

# Safeguarding Policy and Procedures

## Introduction

The Church Schools of Cambridge is a charity that provides financial support to its four primary schools, as well as funding activities that support the general provision of RE and Collective Worship in Church/non-Church schools in the Cambridge area and conducting research into the delivery of spiritually enriching education. Its work to promote education involves staff and volunteers working with children to provide religious education, either in churches in Cambridge or within Primary schools. We wish to ensure that our clients, volunteers and staff are kept safe from harm. Children present at our training delivered through interactive exhibitions in churches or workshops delivered in churches/schools are always accompanied by a responsible adult/teacher from their school. We do not deliver to, or care for adults. However, we recognise that a disclosure may be made to anyone and if a person disclosed something to one of our staff or volunteers, whatever the circumstances, these concerns would be followed up using the procedure outlined.

## Purpose of this Policy

The purpose of this policy is to provide guidance and direction to trustees, staff and volunteers of the Church Schools of Cambridge. This policy aims to comply with current legislation; to meet the requirements of good practice for organisations working with the public and to encourage the awareness of an independent person's ethical and moral responsibility for the consideration and care of all people.

This policy should be read in conjunction with our DBS policy, all staff and volunteers dealing with children will be required to have an enhanced DBS check with children barred list. All other staff and trustees will be required to have an enhanced DBS check.

The Church Schools of Cambridge is committed to protecting everyone we have contact with regardless of age or any other factor, we do not work directly with anyone under the age of 18 years who is unsupervised. Where we do engage with under 18s, they must be in the care of a responsible adult. However, we recognise that a disclosure may be made to anyone and if a person disclosed something to one of our staff or volunteers, whatever the circumstances, these concerns would be followed up using the procedure outlined.

To ensure this we will:

- Ensure all trustees, employees, volunteers and beneficiaries know about safeguarding and people protection by:
  - establishing good safeguarding policies and procedures that all trustees, staff and volunteers follow
  - making sure all staff and volunteers receive regular training on child protection or working with adults at risk
  - appointing a safeguarding lead to liaise with the local authority safeguarding boards
  - managing concerns, complaints, whistleblowing and allegations relating to child protection or adults at risk effectively
  - following relevant legislation and guidance

- Appropriate policies and procedures in place:
  - Code of conduct - for staff and volunteers which sets out your charity's culture and how people in your charity should behave
  - Health and safety policy
  - First aid procedures
  - Fire safety policy
  - Digital safety policy
- People are suitable to act in their roles – all trustees, staff and volunteers are suitable and legally able to act in their positions. This includes people from or working overseas. To do this we will get:
  - criminal records checks (DBS) where the position is eligible
  - references and checks on gaps in work history
  - [confirmation that staff can work in the UK](#)
  - [health checks where appropriate](#)
  - no one is appointed if they are disqualified as a trustee or to a senior manager position
- Know to spot and refer or report concerns and use
  - Clear system of referring or reporting to relevant organisation's as soon as you suspect or identify concerns
  - Have clear policies and procedures on:
    - bullying and harassment
    - whistleblowing
  - Have adequate insurance which covers the individuals and the activities involved.
- Set out risks and how we will manage them in a risk register which is regularly reviewed
  - Safeguarding risk audit carried out
  - Safeguarding risk register reviewed annually and issues dealt with
- Be quick to respond to concerns and carry out appropriate investigations
  - If we have an incident or allegation of abuse, we will handle and record it a secure and responsible way. Follow our safeguarding policy and procedures.
  - We will report to the police if the incident or concern involves criminal behavior.
  - Where necessary we will also refer to social services and report to other agencies.<sup>1</sup>
- Not let one trustee dominate your work - trustees should work together
  - Decisions made by a committee

## Safeguarding Commitment

The Church Schools of Cambridge provides services to Primary school aged children in Cambridgeshire. It is important to safeguard all those that come into contact with us. The Church Schools of Cambridge has:

- Full Safeguarding guidance and procedures for the charity – provided by this document
- Named responsible persons. The **Designated Safeguarding Officer** is **Sarah Helme** (Finance and Compliance officer) and is supported by **Gill Ambrose** (Link Trustee for Safeguarding) and **Isobel Rawlinson** (Director). This team of people form the Safeguarding Champions for the charity
- Safeguarding Leaflets/posters – Every staff member and volunteer receive a copy of the “Safeguarding” leaflet

The Designated Safeguarding Officer, with support from the other Safeguarding Champions will:

- Ensure the welfare of all is given the highest priority by the charity, its management and staff and volunteers.
- Promote good practice and ensure that staff and volunteers can work with the public with confidence

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<sup>1</sup> [There are other regulators that you may need to report or refer to](#) depending on what your charity does. In some cases you should [send a serious incident report to the Charity Commission](#).

