

Safeguarding Adults Policy

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1. Policy Statement

- 1.1. At **Hope and Vision Communities**, we believe in protecting every individual's right to live in safety, free from abuse and neglect
- 1.2. We are committed to creating and maintaining a safe, respectful, and inclusive environment for all our beneficiaries, staff and volunteers.
- 1.3. This includes developing an open and listening culture. Staff, volunteers, beneficiaries, and others connected to the service are encouraged to raise concerns **without fear of reprisal**, helping to ensure that potential risks or incidents can be reported and dealt with swiftly and effectively.
- 1.4. **Hope and Vision Communities** always aims for the very best quality of service and will not be satisfied with anything that falls short of this. We will take every possible action to prevent abuse and to deal with it as promptly and effectively as possible if it occurs.
- 1.5. Every person that we support and recruit has the right to feel safe, respected, and supported. We are here to uphold that right.

2. Purpose and Scope

Purpose

2.1. The purpose of this policy is to demonstrate the commitment of **Hope and Vision Communities** to safeguarding adults and to ensure that everyone involved in **Hope and Vision Communities** is aware of:

- The legislation, policy and procedures for safeguarding adults
- Their role and responsibility for safeguarding adults
- What to do or who to speak with if they have a concern relating to the welfare or wellbeing of an individual that we are working with

Scope

Safeguarding is everyone's responsibility

2.2. This safeguarding adult policy applies to all **Hope and Vision Communities'** Trustees, staff and volunteers.

3. Legal Framework

3.1. This policy has been written in accordance with the following relevant legislation:

- The Human Rights Act 1998
- Equality Act 2010
- Care Act 2014
- Domestic Abuse Act 2021
- The Data Protection Act 2018
- General Data Protection Regulations 2018
- Terrorism Act 2000
- Modern Slavery Act 2015

3.2. This policy is guided by the following **six principles** set out in The Care Act:

Empowerment – People being supported and encouraged to make their own decisions and informed consent.

“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”

Prevention – It is better to take action before harm occurs.

“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

Proportionality – The least intrusive response appropriate to the risk presented.

“I am sure that the professionals will work in my interests, as I see them, and they will only get involved as much as needed.”

Protection – Support and representation for those in greatest need.

“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”

Accountability – Accountability and transparency in delivering safeguarding.

“I understand the role of everyone involved in my life and so do they.”

4. Definitions

4.1. **Adult at risk of abuse or neglect** (defined by the Care Act 2014) as; someone over 18 years old who:

- has care and support needs
- is experiencing, or is at risk of, abuse or neglect
- as a result of their care and support needs is unable to protect themselves against the abuse or neglect or the risk of it

4.2. If an individual has care and support needs but is not currently receiving care or support from a health or care service, they may still be an adult at risk.

4.3. Abuse and Neglect

Abuse is a violation of an individual’s human and civil rights by another person or persons. It can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

4.4. The **Care Act** defines the following categories of abuse and harm:

Physical abuse - Includes:

- Hitting, slapping, pushing, kicking
- Misuse of medication
- Restraint or inappropriate physical sanctions
- Forcible feeding or withholding food/drink

Domestic abuse - Includes:

- Psychological, physical, sexual, financial, or emotional abuse
- Controlling or coercive behaviour
- So-called “honour” based violence, forced marriage, female genital mutilation (FGM)

Domestic abuse can occur between intimate partners or family members, regardless of sex or sexuality

Psychological abuse - Includes:

- Threats of harm or abandonment
- Humiliation, blaming, controlling, intimidation, coercion
- Verbal abuse
- Isolation or withdrawal from services or supportive networks

Sexual abuse - Includes:

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

Financial or material abuse - Includes:

- Theft, fraud, exploitation
- Pressure regarding wills, property, inheritance, or financial transactions
- Misuse or misappropriation of property, possessions, or benefits

Modern slavery - Includes:

- Illegal Exploitation of people for personal/ commercial gain
- Victims trapped in servitude they were deceived or coerced into
- Criminal Exploitation; pick pocketing, shoplifting, drug trafficking
- Domestic Servitude; forced to work in private houses with restricted freedoms, long hours, no pay
- Forced labour, long hours, no pay, poor conditions, verbal and physical threats
- Sexual Exploitation, prostitution and child abuse

Discriminatory abuse - Includes harassment, slurs, or unequal treatment due to:

- Race
- Sex
- Age
- Disability
- Sexual orientation
- Religion or other protected characteristics

Organisational abuse - Includes:

- Poor care practice within an institution or service (e.g., care home, hospital, domiciliary service)

- Neglect, lack of choice, rigid routines, unsafe or unsanitary conditions

Organisational abuse can result from systems, processes, or management failures

Neglect and acts of omission - Includes:

- Ignoring medical, emotional, or physical care needs
- Failure to provide access to appropriate health, care, or support services
- Withholding necessities such as medication, nutrition, or heating

Self-neglect - Includes:

- Neglecting to care for one's own health, hygiene, or surroundings
- Hoarding behaviour that poses a risk to health and safety

5. Roles and Responsibilities

Safeguarding is everyone's responsibility

5.1. **Hope and Vision Communities** has a named Designated Safeguarding Lead (DSL) and Deputy DSL (DDSL). In addition, at least one Trustee Safeguarding Lead will be in post (TSL). Currently we have one female and one male TSL. All contact details can be found in **Section 16** of this policy.

Trustee Responsibilities

5.2. Trustees have ultimate responsibility for safeguarding within **Hope and Vision Communities**.

5.3. Trustees are responsible for:

- Approving the **Hope and Vision Communities** Safeguarding Policy, overseeing its implementation and effectiveness and ensuring this is reviewed on an annual basis
- Ensuring **Hope and Vision Communities** is compliant with Charity Commission regulations and that all serious incidents are reported to the Charity Commission
- Appointing a Safeguarding Lead who is responsible for championing safeguarding at Board level and providing oversight on high-risk safeguarding concerns
- Undertaking safeguarding training appropriate to their role

Designated Safeguarding Lead (DSL) Responsibilities

5.4. Contact details for the DSL can be found in **Section 16** of this policy.

5.5. The DSL is responsible for:

- Acting as the first point of contact for any safeguarding concern and ensuring appropriate action is taken
- Ensuring the safeguarding measures outlined in this policy are implemented

- Ensuring employees, volunteers and trustees have access to appropriate training and support to enable them to fulfil their safeguarding responsibilities
- Ensuring safeguarding is included in the **Hope and Vision Communities** risk register and that the level of risk is monitored and reviewed on a regular basis
- Reporting promptly any complaints which are safeguarding-related to the **Hope and Vision Communities** CEO and the Trustee Safeguarding Lead
- Ensuring the **Hope and Vision Communities** Safeguarding Policy is reviewed on an annual basis
- Keeping the Board of Trustees informed on progress and any concerns in relation to safeguarding
- Undertaking safeguarding training appropriate to the role

Deputy Designated Safeguarding Lead (DDSL) Responsibilities

5.6. Contact details for the DDSL can be found in **Section 16** of this policy.

5.7. The DDSL is responsible for:

- Working alongside the DSL to manage safeguarding responsibilities within **Hope and Vision Communities**
- Deputising for the DSL
- Keeping the CEO informed on progress and any concerns in relation to safeguarding
- Undertaking safeguarding training appropriate to the role

Staff & Volunteer Responsibilities

Safeguarding is everyone's responsibility

5.8. All staff and volunteers play a vital role in helping to keep beneficiaries safe.

Responsibilities include:

- Providing beneficiaries with high quality service and support
- Avoiding any practice that is punitive or represents a restriction of individual liberty or freedom
- