"**Exploring the complexities of understanding vulnerability and adult safeguarding within Christian Faith Organisations''**

Abstract

Purpose – The purpose of this paper is to report the findings from a study exploring the understanding of vulnerability and adult safeguarding within Christian faith based settings. The article concludes with recommendations for practitioners involved in safeguarding adults in faith based Christian settings.

Design/methodology/approach – The paper considers a survey (n=3182) into understanding of vulnerability and adult safeguarding for individuals who attend Church regularly or work in a Christian organisation

Findings - This paper is the first to be undertaken with a UK sample and highlights a range of factors informing adult safeguarding practice within Christian organisations. This includes:- complexity linked to understanding vulnerability and its role in safeguarding activity; lack of clarity about what to do with a safeguarding adult concern, and the need for safeguarding training pertinent to the particular needs of faith based settings.

Research limitations/implications - As there is currently a dearth of research in this area this paper makes a valuable contribution to the developing knowledge base around safeguarding and vulnerability within faith based organisations.

Practical implications - Professionals need to develop increased understanding of the complexities involved in safeguarding activity, and specifically how those working in the wider context of supporting vulnerable adults make sense of safeguarding processes and procedures.

Social implications – It is important that all organisations, including faith based settings, working with adults have an understanding of their roles and responsibilities with respect to safeguarding those at risk of harm.

Originality - This paper is the first UK study to consider safeguarding adults at risk of harm in Christian faith contexts

Key Words: Vulnerable, Faith, Safeguarding, Church, Policy, Christian

Paper type: research paper

"Exploring the complexities of understanding vulnerability and adult safeguarding within Christian Faith Organisations''

Introduction

This paper reports on some of the findings of a survey into understandings of safeguarding adults at risk of harm in Christian faith contexts. This research represents the first UK study exploring knowledge about safeguarding adults within the Christian faith. It highlights some important themes concerning the meanings attached to terms such as vulnerable adult or adult at risk of harm, and the impact of this on safeguarding practice within Christian faith settings. The survey resulted from the findings of a learning review into the death of a young woman who had been attending a church and could be considered to be vulnerable. Some of the findings of this review suggest inherent difficulties with understanding the requirements around safeguarding adults and providing effective support in faith settings, issues around communication of information and responsibility for responding and understandings of mental health. The findings include uncertainty concerning terms such as 'vulnerable adult' (V.A.) and 'adults at risk of harm' which have been used interchangeably within adult safeguarding practice. This paper will focus on some of the complexity which impacts upon understandings of vulnerability and adults of risk of harm within Christian faith based settings. It is anticipated that future work will expand into other faith groups.

Definitions

As our understanding of safeguarding adults has developed the terms and definitions used to describe adults who are or may be at risk of abuse or harm have similarly changed.
Under the Care Act 2014 and the accompanying Care and Support Statutory Guidance (2014:13-14) the concept of promoting wellbeing for adults includes 'protection from abuse and neglect'. Whereas in the safeguarding arena for children there has been inter-agency guidance since the late 1990's, the latest version being Working Together to Safeguard Children (2013), there has not been any similar multi-agency safeguarding guidance related to adult protection on a statutory footing. Under the Care Act 2014 local authorities now have new safeguarding duties which include leading a multi-agency local adult safeguarding system to prevent abuse and neglect.

The term V.A. was defined in the No Secrets (2000) document and despite changes in safeguarding practice this definition is still widely used, particularly within guidance documents issued by faith organisations as:-

A vulnerable adult is a person aged 18 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/herself against significant harm or exploitation'(Department of Health and Home Office, 2000).

This definition depicts vulnerability as inherent to a person's individual characteristics, defined by factors such as age, gender, illness or disability. However, such an approach also suggests that 'inherent vulnerability will often lead to situational vulnerability, and a 'vulnerable adult' will, in many cases, be doubly vulnerable' (Dunn, Clare and Holland, 2008: 5).

