding Adults policies and procedures;
- work with the incumbent and the PCC to ensure that they are adopted, implemented and reviewed in all parish activities which involve adults at risk ;

- ensure that the guidelines for activities with adults at risk are followed in all parish activities;
- contribute to the appointment of all voluntary workers and paid workers by ensuring that necessary safeguarding procedures are followed;
- compile and update annually a list of names of paid and voluntary workers;
- ensure relevant training and information on Safeguarding Adults policies and procedures and their implementation is offered to all voluntary workers and paid workers;
- listen to concerns or allegations regarding any adults, or the behaviour of an adult, in the parish, and follow Diocesan procedure in responding;
- maintain contact with the Diocesan Safeguarding Adviser, to keep abreast of Diocesan policies and procedures, and ensure the parish is informed of changes and developments;
- attend Diocesan training in Safeguarding Adults;
- keep a log of incidents, allegations or concerns which arise;
- keep records safely and securely in a locked cabinet, with access restricted to the Parish Safeguarding Officer and the incumbent.

It is recommended the agreed tasks are drawn together into a Role Guide to be agreed and signed by both PCC and Parish Safeguarding Officer.

It is expected the Parish Safeguarding Officer will work closely with the incumbent and those overseeing the children's / youth / adult work within the Parish.

As the Parish Safeguarding Officer is appointed by and accountable to the PCC any difficulties in carrying out the role, concerns that inappropriate responses are being made or that Safeguarding concerns are not being dealt with appropriately should be reported to the PCC if a satisfactory outcome is not gained from the incumbent.

A sample Role Guide can be found at Section 12.

#### 3.3.4 The role of the Churchwarden In co-operation with the incumbent, the PCC and the Parish Safeguarding Officer, to:

- ensure, in the period of an interregnum, that the incumbent's safeguarding roles are fulfilled, in co-operation with the PCC and Parish Safeguarding Officer in line with the Managing Safeguarding in an Interregnum document contained in the Parish Vacancy Pack;
- pay attention to the specific needs of adults at risk when undertaking routine Health and Safety inspections and risk assessments;
- ensure that risk assessments are carried out before new activities are undertaken (regular and one-off) ensure that all parish activities are adequately insured;
- ensure that paid staff are recruited safely, receive complaints and grievances, and ensure that the parish has procedures for responding to them;
- ensure that offenders and those known to pose a risk to adults

- at risk in the church are managed effectively, and following Diocesan procedure;
- ensure that the guidelines for activities with adults at risk are followed in all parish activities;
- ensure that safeguarding requirements are included in all booking arrangements with organisations and individuals;
- answer questions regarding safeguarding as they arise in the Archdeacon's Articles of Enquiry and Parish Visitations, and address specific advice which may be given Under the Canons and other law of the Church of England.

### 3.4 The Role of the Diocesan Safeguarding Panel

1. The Safeguarding Panel is accountable to the Bishop.
2. It will meet a minimum of three times a year, or more often as appropriate.
3. Its purpose will be:
  - to promote good practice in management of safeguarding in the diocese;
  - to advise on annual priorities and areas of work in safeguarding;
  - to review and advise on Diocesan safeguarding policy and procedures, and implications for implementation taking account of changes in the law or national policy;
  - to provide a Risk Assessment Panel, which will work with the Diocesan Safeguarding Advisor in assessing risk in cases of positive Disclosures, and in parish situations which cause concern;
  - to consider matters referred by the Diocesan Safeguarding Advisor.

The Panel is chaired by an Independent Professional.

## 4 DEFINITIONS OF ABUSE AND FORMS OF HARM

### 4.1 Introduction

Whilst recognising that abuse can be subject to a wide interpretation, working definition as:

**'Abuse is a violation of an individual's human and civil rights by another person or persons.'**

Abuse may consist of single or repeated acts.

### 4.2 Types of abuse

Abuse can be something that is done, or omitted from being done.

#### Physical Abuse

Including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate

sanctions.

### Sexual Abuse

Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

### Psychological Abuse

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.

This is the most common form of abuse but can be the most difficult to recognise.

It might include playing on someone's emotions to make them afraid, uneasy or unnecessarily dependent. This might include bullying, shouting, persistent ignoring, isolation or withdrawal from social contact or supportive networks, emotional blackmail, undermining, ridiculing, coercion, racial abuse, deprivation of contact.

In a church context we need to be careful how we address spiritual issues, to ensure we do not abuse people over spiritual matters.

### Financial or Material Abuse

Including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. It does not need to involve large amounts of money to be abuse. Perpetrators sometimes justify this, saying that it is their rightful inheritance, or think that the person does not need it. This is also a very common form of abuse. In all our dealings with people we must ensure that they are never made to think or feel that the services of the church are dependent on or influenced by money or giving.

### Neglect and acts of omission

Ignoring medical or physical care needs, failing to provide access to appropriate health, social care, welfare benefits or educational services, withholding the necessities of life such as medication, adequate nutrition and heating.

### Self Neglect

Covers a wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and behaviour such as hoarding.

### Discriminatory Abuse

Racism, sexism or acts based on a person's disability, age or sexual orientation. It also includes other forms of harassment, slurs or similar treatment such as disability hate crime.

### Domestic Abuse

Psychological, physical, sexual, financial, emotional abuse and so called 'honour' based violence.

### Organisational Abuse

Neglect and poor care practice within a care setting such as a hospital or care home or in relation to care provided in someone's own home ranging from one off incidents to on-going ill-treatment. It can be neglect or poor practice as a result of the structure, policies, processes and practices within a care setting.

### Modern Slavery

Encompassing slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

### Spiritual abuse

Churches need to be sensitive so that they do not, in their pastoral care, attempt to "force" religious values or ideas onto people, particularly those who may be at risk . Within faith communities harm can be caused by the inappropriate use of religious belief or practice. This can include the misuse of the authority of leadership or penitential discipline, oppressive teaching, or obtrusive healing and deliverance ministries, which may result in adults at risk experiencing physical, emotional or sexual harm. If such inappropriate behaviour becomes harmful it should be referred for investigation in the usual way.

Careful supervision and mentoring of those entrusted with the pastoral care of adults should help to prevent harm occurring in this way. Other forms of spiritual abuse include the denial to adults at risk of the right to faith or the opportunity to grow in the knowledge and love of God.

Any or all of these types of abuse may be perpetrated as the result or deliberate intent and targeting of adults at risk who , negligence or ignorance.

### Self neglect

In the majority of cases where there are concerns of self neglect by an adult at risk , the best route to provide an appropriate intervention is via community care assessments, care programme approach, and/or risk assessment, risk management and review.

Safeguarding arrangements will apply where a person at risk has been identified as experiencing serious self neglect which could result in significant harm to themselves or others

### and

There are concerns about the person's capacity to make the relevant decisions,

and/or they have refused an assessment

and

They have refused essential services, without which their health and safety needs cannot be met

and/or

The person has terminated services which had been arranged as a result of an assessment of health or social care needs

and

The care management process/care programme approach has not been able to mitigate the risk of this 'serious self neglect which could result in imminent significant harm'. In these circumstances, all agencies must consider a response under the local multi-agency safeguarding arrangements. Every attempt must be made to include the person at risk in this process and to apply the principles set out in the adult safeguarding procedures.

### **Risk factors associated with self neglect**

The characteristics and behaviours commonly used to describe self-neglect, particularly – but not exclusively – in older people are:

- living in very unclean, sometimes verminous, circumstances, such as living with a toilet completely blocked with faeces
- neglecting household maintenance, and therefore creating hazards
- portraying eccentric behaviours or lifestyles, such as obsessive hoarding
- poor diet and nutrition evidenced by, for instance, little or no fresh food in the fridge, or what there is being mouldy
- declining or refusing prescribed medication and/or other community health care support
- refusing to allow access to health and/or social care staff in relation to personal hygiene and care
- refusing to allow access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas, electricity)
- being unwilling to attend external appointments with professional staff, whether social care, health or other organisations (such as housing)
- poor personal hygiene, poor healing/sores, long toe nails, isolation and failure to take medication.

#### 4.3 Some special subjects

### **Contexts in which abuse might take place**

Abuse and crimes against adults may occur in different contexts. Actual or suspected abuse of persons at risk in any of the contexts set out below will trigger a safeguarding response in accordance with this policy.

**Hate crime** is defined as any crime that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or

disability. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence.

**Mate crime** happens when someone is faking a friendship in order to take advantage of an adult at risk. Mate crime is committed by someone known to the person. They might have known them for a long time or met recently. A 'mate' may be a 'friend', family member, supporter, paid staff or another person with a disability.

**Domestic abuse** is defined as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim." Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family (*Association of Chief Police Officers 2004*). See companion document Addressing Domestic Abuse on the Diocesan website.

**Honour based violence** is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community. It is a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

**Forced marriage** is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse. Forced marriage can be a particular risk for people with learning difficulties and people lacking capacity.

**Female genital mutilation (FGM)** involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is newborn, during childhood or adolescence, just before

marriage or during the first pregnancy. FGM constitutes a form of child abuse and violence against women and girls, and has severe physical and psychological consequences. In England, Wales and Northern Ireland, the practice is illegal under the *Female Genital Mutilation Act 2003*.

**Human trafficking** is defined as the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation". Practice guidance on human trafficking has been agreed locally and this can be found in section 3 of this Policy Framework.

### Guidance on human trafficking

The following guidance is based on information and advice provided by the Home Office, the National Crime Agency and Hampshire Constabulary.

#### **What is human trafficking?**

- Human trafficking is international organised crime, with the exploitation of human beings for profit at its heart. It is an abuse of basic rights, with organised criminals preying on adults at risk to make money. In most cases, victims are brought to the UK from abroad, but trafficking also occurs within the UK and children in particular are increasingly vulnerable to falling victim to exploitation. The United Nations Convention against Transnational Organised Crime (the 'Palermo Protocol') describes trafficking as:

*"The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. This includes the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs. However, recent trends suggest that trafficking for labour exploitation could become more prevalent than other forms of trafficking. Child trafficking victims are brought to the UK for many purposes, including sexual exploitation, domestic servitude, benefit fraud, cannabis farming, street begging, theft and shoplifting".*

- The greatest numbers of adult victims come to the UK from China, South East Asia, and Eastern Europe; child victims are trafficked in the greatest numbers from Vietnam, Nigeria, China and Eastern Europe. However, this is a truly international crime, with potential victims from over 80 different countries referred to the National Referral Mechanism since its inception and 47 different countries identified as sources of child trafficking to the UK by the **Child Exploitation and Online Protection** Centre (CEOP).

- Victims may travel to the UK willingly, in the belief that they are destined for a better life, including paid work and may start their journey believing they are economic migrants, either legally or illegally. They may also believe that the people arranging their passage and papers are merely facilitators, helping with their journey, rather than people who aim to exploit them. In other cases, victims may start their journey independently and come to rely on facilitators along different stages of their journey to arrange papers and transportation.
- The ease of international travel has led to the opportunity for increased movement of people across borders, both legally and illegally, especially from poorer to wealthier countries such as the UK. This has created opportunities for traffickers who use poverty, war, crisis and ignorance to lure vulnerable migrants to the UK for exploitation.
- Traffickers use threats, force, coercion, abduction, fraud, deception, abuse of power and payment to control their victim. And most traffickers are organised criminals. It is estimated that 17% of organised criminal networks operating in the UK are involved in organised immigration crime, of which a small proportion is human trafficking. Some groups organise the trafficking process from beginning to end, while others sub-contract aspects of the process, such as money laundering, or obtaining illegal passports and visas.
- The Government has produced a strategy on human trafficking and this forms part of its wider strategy on violence against women and girls. It focuses on victim care and sets out how efforts to prevent people from becoming trafficking victims in the first place must be strengthened. To view a copy of this strategy click here: [Home Office Strategy on Human Trafficking](#)<sup>1</sup>

### Identifying victims

There is no typical victim and some victims don't understand they have been exploited and are entitled to help and support. Victims are often trafficked to a foreign country where they cannot speak the language, have their travel and identity documents removed, and are told that if they try to attempt an escape, they or their families will be harmed. The following questions may be helpful in identifying potential victims of human trafficking:

- Is the victim in possession of a passport, identification or travel documents? Are these documents in possession of someone else?
- Does the victim act as if they were instructed or coached by someone else? Do they allow others to speak for them when spoken to directly?
- Was the victim recruited for one purpose and forced to engage in some other job? Was their transport paid for by facilitators, whom they must pay back through providing services?
- Does the victim receive little or no payment for their work? Is someone else in control of their earnings?

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<sup>1</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/97845/human-trafficking-strategy.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97845/human-trafficking-strategy.pdf)

- Was the victim forced to perform sexual acts?
- Does the victim have freedom of movement?
- Has the victim or family been threatened with harm if the victim attempts to escape?
- Is the victim under the impression they are bonded by debt, or in a situation of dependence?
- Has the victim been harmed or deprived of food, water, sleep, medical care or other life necessities?
- Can the victim freely contact friends or family? Do they have limited social interaction or contact with people outside their immediate environment?

### Exploitation by radicalisers who promote violence

Involves the exploitation of susceptible people who are drawn into violent extremism by radicalisers. Violent extremists often use a persuasive rationale and charismatic individuals to attract people to their cause. The aim is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. The Prevent Strategy, launched in 2007, seeks to stop people becoming terrorists or supporting terrorism. It is the preventative strand of the government's counter-terrorism strategy, CONTEST.

### Carers at risk of harm

Carers at risk of harm from the person to whom they are providing care and support-carers experiencing abuse by the person they offer care to can expect the same response as any person at risk of abuse. Carers also have a legal right to an assessment of their needs. A carer's assessment should be seen as part of the overall assessment process. Sometimes both the carer and the supported person may be at risk of harm. The needs of the person at risk who is the alleged subject of abuse should be addressed separately from the needs of the person alleged to be causing the harm.

### Carers who cause harm

The vast majority of carers strive to act in the best interests of the person they support. Occasionally however, carers may cause intentional or unintentional harm. Unintentional harm may be due to lack of knowledge, or due to the fact that the carer's own physical or emotional needs make them unable to care adequately for their relative. The carer may also have their own needs care and support. In this situation, the aim of any safeguarding response will be to support the carer to provide support and help to make changes in order to decrease the risk of further harm to the person they are caring for.

### Abuse of trust

A relationship of trust is one in which one person is in a position of power or influence over the other person because of their work or the nature of their activity. There is a particular

concern when abuse is caused by the actions or omissions of someone who is in a position of power or authority and who uses their position to the detriment of the health and well-being of a person at risk, who in many cases could be dependent on their care. There is always a power imbalance in a relationship of trust.

### **Safeguarding concerns between people with needs of care and support**

Abuse can happen between adults at risk and organisations supporting these individuals have a responsibility to protect them from abuse as well as preventing them from causing harm to other adults. It is important the needs of the adult causing the harm are taken into consideration in the safeguarding responses for both parties.

### **Ministry of Deliverance**

It may be suggested behavioural or other difficulties experienced or demonstrated by an adult are because they are possessed by evil spirits. Carers or church members may seek the assistance of clergy or other church members. Parish priests and others should consult the bishop and should note that most parish insurance policies do not cover deliverance ministry.

This is an area of ministry where particular caution needs to be exercised, especially when ministering to someone who is in a disturbed state. The House of Bishops' guidelines on both healing and deliverance ministry should be followed and cases referred to the diocesan advisers when necessary; the advisers' special expertise should be used in order to help as effectively as possible those who think they need this ministry.

The House of Bishops' guidelines on the deliverance ministry (1975) state:

*The following factors should be borne in mind:*

*It should be done in collaboration with the resources of medicine.*

*It should be done in the context of prayer and sacrament.*

*It should be done with the minimum of publicity.*

*It should be done by experienced persons authorised by the diocesan bishop.*

*It should be followed up by continuing pastoral care.*

The ministry of exorcism and deliverance should only be exercised by priests authorised by the bishop, who normally requires that permission be obtained from him for each specific exercise of such a ministry.

On occasions when exorcism and deliverance are administered, it is for the bishop to determine the nature of the rite and what form of words should be used.

If this ministry is sought in connection with an adult who may be vulnerable the Diocesan Safeguarding Adviser must be involved and may need to ensure that a referral to the statutory authorities is made.

## SCAMS

**We are increasingly hearing about Scams. Scams are:**

- misleading or fraudulent offers designed to con you out of money;
- received by post, email, telephone, text or face to face.

There are a huge number of Scams and most of us receive all manner of contacts on a regular basis with offers which seem too good to be true – and usually prove to be just that.

SEE SECTION 12 FOR MORE INFORMATION ABOUT SCAMS – HOW TO SPOT, AVOID OR DEAL WITH SCAMS.

### 4.4 Signs and symptoms

#### Signs of Physical Abuse

- Cuts, lacerations, puncture wounds, open wounds, bruising, welts, discolouration, burns, scratches, black eyes, burns, broken bones and skull fractures.
- Untreated injuries in various stages of healing or not properly treated.
- Injuries that don't match explanation.
- Injuries in concealed areas.
- Poor skin condition or poor skin hygiene.
- Dehydration and/or malnourishment without an illness-related cause, loss of weight, soiled clothing or bedding.
- Broken spectacles or frames, physical signs of being subjected to punishment, or signs of being restrained.
- Inappropriate use of medication, overdosing or under dosing.
- The adult telling you they have been hit, slapped or mistreated.
- Victim exhibiting outward signs of stress and discomfort in the presence of the referred person.
- Emotional manipulation.
- Low level acts of physicality occurring in front of colleagues, other service users and even family members.

#### Signs of Psychological Abuse

- May feel or appear depressed, withdrawn, frightened, agitated, anxious, aggressive.
- Feelings of isolation.
- Sudden, unexpected or unexplained change in behaviour.
- Feelings of helplessness.
- Hesitation in talking openly
- Implausible stories.
- Confusion or disorientation.
- Anger without an apparent cause.

- The person becoming emotionally upset or agitated.
- Unusual behaviour (sucking, biting or rocking).
- Unexplained fear.
- Denial of a situation.
- The person becoming extremely withdrawn and non-communicative or nonresponsive.
- The adult telling you they are being verbally or emotionally abused.

### **Signs of sexual abuse**

- Pain, itching or injury in anal, genital, abdominal areas.
- Torn, stained or bloody underclothing.
- Bite marks or bruises.
- Sexually transmitted infections, genital infections, or recurrent cystitis.
- Unexplained difficulty with catheters.
- Difficulty walking / sitting due to pain.
- Bruises around the breasts or genital areas.
- Unexplained vaginal or anal bleeding.
- Portrayal of a close personal relationship with the victim.
- Over-familiarity with the victim.
- Victim exhibiting outward signs of stress and discomfort.
- The person at risk telling you they have been sexually assaulted or raped.

### **Signs of neglect**

- Deterioration in appearance or personal hygiene.
- Rashes, sores, ulcers, unexplained weight loss.
- Inadequate food, drink or medical care.
- Lack of social stimulation.
- Dirt, faecal or urine smell, or other health and safety hazards in the person's living environment.
- Rashes, sores, ulcers, lice on the person at risk .
- Inadequate clothing.
- Untreated medical condition.
- Poor personal hygiene.
- Over or under medication.
- Lack of assistance with eating or drinking.
- Unsanitary, unsafe and unclean conditions.

### **Signs of financial abuse**

- Signatures on cheques etc. that do not resemble the adult's signature, or which are signed when the adult cannot write.
- Any sudden changes in bank accounts including unexplained withdrawals of large sums of money.
- The inclusion of additional names on an adult's bank account.
- Abrupt changes to or creation of wills.

- The sudden appearance of previously uninvolved relatives claiming their rights to a person at risk's affairs or possessions.
- The unexplained sudden transfer of assets to a family member or someone outside the family.
- Numerous unpaid bills, overdue rent, when someone is supposed to be paying the bills for the person at risk .
- Unusual concern from someone that an excessive amount of money is being expended on the care of the v person at risk .
- Lack of amenities, such as TV, personal grooming items, appropriate clothing, that the person at risk should be able to afford.
- The unexplained disappearance of funds or valuable possessions such as art, silverware or jewellery.
- Deliberate isolation of a person at risk from friends and family resulting in the caregiver alone having total control.
- Failure to complete documentation and protocols regarding the handling of money.
- Portrayal of a close personal relationship with the victim.

#### 4.5 Additional indicators that abuse may be occurring

- The person at risk may not be allowed to speak for themselves, or see others, without the care-giver (suspected abuser) being present.
- Attitudes of indifference or anger from the caregiver towards the Person at risk.
- Family member or care-giver blames the person at risk (e.g. accusation that incontinence is a deliberate act).
- Aggressive behaviour (threats, insults, harassment) by the care-giver towards the person at risk.
- Previous history of abuse of others on the part of the care-giver.
- Inappropriate display of affection by the care-giver.
- Flirtations, coyness, which might be possible indicators of an inappropriate sexual relationship.
- Social isolation of the family or restriction of activity of the person at risk by the care-giver.
- Conflicting accounts of incidents by the family, supporters or the Person at risk.
- Inappropriate or unwarranted defensiveness by the care-giver.
- Indications of unusual confinement (closed off in a room, tied to furniture, change in routine or activity).
- Obvious absence of assistance or attendance.

#### 4.6 Why does mistreatment or abuse happen?

Abuse occurs for many reasons and the causes are not fully understood. The following risk factors have been identified as being associated with physical and psychological abuse (one or more may be present in any abusive situation):

- Social isolation – as those who are abused usually have fewer social contacts than those who are not abused.
- There is a history of a poor-quality long-term relationship between the abused and the abuser.
- A pattern of family violence exists. The person who abuses may have been abused when younger.
- The person who abuses is dependent upon the person they abuse for accommodation, financial or emotional support.
- The person who abuses has a history of mental health problems or a personality disorder or a substance addiction.
- In care settings abuse may be a symptom of a poorly run establishment. It appears that it is most likely to occur when staff are inadequately trained, poorly supervised, have little support from management or work in isolation.

#### 4.7 Factors which increase a person's vulnerability to abuse and exploitation

See Table section 1.4

Prevention is always better than cure – what role can the church play with those in the church family and wider community to decrease the risk of abuse?

##### **The risk of abuse by a carer may be greater where the carer:**

- has unmet or unrecognised needs of their own;
- are themselves at risk
- has little insight or understanding of the person at risk's condition or needs;
- has unwillingly had to change his or her lifestyle;
- is not receiving practical and/or emotional support from other family members;
- is feeling emotionally and socially isolated, undervalued or stigmatised;
- has other responsibilities e.g. family, work;
- has no personal or private space or life outside the caring environment;
- has frequently requested help but the problems have not been solved;
- is being abused by the person at risk;
- feels unappreciated by the person at risk or exploited by relatives or services;
- is reliant on the person at risk for financial assistance or has financial difficulties;
- is under stress due to poor income or housing conditions;
- roles have been reversed, where, for example, a domineering parent becomes dependent;
- suffers severe stress or is exhausted through lack of sleep and or heavy physical demands.

##### **Other predisposing factors may include:**

- a mental health or personality problem;
- addiction to alcohol or drugs;
- a history of violence or abuse including domestic abuse;
- previous relationship problems;
- poor family relationships where violence is the norm;
- financial problems because of low income or debt problems.

**The risk of abuse is greater where an adult who may be vulnerable:**

- has communication difficulties;
- rejects help;
- has unusual or offensive behaviours;
- has abusive or aggressive behaviours;
- does not consider the needs of the carer and other family members;
- is socially isolated i.e. does not have other friends or visitors;
- is dependent on the carer for financial purposes;
- is highly dependent on the carer for physical and/or psychological care.

## **5 PROMOTING GOOD PRACTICES WORKING WITH PEOPLE AT RISK**

### **5.1 Introduction**

Promoting a safe church is not so much a matter of procedures and rules but rather working together, both helpers and those with differing vulnerabilities, to provide the right environment for everyone to grow in Christian faith. It is important that those working together agree on standards of conduct and how activities are to be carried out. This is particularly necessary if those adults involved in the activity cannot speak for themselves. Attitudes of respect and consideration should be developed in all work with adults, ensuring that everyone is able to maximise their life choices and independence. Privacy and confidentiality are important to everyone and especially people who are dependent on others for aspects of their everyday living.

Some other points to consider are:

- Helping in such a way as to maximise a person's independence. People with additional needs can and do lead active and fulfilled lives but some may need support and resources to do so.
- Always respecting the person and all their abilities.
- Think in terms of 'ministry with' not 'ministry to'.
- Recognising the choices people make even if they may appear risky.
- Giving people the highest level of privacy and confidentiality possible in the circumstances.
- Including everyone in decisions affecting their life.
- Creating an environment within the Church that can include everyone.
- Most people will have no difficulty accepting these values of independence, choice, inclusivity, privacy and respect. However, it is sometimes difficult to think how they might be put into practice.

### **5.2 PRINCIPLES OF CARE**

We believe that all human beings are created in the image of God, that all are valued equally by God and share equally in God's creative love. We believe therefore that everyone should be given respect, dignity, privacy, and recognition.

#### **General**

- **Respect.** Adults at risk deserve respect. This means valuing the person by:
  - (a) giving quality time and being attentive;
  - (b) not being patronising;
  - (c) respecting values, cultural and religious beliefs, even if different from our own;
  - (d) not abusing a person's isolation and vulnerability;
  - (e) ensuring in residential situations that older people are present by choice;
  - (f) avoiding captive audience.
- **Dignity.** Adults at risk have the right to be honoured. This means showing the above respect, treating the person as being of ultimate value in God's eyes. It means being humble and learning from adults at risk. It means recognising spiritual gifts and needs and being sensitive to the leading of the Holy Spirit.
- **Privacy.** Care needs to be taken not to abuse a person's privacy; they need to feel safe to share. This means taking care to pre-arrange a visit and to be punctual. It means ensuring privacy and space when engaging in one-to-one conversations in residential settings.

### 5.3 Premises

Church buildings will be inspected to meet Health and Safety standards and should allow people with disabilities access and to participate as much as possible. Parishes should undertake a regular audit of their buildings in order to ensure that premises enable the church to carry out its duties under the Disability Discrimination Acts of 1995, 2005 and Equality Act 2010. Issues of access, visibility, audibility and toilet facilities are among the items that should be addressed.

(The Department for Safeguarding and Inclusion can advise on this and undertake Access Audits with you.)

The Diocesan Disability Manual will provide some help and advice with areas of Disability.

[www.ecclesiastical.com](http://www.ecclesiastical.com) Health and Safety Policy and Guidance.

### 5.4 Duty of care – insurance advice

All church workers have a duty of care towards those to whom they minister. National and diocesan good practice guidelines and the procedures in this document should be followed to ensure that insurance cover is maintained. The insurers should be contacted as soon as it is clear that a claim may be made against a diocese or parish.

#### Insurance Statement

The majority of PCCs, parish groups, etc. will be insured with Ecclesiastical, who have made the following statement in respect of those policies they have issued for:

- churches, in use for worship;

Under such policies Public Liability (Third Party) insurance, where in force, will operate to protect the interests of the insured where they are found to be legally liable for accidental death of or bodily injury to a third party or accidental loss of or damage to third party property, subject to the policy terms, conditions and exceptions.

The policy will provide an indemnity to the insured if they are held legally liable for an incident leading to accidental bodily injury or illness as a result of abuse.

It is not Ecclesiastical's intention to provide an indemnity to the perpetrator of an incident of abuse.

This statement clearly only applies to policies issued by the Ecclesiastical.

Where parishes are insured with another company the position of that company should be clarified including confirmation of the scope of cover.

Policies of insurance require the insured to take all reasonable steps to prevent injury, loss or damage occurring. Failure to take such precautions may prejudice the insurance arrangements in force. A duty therefore exists upon the insured to research and adopt best practice based upon current and ongoing guidelines.

It is also a condition of a policy of insurance that any incident or allegation is notified to the insurer immediately. Failure to comply with this requirement may prejudice any cover provided by the policy

Public Liability insurance indemnity limits should be kept under regular review. Guidance is available from Ecclesiastical.

## 5.5 Prevention of abuse in the Church

Prevention is best achieved by creating a culture of Safeguarding and ensuring people are vigilant and understand that **Safeguarding is everyone's responsibility**. This will include both the careful training of workers and the provision of supervision or mentoring for all those working with adults at risk. Church workers need to understand that they hold a position of power and influence even if they do not feel that is the case.

Prevention can be particularly difficult with adults at risk, because of the range of people who are in contact with them and the variety of ways in which churches and others try to be of help or befriend people who otherwise would be isolated. The desire to provide a safe environment should not get in the way of allowing people to develop their own friendships and contacts – some of which may be felt to be risky. If people are working together in groups this can be one way in which harmful behaviours can be prevented.

This is not, however, always the case and there have been many instances of a culture of abusive behaviour or attitudes developing in organisations or amongst groups of workers. Risks are increased when people have individual contact with adults at risk and are not supervised and accountable.

## 5.6 Worship

There are times when it is appropriate to hold services which have a focus on people with learning or other disabilities. In such instances the liturgy should not be demeaning or patronising but should have the same aims as any other form of worship – those of reminding us of the presence of God, of saying sorry for our sins, of adoring His majesty, and of coming closer to His presence.

The words that are used in such services may be different from the mainstream but the intent must not differ. It is vital, if planning such an event, to speak with the people who will attend, their families, friends and carers to ensure that everything is appropriate to the situation.

If a service is primarily aimed at deaf people, it is important to set the liturgy in a form that reflects the structure of British Sign Language. The pace of the worship should be sensitive to the requirements of the signers and, of course, deaf people should be fully involved in the planning and delivery of the service.

Regular worship in church should take account of the wide range of requirements of any congregation. As well as the church building offering full accessibility for people with mobility challenges, it is also important to cater for the requirements of other disabled people. Some examples might be that:

- Printed material should be in a sans-serif typeface no smaller than 12-point with the ink colour having a very good contrast with that of the paper. About 10 per cent of all printed items should be in large print: 18-point sans-serif type in black on lemon-yellow paper. It is not acceptable to simply enlarge an existing document to twice the size and regard this as 'large print'.
- If possible printed material should also be available by electronic means in advance of the service to allow a person with impaired vision to read the document on a computer and then save it in whichever form is most convenient.
- All projected images should be audio-described and anyone presenting material on a screen should keep their faces towards the audience to enable lip-reading. Similarly, speakers should not cover their lips.

See the Diocesan Disability Guidance Manual for more information and contacts.

## 5.7 Recruitment

All recruitment – whether paid or volunteer must be undertaken in line with Safer Recruitment. Please see the companion document Safer Recruitment Guidance on the Diocesan web site.

## **6 GUIDANCE FOR THOSE IN POSITIONS OF TRUST OR EXERCISING PASTORAL MINISTRY**

### **6.1 Introduction**

The Convocations of York and Canterbury have also produced *Guidelines for the Professional Conduct of the Clergy*. All those involved in pastoral ministry, whether paid or unpaid, clergy or lay, should be working within this or a similar set of guidelines. Following such guidelines should not only protect adults at risk but also ensure that workers are not wrongly accused of abuse or misconduct.

With a number of learning and mental health difficulties the individual can become confused and may not understand or may misinterpret what we say and how we respond. Setting clear boundaries and being clear about the nature of the relationship and maintaining those boundaries can be very helpful. Putting this in writing may help the person understand. Setting the times and locations of meetings, the frequency and method of contact that is acceptable, etc. should be considered.

### **6.2 Pastoral relationships**

Exercising any kind of ministry involves workers developing an understanding of themselves and how they relate to others, how they increase the well-being of others and how they ensure their own well-being and safety. People in positions of trust necessarily have power, although this may not be apparent to them, therefore respecting professional boundaries is particularly important. Many pastoral relationships can become intertwined with friendships and social contacts, making this guidance even more necessary.

- Church workers should exercise particular care when ministering to persons with whom they have a close personal friendship or family relationship.
- Church workers should be aware of the dangers of dependency in pastoral and professional relationships and seek advice or supervision when these concerns arise.
- Church workers who exercise a healing ministry should be trained in the theology and non-intrusive practice of that work.
- Church workers should recognise their limits and not undertake any ministry that is beyond their competence or role (e.g. therapeutic counselling, deliverance ministry, counselling victims of abuse and domestic abuse, or their perpetrators, or giving legal advice). In such instances the person should be referred to another person or agency with appropriate expertise.
- Church workers should avoid behaviour that could give the impression of inappropriate favouritism or the encouragement of inappropriate special relationships.

- Church workers should treat those with whom they minister or visit with respect, encouraging self-determination, independence and choice.
- Care should be taken when helping with physical needs, washing and toileting, always respecting the choices of the individual concerned.
- Pastoral relationships may develop into romantic attachments and such situations should be handled sensitively. Workers need to recognise such a development and make it clear to both the person concerned and a supervisor or colleague. Alternative arrangements should be made for the ongoing pastoral care of the person concerned.
- Church workers should not undertake any pastoral ministry while they are under the influence of drink or non-prescribed drugs.

### 6.3 Conversations and interviews in a ministry context

Formal interviews and informal conversations in a ministry context are pastoral encounters. Church workers should be aware of their language, body language, and behaviour. For example, innuendoes or compliments of a sexual nature are always inappropriate. When a person asks questions or seeks advice around topics of a sexual nature, the worker should be discerning about the motives and needs of the person and question their own ability to assist.

The church worker should consider in advance:

- the place of the meeting, arrangement of the furniture, seating decisions, and lighting, the worker's dress;
- the balance of privacy for conversation with the opportunity for supervision (open doors or windows in doors, another person nearby);
- the physical distance between people determined by hospitality and respect, who sits nearest door or exit routes, being aware that someone may have suffered abuse or harassment in the past;
- whether the circumstances suggest a professional or social interaction;
- the propriety or danger of visiting or being visited alone, especially in the evening;
- the personal safety and comfort of all participants;
- establishing at the outset the nature of the interview in respect to subject matter, confidentiality and duration; setting clear boundaries at the start is wise and fairest to all concerned;
- the appropriateness of initiating or receiving any physical contact, for example gestures of comfort, which may be unwanted or misinterpreted; greeting or parting with a hug / kiss; etc.

### 6.4 Record keeping and privacy

- Church workers should keep a daily record of pastoral encounters to include date, time, place, subject and actions to be taken. The content of any encounter should only be recorded with the person's consent unless it is a matter of child protection or might be a record of suspicion of abuse or mistreatment.

- Any record should be factual and avoid rumour or opinion.
- Records concerned with abuse should be kept indefinitely
- The publishing, sharing or keeping of personal data or images should follow the appropriate legislation and best practise guidelines.

## 6.5 Working with colleagues

The standards maintained within a pastoral relationship are equally relevant in relationships with colleagues.

Harassment or bullying should never be condoned. All workers need to be aware of the possibility of stress within the work place. The needs of family should be acknowledged and all who work together should acknowledge the boundaries between work and home, allowing sufficient time for relaxation and holidays. Everyone who works with adults at risk should know to whom they are accountable and have a designated person with whom to discuss their work.

- Church workers should be aware of the responsibilities, function and style of other church workers and encourage cooperation and consultation between workers in the tasks they do.
- Colleagues should not be discriminated against, harassed, bullied or abused for any reason.
- Colleagues should not be penalised for following this guidance or for taking action regarding others and this guidance.
- When leaving office or relinquishing any task church workers should relinquish any pastoral relationship except with the agreement of any successor.
- Church workers should know to whom they are accountable and be regularly mentored by them or another person who can assist. Such mentoring is especially necessary for those undertaking a continuing individual pastoral ministry of counselling, or when their ministry takes them outside normal church work.
- Church workers should ensure that their tasks can be carried out by another if they are ill or otherwise unable to fulfil their responsibilities.

Modelling and demonstrating appropriate practise in our relationships with other workers can also be a factor in assisting everyone in identifying where different standards may be applied to them and identifying or recognising inappropriate behaviour or abuse. Equally, inappropriate practise with co workers can provide a 'smoke screen' for an abuser to hide behind.

It is recognised that abusers groom not only the victim but also a range of other people. Care should be taken to ensure behaviour does not cover / conceal this.

Parishes may wish to consider signing up to be a Mindful Employer.

## 6.6 Sexual conduct

The sexual conduct of church workers may have an impact on their ministry within the Church. It is never appropriate for workers to take advantage of their role and engage in sexual activity with anyone with whom they have a pastoral relationship. Workers should be aware of the power imbalance inherent in pastoral relationships.

- Church workers must not sexually abuse any adult.
- Church workers must take responsibility for their words and actions if wishing to make physical contact with another adult (e.g. a hug may be misunderstood) or talk to them about sexual matters. This will include seeking permission, respecting the person's wishes, noticing and responding to non-verbal communication, refraining from such conduct if in doubt about the person's wishes.
- Church workers should follow the Church's discipline on sexual matters.
- Church workers must not view, possess or distribute sexual images of children and should refrain from viewing, possessing or distributing sexually exploitative images of adults.
- Church workers should avoid situations where they feel vulnerable to temptation or where their conduct may be misinterpreted.

## 6.7 Financial integrity

Financial dealings can have an impact on the church and the community and must always be handled with integrity. Those with authority for such matters should maintain proper systems and not delegate that responsibility to anyone else.

- Church workers should not seek personal financial gain from their position beyond their salary or recognised allowances.
- Church workers should not be influenced by offers of money.
- Church workers should ensure that church and personal finances are kept apart and should avoid any conflict of interest.
- Any gifts received should be disclosed to a supervisor or colleague where it should be decided whether they could be accepted.
- Care should be taken not to canvass for church donations from adults at risk, e.g. the recently bereaved
- The Church should have a policy regarding gifts – both personal and to the Church.

## 6.8 Behaviour outside work and Christian ministry

In church ministry behaviour outside work can often impinge on that ministry. Church workers are expected to uphold Christian values throughout their lives.

## 6.9 Visiting

We may visit people in a variety of settings – their own home, hospital, residential care. There are a range of factors to take into consideration when visiting to ensure we follow

best practise, minimise risks for those we visit and for ourselves. Further guidance on visits may be found in Section 12.

For more information on visiting see Section 12.

## **7 RESPONDING TO DISCLOSURES BY THOSE WHO HAVE EXPERIENCED MISUSE OF POWER, ABUSE OR HARASSMENT**

After experiencing abuse, at some time during the healing process many people will want to consider further action beyond personal acceptance of what has happened.

Such action may involve deciding to tell a trusted friend, partner, parent or perhaps a member of the clergy. However, some people have been further hurt when the friend, relative or church worker has not been able to cope with the disclosure and has responded inappropriately.

Seeking some kind of therapeutic help may be an option, but within such help or discussions with friends, consideration should be given to what else needs to be done.

Abuse, which thrives on secrecy, loses some of its power to harm when this secrecy is broken. Nevertheless, whom to tell, when, and for what purpose needs careful thought. Being able to talk to a close friend or relative, who is able to hear, support and care, is for many people the most useful help in healing. For some this trusted relationship is with a counsellor, clergy person or other professional.

One of the consequences of speaking to others about the abuse is that they may have a responsibility to act. A family member may need to be sure that others in the family are safe. A friend may be aware that the abuser is involved with children or adults at risk and be concerned for them. Organisations that work with children or adults will have policies with procedures that must be followed if someone in the organisation becomes aware of allegations of abuse.

At some point in the personal healing journey many survivors consider what they should do about the abuser. Some may wish to confront the abuser either personally or by letter, for others this is impossible, but they still may wish to ensure that the abuser is not in a position to harm others.

For some it will be important that the person is brought to account for their actions through the criminal justice system, and if a criminal act has been committed this may be a necessary action that the church must take in order to protect others. Following an investigation, the alleged abuser may be charged and taken to court. It takes a lot of courage to give evidence in court and to accept the decision of the jury. Nevertheless many people feel relieved whatever the outcome that they have done their best and spoken out in public.

If the alleged abuse has taken place within the church the survivor may wish to make this known to someone in authority and this should be facilitated even in cases where a formal complaint is not made. If a formal complaint is made written statements will be required. If the case comes to a tribunal evidence may need to be given in person. It is important that the survivor is supported throughout this process: deciding what to do, making the formal complaint and giving evidence if necessary.

All concerns about or disclosures of abuse or mistreatment must be referred to the Diocesan Safeguarding Adviser to discuss and agree action.

If any disclosure relates to the abuse of a child it must be reported to the Diocesan Safeguarding Advisor immediately, regardless of when the abuse happened.

## 8. CARE OF ADULT SURVIVORS OF ABUSE IN THE CHURCH

### 8.1 Introduction

Many adults in the Church may be suffering from the effects of abuse – abuse they suffered in childhood or as adults, abuse of different kinds. The Church has a responsibility to support those people who may feel very vulnerable and whose vulnerability may open them up to further abuse. Some abuse may seem trivial to an onlooker, but the severity of abuse needs to be seen in terms of how the victim responded to the abuse both at the time and later.

#### BEST PRACTICE IN PASTORAL MEETINGS

**Definition:** Pastoral meetings includes any meeting, visit or contact with a visitor, parishioner or church member regardless of where it happens and whether it is planned or unplanned.

Everyone has a legal right to attend and participate in public worship at any Church of England Church. All those who attend a church should be welcomed and supported in their participation. However, to protect both adults at risk, and church personnel we suggest churches consider the guidelines below:

- If a visitor or parishioner requests any form of pastoral care or meeting this should usually be undertaken by two people from the Church and at set times and place such as in the Church, church office, etc. At least one of this pair should be of the same gender as the person requesting pastoral care
- Any person requesting a meeting for a pastoral conversation should be offered the opportunity to bring a person of their choice as a companion or support.
- Where someone requests or insists on a private meeting on a 1:1 basis, careful thought should be given to agreeing a suitable venue and time, and the church representative should ensure another person is aware that the meeting is happening

- Where ongoing support is required, clear boundaries should be put in place to explain clearly and simply how and who may be contacted, how the contact should be made and the frequency of the contact e.g. - contact must be with the Vicar through the office phone number once a week;

## 8.2 Statistics

Although numbers vary, some reports suggest that about 1 in 4 girls, and 1 in 9 boys are abused in childhood. Key research in 21 countries found varying rates from 7 to 36 per cent of women and 3 to 29 per cent of men reporting they had been sexually abused as children. One of the most rigorous UK studies found that 12 per cent of women and 8 per cent of men reported they had been sexually abused before the age of 16. There is some evidence that there is considerable under-reporting from boys and men.

### Prevalence – abuse of adults at risk:

- A total of 176,000 safeguarding alerts were reported by the 132 councils in 2012-13. For the 119 councils who submitted data on alerts in both 2011-12 and 2012-13, the number of alerts has grown by 20 per cent (27,000 alerts).
- In 2012-13, 61 per cent of referrals were for women and 62 per cent were for adults aged 65 or over. Half of the referrals (51 per cent) were for adults with a physical disability.
- Physical abuse and neglect were the most common types of abuse reported in referrals, accounting for 28 per cent and 27 per cent respectively of all allegations.
- Alleged abuse was more likely to occur in the vulnerable adults own home (39 per cent of all locations) or a care home (36 per cent).
- The source of harm was most commonly reported as a social care worker (32 per cent of all perpetrators) or a family member (a combination of the Partner and Other Family Member categories, 23 per cent).
- Of the 87,000 completed referrals where a case conclusion was recorded, 43 per cent of cases were either Substantiated or Partly Substantiated, 30 per cent were Not Substantiated and for 27 per cent of cases a conclusion could not be determined.

<http://www.hscic.gov.uk/catalogue/PUB13499> Health and Social Care Information Centre

## 8.3 Effects of abuse

Some survivors cope well with life and are able to live apparently 'normally'. Some, however, although they present a 'normal' face to the world, may well be suffering and sometimes be unable to say what their problem is – or even to know why they feel ill at ease and unable to feel a sense of peace and joy.

Some may show a range of symptoms such as:

- repeated bouts of depression;
- exhibiting anger and hostility – or being unable to connect at all with feelings;
- behaving like a victim – low self-esteem and putting themselves down and constantly apologising;
- inability to get close to people, or wanting to be inappropriately close;
- disturbed sleep, nightmares and so on;
- tending to ‘space out’ (cutting off from reality);
- exhibiting fears, phobias and anxiety;
- self-harming (this is a way of coping, not something done ‘to get attention’);
- tending to feel an inappropriate amount of guilt and shame;
- sometimes relying on smoking, drugs, alcohol or medication;
- experiencing hallucinations and/or ‘flashbacks’ of the abuse;
- sometimes moving from one abusive relationship to another.

#### 8.4 Loss of trust

Adults who are abused may lose trust in those around them, especially if the abuse was within the home. (Most abuse is carried out by people known to the victim.) The loss of trust will profoundly affect the life of the survivor. They may decide (often unconsciously) never to trust anyone ever again – and this is likely to affect their faith and relationships.

#### 8.5 Why didn't you say so at the time?

Many survivors say nothing about the abuse for many years. Some have buried their memories so deeply within themselves that they have ‘forgotten’ what happened – especially if the abuse happened when they were very young.

Memories may be ‘triggered’ in a range of ways, for example:

- hearing about abuse on television;
- being in another abusive situation such as finding difficulties with a domineering employer;
- being in a situation where they feel powerless;
- feeling vulnerable, ill, under stress, or suffering from burnout;
- the death of their abuser or of one of their carers;
- the birth of their own child;
- their child reaching the age they were when their abuse started.

Few victims can report their abuse close to the event and so often reported abuse is about events of years ago, leading to difficulties with finding any evidence of what happened. It is often one person’s word against another, and the likelihood of the survivor getting justice is slim. However, some cases do go to court, but the experience can be devastating for both children and adults and they are likely to need considerable support.

## 8.6 Pastoral care of survivors

An adult disclosing abuse is in a vulnerable state. **Above all they need someone to listen to them – and also to believe them. They may need to be ‘heard’ in different contexts and over several years.** If there is a complex pastoral situation when an adult discloses abuse (e.g. a young person in their twenties accusing a church worker of sexually abusing them), it would be appropriate to find some support for the different parties involved. It is not appropriate for the same person to try to support all parties.

There is no quick fix for healing from abuse and it is crucial that survivors:

- Are not pushed into forgiving too early. Forgiving their abuser/s is a complex process and considerable damage can be done by treating forgiveness as something that they must do unreservedly and now.
- Are not put in a position of feeling even guiltier than they already do. Survivors tend to feel that the abuse was their fault, particularly when there was more than one abuser.
- Are accepted as they are, however full of anger they may be. Anger can be seen as one step along the road to healing – at least if they are angry they are starting to accept that the abuse seriously affected them and this can be a good starting point to move towards healing.
- Are given a sense that those within the church community who know about the abuse are ‘with them’ along the road to recovery. The journey can be very long and supporters are essential.

Survivors can benefit from professional counselling, but also joining a self-help group can provide the kind of long-term support needed. Survivors helping other survivors can be powerful and effective.

## 8.7 Survivors and church

Many survivors may have problems with attending church and it can be that some of those on the fringes of church communities include survivors.

There are some specific things that can be difficult:

- Saying the Lord’s Prayer (believing that they must forgive immediately or God will reject them).
- Specific words can trigger unwanted feelings or images, such as ‘Father’, ‘sin’, ‘let Jesus come into you’, ‘overshadow’.
- The Peace can frighten survivors because they often don’t want to be touched, particularly hugged.
- The emphasis on sin can be so difficult that some survivors leave the Church altogether.
- Anointing and touch is very difficult for someone whose body boundaries have been violated.
- Holy Communion can be extremely problematic.

- Words such as ‘blood’ and ‘body’ can trigger memories of the abuse.
- Some can’t cope with anyone behind them so queuing to get to the altar is difficult.
- Having to get physically close to others might lead to unwelcome smells, such as deodorant, aftershave or the smell of alcohol.
- It can be hurtful to kneel with a man standing over them delivering wine at crotch level.

Those who have been ritually or spiritually abused face particular difficulties. Triggers may include ritual symbols and equipment such as the altar, candles, chalice, crosses and crucifixes, the sacrificial lamb, etc. People abused by those in ministry may have been told it was ordained by God, a special service to those who serve the Lord, a blessing from God, Spirit-led, etc. Sensitivity, care and ideally informed input are needed to help people work through these issues to discover the liberating truth of the Gospel.

The sense of ‘pollution’ is frequently internalised. Some survivors even feel that if they go to church they will ‘pollute’ the service for others; such is their feeling of guilt and shame.

**It is important to recognise the vulnerability and possible ‘childlike’ state of survivors, especially when they are in crisis or the early stages of healing. They can be over-compliant and easily manipulated. Power abuse within pastoral care is a real danger here.**

## 8.8 Inappropriate responses to survivors

It is inappropriate to

- insist a survivor must forgive the offender before they come to communion;
- say to them, ‘It was all so long ago, why don’t you forgive and forget?’;
- expect a survivor to move towards recovery without considerable support;
- tell a survivor that they cannot work with children or young people ‘because abused people abuse others’;
- have unrealistic expectations of healing such as ‘We’ve prayed for you for over a year now so you must be better’;
- try to arrange for the survivor to meet with the perpetrator or suggest reconciliation is a good thing – you could put someone in real danger;
- try to counsel survivors without having appropriate training, sufficient knowledge or awareness yourself of the dynamics and issues of abuse;
- use touch or anointing without clear boundaries and informed consent.

Survivors need time to work on their feelings and be able to accept that it was not their fault;

We must ensure survivors know:

- they have no need to feel guilt and shame;
- God loves them unconditionally.

## 9 DEALING WITH DISCLOSURES OR ALLEGATIONS OF ABUSE

## 9.1 Introduction

All reports concerning abuse must be treated seriously. The person reporting the incident must be treated sensitively and assured that they are respected and that the complaint is being listened to and taken seriously.

The person receiving the concern, allegation or disclosure of abuse must keep detailed records of the incident and their response. A record must be kept of all conversations – whether in person or on the telephone, any e-mails or letters must be kept. Any decisions or actions taken must be recorded with supporting reasons for the response. All records must be signed and dated.

All records, correspondence and other details relating to the allegation must be kept. Any such records may be required by the Police to be produced in evidence should the case go to court.

Allegations or reports of abuse may come from a variety of sources and thought needs to be given to how each situation will be handled.

In some cases a survivor may ‘test the water’ and judge on the reaction / response they receive whether to go ahead with a disclosure.

Sometimes adults will behave towards certain people in a way that raises questions / concerns. Things such as prayer boards or prayer request boxes will also provide an opportunity for people to raise things that concern or worry them. All of these should be taken seriously and action taken to identify what is behind the behaviour.

Disclosures may come by a variety of methods:

- By personal observation.
- A direct disclosure from an adult.
- From an adult about an adult at risk.
- From another adult at risk.
- From the perpetrator.

All disclosures / allegations / concerns should be reported to the Diocesan Safeguarding Advisor. (Jane Fisher, 01962 737317). The Diocesan Safeguarding Advisor will advise and institute all necessary actions and communications.

## 9.2 RECORD KEEPING

It is recognised that people may not make a formal complaint about abuse until many years after the event. It is therefore important in all circumstances where it has been considered that abuse might have taken place to make careful, factual records. It is recommended that records containing issues of child or adult abuse should be held indefinitely.

Record keeping is essential in Safeguarding. Records should be made as soon as possible after the event. These records must be kept securely and indefinitely. In many cases an allegation or subsequent action may not happen for many years.

A sample recording form is in Section 12.

### 9.3 Allegations against clergy and church officers

Allegations against clergy, those holding the Bishop's Licence or commissioned, and Lay Employees (paid and volunteer) who work with adults at risk.

This procedure applies to all those who hold the Bishop of Winchester's licence or commission, and lay employees. This includes:

- All clergy – incumbents, priests-in-charge, assistant curates, non-stipendiary ordained ministers, priests with permission to officiate;
- Any licensed or commissioned lay ministers – Readers, Church Army Officers, Readers with permission to officiate;
- Lay employees - anyone, paid or unpaid, who holds an office or a position of responsibility in a parish and works with adults at risk, or has a representational ministry regarded as trustworthy and as a person of integrity, for instance a churchwarden, organist, server.

If allegations are made against any person living in the household of or closely associated with clergy or a church officer, these procedures should be used in relation to the safeguarding implications for the church officer.

If allegations are made in this diocese, but relate to church officers of another diocese, that diocese will be informed, and the two dioceses will work together in the management of the allegations.

In the event of an allegation of this kind, the Diocesan Safeguarding Adviser **MUST** be informed of the allegation **IMMEDIATELY**, and will then take responsibility for implementing the procedure, in co-operation with the parish.

#### Key Contact details:

DIOCESAN SAFEGUARDING ADVISER - Monday to Friday 08:00 – 18:00

- Emergency – 01962 737317
- General Enquiries 01962 727347, [jane.fisher@winchester.anglican.org](mailto:jane.fisher@winchester.anglican.org)

Between 18:00 – 08:00 Monday to Friday, weekends and Bank Holidays, immediate or urgent concerns ring the Hampshire out of hours team on 0300 555 1373. If you use this number please ensure you also inform the Diocesan Safeguarding Adviser as soon as possible.

## 9.4 Receiving a disclosure or allegation

Many people working or volunteering for the church both clergy and lay people will visit / have contact with adults in a variety of situations. If they suspect that someone is being mistreated in any way, they should always take responsibility for doing something about their concerns. Some adults will find it difficult to disclose abuse and may need help to tell their story to someone they know and trust.

## 9.5 Hearing a disclosure of abuse or mistreatment

All disclosures must be taken seriously. It is of vital importance that if an adult discloses experience of abuse or mistreatment, you should listen carefully to the adult disclosing:

- take him or her seriously;
- don't judge;
- listen carefully to what they are telling you, stay calm, try to get a better picture of what happened, but avoid asking too many questions;
- if you have to question ask open, non-leading questions;
- don't promise to keep it secret;
- tell him or her, if you can, what you will do next;
- check you have got their details;
- carefully record the conversation as soon as possible and keep the record in a secure place;
- reassure them that they will be involved in decisions about what will happen;
- if they have specific communication needs, provide support and information in a way that is most appropriate for them;
- do not confront the person alleged to have caused the harm as this could place you at risk, or provide an opportunity to destroy evidence, or intimidate the person alleged to have been harmed or witnesses.

**When someone discloses to you, remember you are not investigating and you must refer to the Diocesan Safeguarding Adviser.**

**Do:**

- stay calm and try not to show shock;
- listen very carefully;
- be sympathetic;
- be **aware** of the possibility that medical evidence might be needed.

**Tell the person that:**

- they did a good/right thing in telling you;
- you are treating the information seriously;
- it was not their fault.

If the adult experiences communication difficulties it would be appropriate to have an independent interpreter present. Careful listening is most important, without asking 'leading' questions or 'closed' questions that may confuse the story. If someone discloses abuse it is important to receive the information without making a judgement or making a comment that may lead the individual to believe his or her word is doubted.

Open questions: 6WH:

Who

Why

Where

When

What

Which

How

A referral to the local authority Adult Services may be necessary. Under no circumstances should anything be done that might be construed as an investigation of the allegation, as action of this nature may contaminate evidence should a formal investigation by either the police or local authority be instigated.

Many people at risk rely on their carers for support, shelter and care and therefore the reporting of mistreatment needs to be undertaken with sensitivity and planned to ensure that the adult is fully supported and all necessary care is in place.

## 9.6 Allegations against church workers

Church workers themselves may be suspected or accused of mistreatment. Workers may not be following a code of conduct for church workers, an example of which is included.

If the abuse of an adult at risk appears to be a criminal offence the police must be informed and a referral must be made to Adult Services. The Diocesan Safeguarding Advisor should be consulted in the first instance.

Consideration should be given to whether the worker should be suspended during any investigation – **BUT** no action must be taken without consultation with Police or any statutory agency involved.

With less serious matters such as inappropriate behaviour or attitude not amounting to abuse, the worker's immediate superior should approach the worker and discuss the concern with them with the aim of identifying ways of improving the situation. The worker should be informed that disciplinary proceedings might be brought if there is no improvement. People suffering from mistreatment may wish to make a complaint. Dioceses should have procedures in place to allow complaints to be made.

Advice should always be taken from the Diocesan Safeguarding Adviser prior to decisions / actions being taken.

### 9.7 Disclosures of historic abuse

In the course of their work ministers and those offering pastoral support may hear disclosure from adults regarding abuse that happened to them when they were children or younger adults.

The wishes of an adult disclosing abuse are very important. For some adults, just being able to talk to a trusted person about their experiences can be in itself healing, and the pastoral care of the person who has been abused should be a priority.

All such situations must be reported to the Diocesan Safeguarding Adviser. It is likely a referral will be made to the Police – if only for intelligence purposes.

### 9.8 Matters to consider following an investigation

An investigation into harm of an adult at risk may result in a criminal conviction, disciplinary penalties, dismissal or resignation from a voluntary or paid position.

The Diocesan Safeguarding Adviser should be consulted about the requirements for a referral to the Disclosure and Barring Service. This is a legal requirement and can not be ignored.

Support of all concerned will need to be continued throughout the process. Sometimes in less serious cases the person concerned will need appropriate training and extra supervision in order to be able to continue in their position. Any abuse within the Church also creates second-order victims, those who experience a betrayal of the trust they have placed in those holding office of any kind. Members of congregations can, for example, feel let down and hurt when one of their leaders offends.

Special care is required when a congregation is recovering from the effects of disclosure of abuse. Great care will need to be taken if a person convicted of any relevant offence wishes to be employed or redeployed in a position working with the vulnerable, either adults or children. The Diocesan Safeguarding Panel will be used to assess any relevance or risk.

### 9.9 Capacity, consent and confidentiality relating to adults at risk

The Mental Capacity Act 2005 is about empowering people in two different ways. First, it is about not jumping to premature conclusions that a person lacks capacity, but recognising that they may require support to make decisions. Second, when a person lacks capacity, the Act states that people must be encouraged to participate in the decision and their past and present wishes taken into account. Although these wishes do not have to be followed, they still carry significant legal weight (Mental Capacity Act 2005, Section 1).

The principle of proportionality in safeguarding is explicit in the Human Rights Act 1998 and the Mental Capacity Act 2005. For instance, under Article 8 of the European Convention on Human Rights, there is a right to respect for family, home and private life. If a Local Authority (or other public body) is considering action in response to safeguarding concerns – such as saying where a person lacking capacity should live, whom they should see or what they should do – it must first consider the less restrictive options before a decision is taken in the person's best interests. Best Interests decisions need to incorporate the following principles: not making assumptions; whether the person is likely to regain capacity; participation of the person; their past and present wishes, beliefs and values; and consultation with others.

A balance sheet approach may be helpful in order to determine where the person's best interests lie. This is about weighing up the factors in favour and against a particular decision or course of action. For practitioners, this should be both a useful and an essential exercise. Only to weigh up one set of risks (for example, in preserving the status quo) without weighing up alternative risks (of changing the status quo) will not give the full picture necessary for a Best Interests decision. The following quick reference guide summarises the requirements of the Mental Capacity Act 2005.

The ability of adults at risk to choose their lifestyle and to take risks is a fundamental right, but protection from harm may involve some invasion of personal autonomy.

Every adult has the right to make decisions and must be assumed to have capacity to do so unless it is proved otherwise. Everyone should be encouraged and enabled to make their own decisions, or to participate as fully as possible in decision-making, by being given the help and support they need to make and express their own choices.

Decisions made on behalf of people without capacity should be made in their best interests, giving priority to what they themselves would have wanted.

