

**POLICY FOR THE PROTECTION OF  
VULNERABLE ADULTS  
St Matthew with St Paul, Winchester**

## **POLICY FOR THE PROTECTION OF VULNERABLE ADULTS**

### **St Matthew with St Paul, Winchester**

(This policy is taken from the guidelines from the Winchester Diocese)

Adoption and updating of policy:

This statement was approved by the Parochial Church Council (PCC) of Winchester, St Matthew with St Paul, at its meeting held on 10 February 2015, and is to be reviewed on an annual basis by the PCC. It was re-checked by the Safeguarding Officer, Niki Bray, on 18.10.17 prior to resubmission to the PCC on 26.02.2018 with a report on what progress has been achieved

The PCC affirms the individuality, importance and right to be treated with dignity, respect and fairness to all people. To ensure we live this out in practice the PCC is committed to the following:

1. As members of the PCC we commit ourselves to the safeguarding of vulnerable adults and ensuring their well-being in the work of the parish.
2. The PCC commits itself to promote the empowerment and well-being of vulnerable adults and supports their rights to an independent life based on self-determination and personal choice.
3. It is the responsibility of each of us to prevent the physical, emotional, sexual, financial and spiritual abuse of vulnerable adults and to report any such abuse that we discover or suspect.
4. We undertake to exercise proper care in the appointment and selection of those who will work with vulnerable adults on behalf of the PCC.
5. The PCC is committed to supporting, resourcing and training those who undertake this work.
6. Each person who works with vulnerable adults will agree to abide by these recommendations and the guidelines established by the PCC and the Diocese of Winchester.
7. The PCC commits itself to the principles listed above (1–6) and adopts the policies and detailed guidelines in the attached document.

Signed ... Peter Seal ..... Date ... 10 February 2015 .....  
Chairman

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## 1. INTRODUCTION

### Definition of Terms

For the purposes of this Safeguarding Vulnerable Adults Policy, all references to:

*'workers', 'staff', 'volunteers', 'helpers'* are used interchangeably and are taken to refer to anyone interacting with adults on behalf of the churches;

*'vulnerable-adult abuse'* refers to any of the recognised forms of abuse – physical, psychological, sexual, and financial or material abuse, and neglect and acts of omission or discriminatory or institutional abuse.

### WHY WE HAVE A SAFEGUARDING ADULTS POLICY

➤ *A Safeguarding Adults policy will help protect adults*

A Safeguarding Adults policy helps to create a safe and positive environment for adults and, although no procedures or processes can offer complete protection for adults, following these procedures and implementing a policy minimises the risk to adults from abuse and exploitation.

➤ *A Safeguarding Adults policy will help protect workers*

A Safeguarding Adults policy clarifies what the churches require in relation to the safeguarding of adults. It sets out standards of behaviour for project staff and volunteers when they are working with adults and what to do if they notice, or are told about, inappropriate behaviour in others.

➤ *A Safeguarding Adults policy will help protect the churches*

A Safeguarding Adults policy is a statement of intent that demonstrates the churches' commitment to safeguard adults from harm. Safeguarding Adults policies will help move the churches towards best practice in this area and, on behalf of the churches, deter those who would wish to abuse adults from seeking to work with adults who may be vulnerable.

## 2. POLICY ISSUES

### MISSION STATEMENT

The PCC recognises the importance of its ministry with adults who may be vulnerable and its responsibility to protect and safeguard the welfare of all adults entrusted to the churches' care or participating in church activities.

As part of their mission, the churches are committed to:

- the safeguarding, care and nurture of all adults within our church communities and who participate in any activity of the churches
- safe recruitment, supervision and training for all those who minister with adults within the churches
- responding without delay to every report or cause for concern that an adult may be or may have been harmed in any way

- full cooperation with statutory agencies during any investigation into allegations concerning abuse of any adult in the church communities
- ensuring that, as far as possible, any adult who has experienced abuse receives help and support
- the management of any member of the church communities known or thought to pose a risk of harm to adults who may be vulnerable.