The Designated Safeguarding Officer will:

- Act as the main contacts for sharing information around Safeguarding concerns
- Ensure that the concerns all are heard and acted upon
- Be responsible for ensuring concerns are reported to appropriate authorities
- Ensure training is provided for all staff/volunteers, and remain up to date with current practice and legislation
- Ensure all staff/volunteers and clients have access to further appropriate information
- Ensure action taken promotes the wellbeing of the child/adult at risk

This policy will be reviewed annually or as legislation changes and adheres to laws set out to safeguard children and adults.<sup>2</sup>

**Safeguarding Children** means protecting a child from harm, ensuring they reach their potential or promoting a healthy lifestyle. Guidance provided by the UK government, titled **Working Together**, provides us with the following definition of safeguarding children to ensure that everyone is working towards the same goals. In **Working Together**, safeguarding means:

- protecting children from maltreatment
- preventing impairment of Children's Health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

A child is defined as '**anyone who has not yet reached their 18th birthday**' including unborn children right up to teenagers.

**Safeguarding Adults** means protecting a person's right to live in safety, free from abuse and neglect. Living a life that is free from harm and abuse is a fundamental human right and an essential requirement for health and well-being. Safeguarding adults is about the safety and well-being of all adults but providing additional measures for those least able to protect themselves from harm or abuse.

An adult is defined as:

- An individual over 18 who has need for care and support
- Is experiencing, or at risk of, abuse or neglect
- As a result of those care and supports needs is unable to protect themselves from either the risk or experience of abuse or neglect

An adult '**at risk**' is someone who 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'.

**The Cambridgeshire and Peterborough Child safeguarding board website** is <http://www.safeguardingcambspeterborough.org.uk/> their latest documentation can be found on the website.

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<sup>2</sup> The Education Act 2002 (this law sets out duties and responsibilities for school in regards to safeguarding children)

The children's act 1989 (this law allocates duties to local authorities and other agencies to ensure children are safeguarded it focuses on care within families)

The Children Act 2004 (this is an amendment to the children's act 1989 as a result of the Victoria Cimbie inquiry the law has updated to include some of the inquiry's key recommendations).

The Care Act 2014 safeguards adults by providing a clear legal framework. It applies to all organisation's Everyone has a responsibility to protect adults at risk of abuse and neglect.

## Training

- The Designated Safeguarding Officer will complete Introduction to Safeguarding Children (Level 1), Advanced Safeguarding Children (Level 2) and Designated Safeguarding Officer (Level 3) training.
- Each Safeguarding Champion will complete Introduction to Safeguarding Children (Level 1) and Advanced Safeguarding Children (Level 2).
- All paid staff will complete Introduction to Safeguarding Children (Level 1)
- Volunteers have Safeguarding incorporated into their initial training and are encouraged to complete Introduction to Safeguarding Children (Level 1) and will receive training and updates.

## Reporting and Recording Procedure

Anyone who suspects that a child or adult may be at risk of abuse or is being abused must report their concern to the Designated Safeguarding Officer. If they are not available, they should contact the Director.

All cases of suspected or alleged abuse should be reported in line with the procedures identified in this policy. There may already have been concerns expressed by other organisations or other members of staff and failure to report concerns may put a child/adult at risk of serious harm.

Any disclosure or suspicion of abuse should be reported to the Designated Safeguarding Officer as soon as possible. Where the alleged perpetrator is a member of staff the Church Schools of Cambridge will invoke the Disciplinary and Whistleblowing procedures alongside this procedure.

If a disclosure of abuse is made by an organisation working with you, care should be taken to explain to them the procedure that will be followed and they should be told that it may not be possible for the Church Schools of Cambridgeshire to maintain confidentiality.

**The reporting process is outlined on the following page and must always be followed.**

Reports should be made on the appropriate form wherever possible, but lack of access to the correct form must not be a reason to delay reporting suspected abuse.