In all circumstances where alleged abuse or mistreatment of an adult has been disclosed or observed, that information should be shared in the first instance with the Diocesan Safeguarding Adviser. This needs to be done, regardless of whether the victim has given consent to the information being shared. At this stage the information remains confidential to those people, and is being shared for the purpose of assessing what action should be taken next.

The Diocesan Safeguarding Adviser will then assess with the parish whether the consent of a person to an adult protection investigation and intervention should be overridden, if necessary taking legal advice. Consent is likely to be overridden in the following circumstances:

- a common law duty of care applies in extreme circumstances;
- the person lacks capacity to make a particular decision;
- other adults at risk are placed at risk;
- the alleged perpetrator is a paid carer, a church officer, or is also an adult at risk;
- a criminal offence has been or may have been committed.

Most situations are not emergencies. However:

If an adult needs immediate medical help, call emergency services, and ensure that ambulance and hospital staff are informed of any safeguarding concerns.

If it would be dangerous for the adult to return home, or he or she does not want to return home and you are sufficiently concerned for their safety, contact the emergency social care services or the police.

If you observe an adult being harmed or at risk of harm by someone other than a family member, you should inform the parents or carers immediately, and work with them on appropriate referral to police or social care.

If consent is not given, and the above grounds to override consent do not apply, the wishes of the adult at risk will be respected, but if a criminal offence may have been committed, the police will be informed on an information only basis.

All such cases should be discussed with the Diocesan Safeguarding Advisor.

There are some circumstances where it is not appropriate to seek consent to share information, for example where to do so would:

- place an adult at risk at increased risk of serious harm; or
- prejudice the prevention, detection and prosecution of serious crime; or
- lead to unjustified delay in making enquiries about allegations of significant harm.

Consent must be 'informed'. This means that the person giving consent must be able to understand why information needs to be shared, who will see the information, the purpose to which it will be put and the purpose of sharing it. Competence to give consent is always a matter of judgement. If you are in any doubt about whether an adult is competent to give consent, you should seek advice from the Diocesan Safeguarding Advisor. It is good practice always to obtain explicit consent, preferably in writing.

## 9.10 Mental Capacity Act

### **Mental capacity, consent and best interests**

People must be assumed to have capacity to make their own decisions and be given all practicable help before they are considered not to be able to make their own decisions. Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests. Professionals

and other staff have a responsibility to ensure they understand and always work in line with the Mental Capacity Act 2005. In all safeguarding activity due regard must be given to the Mental Capacity Act 2005. In all cases where a person has been assessed to lack capacity to make a decision, a best interest's decision must be made. Even when a person is assessed as lacking capacity, they must still be encouraged to participate in the safeguarding process.

**The Mental Capacity Act provides a framework to empower and protect people who may lack capacity to make some decisions for themselves.**

The Mental Capacity Act makes it clear who can take decisions in which situations, and how they should go about this. Anyone who works with or cares for an adult who lacks capacity must comply with the MCA when making decisions or acting for that person.

This applies whether decisions are life changing events or more every day matters and is relevant to adults of any age, regardless of when they lost capacity. The underlying philosophy of the MCA is to ensure that those who lack capacity are empowered to make as many decisions for themselves as possible and that any decision made, or action taken, on their behalf is made in their best interests.

The five key principles in the Act are:

1. Every adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise.
2. A person must be given all practicable help before anyone treats them as not being able to make their own decisions.
3. Just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.
4. Anything done or any decision made on behalf of a person who lacks capacity must be done in their best interests.
5. Anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

For more information contact the Diocesan Safeguarding Adviser.

## **10 HANDLING COMPLAINTS AGAINST CHURCH WORKERS**

### **10.1 Introduction**

Making a complaint of abuse or mistreatment is never easy and the cost to someone of making a complaint may be very high. It is important, therefore, that the church takes complaints very seriously. Complaints should be dealt with promptly and transparently. Careful records should be kept. (Further information on record keeping is available in Section 12.)

There are a number of ways in which a complaint may be dealt with. Any allegation that may constitute a criminal offence **MUST** be referred to the Diocesan Safeguarding Adviser and the statutory agencies.

## 10.2 Informal mediation

Many concerns can be resolved informally and locally. The Diocesan Safeguarding Adviser should be consulted prior to any discussions taking place.

Such a situation might involve the person making the allegations discussing their concerns with a line manager, a member of the clergy or someone else in a position of authority, for example a churchwarden. The informal route should always be tried first. It should be clear in each parish to whom someone should go with a complaint.

At this early stage it will be important for someone to listen carefully to the complainant to determine how he or she wishes to proceed. It will also be important to try to ascertain whether a criminal offence has been committed. If an offence is suspected the complainant should be given the opportunity to make a statement to the police. If it appears that a criminal offence might have been committed the alleged offender should not be spoken to without police agreement.

**The advice of the Diocesan Safeguarding Adviser should be sought in all cases which have or may have a safeguarding element.**

## 10.3 Clergy and those holding the bishop's licence

Complaints against clergy and lay ministers holding the bishop's licence should be referred to the Diocesan Safeguarding Adviser immediately, prior to any other action or discussions taking place. If the complainant wishes to make a formal complaint against a member of the clergy under the Clergy Discipline Measure 2003, the procedure is fully explained in the Code of Practice to the Measure.

**Further information is available from the Diocesan Safeguarding Adviser.**

## 10.4 Employees

Since 1 October 2004, employers have been required by law to comply with minimum dismissal and disciplinary procedures, which in most cases will involve a three-stage process:

1. The employer notifies the employee in writing of the alleged disciplinary matter and invites the employee to attend a meeting. The employee must be told the basis of the complaint and given a reasonable time to respond, and no action (except suspension) may be taken until the meeting has been held.

2. The employee must take all reasonable steps to attend the meeting, at which he or she is entitled to be accompanied. The employer must notify the employee of the decision taken and of the right to appeal.

3. If the employee notifies the employer that he or she wishes to appeal, a further meeting must be held, but any disciplinary action does not have to be postponed in the meantime. The employee must take all reasonable steps to attend the appeal meeting and is, again, entitled to be accompanied. The employer must notify the employee of the decision made.

It is essential that these procedures be followed, as failure to do so will automatically render any dismissal unfair if a claim is brought in an employment tribunal. Legal advice should be sought as appropriate. (Advice may be sought from the Diocesan Human Resources Adviser.)

## 10.5 Volunteers

When an allegation is made against a volunteer it may be possible to resolve the concern informally, if it is not of a serious nature. The Diocesan Safeguarding Adviser should be consulted before any action is taken. For complaints of more substance, it is good practice to follow a process similar to the statutory procedure for employees set out above. However, if a complaint is referred to the local authority or the police, consideration should be given to whether the volunteer is suspended from duty until the outcome of those investigations is known. Suspension should not happen until it has been agreed with the investigating agency.

If the investigations are inconclusive or if concerns remain, the incumbent, PCC or other body responsible for appointing the volunteer will need to consider carefully whether the suspension should be lifted, and, if so, on what conditions. Professional advice (e.g. from the diocesan registrar or diocesan risk assessment panel) should be sought as appropriate. The Diocesan Safeguarding Adviser should be consulted to discuss issues of risk assessment and risk management.

## Disclosure or expression of concern

### Immediate action to be taken

- Ensure the safety of the individual and if in immediate danger contact the relevant emergency services
- Preserve any forensic or other evidence
- Support and reassure the person, recording what is observed or said, but avoid asking leading questions
- Log the nature of the alleged abuse, any information given or witnessed, actions taken, and who was present at the time
- Report concerns to the Diocesan Safeguarding Adviser
- Consider risk issues and record all discussions and decisions.

## Information to be given when making a referral

- Details of the alleged victim (name, contact details, DOB, gender, ethnicity, language, any disability, any communication needs)
- Name and contact details of GP
- Nature of the concerns, reasons and context for these and how they came to light
- Any impression of the seriousness related to the situation
- Any concerns or doubts about the person's mental capacity
- The perspective of the person at risk about the situation and whether the person is aware of and has consented to the referral
- Action already taken to protect the person and any information already shared
- Any other professionals, carer's and significant family members, friends, neighbours involved
- Details of the alleged abuser and if whether they are also an adult at risk.

If you do not have all this information don't wait until you do to contact the Diocesan Safeguarding Adviser.

## 11 MINISTERING TO KNOWN OFFENDERS

### 11.1 Introduction

Recent research has shown that a disproportionately large number of convicted offenders against children and adults attend churches. The figures range from 25 per cent upwards. It is, therefore, possible for many congregations to have offenders amongst their worshippers, some of whom will be known. Not all will have committed sexual offences; some will have been guilty of neglect, physical or emotional abuse. The Church's duty to minister to all imposes a particular responsibility to such people. This must not, however, compromise the safety of adults.

Where an offender is known, befriended and helped by a group of volunteers to lead a fulfilled life without direct contact with adults at risk the chances of re-offending are reduced and the Church has thus an important role in preventing abuse.

### 11.2 Good Practice

- When it is known that a member of the congregation has been accused or convicted of abusing adults the Diocesan Safeguarding Adviser must be consulted, so that a safe course of action can be agreed. Because of the compulsive nature of sexual abuse a written Agreement will be entered into with the offender.

- A frank discussion should be held with the offender, explaining that a small group from the congregation need to know the facts in order to create a safe place for him or her. If possible the membership of the group should be agreed with the offender. Those needing to know are likely to include the clergy, churchwardens, Parish Safeguarding Officer and any befriending volunteers. Anybody coordinating activities for adults at risk will need to be informed so that they do not inadvertently ask the person to volunteer.
- It must be made clear that no one else should be informed of the facts without the offender's knowledge. The highest levels of confidentiality should be maintained.
- The group should offer support and friendship as well as supervision. They should endeavour to keep open channels of communication.
- It will be necessary to establish clear boundaries for both the safeguarding of adults and to lessen the possibility of the adult being wrongly accused of abuse.

### 11.3 Agreement

An agreement will include:

- attending designated meetings only;
- sitting apart from adults at risk or specifically identified people / groups;
- staying away from areas of the building where vulnerable groups meet;
- attending a house group where there are no adults at risk;
- declining hospitality where there are adults at risk;
- never being alone with adults at risk;
- never working with adults at risk;
- the offender should sign the agreement;
- enforce the agreement – do not allow manipulation;
- provide close support and pastoral care;
- review the Agreement at regular intervals;

In some cases offences only come to light after many years. In such situations great sensitivity will be required. It must, however, be remembered that there may still be a substantial risk to adults.

### 11.4 Sacramental confession

It is possible that relevant information may be disclosed in the particular context of sacramental confession. Canon law constrains a priest from disclosing details of any crime or offence which is revealed in the course of formal sacramental confession (however, there is some doubt as to whether this absolute privilege is consistent with the civil law).

If a penitent discloses information about his or her own criminal or abusive behaviour, the priest should not only urge the person to report it to the police or social care services

themselves, but may also judge it necessary to withhold absolution until this evidence of repentance has been demonstrated.

It is important to distinguish between what is heard in formal sacramental confession, which is made for the quieting of conscience and intended to lead to absolution, and disclosures made in pastoral situations. For this reason, it is helpful if sacramental confessions are normally heard at advertised times, or by other arrangement, or in some way differentiated from a general pastoral conversation or meeting for spiritual direction.

## 12 ADDITIONAL INFORMATION AND PROCEDURES

### 12.1 Lone working

It is important to consider the implications of Lone Working – both for those we work with and the way in which this might increase risk for them and for our staff and volunteers. The Ecclesiastical website offers the following guidance:

#### Lone working

Lone working includes any work activity undertaken in isolation from other workers. Home working, work travel and working at remote locations, such as home visits, could all constitute lone working.

Risks to workers, including both employees and volunteers, arising from lone working must be identified from risk assessment, in accordance with the requirements of the Management of Health and Safety at Work Regulations 1999 and the Health and Safety at Work etc. Act 1974, leading to the introduction of appropriate control measures to eliminate or control the significant risks identified. If you have 5 or more employees you must record the significant findings of the risk assessment.

Factors to be considered as part of the risk assessment should include:

- the risk of violence;
- any increased risks to women and young persons;
- pre-existing medical conditions which might place a lone worker at increased risk;
- workplace hazards, such as the use and handling of work equipment which normally requires more than one person to operate safely.

Suitable control measures might include:

- supervisors periodically visiting and observing lone workers;
- regular contact with the lone worker by telephone or radio;
- the provision of automatic warning devices which operate in the event that communications with lone workers fail or in the absence of lone worker activity;
- checks that a lone worker has safely reached their final destination.

Further health and safety information on lone working is available in the HSE leaflet “Working Alone in Safety – Controlling the risks of Solitary Work.” INDG73 (rev) from HSE Books, P.O. Box 1999, Sudbury, Suffolk CO10 2WA.

This leaflet can also be downloaded from their website, [www.hse.gov.uk/pubns/leaflets.htm](http://www.hse.gov.uk/pubns/leaflets.htm)

## 12.2 SCAMS

**We are increasingly hearing about Scams. Scams are:**

- misleading or fraudulent offers designed to con you out of money;
- received by post, email, telephone, text or face to face.

There are a huge number of Scams and most of us receive all manner of contacts on a regular basis with offers which seem too good to be true – and usually prove to be just that.

**Office of Fair Trading research shows that scammers:**

- have targeted half the UK population;
- con 3 million people every year;
- cost 3.5 billion annually.

Adults at risk are particularly at risk of falling prey to Scams

### TIPS

#### **How can you protect others?**

If you know of someone who receives excessive unsolicited mail it could be because they are a victim. It is worth talking to them about it or making sure carers are aware that this could be a problem.

#### **Stop**

Don't be pressurised into paying / handing over / sending off money immediately to someone you don't even know.

#### **Think**

How likely is it that I've specially been chosen?

Millions of people have probably received the same offer to CON them out of their money.

#### **Think again**

- Always read the offer carefully.
- Speak to family or friends or seek advice.
- Think again
- Don't let them con you.
- Trading standards have done a huge amount of work and are a massive resource is keeping up to date on Scams and knowing how to advise and protect people from Scams and to help people once caught up in a Scam.

### **Stopping an adult at risk from being scammed**

- Scams are schemes to con you out of your money. They can arrive by post, phone call, text message or email or from someone on your doorstep turning up at your home, when you are not expecting them.
- Although anyone can fall for a scam, some people are at risk and more likely to be targeted.
- People who can be especially vulnerable to scams include older people and people with mental health problems, learning difficulties or dementia.
- If you are a carer, relative, friend or neighbour of someone who is at risk, you might be the only person who can try to stop them from being scammed

### ***What to watch out for***

- If you know or look after someone who could be vulnerable to scams, keep an eye out for the following signs. Do they:
  - receive a lot of junk mail?
  - have a house full of cheap-looking goods such as jewellery and health products?
  - get frequent calls from strangers?
  - become secretive when discussing finances with you?

You can ask them if they have received any unusual mail or phone calls. Try to do it in a way that doesn't cause unnecessary alarm.

If you are aware of a current scam in your area, make sure the person you know or look after knows about it and hasn't become involved.

### ***What help can you give?***

People are often embarrassed to admit they've fallen for a scam or don't believe they have been conned.