## **CHURCH POLICY**

The PCC recognises the need to provide a safe and caring environment for all adults. It also recognises that adults can be the victims of physical, psychological, sexual, and financial or material abuse, and neglect and acts of omission or discriminatory or institutional abuse. The PCC has therefore adopted the procedures set out in this document (hereafter ‘the policy’).

The PCC is committed to ongoing safeguarding training for all those who work or minister with adults who may be vulnerable and will regularly review the policy and procedures.

### **3. DEFINITION OF ‘VULNERABLE ADULT’**

**All adults can be vulnerable to mistreatment at different times in their life.**

There are several documents and pieces of legislation that define ‘vulnerable adult’. In our work and ministry within the church we must be aware that there may be times when people are rendered vulnerable because of circumstances, and these are often the times when the church is in contact with them. Whilst these don’t appear in the legal definition we must bear them in mind to ensure best practice in all areas of our ministry and service.

**A ‘vulnerable adult’ is a person of 18 years old or over, who is or may be in need of community care services by reason of mental or other disability, age or illness; AND**

**who is or may be unable to take care of him- or herself, OR**

**unable to protect him- or herself against significant harm or exploitation.**

Vulnerable adults may have a condition of the following type:

- a substantial learning or physical disability
- a sensory, physical or mental illness or mental disorder, chronic or otherwise, including an addiction to alcohol or drugs
- 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 the ability to protect him- or herself from assault, abuse or neglect
- failing faculties in old age
- a reduction in physical, mental, or emotional capacity brought about by life events
- any situation which reduces the capacity to protect him- or herself from significant harm or exploitation

- long-term disability or deterioration in health, or caring for someone with physical difficulties
- recent bereavement
- coming to terms with life-changing experiences – divorce, birth of a child, domestic abuse, retirement, loss of job, etc.

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.

#### 4. DEFINITIONS OF ABUSE

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

##### PHYSICAL ABUSE

Including hitting, slapping, pushing, kicking, misuse of medication, restraint and inappropriate sanctions. It may be deliberate or accidental. Injuries may be concealed.

##### PSYCHOLOGICAL ABUSE

Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from 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 or 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.

##### SEXUAL ABUSE

Sexual abuse covers a wide range of activity. It includes **contact abuse**: rape and sexual assault or sexual acts, including being touched or forced to touch someone; and **non-contact abuse**: exposure to pornographic materials, being made to witness sexual acts, indecent exposure, sexual remarks and suggestions, and it encompasses sexual harassment to which an adult has not consented, or could not consent, or was pressured into consenting. There are huge difficulties over ‘informed consent’. (Did the person consent, were they able to give informed consent, were they pressurised into giving consent?).

## **NEGLECT AND ACTS OF OMISSION**

Including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating. This can occur at home or in care homes or hospitals.

## **FINANCIAL OR MATERIAL ABUSE**

Including theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, and 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 older person does not need it. This is also a very common form of abuse.

In all our dealings we must ensure that people are never made to think or feel that the services of the church are dependent upon or influenced by money or giving.

## **DISCRIMINATORY ABUSE**

Including racist, sexist, disability-related and other forms of harassment, slurs or similar treatment.

## **INSTITUTIONAL ABUSE**

Institutional abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice that affects the whole setting and denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of adults at risk.

**Under the Mental Capacity Act 2005, wilful neglect and ill-treatment are a criminal offence.**

## **5. SIGNS AND SYMPTOMS OF ABUSE**

The following signs may or may not be indicators that abuse has taken place, but the possibility should be considered.

### **PHYSICAL SIGNS OF ABUSE**

- cuts, burns, bruises, scratches
- injuries that don't match explanation
- injuries in concealed areas
- untreated injuries
- under- or overuse of medication
- lack of money for necessities
- unexpected withdrawals or changes in person's bank account
- reluctance of the person handling money to pay for food, clothes, furniture
- inability to explain what is happening to income
- disappearance of possessions
- deterioration in appearance or personal hygiene



- unhygienic or unsafe environment
- rashes, sores, ulcers, unexplained weight loss
- inadequate food, drink or medical care
- lack of social stimulation.