The Adult Support and Protection Act (Scotland) 2007 moved away from the term vulnerable adult to use of the term adult 'at risk of harm'. The introduction of this term did not reduce difficulties associated with accurate definitions as being 'at risk of harm' is also complex, and 'categories of harm are not discrete: there are blurred boundaries' (Mackay et al. 2011:1).
 The term 'risk' is often interchangeable with probability and relates to a negative outcome in the future rather than the term vulnerable adult which refers to present issues (Parley, 2010). In practice, definitions of individuals who come into this category usually describe the 'risk' in terms of vulnerabilities of the individuals (Greenfields, Dalrymple and Fanning, 2012) and therefore although the terminology is different the reality of the inclusion criteria can be argued to remain largely the same. Boland, Burnage and Chowhan (2013: 1) suggest that, 'the core concept of vulnerability is a challenge'. 'No Secrets' was repealed by the Care Act 2014 on 1st April 2015. The Act contains replacement and mandatory requirements around adult safeguarding, which are set out in chapter 14 of the 'Care and Support Statutory Guidance'.

A key challenge in safeguarding adults who may be vulnerable or at risk of harm is the diverse range of individuals and presenting issues that these terms encompass. The terms V.A., 'adult at risk' and 'safeguarding adults' appear to infer one homogenous group of individuals. In practice vulnerability occurs for a variety of reasons (Greenfields, Dalrymple and Fanning, 2012), and may include adults who are incapable of looking after any aspect of their lives, to individuals experiencing a transient episode of illness or disability. Another key distinction is between adults who have mental capacity and those who have impaired mental capacity. Parley (2010: 39) summarises the difficulties in

definitions and notes that although there are a range of interpretations 'a clear unambiguous definition remains elusive.

Similar concerns are raised by Stevens (2013) who states that the notion of thresholds is unclear, and therefore when an individual becomes vulnerable and 'at risk' of abuse is unclear. The ways in which legislation and policy have constructed 'vulnerability' are problematic as they build upon externally driven objective assessments of being 'at risk' rather than a more person-centred understanding of the subjective experience of vulnerability for the individual (Dunn, Clare, and Holland 2008). The term 'vulnerable' can therefore stigmatise the individual resulting in disempowerment and paternalistic approaches underpinned by assumptions that an individual is less able to make decisions about his/her own life. Further issues such as temporary vulnerability through bereavement give rise to confused understandings of the term V.A. Matters become more complex when trying to put into practice multiagency working including professional's understandings about roles and responsibilities with regards to vulnerable adults and the current lack of universal agreement about thresholds and scope of adult abuse (Stevens, 2013) .

More recently the Making Safeguarding Personal (MSP) guidance encourages a more person-centred approach to safeguarding in which 'people are empowered and able to manage their situations' (LGA, 2015 :6). The emphasis is on working in partnership with adults to promote involvement, choice and control over safeguarding issues and concerns. In line with the Care Act (2014) this supports an approach which is person-led and outcome-focused, and the emphasis shifts from depicting the individual as vulnerable to depicting the individual as having a key role to play in the safeguarding process. As a result the emphasis is on exploring 'how to support and empower people at risk of harm to resolve the circumstances that put them at risk' (LGA, 2014: 5).

Faith based organisations may constitute one agency involved in safeguarding adults at risk of harm and it is therefore important that practitioners involved in safeguarding develop understanding and awareness of issues of religion and belief (Furness and Gilligan, 2010) and their potential impact upon safeguarding practice. To date there has been scant attention given to research into the care of adults within churches. Whilst there has been much focus on the safeguarding of children, especially in relation to clerical abuse within the Roman Catholic Church (Dunne, 2004; Hidalgo, 2008; Mercado et al., 2008; Gilligan, 2012; Böhm et al., 2014) there has been little work undertaken in relation to the care of V.A., or the harm adults can experience within churches and faith

communities. This is despite the role that places of worship and the clergy play as key entry points to disclosing abuse. As Rudnick and Teaster (2013:327) point out:

'Places of worship have long been considered safe community locations to obtain information about trusted matters. Clergy can play an important role in identifying and assisting victims of abuse and domestic violence; clergy are often the first point of disclosure about abuse and serve as trusted entry point into the abuse reporting system – especially for women.'