Reassure the person that it's a common problem, that scammers are clever and that all sorts of people get taken in by them. To help keep them safe from scammers ask them to:

- never give out their name, address, bank account details or any other personal information;
- speak to you before replying to any offer;
- never trust someone who says they've won a prize;
- not ring any number they are given to claim a prize;
- never send money to anyone to claim a prize;
- help them to ask Royal Mail to re-direct their post either to you or another trusted friend or relative;
- help them sign up to the free Telephone and Mailing Preference Services, which cuts down unwanted phone calls, texts and post.

**Next steps**

Report the scam to Trading Standards via the Citizens Advice Consumer Helpline **08454 04 05 06**. Say that you want to be referred to a Trading Standards Officer.

Report to Action Fraud <http://www.actionfraud.police.uk/> 0300 123 2040

Suggest the victim talks to their local branch of Age UK their local Neighbourhood Watch Scheme, or to a relative, friend or social worker. To find your local branch of Age UK, go to: [www.ageuk.org.uk](http://www.ageuk.org.uk).

For more information for scam victims and their families visit the Think Jessica Website <http://www.thinkjessica.com/>

To find out more about registering with the Telephone Preference Service, phone: 0845 070 0707, or go to: [www.tpsonline.org.uk](http://www.tpsonline.org.uk)

To find out more about registering with the Mail Preference Service, phone: 0845 703 4599, or go to: [www.mpsonline.org.uk](http://www.mpsonline.org.uk)

Hampshire Scams Bulletin giving information on some current scams can be accessed at: <http://documents.hants.gov.uk/ccbs/scamsbulletin-april2013.pdf>

**FOR HELP OR ADVICE LOCALLY CONTACT:****Contact your local Trading Standards office**

To get information or advice, call your local Trading Standards office.

<p><b>Hampshire Trading Standards</b></p> <p>Montgomery House Monarch Way Winchester SO22 5PW 08454 04 05 06 <a href="mailto:ts.intel@hants.gcsx.gov.uk">ts.intel@hants.gcsx.gov.uk</a> Hampshire have a specialist Safeguarding Unit which will intervene to support people at risk of financial abuse</p>	<p><b>Southampton Trading Standards</b></p> <p>Trading Standards Service, Southampton City Council, Civic Centre, Southampton, SO14 7LY 08454 04 05 <a href="mailto:trading.standards@southampton.gov.uk">trading.standards@southampton.gov.uk</a> Southampton offer support to victims of financial abuse.</p>
<p><b>Bournemouth Trading Standards,</b></p> <p>Town Hall, St Stephen's Road, Bournemouth, Dorset, BH2 6LL. 01202 451400 <a href="mailto:trading.standards@bournemouth.gov.uk">trading.standards@bournemouth.gov.uk</a></p>	<p><b>Dorset Trading Standards,</b></p> <p>County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ 08454 040506</p>

Trading Standards have a variety of booklets and other material to provide information and support in this area. They are often happy to visit groups or individuals to give more information and support

### 12.3 Dementia/Alheimers

#### **HOW CAN THE CHURCH HELP?**

##### **Comments made by people suffering from Alzheimer's:**

"What will happen to my faith if I can't remember?"

"Why has this happened to me?"

"Am I to blame in any way for any of this?"

They may experience difficulty in finding their way through the service.

There may be unpredictable behaviour or they may do unusual things.

##### **The church can provide:**

Someone to go and sit with the person while the carer goes to a church service or other activity.

Respite care.

Just because someone isn't able to tell us they have spiritual needs, that doesn't mean they don't have them and that we shouldn't offer spiritual care.

If a person repeats themselves / says things that aren't true, etc., they won't realise it. It is only a problem for us. We need to just listen, carry on, and move the conversation along.

We must listen to people's fears. Don't deny what they are saying. Listen, reassure, share and hear their fears. Don't say: 'of course you haven't got Alzheimer's; I forget things all the time.' Listen. Lighten the load.

### 12.4 Record keeping and personal data

#### **Key principles in line with Care Act 2014**

##### **Record-keeping**

Good record keeping is a vital component of professional practice. Whenever a complaint or allegation of abuse is made, all agencies should keep clear and accurate records and each agency should identify procedures for incorporating, on receipt of a complaint or allegation, all relevant records into a file to record all action taken. When abuse or neglect is raised

managers need to look for past incidents, concerns, risks and patterns. We know that in many situations, abuse and neglect arise from a range of incidents over a period of time.

The following questions are a guide to recording practice:

- What information do staff need to know in order to provide a high quality response to the adult concerned?
- What information do staff need to know in order to keep adults safe under the service's duty to protect people from harm?
- What information is not necessary?
- What is the basis for any decision to share (or not) information with a third party?

The Care Act 2014 establishes the importance of organisations sharing vital information related to abuse or neglect with the Safeguarding Adult Board (SAB). In order to carry out its functions effectively, the SAB may need access to information that a wide number of people or other organisations hold in order to enable or assist the SAB to do its job.

### **Data Protection Act 1998**

This guidance is based on the requirements of the Data Protection Act 1998, which is designed to protect the rights of people concerning information about them, known as personal data. It covers basic factual information and expressions of opinion.

#### **1 What is a record?**

Records include all information held either electronically (including e-mail correspondence) or in paper format, which include 'sensitive personal data' about an individual.

#### **2 What is 'sensitive personal data'?**

The following may be counted as sensitive personal data, but the list is not exhaustive:

- Personal details (home address, phone number, date of birth, health needs etc., including that stored on parish databases, and on registration forms for activities)
- Recruitment information for paid or voluntary worker posts (application forms, references)
- Criminal record details (Confidential Declaration forms, outcomes of DBS Disclosures)
- Employment information for paid and voluntary posts (contracts of employment, voluntary worker agreements, appraisal and supervision notes, details of disciplinary or grievance cases, equal opportunities monitoring information, health details, pay details)
- Photos, video or audio tapes
- Consent forms relating to activities

- Signed agreements with offenders
- All logs of events or incidents, including entries in incident and accident books, and relating to specific allegations or concerns about an adult at risk.

### **3 How should sensitive personal data be handled?**

The Act establishes eight Data Protection Principles, summarised as follows:

- Its use is fair and lawful.
- It is to be used for specified purposes – individuals should be told in broad terms what you are going to do with the information before you use it, and given the opportunity to opt out of it being so used.
- The information is adequate, relevant and not excessive in relation to how it will be used.
- The information is accurate and up-to-date.
- It is not kept longer than necessary for the purpose.
- Individuals' access rights to information about them is honoured.
- Information is kept securely.
- Information should not be transferred to any country outside the European Economic Area (EEA) without adequate data protection being in place.

#### **How should you record information about safeguarding concerns?**

It is important to keep accurate records of any safeguarding concerns, disclosures or allegations; records should be made as soon possible after his incident or concern happens, preferably within 48 hours.

#### **Who should record?**

Anyone who receives information, whether first or second hand, or takes any action, should keep their own record. Incumbents and/or Parish Safeguarding Officers may also keep a parish record.

#### **How to record**

- Keep your recording factual and an accurate account of what you have observed and what has been disclosed – if possible word-process your record, but you may in some circumstances also decide to keep your written notes
- Avoid writing your opinion or if doing so to justify an action qualify the recording with 'in my opinion' etc. Make sure what is fact and what is opinion is clear
- Record all your actions and decisions – for instance, to whom information was shared, from whom you took advice, and any other action you took
- Record who knows about the information – for instance the subject, their parents or carers, other church leaders
- If the person about whom you have made a record is unaware of the record's existence, make it clear in your recording why you have not told them – for

- instance, if you consider the need to monitor a worrying pattern of behaviour
- Always sign and date each hard copy and make clear who produced the word processed document and when.

### **How to store**

Keep paper records in chronological order, and in a secure folder or file.

Keep all electronic recorded information in password protected or encrypted documents, with sole access to the author.

### **What access do people have to personal data stored?**

The law requires that we must respond to an individual's written request for access to information about them as soon as possible and in any event within 40 days. It is illegal to destroy data that is the subject of an access request.

The general principle is that as much information as possible should be shared with the individual. There are, however, some restrictions and conditions attached to the legal right of access, for instance in the interests of protecting the rights of other individuals to privacy and for the prevention of crime. You must remove anything which would identify a third party. You may also be entitled to hold back information containing serious allegations, such as child abuse, if to reveal that information would compromise a proper investigation of those allegations.

The individual has the right to comment on inaccurate data; such information must be corrected if it is proved to be wrong. The individual also has the right to object to data which causes them distress or harm; such information should only be held if there are compelling reasons to do so.

If you are asked for access to someone's personal data and you are unsure what information should be available to them, contact the Diocesan Safeguarding Advisor for advice.

### **How long should records be kept?**

One of the principles of the Data Protection Act is that personal data should not be kept for longer than the purpose it is required for. Guidance outlining how long parish records should be retained is available from the Diocesan Office.

Any records which are no longer needed to be retained should be destroyed securely, i.e. by incineration or shredding, in the presence of another adult worker. If not shredded immediately, all confidential records must be held in a secure plastic bag, labelled as confidential and locked in a cupboard or other secure place.

Normally, personal information should not be held for longer than 6 years after the subject's last contact with the parish. Exceptions to this period will occur when:

- The record needs to be retained because the information is relevant to legal action that has been started.
- The record is required to be kept longer by law.

- The record is archived for historical purposes (e.g. where the parish was party to legal proceedings or involved in proceedings brought by a local authority).
- The record consists of a sample of records maintained for the purposes of Research.
- The record relates to individuals and providers of services who have, or whose staff, have been judged unsatisfactory.
- The record is held in order to provide, for the subject, aspects of his/her personal history (e.g. where a child might seek access to the file at a later date and the information would not be available elsewhere).

## **Making a record**

It is vital that a written record of any incident or allegation of crime is made as soon as possible after the information is obtained. Written records must reflect as accurately as possible what was said and done by the people initially involved in the incident. The notes must be kept safe as it may be necessary to make records available as evidence and to disclose them to a court. An accurate record should be made at the time, including:

- Date and time of the incident
- Exactly what the person at risk said, using their own words (their account) about the abuse and how it occurred or exactly what has been reported to you
- Appearance and behaviour of the person at risk
- Any injuries observed
- Name and details of any witnesses
- Any witness to the incident should write down exactly what they saw
- The record should be factual, but if it does contain opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence
- Information from another person should be clearly attributed to them
- Name and signature of the person making the record.

**When making a referral, where possible, provide the following information:**

### **Details of the referrer**

- Name, address and telephone number
- Relationship to the adult at risk
- Name of the person raising the alert if different
- Name of organisation, if referral made from a care setting
- Anonymous referrals will be accepted and acted on. However, the referrer should be encouraged to give contact details.

### **Details of the adult(s) at risk**

- Name(s), address and telephone number
- Date of birth, or age

- Details of any other members of the household including children
- Information about the primary care needs of the adult, that is, disability or illness.
- Gender (including transgender and sexuality)
- Communication needs of the adult due to sensory or other impairments (including dementia), including any interpreter or communication requirements
- Whether the adult knows about the referral
- Whether the adult has consented to the referral
- If consent not given, an explanation of the grounds upon which the decision was made to refer
- What is known of the adult's mental capacity and their views about the abuse, neglect, exploitation and what they want done about it (if that is known at this stage)
- Details of any immediate plan in place to protect the adult from further harm.

### **Information about the abuse, neglect or exploitation**

- How and when did the concern come to light?
- When did the alleged abuse occur?
- Where did the alleged abuse take place?
- What are the details of the alleged abuse?
- What impact is this having on the adult?
- What is the adult saying about the abuse?
- Are there details of any witnesses?
- Is there any potential risk to anyone visiting the adult to find out what is happening?
- Is a child (under 18 years) at risk?

### **Details of the person causing the harm (if known)**

- Name, age and gender
- What is their relationship to the adult?
- Are they the adult's main carer?
- Are they living with the adult?
- Are they a member of staff, paid carer or volunteer?
- What is their role?
- Which organisation do they work or volunteer for?
- Are there other people at risk from the person causing the harm?

### **Any immediate/subsequent actions that have been taken, for example**

- Were emergency services contacted? If so, which?
- What is the crime number if a report has been made to the Police?

- Have Children's Services been informed if a child (under 18 years) is at risk?
- Have patient safety incident processes been actioned?

## 12.5 Whistle blowing

To fulfil their commitment to safeguard and promote the welfare of all adults, organisations are required to have appropriate whistle-blowing procedures, and a culture that enables issues about safeguarding and promoting the welfare of all adults to be addressed.

The Public Interest Disclosure Act 1998 gives workers legal protection against being dismissed or penalised as a result of publicly disclosing certain serious concerns. Whilst the Act does not provide the same protection for volunteers, churches should adopt the same approach in their protection. Members of a congregation should be reminded that **Safeguarding is everyone's responsibility** and be encouraged to acknowledge their individual responsibility to bring matters of unacceptable practice, performance or behaviour to the attention of the incumbent, churchwarden, Parish Safeguarding Officer.

It is often the case that a co-worker or co-voluntary worker may be the first to recognise that something is wrong but may not feel able to express concerns, feeling that this would be disloyal; he or she may fear harassment or victimisation. These feelings, however natural, must never result in anyone continuing to be unnecessarily at risk.

### **Reasons for whistle-blowing:**

- To prevent the problem worsening or widening.
- To protect or reduce risks to others.
- To prevent becoming implicated oneself.

### **What stops people from whistle-blowing:**

- Starting a chain of events which spirals out of control.
- Disrupting the work or project.
- Fear of getting it wrong.
- Fear of repercussions or damaging careers or reputations.
- Fear of not being believed.
- Fear of consequences for themselves.

### **How to raise a concern:**

- Concerns, suspicions or uneasiness about the practice or behaviour of an individual should be raised with an appropriate person as soon as possible.
- The person raising the concern should be specific about what practice is concerning, what has been heard or what has been observed.
- Inform the Diocesan Safeguarding Adviser immediately.
- The concerns should be put in writing, outlining the background and history, and providing dates and times.

- Provide as many facts as possible; do not rely on rumour or opinion.

### **Media Enquiries**

Home telephone numbers of some parish officers, in particular clergy and churchwardens, are likely to be in the public domain, so if there is a police investigation in which your church may be directly or indirectly implicated, it is possible that the local or even national press may contact such people for a line on the story. Those who work in parish offices may also be contacted by the media.

Do not speak to the media, but refer as below.

Every effort should be made to maintain confidentiality and guard against publicity while an allegation is being investigated or considered. The police will not normally provide any information to the press or media that might identify an individual who is under investigation, unless and until the person is charged with a criminal offence.

The Diocesan Communications Team will be kept informed of key stages of an investigation, including dates of court appearances, and will prepare a statement for use if asked.

All media enquiries should be referred to: Diocese of Winchester hotline number, 020 7618 9197, which is also answered out-of-hours and at weekends, and through the group email address: [dioceseofwinchester@luther.co.uk](mailto:dioceseofwinchester@luther.co.uk)

## **12.6 KEEPING RECORDS**

It is vital that a written record of any incident or allegation is made as soon as possible after the information is obtained. Written records must reflect as accurately as possible what was said and done by the people initially involved in the incident. The notes must be kept safe as it may be necessary to make records available as evidence and to disclose them to a court.