#### **INDICATORS OF POSSIBLE SEXUAL ABUSE**

Any allegations made by an adult concerning sexual abuse

- pain, itching or injury in anal, genital, abdominal areas
- torn, stained or bloody underclothing
- bite marks or bruises
- sexually transmitted infections or recurrent cystitis
- unexplained difficulty with catheters
- difficulty walking/sitting due to pain.

#### **SIGNS OF EMOTIONAL ABUSE**

- may feel or appear depressed, withdrawn, frightened, agitated, anxious, aggressive
- feelings of isolation
- unexpected or unexplained changes in behaviour.

#### **DEFINITION OF SIGNIFICANT HARM**

The concept of significant harm helps to determine how serious or extensive abuse must be to justify intervention.

*'Harm should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment that are not physical); the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, emotional, social or behavioural development.'*

(From *Who Decides*, Lord Chancellor's Department, 1997)

#### **6. WHO MIGHT ABUSE?**

*'Abuse of vulnerable adults may be perpetrated by a wide range of people including relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers.'*

(From *No Secrets*, Department of Health, 2000)

#### **7. ISSUES OF CAPACITY AND CONSENT**

An individual's capacity refers to their ability to make a decision for themselves based on information available to them. Individuals will be assumed to have the capacity to make informed decisions, unless

there is clear evidence to the contrary. Adults who may be vulnerable should be supported to make their own decisions based on an awareness of the choices available. In all instances where a person demonstrates a lack of capacity in relation to a specific area or decision, everything that is done must be based upon an assessment of that person's best interests. To lack capacity a person must have a mental impairment. In cases where there is evidence that an adult lacks capacity to make specific decisions, where appropriate, provision will be made to find a suitable independent person to represent their best interests. A referral to the statutory agency is appropriate.

## **8. RESPONDING TO ALLEGATIONS OF ABUSE**

Under no circumstances should a worker carry out their own investigation into the allegation or suspicion of abuse.

- The person in receipt of allegations, suspicions or disclosure of abuse should discuss concerns with the Diocesan Safeguarding Advisor (01962 737317), Parish Safeguarding Officer Niki Bray (07786 837535) or Canon Peter Seal (01962 854849).
- A written record of the concerns should be made and kept in a secure place
- The PCC will support the Parish Safeguarding Officer in her role and accept that any information she may have in her possession will be shared in a strictly limited way on a need-to-know basis.

## **9. APPOINTMENT, SUPPORT, SUPERVISION AND TRAINING OF VOLUNTEERS/EMPLOYEES**

The PCC will ensure that all workers are appointed, trained, supported and supervised appropriately.

### **APPOINTMENT**

All those in relevant roles will be asked to complete an application form and apply for an Enhanced Disclosure from the Disclosure and Barring Scheme (DBS). The procedure for appointment will be:

- informal discussion
- completion of an information form, where appropriate, and a self-declaration of any criminal record
- taking up of references, if deemed appropriate
- application to the DBS for an Enhanced Disclosure
- receipt of the Disclosure from the DBS
- allocation of worker into area of ministry.

The adult's advisor and/or ministry area and/or the PCC will make a judgement as to whether or not it would be appropriate to appoint a person. Workers will be given a contract where appropriate.

### **SUPPORT AND SUPERVISION**

All workers will be provided with appropriate support and supervision within their roles.

## **TRAINING**

All workers will be expected to undertake regular training and the Diocese will ensure that appropriate opportunities are made available.

## **10. SUPPORT TO THOSE AFFECTED BY ABUSE**

The PCC is committed to offering pastoral care and support to those attending the churches who have been affected by abuse.

## **11. WORKING WITH OFFENDERS**

When someone attending or wishing to join one of the churches is known to have abused adults who may be vulnerable, the PCC will ensure an appropriate agreement is put in place (where possible, the Diocesan Safeguarding Advisor will work with statutory agencies to ensure known risks are identified and included) to supervise the individual concerned and offer pastoral care. The agreement will detail the conditions under which the person may attend the church.