Many of the Christian denominations in the UK have produced guidance for churches and places of worship including the Church of England (2006a; 2006b), the Methodist Church (2010a; 2010b) and the Baptist Church of Great Britain (2006). These guidelines have used the No Secrets V.A. definition.

The role of churches in supporting and safeguarding vulnerable adults

This research was concerned with how those in the Christian faith context understand their responsibilities to protect and safeguard adults. Churches play an increasingly important role in supporting vulnerable adults who not only attend churches as part of collective worship but also receive social care support through the use of food banks, homeless projects, debt counselling services and similar (Lambie-Mumford et al. 2014: Downing et al. 2014). Therefore, it is essential to identify current knowledge, understanding and safeguarding adults practices in faith based contexts to inform best practice. This research represents the first UK study exploring knowledge about safeguarding adults within the Christian faith, and therefore offers an original perspective on the topic.

The Study

The research findings presented in this paper are based on the Vulnerable Adults in Christian Communities Survey (VACC).The questions were derived from the findings of a learning review undertaken by Manchester Metropolitan University (MMU) & the Churches' Child Protection Advisory Service (CCPAS) of a safeguarding case involving an adult who attended a church. CCPAS is the leading independent safeguarding charity which works across the faith sector in safeguarding children and vulnerable adults.

The survey represents a broad exploration of the opinions of those either regularly attending Church or working in Christian faith organisations.

The link to the survey was distributed by CCPAS to approximately 7000 of their members. It was also placed on social networking sites and advertised via Christian publicity and media outlets (e.g. United Christian Broadcasters). It was open for a period of 13 weeks from 8th August to the 31st October 2014.

The survey was designed in accordance with the British Psychological Society ethical guidelines for conducting online research (BPS, 2007). It was approved by the Department of Interdisciplinary Studies, MMU ethics board and developed in accordance with SurveyMonkey University IRB procedures for research involving human subjects. Emails sent to members of CCPAS and notices on social network sites provided an outline of the research, the link to the survey and the inclusion criteria . The inclusion criteria was that you had to be a regular attendee at a Christian church or work in a Christian organisation. Participants who followed the link were provided with much more detailed information about the research design, aims and purpose.

Prospective respondents were asked to indicate consent to take part in the research via an agree button on the survey. The survey consisted of a range of open and closed questions. In order to minimise possible distress the open questions did not ask about personal experiences of being or working with a V.A or safeguarding issue. Rather they focused on current knowledge and training needs. Other potential ethical issues were considered including anonymity. Participants email addresses were not automatically collected. Only participants who chose to leave their email addresses were contacted for the second phase of the research.

The survey questions began with demographic information before collecting responses about understandings of the term V.A. and moving to questions of safeguarding training undertaken and areas for safeguarding training development. The closed questions were analysed using Survey Monkey's tool for descriptive statistics. The open question responses were analysed using an overarching qualitative approach. This approach was taken to develop understanding of the key themes and explore the 'multifaceted reality' of the participants (Snape and Spencer, 2003: 20). The aim was to explore issues in depth and 'with concepts, meanings and explanations developed inductively from the data' (Lewis and Ritchie, 2003: 167), and this was achieved by a thematic analysis of emerging themes within the data (Braun and Clarke, 2006).

Research

The overarching aim of the research was to explore ways in which vulnerable adults and safeguarding are perceived within Christian organisations. A number of questions were used within the overall survey design to explore these key elements. There were three specific questions in the survey, which addressed the issue of definitions and understandings of the term V.A. These were

Q1 – I am confident that I know what the term 'vulnerable adult' means

Q2 -What does the term 'vulnerable adult' mean to you?

Q 3 -I am confident that I would be able to identify a range of factors that MAY contribute towards vulnerability in an adult, (i.e. mental ill-health, bereavement, disability etc.)