You should make an accurate record at the time, including:

- date and time of the incident;
- appearance and behaviour of the person at risk;
- exactly what the person at risk said, using their own words (their account) about the abuse and how it occurred or exactly what has been reported to you;
- any injuries observed;
- name and details of any witnesses;
- if you witnessed the incident, write down exactly what you saw;
- the record should be factual, but if it does contain your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence;
- information from another person should be clearly attributed to them;
- name and signature of the person making the record.

Why keep records? They provide:

- a note of what happened and who did what;
- a history of events;
- continuity;
- accountability;
- evidence.

What to record:

- **who** was involved: the names of key people;
- **what** happened: facts not opinions;
- **where** it happened;
- **when** it happened: date and time;
- **how** it happened;
- **why** it happened;
- **whom** it was referred to.

Where quoting people use the words they use do not 'translate' into your own words. If necessary do record what the meaning of certain words is or how they are used at this time and in this place, or any clarification sought or provided.

An interim Recording /form is attached.

## 12.7 Referrals

When referring a case of abuse you will need to include some details of the referrer, the adult(s) at risk and the concern being raised. Obviously the more information you can give the better and for guidance please see the suggested list below. **However, do not let a lack of information stop you from making a referral.**

### Details of the referrer:

- name, address and telephone number;
- relationship to the adult at risk;
- name of the person raising the alert if different;
- name of organisation;
- anonymous referrals will be accepted and acted on. However, the referrer should be encouraged to give contact details.

### Details of the adult(s) at risk:

- name(s), address and telephone number;
- date of birth, or age;
- details of any other members of the household including children;
- information about the primary care needs of the adult, that is, disability or illness;
- ethnic origin, religion and cultural needs;

- gender (including transgender and sexuality);
- communication needs of the adult due to sensory or other impairments (including; dementia), including any interpreter or communication requirements;
- whether the adult knows about the referral;
- what is known of the person's mental capacity and their views about the abuse, neglect;
- exploitation and what they want done about it (if that is known at this stage);
- details of how to gain access to the person and who can be contacted if there are difficulties;
- details of any immediate plan that has been put in place to protect the person at risk from further harm.

### **Information about the abuse, neglect or exploitation**

- how and when did the concern come to light?
- when did the alleged abuse occur?
- where did the alleged abuse take place?
- what are the details of the alleged abuse?
- what impact is this having on the adult at risk?
- what is the person at risk saying about the abuse?
- are there details of any witnesses?
- is there any potential risk to anyone visiting the person at risk to find out what is happening?
- is a child (under 18 years) at risk?

### **Details of the person causing the harm (if known)**

- name, age and gender
- what is their relationship to the adult at risk?
- are they the adult at risks main carer?
- are they living with the adult at risk?
- are they a member of staff, paid carer or volunteer?
- what is their role?
- which organisation do they work or volunteer for?
- are there other people at risk from the person causing the harm?

### **Any immediate/subsequent actions that have been taken, for example**

- were emergency services contacted? If so, which?
- what is the crime number if a report has been made to the Police?
- have Children's Services been informed if a child (under 18 years) is at risk?

### **Anyone expressing concern, or making a complaint or allegation, will be assured that:**

- they will be taken seriously;
- their comments will usually be treated confidentially but their concerns may be shared if they or others are at significant risk;

- anyone who is perceived to be at risk will be given immediate protection from the risk of reprisals or intimidation;
- if they are a staff member they have the right not to be subject to any detriment, or to be elected for dismissal or redundancy on the basis of having made a protected disclosure;
- they will be dealt with in a fair and equitable manner;
- as far as possible, they will be kept informed of action that has been taken and its outcome. It is the responsibility of the person receiving the alert to confirm the next steps to be taken with the person who has raised it.

## 12.8 Working with Dementia

Dementia is an enormous subject and it is caused by a change in the structure of the brain. With the onset of the diagnosis of dementia, a person has symptoms of confusion, forgetfulness, a diminishing ability to reason, a change of behaviour and a deterioration of life skills. There are over 100 different types of dementia, with Alzheimer's disease being the commonest. What is important to remember concerning the effects of dementia upon a person is that it is a disease and it can strike either sex and knows no social or economic boundaries.

### Effective Ways of Communication

People with dementia are individuals and must be met as such. Every person will be different. However, here are some helpful points to remember: -

- Identify yourself on every visit "I'm..." (wear a name badge) calling the person by name. Use language, which is familiar to the person.
- Use short, familiar words and speak clearly. Address the person face-on and speak slowly but confidently. Never rush your conversation and minimise distractions around you.
- Give only one direction or ask one question at a time. Questions that can be answered by 'yes', 'no', or a gesture are helpful.
- Wait for a reply, if no response repeat the question exactly. Don't be concerned if you get no response. Periods of silence and waiting are all part of the communication process.
- Listen and be concerned for the person's feelings, mood and concern. If you don't understand the person's response then say so sensitively. Give reassurance or affirmation where needed.
- Repeat the last words to help the person continue their thoughts.

- Respond to the message being given, not the words being used. This will help you grasp the essence of the 'feeling or emotion' being shared, rather than deciphering word structure.
- Be at the same level as the person giving eye contact (kneeling beside the person is better than stooping); use gestures and be aware of sensory deficits, e.g. hearing and vision.
- Move slowly and gently. Avoid sudden moves that may alarm the individual. Watch for signs of restlessness, anxiety and frustration. Respect the person's right to have space and movement.
- Use objects to get your message across and make good use of non-verbal gestures. The use of body language is also important and should be used appropriately. Assume the person can understand and give them respect.

### **Barriers to communication from those who minister to people living with dementia**

- Rushing your visits and your services.
- Not affirming and encouraging.
- Using long complicated expressions and sentences.
- Not using names when addressing a person.
- Not valuing the person's feelings and emotions.
- Forgetting that the person's faith and spirituality is real.
- Assuming a person will not understand.
- Not using appropriate gestures when needed.
- Not being sensitive to the other's body language and expression.
- Avoiding eye contact, distancing oneself in conversation and 'standing over' when in conversation.
- Using inappropriate verbal and body language.
- Not using silences effectively and allowing time to respond.
- Jumping to conclusions about what is said and meant.
- Using a tone of voice which is inappropriate.

- Not respecting the right to be listened to.

### **Worship in Care Homes**

- Prior to the Service go around and say hello to residents, introduce yourself, making appropriate gestures, e.g. smiling, shaking hands.
- Prepare a table ready for the service.
- Wear suitable attire, e.g. cassock / collar (*this can help with memory cueing*) but this is up to the individual.
- Appropriate hymns (large print), confession and the Lord's Prayer have been given out to the congregation at the beginning of the service.

- Greeting. An example, "Good morning. It's good to be with you today at..... House. My name is ( ) and I come to worship with you. We come to be with God, in His presence and to encourage one another. We are the Church. God is here, God is always here. God is with us, God is always with us. It is Sunday 12th November 2013 and the time is 10 o'clock."

*(This greeting is to bring people into an ultimate reality, by memory cueing, reality orientation and sharing affirmation through short, hopefully simple sentences).*

- I lay the table. These candles are the Light of Christ. This Cross is a sign of Christ. This Bible is the Word of God. Also flowers can be placed upon the table.

*(By doing this you are engaging by showing people visual things, which may or may not trigger memory.)*

- Call to worship, e.g. short sentence or prayer.
- Select a familiar Hymn.
- Prayer of Confession and Assurance of forgiveness.
- Bible Reading (Authorised Version or King James). Use familiar passages, e.g. Biblical characters, Psalms, Parables, and Gospels.
- Play a piece of music on a CD for listening or meditative purposes or give a talk using visual aids e.g. pictures, flowers, smells, taste. Invite members from your church to do a short drama, dance, sing a song or play some music on the piano, guitar or any musical instrument.
- Prayers and include the Lord's Prayer.

- A final Hymn and a Blessing.

**NOTE:** Be able to adapt your service and be creative. Invite resident's family members to the service. Do not worry if some residents become restless and walk around. Keep your sentences short and speak confidently and clearly. You may find yourself taking someone back to their seat. Use eye contact when speaking and observe what is going on around you. Affirm people when you have noticed someone singing well or those who partake in the service in some way. Engaging people in what you are doing not only gives them a sense of reality, but values and gives a sense of self-worth within the service. Always keep some aspects of the service familiar, e.g. certain prayers, favourite hymns and the introduction and ending. If you have no accompanist to play a musical instrument at the service, use tapes and CD's.

## 12.9 Visiting

### 12.9.1 Visiting in Residential Care Establishments

- If it is your first visit, make an appointment and introduce yourself to staff members and residents. Have identification ready if asked. A visible name tag can help those you are visiting.
- Remember to sign your name in the visitor's book on all visits.
- Share your intentions as to why you would like to visit regularly and whether the Home would value a monthly Act of Worship.
- Staff will inform you of those residents who have behavioural problems and as time goes by they will gradually inform you of some history of the residents. But don't be afraid to ask about these details once you become a regular visitor to the Home.
- Gradually introduce yourself to the residents. Your visiting will enable you to get to know faces and personalities of people. Do not go into the personal bedroom of the resident; always visit in public areas of the Home. For private conversation with a resident, use your discretion for an appropriate location.
- Over time gather information about those people who have a Christian faith and find out a little more about their history.
- Spend time getting to know the families of the residents who often visit the Home. They also require time to talk and share their feelings and thoughts about their loved one.
- Respect the way the Home is administered and adhere to all its health and safety requirements.
- Remember you are a guest within the Home. Don't overstay your welcome.

- Remember to safeguard all confidential matters related to residents, families and particularly information supplied by staff of the Home.

### **Pray before you go**

Whatever the reason for your visit, remember to ask for God's help and guidance. This could be a time of preparatory prayer before you leave your house, a short prayer on the way to the door – or both!

### **Timing**

Think about the most appropriate time for a visit. For example, early evening can be difficult for families with young children; elderly people may be unhappy about answering the door after dark – even if you arrange the visit in advance. Make sure you don't clash with any carers or professionals who may be visiting.

### **Arranging Visits**

Whenever possible, contact the person in advance, by telephone or letter, to find a mutually convenient time to visit. If you don't already know the person it is helpful to introduce yourself, and say why you are visiting. This will enable the person visited to understand the reasons behind the visit – and give them the opportunity to informally consent (or not) to the arrangement.

### **Food and drink**

Don't offer sweets, drinks or other food items to people you are visiting. You don't know what they are able to have and they may not want to refuse for fear of offending you. If the person offers you a drink allow them to make it themselves.

### **Medication**

Never offer 'over the counter' medicines to the people you visit. Painkillers, cough medicines, throat pastilles, etc. can all have side effects and may not be compatible with other prescribed medicines the person may be taking. Do not offer advice on how they take any prescribed medication.

### **Handling Money**

It can be very easy for someone to be confused about money. When handling other people's money, we need to be scrupulously careful that both parties know how much money has been handed over and that change and receipts match. You should never 'take something for going' – not even if you say you will give it as a donation to the church. If someone wants to give money to the church, always put it in an envelope and mark it on the outside as a donation – and get the Treasurer to acknowledge receipt.

Always agree with the person the amount of money you are taking for shopping, etc. Never put it in your own purse or wallet. Always get receipts so that the amount can be balanced.

It can be easier to pay for the shopping yourself and then take the money from the person when you return with the receipt – always try to get the person to sign to agree the transaction.

### **Physical Movements & Contact**

If someone in a residential establishment or hospital wants to be moved, find a member of staff - don't try and do it yourself. Avoid physical contact with people in nightclothes – they can be less concealing than normal day clothes and it can cause embarrassment.

Do not lift or carry a person in their own home.

### **Confidentiality**

It is vital that things said to you remain confidential; otherwise the person will not feel able to trust you. If they start to talk about something like abuse, make them aware you may need to disclose this. Do not promise unconditional confidentiality

#### **12.9.2 Working with People in the Community**

Much of the above applies to adults living in their own homes but the following points may be helpful reminders of what adults at risk deserve and expect.

- The right of informed choice.
- Both clients and their carers should be made aware of other help agencies.

#### **12.9.3 Home visiting**

Ensure that you are aware to whom you are accountable for visit, e.g. your Vicar or Line Manager.

Ensure that you are clear about why you are visiting, the terms of reference, e.g. a sick visit? Church pastoral visit? If appropriate, ask if there are special circumstances you should know about, i.e. health matters, deafness, etc.

Ensure you have the correct details of the person to be visited, i.e. name, age, sex, address and telephone number.

Ensure that you are clear about terms of confidentiality and that the person being visited knows when information is to be shared with your Line Manager or a Team.

Ensure that you follow the procedure regarding record keeping.

## **Visiting in Someone's Home**

Always wait to be invited in and go into the room that the person indicates. Don't assume that you will always be asked into the same room!

Look for the clues of where to sit down. Spectacles left on a table, an open book or magazine, the TV remote control, etc. are all indicators that this is someone's usual seat – so avoid sitting there. If in doubt, ask the person you are visiting where they would like you to sit.

Be mindful that if you visit someone after a bereavement they may be very sensitive to people sitting in what was always the partner's chair. If the person has hearing difficulties and lip reads there will be places it is far easier for you to sit. It is easier to ask if it is OK to sit in a particular place or where they would like you to sit.

Don't follow people into other rooms, for example, into the kitchen if they are making you a drink. Unless the person you are visiting is confined to bed, never go upstairs in a house – even to go to the toilet!

If you are visiting someone who is in bed, always check to make sure that it is alright for you to go upstairs and then that it is alright to enter the room. These are personal areas of a person's home and they may need time to be properly dressed, etc. before greeting visitors.

Never go into other rooms in the house alone. It may seem unlikely, but if the person you have visited loses or mislays something valued, you don't want to be accused of taking it.

Never look through drawers or cupboards - even if the person wants you to look for something for them. It's better to look together; then there can be no misunderstandings.

Never agree to take something from a handbag, briefcase, etc. Take the bag to the person and allow them to open it and look for what they want.

## **During a Visit**

In all visiting, it is helpful to put yourself imaginatively in the other person's position. The thoughtful, sensitive visitor is the most welcome.

## **Ending a Visit**

Be aware of the time during your visit (but avoid frequently looking at your watch!). Don't be afraid to end a meeting earlier than planned if the person seems to be tiring. Quality time is better than quantity of time!

Give a 'five minute' warning: "I'm going to have to leave in a few minutes. Is there anything else you'd like to talk about before I go?"

Offer a further visit, if appropriate – and an indication of when this is likely to be. If this is one of a series of planned visits make a firm appointment for your next visit.

Be aware of hazards - see **'Risk Assessment'**.

#### Risk Assessment (Home Visits)

- If you visit adults in the community, you need to be aware of possible hazards in the home, as we all have a responsibility for the health and safety of others, as well as for ourselves.
- If another agency is already involved in giving primary care, the risk factor may have been assessed, but if you become aware of a possible hazard you will need to raise the issue with the primary carer.