## **12. GOOD PRACTICE**

### **IF YOU HAVE A SAFEGUARDING CONCERN, *DON'T***

- panic
- contact the alleged perpetrator
- make assumptions
- agree to keep secrets
- be judgemental
- contaminate evidence
- ask leading questions
- delay making the referral to the local Adult Services team
- make decisions or take action without a discussion with the Diocesan Safeguarding Advisor
- decide whether a referral should be made or not, as there may be other information you are not aware of.

### **IF YOU HAVE A SAFEGUARDING CONCERN, *DO***

- always refer if you think it might be a safeguarding issue/concern
- assess the immediate risk to the individual and others, including staff visiting, and take steps to ensure the immediate safety of the adult(s)
- always make a referral regardless of whether the harm was intentional or unintentional
- ensure the referral is made as quickly as possible, as this is your responsibility (not to decide if a referral should be made or not)
- note that it is the Adult Services' responsibility to determine whether there should be a safeguarding

investigation or not.

## **REASSURE THE PERSON**

Tell them that:

- they have done the right thing by sharing the information with you
- you are treating them seriously
- the abuse is not their fault (if the information is being shared by the 'victim')
- be aware of the possibility of forensic evidence if the disclosure refers to a recent incident and, if so, preserve the evidence; do not clean up
- explain that you are required to share the information with the Diocesan Safeguarding Advisor, but not with other staff, volunteers or group members
- reassure the person that the church will take steps to support and, where appropriate, protect them in future
- report the information to the Diocesan Safeguarding Advisor at the earliest opportunity
- make a written record of what the person has told you
- do not stop someone who is freely recalling significant events; allow them to share whatever is important to them
- do not ask questions or press the person for more details (this may be done during any subsequent investigation, so it is important to avoid unnecessary repetition for the person involved)
- do not promise to keep secrets
- do not contact the alleged 'abuser' or alleged 'victim' (depending on who is sharing the information)
- do not be judgmental (e.g. why didn't you try to stop them?)
- if there is reason to believe that a crime has taken place, seek the adult's agreement to inform the police and inform the Diocesan Safeguarding Advisor immediately.

## **CONCLUDING**

- reassure the person again that he or she was right to tell you, and show acceptance
- let the person know what you are going to do next and say that you will let them know what happens (you might have to consider referring to Social Services or the police to prevent an adult who may be vulnerable from returning home, if you consider him or her to be seriously at risk of further abuse)
- contact the Diocesan Safeguarding Advisor immediately
- consider your own feelings, and seek pastoral support if needed.

## **MAKING NOTES**

Make notes as soon as possible. Write down exactly what was said and when it was said, what you said in reply and what was happening immediately beforehand (e.g. a description of the activity). Note if anyone else was present. Record dates and times of this event and when you made the record. Keep all hand-written notes, even if subsequently typed. Such records should be kept for an indefinite period in a secure place.

## **TOUCHING**

- keep everything public; a hug in the context of a group is very different from a hug behind closed doors

- touch should be instigated by/related to the adult's needs, not the worker's
- avoid any physical activity that is, or may be thought to be, sexually stimulating to the worker or adult
- adults are entitled to privacy to ensure personal dignity
- adults have the right to decide how much physical contact they have with others, except in exceptional circumstances when they need medical attention
- when giving first aid, etc., encourage adults to do what they can manage themselves, but consider the best interests of an adult who may be vulnerable and give appropriate help where necessary
- team members should monitor one another in the area of physical contact
- concerns about abuse should always be reported.

## **GUIDELINES FOR BEHAVIOUR MANAGEMENT**

Behaviour management is the means by which an individual's or group's behaviour is managed to ensure the safety and well-being of all present and to comply with the standards and practice of the organisation or activity. It may include nurturing, training, instruction, chastisement, verbal rebuke, teaching and encouragement. Dos and don'ts of behaviour management:

### **Don't**

- NEVER smack, hit or use physical force
- do not shout in anger or put anyone down.