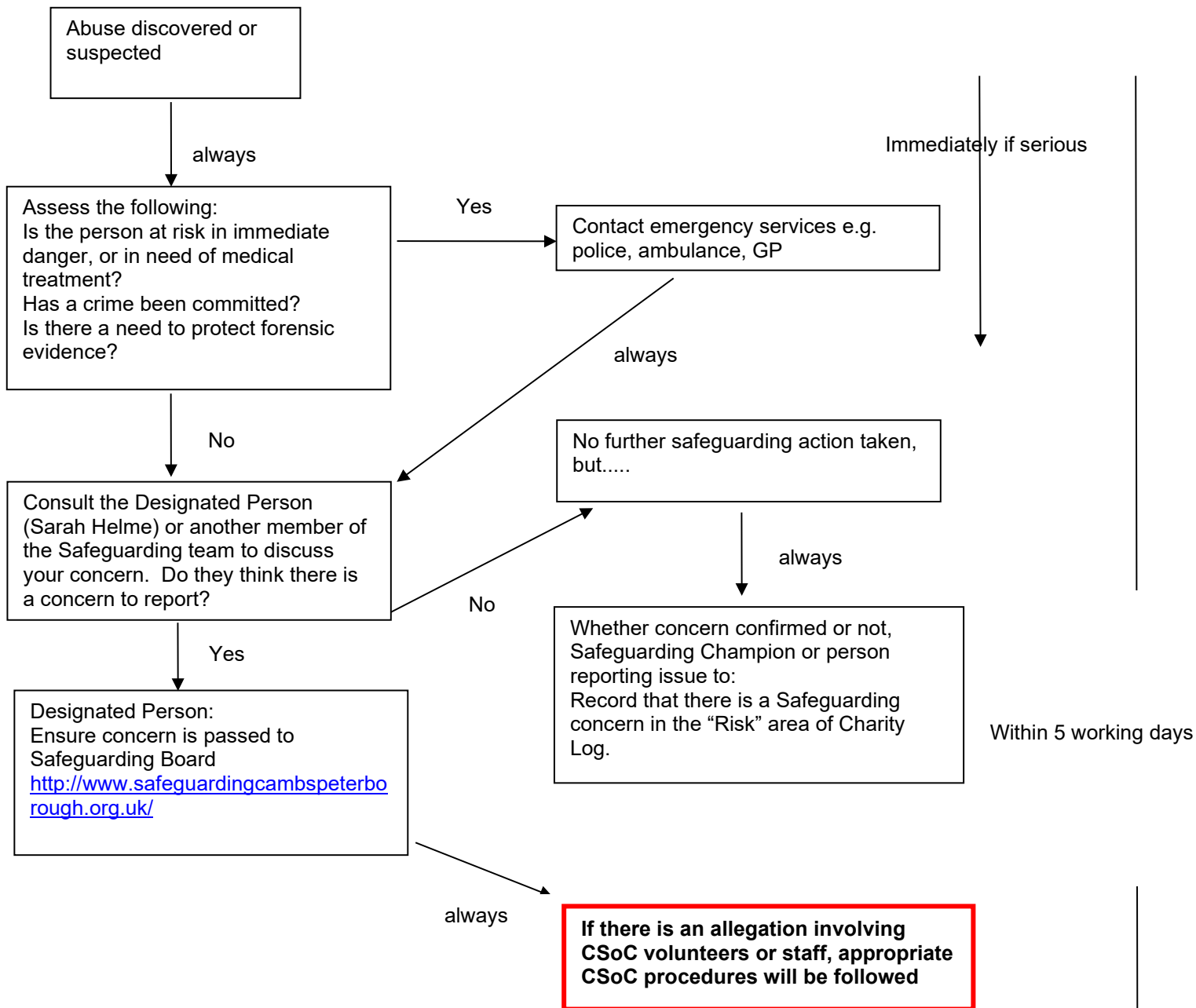
**All relevant information about the allegation should be recorded as simply and clearly as possible and stored securely.**

Specific information is covered in the appendices to the policy:

- Appendix A: Dealing with a concern
- Appendix B: Acts and definitions
- Appendix C: Principles, Types and Symptoms of Abuse in children
- Appendix D: Principles, Types and Symptoms of Abuse in adults

# Church Schools of Cambridge Safeguarding Concern Action Flowchart

## When to report a concern



**Safeguarding team / champions**

- Designated Safeguarding Officer - Sarah Helme (Finance Officer and Administrator)
- Gill Ambrose (Link Trustee for Safeguarding)
- Isobel Rawlinson (Director)

All concerns should be passed to the Designated Safeguarding Officer. If they are not available, they should contact the Director.

## Appendix A: Dealing with a concern

The 7 R's is a simple way to remember our role if we have a concern that a child or adult is experiencing or at risk of harm. These are principles that can be flexed for others: staff, volunteers, trustees, etc.