There were three other questions, which did not directly focus on the topic of definitions. However, the answers to these questions are pertinent and relevant to this paper's focus on safeguarding.

RQ 4 – Have you had any training about safeguarding vulnerable adults?

RQ 5 -Are there any particular areas of safeguarding vulnerable adults that you do not feel confident with?

Results

In total 3,152 people completed the survey. Respondents were from a wide variety of denominational backgrounds and ranged in age from 18-70 with the majority aged between 30 and 69 years. 68% of respondents were female and 32% were male this is reflective of general gender distribution in Church attendance (NCLS, 2013) 71% of respondents held a safeguarding position in their organisation, the other 29% may have worked with adults in the Christian faith context or just be attendees at a Church with other adult members. The researchers recognised that holding such a position could impact knowledge about V.A. and responses to survey questions. Therefore, a filter was applied to the survey responses to differentiate results based on whether or not individuals held a safeguarding role. The results of those who did and did not hold a safeguarding role showed no significant difference and are therefore presented below holistically. Comments in italics are direct quotes from respondents.

Confidence in knowing what the term 'Vulnerable Adult' means

I am confident that I know what the term 'vulnerable adult' means?
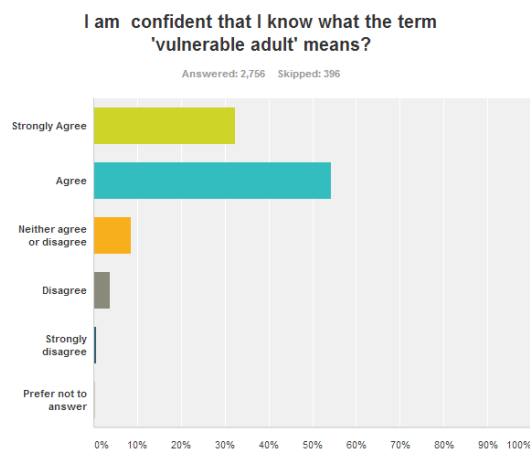
Answered: 2,756   Skipped: 396

Fig 1 Answers to the question – I am confident that I know what the term 'Vulnerable adult means'

2758 participants answered this question, 87% of total respondents stating that they were confident that they knew what the term V.A. means. Only 4% were not confident.

Defining the term 'Vulnerable Adult'

The question 'what does the term Vulnerable Adult mean to you?' led to 2,637 open text responses. Five superordinate themes emerged from the analysis of this data which were, Needs, Being 'At risk', Physical disability, Age and Limited capacity. These themes are discussed below with supporting data from the survey responses in italics.

The most prevalent theme emerging from the data was 'needs'. 731 responses referred to needs due to specific vulnerabilities or general support requirements.

'*This can include adults with a mental health need, learning disability, physical disability, substance misuse need, elderly or frail or an acquired brain injury*'

'*Adult in need of additional support due to illness, disability of other particular need*'

'*Someone who may need support to participate fully in society*'

It is interesting to note that these responses align vulnerability with specific conditions

rather than life experiences which may lead to vulnerability such as bereavement or other life events.

The second most prevalent theme was that of being 'at risk', this was present in 471 responses. Respondents suggested that the term V.A. incorporated the notion of the adult being 'at risk' of harm from a variety of factors or from being taken advantage of and more vulnerable to this risk than other adults. Further, a number of responses suggested that the term adults 'at risk' should be used rather than the term V.A.

'Someone who is at risk, which could mean risk of being exploited, risk of becoming homeless, risk of being affected by alcohol or drugs, risk of the implications of mental health issues, etc.'

'Any individual who is at risk of abuse or being taken advantage of '

'Someone who is at a greater risk than normal risk of abuse due to being an elderly person who is unwell, frail, or confused, and people with learning difficulties, physical disability or mental illness'

'We use the term adult at risk now rather than vulnerable adult'

Physical disability was included in 393 of the responses as a reason why someone might be vulnerable.