### **Do**

- lay down ground rules, e.g. no swearing, racism or calling each other names; respect property
- keep the ground rules simple and clear, and make sure everyone understands what procedure will be used if they are not followed
- never reject a person, just the behaviour (tell the person that you value him/her, but you are not willing to accept the behaviour)
- remember that each adult is unique, special and individual, and each adult who may be vulnerable needs a different method of being dealt with; we therefore need to be asking ourselves, 'Why is the person behaving like that?'
- work on each individual person's positives; do not compare people with each other, but encourage and build them up
- help adults learn that they will be noticed more when they obey the rules rather than when they break them; try to create an environment of care and offer more tangible rewards, so each person feels it is worth keeping to the rules.

## **RESIDENTIAL ACTIVITIES/OFF-SITE ACTIVITIES**

From time to time activities may be arranged that will take place away from the usual meeting place and may include overnight stays. A comprehensive risk assessment of each activity will be undertaken and appropriate risk management measures put in place. Parents/guardians/carers will be given full details of all such activities, and clear behaviour guidance will be issued to adults prior to attending. Consent in writing must be obtained before the event or activity.

## **BULLYING**

Bullying of any sort will not be tolerated under any circumstances. Any such behaviour will be dealt with, and those perpetrating the bullying will be made aware that it is not acceptable. Adults experiencing bullying in any situation will be offered support to address the issues.

## **STORAGE AND USE OF INFORMATION ABOUT, AND IMAGES OF, VULNERABLE ADULTS**

Specific procedures for the making, storage and use of images of adults who may be vulnerable are available. No image will be taken, stored or used without the adult/parent/carer's permission.

## **USE OF INTERNET AND E-MAIL**

Modern communication technologies may be used as a means of communicating with people. Clear guidelines exist about how these will be used.

## **TRANSPORTING VULNERABLE ADULTS**

Transport may be provided for adults to or from events. A policy for the transport of adults is available from the Diocese.

## **PARISH VISITORS**

Ensure that you are clear about terms of confidentiality and that only necessary and appropriate information is shared with your line manager or support group, respecting the right to privacy and dignity of the person being visited.

## **13. CONTACT DETAILS**

### **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
- exactly what you saw, if you witnessed the incident
- the record should be factual; if it contains your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence
- clear attribution of any information from another person

- the 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.

When quoting people, use the words they used; do not 'translate' into your own words. If necessary, record what the meaning of certain words was or how they were used at that time and place, or give any clarification sought or provided.

#### **CHECKLIST FOR GOOD PRACTICE**

Records should be:

- structured
- legible
- clear and concise
- relevant
- thorough
- jargon-free
- non-discriminatory
- in the person's own words
- clear about what is included
- written soon after the event
- up-to-date
- signed, dated and timed
- signed by any witness
- referred if appropriate.

#### **14. 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; for guidance

please see the suggested list below.

**Do not let a lack of information stop you from making a referral.**

#### **DETAILS OF THE REFERRER**

The referrer should be encouraged to give contact details.

- name, address and telephone number
- relationship to the vulnerable adult
- name of the person raising the alert, if different
- name of the organisation
- anonymous referrals will be accepted and acted on.

#### **DETAILS OF THE ADULT(S) AT RISK**

- name, 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 (such as 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 or exploitation, and what they want done about it (if 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 vulnerable adult?
- 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 vulnerable adult?
- are they the vulnerable adult's main carer?
- are they living with the vulnerable 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?

#### **ANYONE EXPRESSING CONCERN, OR MAKING A COMPLAINT OR ALLEGATION**

They 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.

### **15. WORKING WITH DEMENTIA**

Dementia is an enormous subject. It is caused by a change in the structure of the brain. With the onset 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, of which Alzheimer's is 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 that 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, and if there is no response repeat the question exactly. Don’t be concerned if you get no response. Periods of silence and waiting are part of the communication process.
- Listen and be concerned for the person’s feelings, mood and concerns. If you don’t understand the person’s response, 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 decipher word structure.
- Be at the same level as the person, giving eye contact (kneeling beside someone 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 important and should be used appropriately. Assume the person can understand and give them respect.