Below is a sample of the kinds of risks to be aware of:

#### Possible hazards

- General floor areas. The possible risk of slipping or tripping because of poorly maintained steps, floors, stairs or frayed carpets.
- Electricity / Fire. Possible hazards from frayed or poorly fitted wiring on kettles or fires etc. The possible fire risk of a careless smoker.
- Gas. Possible hazards from a fire or cooker etc.
- Violence or Aggression. Possible risks because the person you are visiting has aggressive tendencies or moods.
- The risk from a hostile pet.
- Infections / contagious diseases.

#### Reporting a hazard

If you need to report any of the above, or other possible hazards that you observe on your visit, you should record this [with your signature], in a personal logbook, or primary carers log book, giving the date and time reported.

#### 12.9.4 The Visit

- Arrange visit beforehand; if lateness is unavoidable, try to inform the older person.
- Try to enable the person to feel you have all the time for her/him, even if you are there for only a short visit. [Quality time]
- Do not be patronising; ask the person how she/he likes to be addressed.

- Respect their home - ask where you may sit.
- If she/he is hard of hearing, s/he may ask you to sit where they can lip read. Avoid shouting, as this distorts your voice.
- Accept their hospitality - cup of tea - allow the person to make this if able.
- Be prepared to listen to past life experiences. This could help the person to make sense of life - may need holy comfort in coming to terms with past issues. Be humbled and learn.
- While visiting, be aware that outside agencies may be involved in the care of the person and that there may be a 'Care Plan' in place. If concerned about the welfare of the person or the medication, contact the Agency involved. Remember to show respect for both parties.
- Avoid giving advice, or taking sides in an argument, but be prepared to be the person's voice if necessary [giving her/his ideas not yours].
- Be sensitive to the Holy Spirit around the area of Prayer and Bible Reading; do not abuse the person's isolation and vulnerability.
- Be newsworthy but do not gossip. Maybe take a copy of the church notice sheet.
- Honour confidences - Keep your word.

### **Procedure in the Event of 'No Reply'**

If you cannot get a reply from the person you are visiting and he/she knows you are coming and you suspect he/she may be in need of assistance, you should follow the guidelines below.

1. Contact a neighbour to see if they have a key. They may be a key holder if the person is receiving support from a Caring Agency.
2. If this is not so, contact the Caring Agency or referring person who should inform the appropriate services and the next of kin.
3. If you can see the person but cannot raise his/her attention, e.g. because of a fall, then action should be taken as points 1 and 2 above. You should not attempt to gain entry but should wait until the emergency services arrive who will gain access if necessary.

### **Protection of the Visitor**

Visit in pairs, unless you know the person you are visiting - and they know you.

If you are visiting alone, always let someone else know when you will be visiting and for how long. If you are concerned about confidentiality, leave your mobile telephone number—or a note of where you are in a sealed envelope. Never visit someone of the opposite sex alone in their home.

Being part of a team – visiting adults at risk, taking out communion – means that there are other people around to help and support the individual team members. While we can all visit as an individual, when you visit as a member of a parish organised team, you need to let the team know what is happening. Everyone organises their teams differently, but there will usually be someone who acts as a ‘co-ordinator’, who sorts out who is going to visit a particular person, etc. They also need to know when you have visited – and of any outcomes that need following up.

### **Record Visits**

Make a note of the date of your visit, the time of your arrival and the length of time you stayed. This helps you keep a record of your visiting and can be useful if the person you are visiting is confused about when you last visited.

### **Identity Cards**

Always take your identity card when you are visiting – even if you know the person you are visiting well. There may be someone present, e.g. a family member or a health or social care worker, who needs to be reassured that you are a genuine visitor from the church.

### **12.9.5 Giving and receiving gifts**

Any gift or donation offered by a person as a thank you for a visit or work undertaken should always be respected but received with discretion. If a person insists on wanting to give a large sum of money this should be sensitively refused and explain that you are not permitted to receive such a sum of money without first discussing it with your supervisor or line manager. It might be better to suggest that the person may consider making a donation to the Church.

Staff working in residential establishments will follow the guidelines laid down by the Home’s manager.

It is recommended that parishes have a clear policy for gifts that all workers – employed and volunteers must abide by.

This may include areas such as:

- Not discussing their personal financial situation – especially any financial difficulties with those they visit or work with;
- What to do if a gift is offered to them – perhaps a maximum level of gift that may be acceptable.

- A process for recording all gifts offered.
- Procedure if a person wishes to make a gift to the church – eg. cheque not cash, made out to church not individual, if regular suggest a standing order, issuing a receipt from the church.

## 12.10. ROLE GUIDE PARISH SAFEGUARDING OFFICER

*This document is an example of what a Safeguarding Officer Role Guide may look like. The PCC will need to adapt this to ensure it fits the role agreed with the post holder in the Parish.*

Name of church - takes the safety of everyone within the church very seriously and expects that everyone will work within the church safeguarding policy. In particular, the Church expects anyone who becomes aware of a safeguarding risk or of actual abuse, to immediately raise this with the Diocesan Safeguarding Adviser

Thank you for agreeing to take on the vital role of Parish Safeguarding Officer. This is a key role in ensuring all church activates maintain the highest possible standards of Safeguarding.

You have been appointed by the PCC to the role of Parish Safeguarding Adviser for the Parish / Benefice of .....

You are accountable to the PCC for the management of Safeguarding in the Parish / Benefice.

In cases of absence ..... has been appointed as Deputy

Any expenses incurred in fulfilling these duties will be reimbursed.

### KEY TASKS AGREED BETWEEN POST HOLDER AND PCC:

1. Management of DBS process in the parish – including:
  - working with all group leaders to identify which roles require a Disclosure
  - verifying the identity of applicants
  - Ensuring form completed correctly
  - sending forms to the Diocesan Safeguarding Registry
  - ensuring all applicants make their Disclosure available for inspection when received
  - informing the Diocesan Safeguarding Registry of Disclosure information
  - ensuring the Diocesan Safeguarding Registry is immediately informed of all blemished disclosures
  - maintaining a register of Disclosures / dates / etc.
  - ensuring rechecks are carried out
2. Ensuring appropriate policies are in place and procedures for all activities.
3. Ensuring policies and procedures are reviewed annually.
4. Ensuring the needs and wellbeing of children, young people and adults at risk are kept in focus when decisions are being made.
5. Working with the Incumbent and DSA to manage known offenders attending the

Church or any of its activities.

6. Any other tasks as agreed with the PCC.

Regular training is provided by the Diocese – any expenses incurred in attending these courses will be reimbursed by the PCC.

## 13 RESOURCES

This Manual should be read alongside the Safeguarding Children Guidance Manual, Addressing Domestic Abuse Manual, Diocesan Disability Information Manual, Safer Recruitment Guidance, Responding Well Guidance.

### RESOURCES AND CONTACTS

**Hampshire Adult Services – Hantsdirect** 0300 5551386

#### Information and advice

Hampshire Safeguarding Adults Advice Line 01962 847214 (office hours only)

#### **Christian Council on Ageing**

**MIND** (Mental Health) – has national organisation, website and local groups that offer support to families as well as sometimes offering direct services. 15-19 Broadway, London E15 4BQ (020 8519 2122) ([www.mind.org.uk](http://www.mind.org.uk))

**MENCAP** (Learning Disabilities) – has national organisation, website ([www.mencap.org.uk](http://www.mencap.org.uk)) and local groups that offer support to families, social activities for adults and children. Mencap, 123 Golden Lane, London EC1Y 0RT

**Alzheimers Society** – national body with website ([www.alzheimers.org.uk](http://www.alzheimers.org.uk)) and local groups that provide support to families and provide training. Alzheimer's Society, Gordon House, 10 Greencoat Place, London SW1P 1PH

**BUild** (Baptist Union Initiative with People with Learning Disabilities) – national, denominational body providing conferences, publications, advice and teaching materials

**The Shaftesbury Society** – an interdenominational body working with disabled people to help achieve social inclusion, empowerment and justice. 16 Kingston Road, London SW19 1JZ

**Through The Roof** – a Christian body to equip and train churches to make the church and its life fully inclusive of people with disabilities; encouraging and equipping disabled people for leadership in the church; providing support and fellowship for disabled people and their families in the UK and overseas ([www.throughtheroof.org](http://www.throughtheroof.org)). Also develops Churches for All – a campaign for access. PO Box 353, Epsom, Surrey KT18 5WS

**Age Concern England** – nationally, offering advice and information ([www.ageconcern.org.uk](http://www.ageconcern.org.uk)). Age Concern England, Astral House, 1268 London Road, London SW16 4ER

**Age Concern Locally**, support and advocacy services. These will vary from area to area.

**Torch Trust** – specialise in providing services to blind people. This includes the provision of Braille, large print and recorded study and other Bible aids as well as local meetings for blind and sighted people ([www.torchtrust.org](http://www.torchtrust.org)). Torch House, Hallaton, Leicestershire LE16 8UJ.

**Scope** – this is the major organisation about cerebral palsy; they have a local organisation as well as a nationally based information and advice service. The website ([www.scope.org.uk](http://www.scope.org.uk)) has a wide range of information on cerebral palsy, therapies and services – much of this information is of relevance to other physical disabilities. Scope, PO Box 833, Milton Keynes MK12 5NY

**Royal National Institute for the Deaf (RNID)** – a national voluntary organisation that provides [information](#) and awareness raising of deafness, hearing loss and [tinnitus](#). RNID also provides training courses and consultancy on deafness and disability and communication services including sign language interpreters, [training](#) of interpreters, lip speakers and speech-to-text operators ([www.rnid.org.uk](http://www.rnid.org.uk)). 19-23 Featherstone Street, London EC1Y 8SL

**Royal National Institute for the Blind (RNIB)** – similar to the RNID but focussing on the needs of blind and partially sighted people. RNIB offers help with advice, aids and equipment ([www.rnib.org.uk](http://www.rnib.org.uk)). Royal National Institute of the Blind, 105 Judd Street, London WC1H 9NE

**Faith In Elderly People Leeds** – a range of publications to help with the spiritual care of elderly people, including those with dementia, and ideas for worship. Contact Gaynor Hammond, Faith for Elderly People in Leeds, 29 Silverdale Avenue, Guiseley, Leeds LS20 8BD

**Methodist Homes for the Aged** – apart from residential services, MHA also produce a range of publications and videos on the subject of care of elderly people in the church context. Methodist Homes for the Aged, Epworth House, Stuart Street, Derby DE1 3EQ

It is also worth looking at the **BBC website** where there is a special section on disability issues – [www.bbc.co.uk/ouch/](http://www.bbc.co.uk/ouch/).

For information, contacts and advice about spiritual abuse, as well as other forms of bullying, it is worth looking at [www.bullyonline.org](http://www.bullyonline.org). This site has links to other sites that are specific to spiritual abuse, counselling resources, etc.

### **Reading**

**Older People and the Church** Albert Jewel (ed) Methodist Publishing House 2001

**The Wells of Life** (Moments of Worship with People with Dementia)  
Gaynor Hammond & Jackie Treetops (pub 2004) obtainable from Faith in Elderly People Leeds c/o Gaynor Hammond 29 Silverdale Avenue, Guiseley Leeds LS20 8BD

**Treat with Special Honour** (on people with learning difficulties in the church) Faith Bowers, BUGB, 129 Broadway, Didcot, Oxfordshire OX11 8RT

Discipleship Booklets for use with people with learning difficulties published by Build and obtainable from BUGB, 129 Broadway, Didcot, Oxfordshire OX11 8RT

**Promoting Mental Health:** a resource for spiritual and pastoral care (published by the Church of England Archbishop's Council) this has really useful material for guidance on worshipping with and receiving people with mental health problems in the church. It has an extensive resources section. <http://www.mentality.org.uk/ParishResource.pdf>

Mission Shaped and Older.

**NATIONAL ORGANISATIONS:**

**VOICE -**

P.O. Box 238, Derby, DE1 9NJ

Tel: 01332 202555

Provide support to people with learning disabilities who have been abused, raises awareness, campaigns and promotes best practice.

**ANN CRAFT TRUST**

Tel: 0115 9515400

(A National Association working with staff in the statutory, independent and voluntary sectors in the interests of people with learning disabilities who may be at risk from abuse).

**Respond -**

3rd Floor, 24-32 Stephenson Way, London

NW1 2HD

Tel: 020 7383 0700

Provides therapeutic intervention for people with learning disabilities who have been abused.

**SPOD -**

(Association to Aid the Sexual and Personal Relationships of people with Disability)

286 Camden Road, London N7 OBJ

Tel: 020 7607 8851

**MIND (South West) -**

9th Floor, Tower House, Fairfax Street, Bristol,

BS1 3BN.

Tel: 01179 250961

**MIND Infoline –**

Tel: 0845 7660 163

Information re mental health related issues. Help in finding out options and local services. Operates Monday to Friday 9.15 am to 5.15 pm

**MIND Legal Advice –**

Tel: 020 8519 2122 ext 299

Operates legal advice service on Mondays, Wednesdays and Fridays from 2pm until 4:30pm.

*SANELINE -*

(National helpline for anyone coping with mental illness)

Tel: 0845 767 8000

*Public Concern at Work -*

Lincoln's Inn House, 42 Kingsway, London

WC2B 6EN

Tel: 020 7404 6609 (9.0am. - 6.30pm.)

This organisation provides legal advice to individuals concerned about malpractice at work. the service is free and strictly confidential.

**Elder Abuse Response**

Freephone 0808 808 8141 (10.0am - 4.30pm)

A confidential helpline service providing information on emotional support for anyone including professionals/paid workers.

*Action on Elder Abuse -*

Astral House, 1268 London Road, London SW16 4ER

Tel: 020 8765 7000

Raises awareness of elder abuse and provides information. Runs the above response line.

**Alzheimer's Disease Society -**

Gordon House, 10 Greencoat Place, London SW1P 1PH.

Tel: 020 7306 0606 (9.0am. - 5.0pm).

For advice and information and has local branches.

**Counsel and Care -**

Twyman House, 16 Bonny Street, London NW1 9PG

Tel: 0845 300 7585 (10.30am. - 4.0pm). Advice Line.

This organisation has particular expertise in residential and nursing home care and runs an advice line for older people, carers and relations.

**Languageline Interpreting Service -**

Tel: 020 7713 0090

**National Health Information Service -**

Tel: 0800 665544

Provides health information and health contacts to members of the public and health care professionals.

**The Relatives and Residents Association -**

5 Tavistock Place, London WC1H 9SN

Tel: 020 7916 6055 (10.0am. - 12.30pm. and 1.30pm. - 5.0pm.)

This organisation provides advice and support to older people in residential, nursing homes or hospitals and their relatives.

**Witness Support Service** (under development)

*Provided through Victim Support*

This service offers support to all witnesses in a court case, whether they are witnesses for the defence or prosecution. They will offer familiarisation visits to court, information on process etc

*Other Contacts:-*

*Justice and Victims Unit*

020 7273 2168

*Crown Prosecution Service*

01904 545400