'An individual over 18 who may be vulnerable due to) physical or sensory disability'

'Anyone over the age of 18 who is infirm physically'

Age was included in 378 responses to this question with participants stating that the term V.A. referred to those over 18. However, there were 26 responses, which included the ages of 16 and 21.

'A vulnerable adult is aged 18 or over'

'Someone over 18 years of age'

'Any person over 16 who permanently or temporarily lacks the capability to manage their own affairs'

'At risk individuals over the age of 21 ...'

148 responses included discussions of limited capacity of V.A. included the limited capacity to consent and to care for or be responsible for themselves.

'a person over the age of 18 years who can be "vulnerable" from lack of capacity to consent'

'An adult who no longer has the capacity to fully care for themselves'

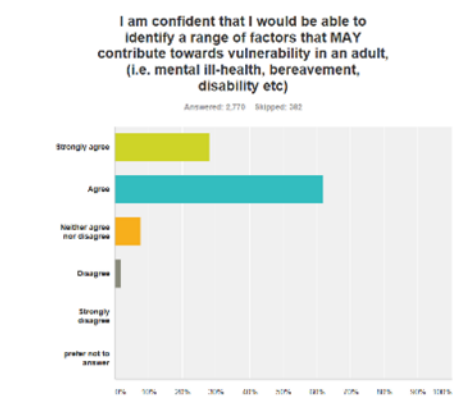**Confidence in identifying factors which may contribute to vulnerability**

Fig 2 – Answers to the question – I am confident that I would be able to identify a range of factors that MAY contribute towards vulnerability in an adult (i.e. mental health, bereavement, disability etc.)

2770 participants answered this question, 90% stated that they were confident in identifying factors, which may contribute to vulnerability. Only 2% of total respondents were not confident in identifying factors, which contributed to vulnerability. 8% of respondents stated they were neither confident or unconfident.

Have you had any training about safeguarding vulnerable adults?

2652 participants answered this question, 53% of respondents indicated that they had received training about safeguarding vulnerable adults, while 46% indicated that they had not. Of those who had received training 56% had received this from either their Church or a Christian organisation, 44% had received training at work or by a statutory agency.

Are there any particular areas of safeguarding vulnerable adults that you do not feel confident with?

There were 1,304 open text answers to this question. Most of the responses will be analysed in a further paper to be published to allow detailed exploration. However, one of the superordinate themes identified was that of definition, which is clearly relevant to this paper. Participants noted feeling unconfident about understanding and being able to apply and use a definition of V.A. and the perceived inadequacy of this definition.

'Definitions of who is a vulnerable adult are somewhat 'slippery' and difficult to pin down'

'There are many adults who most people would consider vulnerable but who don't fall within the 'official' definition'

'Identifying exactly who is and isn't a vulnerable adult in terms of the legal definition'

'We meet with people who do not meet the statutory definition of vulnerable adult, but who are vulnerable'

'The definition is so broad that policy formation is almost meaningless since anyone and everyone could be a vulnerable adult at any given time'

Further, participants specifically noted the complexities of defining V.A. within a Church context.

'I think the definition of a vulnerable adult is confusing to a lot of people so within a church setting the area is very grey and subjective'

'Definitions -there are differing views on what constitutes a vulnerable adult especially in my church where decisions are arbitrarily used to include/exclude people'

'Not sufficiently understanding the definition and not knowing enough about the issues facing a church seeking to care for vulnerable adults'

'I am not confident that the pastoral team, let alone the wider church understands concepts of vulnerability, mental capacity, inclusion and acceptance of diversity'

Discussion

The purpose of this survey was to identify current understandings and knowledge about V.A. and safeguarding in the Christian faith context. This survey, being the first of its kind in the UK, represents a considerable contribution to knowledge. As stated earlier, there is a need to continue to explore this issue in relation to other faith groups.