## **BARRIERS TO COMMUNICATION**

Barriers suggested by 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 are 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’ someone when in conversation
- using inappropriate verbal and body language
- not using silences effectively or allowing time to respond
- jumping to conclusions about what is said and meant
- using a tone of voice that is inappropriate
- not respecting the right to be listened to.

## **16. VISITING**

### **VISITING IN RESEDENTIAL 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 check whether the home would value a monthly act of worship.

- Staff will inform you of 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.

### **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 who may be vulnerable deserve and expect:

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

### **HOME VISITING**

- Ensure that you are aware whom you are accountable to for visits, e.g. your rector or line manager.
- Ensure that you are clear about why you are visiting and the terms of reference, e.g. a sick visit, a church pastoral visit. If appropriate, ask if there are special circumstances you should know about, e.g. 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 that certain relevant information may be shared with your line manager or a team (see page 14 for Parish Visitors).
- Ensure that you follow the procedure regarding record keeping.
- 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; we have 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.

Possible hazards:

- general floor areas: the risk of slipping or tripping because of poorly maintained steps, floors, stairs or frayed carpets

- electricity/fire: frayed or poorly fitted wiring on kettles or heaters; a careless smoker
- gas: heaters or cooker
- violence or aggression: the person you are visiting may have aggressive tendencies or moods
- a hostile pet
- infections/contagious diseases.

Reporting a hazard:

If you need to report any of the above, or other possible hazards you observe on your visit, record them with your signature in a personal logbook, or the primary carer's logbook, giving date and time reported.

## **THE VISIT**

- Arrange the visit beforehand; if lateness is unavoidable, try to inform the person.
- Try to enable the person to feel you have plenty of time for her/him, even if you are there for only a short visit. Make it quality time.
- Do not be patronising; ask the person how s/he likes to be addressed.
- Respect the person's home; ask where you may sit.
- If someone is hard of hearing, s/he may ask you to sit where lip-reading is possible. Avoid shouting, as this distorts your voice.
- Accept hospitality such as a cup of tea, and allow the person to make this if possible.
- Be prepared to listen to past-life experiences. This could help the person to make sense of life – s/he 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 you are 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 and keep your word.

## **PROCEDURE IN THE EVENT OF 'NO REPLY'**

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

1. Contact neighbours to see if they have a key. They may be key-holders 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 her/his attention, e.g. because of a fall, take action as in points 1 and 2 above. You should not attempt to force entry but should wait until the arrival of the emergency services, who will gain access if necessary.

## **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 financial gift this should be sensitively refused. Explain that you are not permitted to receive such a sum of money without first discussing it with your supervisor or line manager. You could suggest it might be better for the person to 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
- what to do if a gift is offered to them and perhaps a maximum level of gift that may be acceptable
- a process for recording all gifts offered
- the procedure if a person wishes to make a gift to the church, e.g. a cheque not cash, made out to the church not the individual; if a regular gift, suggest a standing order; how to issue a receipt from the church.

## **17. RESOURCES**

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

### **FURTHER RESOURCES AND CONTACTS**

#### **CONTACTS**

Parish of St Matthew with St Paul

Rector: Canon Peter Seal, 01962 854849

Safeguarding Officer: Niki Bray, 07786 837535

Winchester Diocese

Diocesan Safeguarding Manager: Jackie Rowlands, 01962 737347

Diocesan Safeguarding Administrator: Siona Jeffrey 01962 737347

Safeguarding concerns Mon- Fri 8am -6pm 01962 737317

Safeguarding concerns Mon-Fri 6pm-8am, weekends, bank holidays 0300 5551373

## **Hampshire Adult Services – 0300 555 1386**

**Action on Hearing Loss** (formerly the Royal National Institute for the Deaf) – a national voluntary organisation that provides information and awareness raising of deafness, hearing loss and tinnitus. It 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. 19–23 Featherstone Street, London EC1Y 8SL (0808 808 0123) ([www.actionhearingloss.org.uk](http://www.actionhearingloss.org.uk))