- Recognise
- Respond
- Report
- Record
- Refer
- Review
- Respect

### Recognise

There are three main ways that a safeguarding concern can come about:

- Disclosure - When someone tells you something that has affected them
- Concern - When you see a sign or symptom that someone needs additional support or protection.
- Allegation - When someone has:
  - Behaved in a way that has harmed someone
  - Possibly committed a criminal offence against or related to someone;
  - Behaved towards a child, children or adults at risk in a way that indicates they may pose a risk of harm to others.

Detailed descriptions of types of abuse and common signs are set out in appendix C (children) and D adults).

### Respond

It can be difficult to decide how to best respond to someone who discloses information to you, especially if the conversation is unexpected or you find your emotions are prone to getting in the way. The best response involves:

- Being calm and level-headed: don't let your emotions takeover and allow the child to see that you are panicked, angered or shocked. Appearing calm and relaxed will encourage the person to trust you.
- Reassuring the person: let them know that they are right to tell you, tell them they are not to blame and thank them for being brave
- Listening well: give the person a chance to speak, don't rush them and listen carefully to everything they say. This is vital as you will need to record their disclosure later on
- Not keeping secrets: don't promise the child that you'll keep their disclosure to yourself. Instead, say that they are going to get help from someone else as it is your responsibility to keep them safe.
- Key phrases to use in questioning
  - Tell me more
  - Explain to me
  - Describe to me

### Report

Report your concerns to your line manager or Designated Safeguarding Officer (refer to flowchart).

## Record

- Name age gender and ethnicity of the child
- Details of the injury or abuse
- Date and time of the incident or disclosure
- Who is involved or present at the time
- Details of who raised the concern if it was another adult or child
- What you were doing before/during the time that the concern was raised
- What the child was doing before/during the time that the concern was raised
- Details of any immediate action taken
- Any conclusions were drawn from the incident or disclosure (try to be factual rather than giving an opinion)
- Name the person reporting the concern
- Name of who the concern was reported to, the date and time plus details of any actions agreed

## Refer

The designated Safeguarding Officer or their deputy should make a decision. They may seek to gather and examine all relevant testimony and information.

REMEMBER: They may have multiple reports about an individual

## Review

Effective safeguarding is based on learning from previous incidents of harm. Spending time to step back and looking at trends in incidents, locations, other factors, etc

## Respect

All of this process rests on a culture of respect and safeguarding. Individuals need respect to feel they can share concerns & have good supervision. Staff need respect to know their concerns will be taken seriously.

## Consent and the Sharing of Information

The government has produced a guidance document titled 'information sharing advice for practitioners' providing safeguarding services to children young people, parents and carers which contained the following 7 Golden rules in regards to sharing information

1. Remember that Data Protection Act and human rights law are not barriers to justify information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or family where appropriate) from the outset about why, what, how and with whom information will, or could be shared and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from a safeguarding champion, teacher or other professional if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Share with informed consent where appropriate and where possible respect the wishes of those who do not consent to share information. You may still share information without consent if in your judgments there is a good reason to do so such as where the safety of the child might be at risk you will need to base your judgment on the facts of each individual case.

Where you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.

5. Consider safety and wellbeing: base your information sharing decisions on considerations of the safety and wellbeing of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that information you share is necessary for the purpose for which you are sharing it, is shared

only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.

7. Keep a record of your decision and the reasons for your decision whether it is to share information or not. If you decide to share, then record that you have shared, with whom and for what purpose.

## **Whistleblowing**

All staff/volunteers and others with serious concerns about any aspect of their work are encouraged to come forward and voice those concerns. The Whistleblowing Policy has been designed to assist, encourage and enable employees to make serious concerns known within the within the organisation.

Whistle-blowers should know how to access support and to protect their own interests. Even if they decide that they wish to make an anonymous report, the information they provide will be taken into account and treated seriously. Further support can be found at Public Concern at Work – on their website <https://www.pcaaw.org.uk/> or call for confidential whistleblowing advice – 020031172520.

All requests for anonymity by the referrer will be fully respected. It cannot however be guaranteed, especially if the referrer's information becomes an essential element in any subsequent legal proceedings. In addition, the Data Protection Act 1998 removed the blanket confidentiality of third party information.

Staff who do not report concerns about the possible abuse of a child at risk, could be disciplined for not doing so, or for colluding with the abuse. For the purposes of the practice guidance and procedures "staff" includes volunteers as well as employees of agencies.