Some key messages emerge from the survey. The first issue, and a key focus of this paper, is that of definition. It was clear that most participants drew upon the 'No Secrets' (2000) definition of V.A. in their understanding, including a focus on support needs of vulnerable adults or needs related to specific vulnerabilities, in particular physical disability was discussed. This highlights some of the constraints of definitions of vulnerability which link vulnerability to inherent characteristics of the individual, rather than the subjective experience of being vulnerable (Dunn, Clare, and Holland 2008). An element of many responses was informed by respondents understanding of capacity to care for and look after oneself. Stevens (2013) notes the complexity of understanding capacity and the very real challenge of supporting V.A. without disempowering individuals or conversely exposing them to risk. This challenge was also recognised by the respondents in the survey, with a number identifying the difficulty of judging capacity and supporting individuals without either rendering them a child or placing them at risk of harm. Respondents' answers also illustrated their concern about making the wrong decision. Allen and Brodsinzki (2009) note the increased difficulty of making such decisions in a risk adverse society. These responses perhaps illustrate that at the time of the study the impact of changes to safeguarding policy and practice as a result of the Care Act 2014 and Making Safeguarding Personal had yet to impact upon Christian faith organisations. In particular approaches to safeguarding which

focus on empowerment and partnership with those at risk of harm are rarely evident within the respondents' responses.

There was a clear focus in many answers on a the age of 18 as an indication of when somebody could be considered to be a V.A. The respondents were making a distinction between child protection and safeguarding adults. Many respondents noted that all individuals under 18 came under child protection policies however; it was much more complex to identify vulnerability in adults. Similarly, Collins (2010) recognises that within child protection vulnerability, capacity and duty of care are more or less givens however, within adult safeguarding things are much more complex. It should be noted, that although the majority of answers specify the age of 18 there were some misunderstandings with some including ages of 16 and 21.

Responses to the survey indicate that the vast majority of people answering the felt confident in their ability to identify factors that may be connected to vulnerability. However, one of most interesting findings was that in answer to the question 'are there any areas of safeguarding vulnerable adults you do not feel confident with?' many participants asked for greater clarity about the definition of a vulnerable adult and the inclusion and exclusion criteria. Fanning and Dalrymple (2011) note that the concept of vulnerability is not stable and that individual adults may be classified and declassified as vulnerable throughout their lifespan. The lack of clarity resulted in a request for further safeguarding training in the survey. Respondents asked for training to include definitions of vulnerability and how to use these in practice. Many respondents reflected Stevens (2013) concern that current definitions do not clarify thresholds of vulnerability. Some respondents noted that current definitions are unhelpful in a Christian faith context. The inability to define this term effectively led to feelings of concern or a lack of confidence when wanting to support vulnerable adults effectively in a faith based context. It was clear that individuals wanted to offer the best support to those who came to the Church or Christian organisation context. However, the current difficulties associated with defining the term V.A. clearly impacted the ability of the organisations to feel confident that they were able to offer the level of support they wished to.

A number of respondents noted the introduction of the term adults 'at risk' of harm and suggested this now to be more appropriate than the term V.A. However, in explaining the meaning of adults 'at risk' of harm most participants once again drew heavily on the 'No Secrets' (2000) definition and focused on the ways in which individuals may be vulnerable (Greenfields, Dalrymple and Fanning, 2012), and this often linked directly to the inherent characteristics of the individual (Dunn, Clare and

Holland, 2008). Therefore, it became clear from the research that changing the term V.A. to adult 'at risk' of harm still does little to address the key issue which is that defining key terms in this area is deeply problematic. The Care and Support Statutory Guidance (2014) is likely to do little to alter this. The guidance states:

"Wellbeing" is a broad concept" (Page 1) and goes on to say that this includes 'protection from abuse and neglect.'