**Age UK** – national body offering advice and information. Age UK, Tavistock House, 1–6 Tavistock Square, London WC1H 9NA ([www.ageuk.org.uk](http://www.ageuk.org.uk))

**Age UK Mid Hampshire** – information, local support and advocacy services. Age UK Mid Hampshire, The Colebrook Centre, Colebrook Street, Winchester SO23 9LH (01962 871712) ([www.ageuk.org.uk](http://www.ageuk.org.uk))

**Alzheimer’s Society** – national body with website and local groups that provide support to families and provide training. Alzheimer’s Society, Gordon House, 10 Greencoat Place, London SW1P 1PH (020 7423 3500; helpline 0300 222 1122) ([www.alzheimers.org.uk](http://www.alzheimers.org.uk))

**BBC website** – has a special section on disability issues ([www.bbc.co.uk/ouch/](http://www.bbc.co.uk/ouch/))

**BUILD** (Baptist Union Initiative with People with Learning Disabilities) – national, denominational body providing conferences, publications, advice and teaching materials ([www.build-together.org.uk](http://www.build-together.org.uk))

**Bully OnLine** – has information, contacts and advice about spiritual abuse, as well as other forms of bullying; also links to other sites that are specific to spiritual abuse and counselling resources ([www.bullyonline.org](http://www.bullyonline.org))

**Christian Council on Ageing** – national ecumenical organisation and website, acting as a resource to the churches concerning the needs, especially the spiritual needs, of all older people. Christians on Ageing, ‘Stoneway’, Hornby Road, Appleton Wiske, Northallerton DL6 2AF (01609 881408) ([www.christiansonageing.org.uk](http://www.christiansonageing.org.uk))

**Faith in Elderly People** – 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 in Elderly People Leeds, 29 Silverdale Avenue, Guiseley LS20 8BD ([www.fiep.org.uk](http://www.fiep.org.uk))

**Livability** (created by a merger of the Shaftesbury Society and John Grooms) – an interdenominational body working with disabled people to help achieve social inclusion, empowerment and justice. 6 Mitre Passage, London SE10 0ER (020 7452 2087) ([www.livability.org.uk](http://www.livability.org.uk))

**MENCAP** – national organisation, website and local groups that offer learning disabilities support to families, social activities for adults and children. Mencap, 123 Golden Lane, London EC1Y 0RT (020 7608 3254) ([www.mencap.org.uk](http://www.mencap.org.uk))

**Methodist Homes for the Aged (MHA)** – a national, denominational charity providing residential services and 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 2EQ (01332 296200) ([www.mha.org.uk](http://www.mha.org.uk))

**MIND** – national organisation, website and local groups that offer mental health 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))

**Royal National Institute of Blind People (RNIB)** – a national voluntary organisation focusing on the needs of blind and partially sighted people. RNIB offers help with advice, aids and equipment. Royal National Institute of Blind People, 105 Judd Street, London WC1H 9NE (0303 123 9999) ([www.rnib.org.uk](http://www.rnib.org.uk))

**Scope** – the major organisation helping those with cerebral palsy; they have a local organisation as well as a nationally based information and advice service. The website has a wide range of information on cerebral palsy, therapies and services, and much of this information is of relevance to other physical disabilities. Scope, PO Box 833, Milton Keynes MK12 5NY (0808 800 3333) ([www.scope.org.uk](http://www.scope.org.uk))

**Through the Roof** – a Christian body to equip and train churches to include disabled people fully in all aspects; providing support and fellowship for disabled people and their families in the UK and overseas; running Churches for All, a campaign for access. PO Box 353, Epsom, Surrey KT18 5WS (01372 749955) ([www.throughtheroof.org](http://www.throughtheroof.org))

**Torch Trust** – Christian organisation specialising in providing resources and activities for 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. Torch Trust, Torch House, Torch Way, Northampton Road, Market Harborough, Leicestershire LE16 9HL (01858 438260) ([www.torchtrust.org](http://www.torchtrust.org))