Whistle-blowers should know how to access support and to protect their own interests. Even if they decide that they wish to make an anonymous report, the information they provide will be taken into account and treated seriously.



## Appendix B: Acts and definitions

### Children

The **Children Act 1989** was a revolutionary piece of legislation when it was implemented, as it completely reformed the law relating to children. The Children's act defines a child in need as any child:

- Who is unlikely to achieve or maintain, or will have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority.
- Who's health or development is likely to be significantly impaired or further impaired without the provision of services
- Who is disabled.

In children in need cases social care have a duty to safeguard and promote the welfare of the child by coordinating services to provide them with appropriate support.

The **Children Act** also introduced the concept of 'significant harm' as the threshold that justifies compulsory intervention by social care.

### Adults

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect.

#### The six principles of the Care Act are:

- **Empowerment** - support vulnerable adults so they can confidently make their own decisions
- **Protection** - support and represent those in greatest need.
- **Prevention** - be proactive to stop safeguarding concerns from developing in the first place.
- **Proportionality** - respond to a safeguarding issue in the most unobtrusive way possible.
- **Partnership** - partner with local services and communities to help prevent, detect, and report suspected cases of neglect and abuse
- **Accountability** - be wholly transparent about, and take responsibility for, all the safeguarding practices you use to support vulnerable people.

The **Mental Capacity Act (2005)** sets out legal framework for empowering and protecting vulnerable people who are not able to make their own decisions, including depriving them of their liberty or making decisions on their behalf

- Adults presumed to have capacity unless proved otherwise
- They should be able to make decisions, even unwise ones
- Least restrictive intervention as possible always in their best interest

## Appendix C: Principles, Types and Symptoms of Abuse in children

### Types of Abuse

**Physical abuse:** Including shaking, throwing, poisoning, burning or scalding, drowning or suffocating or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent or carer fabricates the symptoms of or deliberately induces illness in a child.

**Emotional abuse:** Is the persistent emotional maltreatment of a child so as to cause severe and persistent adverse effect on the child's emotional development.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

- It may involve conveying to a child that they are worthless or unloved inadequate or valued only insofar as they meet the needs of another person
- It may include not giving the child opportunities to express their views deliberately silencing them or making fun of what they say or how they communicate
- It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capacity, as well as overprotection and limitation of the exploration and learning, or preventing the child participating in normal social interaction.
- It may involve seeing or hearing the ill treatment of another
- It may involve seriously bullying (including cyber bullying) causing children frequently to feel frightened or in danger or the exploitation or corruption of children.

**Sexual abuse:** Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non penetrative act such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the Internet). Sexual abuse can take place online and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**Neglect:** Is the persistent failure to meet a child's basic physical and/or psychological needs. Likely to result in serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of adequate care-givers)
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Other more specific types of abuse or concern are:

- Domestic abuse – harmful and controlling behaviour between adults which the child sees, hears or is implicated in.
- Online abuse – abuse that occurs on the internet and is often hidden, such as via social media or gaming.
- Bullying – including cyber-bullying, this is any undermining behaviour which hurts the child.

- Child sexual exploitation – the child is exploited for sexual purposes by other, often gangs.
- FGM (Female Genital Mutilation) – this is the removal of external female genitalia for non medical reasons, often due to religious, cultural or social beliefs
- Forced Marriage – This is where one or both people do not (or in cases of people with learning disabilities or reduced capacity, cannot) consent to the marriage as they are pressurised, or abuse is used, to force them to do so
- PREVENT – this is the radicalisation of a child, when a child starts to believe and support extreme aspirations around terrorism, political, social or religious ideals.
- CCE (Child Criminal Exploitation) – this encourages a wide range of circumstances that involve forcing, coercing or threatening a child to commit a criminal offence, benefit fraud or use as forced labour.

### **Specific Indicators of Abuse**

Although abuse often comes to light through disclosure by the person, who sensing they are safe, confides in a trusted person, there are situations or events that might indicate that all is not well. The following list highlights situations or events that may require closer attention.

They are merely indicators, the presence of one or more does not confirm abuse and they are no substitute for a thorough assessment.

However, a cluster of several indicators may indicate a potential for abuse and a need for assessment. For ease of use the indicators have been grouped under a number of headings.