One matter that raised concern within the survey was the limited amount of safeguarding adults training received by participants. In their information booklet on working with vulnerable adults CCPAS recognise that while much attention has been paid to child protection training in faith-based settings there is a need to ensure the adults at risk from harm and abuse are equally protected through appropriate training(CCPAS, 2013). One factor worthy of note was that whilst many respondents were confident that they could identify factors related to vulnerability only 53% received any training in this area. It is therefore unclear on what basis respondents felt able to identify vulnerability indicators. It is a matter of concern that the confidence reported may be misplaced, especially considering how complex it is to clearly identify vulnerability (Parley, 2010). The survey illustrated that issues in defining vulnerable adults are further complicated by faith-based settings. Respondents reported being unsure of how to apply definitions to individuals, they met in the Christian context. Many answers reflected the opinion that in this context current definitions and recommendations for practice either do not work or failed to reflect the complexity of relationships within a faith context. One respondent noted the impact of unclear definitions led to individual decisions about inclusion and exclusion to this category. This resonates with the work of Parley (2010) who noted that a lack of clarity in care settings led to workers bringing their own meanings and interpretations to the term and their practice.

Many respondents noted the boundaries of faith-based contexts are not clear. For example, many families are connected to the Christian context through weekly clubs or community outreach events. The survey illustrated a very real concern with understanding who could be considered vulnerable and who was responsible for identifying this. Difficulties arise when trying to determine whom the church or Christian organisation could be considered responsible for in terms of safeguarding. For example, church or Christian organisation may meet families of individuals who attend regulated activities but who do not themselves attend. There were many questions about the limits of

responsibility. It should be noted that there were many comments about boundary issues within the Christian faith context. The topic of boundaries will be explored more fully in a future paper.

It is interesting to note that respondents clearly indicated the distinct complexity of safeguarding and working with vulnerable adults in faith-based contexts. Currently many adults who receive safeguarding training obtained this from their work or statutory organisations rather than from their Christian context. The findings of this survey suggest the requirement for bespoke safeguarding adult training which recognises and incorporates issues pertinent to faith based contexts. It should be noted that limited training is an issue across agencies involved in adult safeguarding.

Domac and Haider (2013) highlighted the significant gap in inter-professional education of social workers in the area of adult safeguarding. They note the impact this has on the competency and confidence of professionals to safeguard appropriately. A seminal study in Canada in 2003 looked at responses to elder abuse in faith communities (Podnieks et al., 2003) finding that faith leaders lacked knowledge about abuse and this was a barrier to responding effectively. A similar study undertaken amongst clergy in Kentucky, USA in 2013 found that half of the clergy responded that they were unaware of either relevant legislation or who to report concerns to, concluding that education and training are key to meeting the needs of faith communities (Rudnick and Teaster et al. 2013). It would seem that generally there is a significant need for increased focused training in the area of adult safeguarding within faith settings.

The survey results illustrated that a number of individuals holding the position of safeguarding adult lead in churches were employed in a professional occupation that was somehow related to this role. A number of respondents reported feeling confident in their church or organisational response to safeguarding because of the professional background of their lead. However, many also noted that the majority of individuals who are engaged with leading church activities are volunteers and cannot be expected to fully understand issues of safeguarding and vulnerability. However, Perkins et al. (2007) highlight the necessity for any agency involved in the care of V.A. to have a clear understanding of their safeguarding role.

It is clear from the results of this survey that there needs to be further work in this area. Current definitions of vulnerability and risk are clearly limited. There is an obvious need for definitions that can be used to guide policy and practice in this area. Further, this survey presents a clear indication that there is a requirement for careful thought and further research about the complexities of

safeguarding adults within faith-based contexts, especially in how the Care Act 2014 and accompanying statutory guidance is understood.

The Care Act (2014) and Making Safeguarding Personal guidance represent a cultural shift in safeguarding policy and practice away from notions of vulnerability to embrace a more person-centred and empowering approach to those who may be at risk of harm. It is important that all organisations that offer support to adults who may be at risk of harm are aware of these changes and their responsibility within safeguarding practice. Although respondents report confidence in their ability to identify factors related to vulnerability, they lack confidence in their ability to define, support or work with vulnerable adults within the context of adult safeguarding. There is a need for more detailed and bespoke training for safeguarding officers and those involved in safeguarding roles within faith-based contexts. It is clear from the results of the survey that there is a desire from faith-based organisations to safeguard adults. In order to do this there needs to be a much greater understanding of the issues related to safeguarding adults in faith-based contexts.

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