#### **Indicators of Physical abuse**

- Bruises when they wouldn't normally be found, such as the back of the legs, tops of the arms and neck.
- Fractures and broken bones.
- Bite marks
- Burns or scalds that don't look accidental.
- Frequent injuries
- A child being restrained in their room
- A child being given something purposefully to harm them, such as salt, medication or alcohol.
- Signs of brain damage such as vomiting, drowsiness, arm and leg weakness, fits or floppiness in babies.

#### **Indicators of Emotional abuse**

- You witnessed the child being shouted at unnecessarily
- The child is being unfavourably compared to another child
- There are unrealistic expectations that are not in line with the child's age and or abilities
- The child is made to feel worthless or inadequate
- Excessive and/or frequent punishments
- Name calling
- Delayed language development
- The adult is hostile towards the child
- The child is ridiculed, blamed, frightened or threatened
- The child overreacts when they make a mistake

#### **Indicators of Sexual Abuse**

- A child being asked to look at pornographic images or watch sexual acts
- A child being made to perform or receive sexual acts
- Asking a child to touch someone, or being touched themselves
- A child being refused affection, food or money until a sexual act has been performed
- The child being obsessively clean age inappropriate knowledge and behaviour
- An unwillingness to undress in front of others

- Concealed pregnancy, abdominal pain, bleeding or sexually transmitted infections

**Indicators of Neglect**

- The knowledge that child is being left home alone
- The child is not being fed or eating a poor diet
- The child is always hungry
- Not having adequate or clean clothing
- A child regularly missing school activities
- The child not been given medication when needed
- The child has poor hygiene
- Developmental milestones are being missed without reason
- The child is not loved or given affection

## Appendix D: Principles, Types and Symptoms of Abuse in adults

### Types of Abuse

Abuse and neglect can take many forms. Organisations and individuals should not be constrained in their view of what constitutes abuse or neglect, and should always consider the circumstances of the individual case. Abuse includes:

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

**Sexual abuse:** – including rape and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

**Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

**Modern Slavery** – Human Trafficking involves men, women and children being brought into a situation of exploitation using violence, deception or coercion and forced to work against their will.

**Financial or material abuse** – including theft, fraud, exploitation, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Neglect and acts of omission** – including ignoring medical or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

**Self – Neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surrounding and includes behaviour such as hoarding. It is important to consider capacity when self-neglect is suspected. Also consider how it may impact on other family members and whether this gives rise to a safeguarding concern.

**Domestic Violence** – See DV Section Discriminatory abuse – including discrimination on grounds of race, gender and gender identity, disability, sexual orientation, religion, and other forms of harassment, slurs or similar treatment.

**Organisational abuse** – including neglect and poor care practice within an institution or specific care setting like a hospital or care home, e.g. this may range from isolated incidents to continuing ill-treatment.

### Specific Indicators of Abuse

Although abuse often comes to light through disclosure by the person, who sensing they are safe, confides in a trusted person, there are situations or events that might indicate that all is not well. The following list highlights situations or events that may require closer attention. They are merely indicators, the presence of one or more does not confirm abuse and they are no substitute for a thorough assessment.

#### General signs of abuse

- Frequent arguments between the carer and the elderly person.
- Changes in personality or behaviour in the person being abused.

**Physical abuse**

- Unexplained signs of injury such as bruises, burns or scars, or more serious unexplained injuries such as broken bones.
- Report of a person taking too much of their medicines or not taking their medicines regularly (a prescription has more remaining than it should).
- Broken eye glasses or frames.
- Signs of being restrained, such as bruises on the wrists.
- Staff in a care home refusing to allow you to see the elderly person alone.

**Emotional abuse**

- Threatening, belittling, or controlling behaviour by the abuser.
- Behaviour from the abused person that seems like dementia, such as rocking, sucking, or mumbling to themself.

**Sexual abuse**

- Bruises around the breasts or genitals.
- Unexplained genital infections.
- Unexplained bleeding from the vagina or from the back passage.
- Torn, stained or bloody underwear.

**Neglect by caregivers or self-neglect**

- Unusual weight loss because of not eating enough food or drinking enough fluids.
- Untreated physical problems, such as bedsores.
- Dirty living conditions: dirt, bugs, soiled bedding and clothes.
- Being left dirty or unbathed.
- Unsafe living conditions (no heat or running water; faulty electrical wiring, other fire hazards).

**Financial exploitation**

This may include:

- Significant withdrawals from the vulnerable person's bank account.
- Items or cash missing.
- Suspicious changes in wills, power of attorney, policies or other documents.
- Suspicious addition of names to the person's signature card.
- Unnecessary services, goods or subscriptions.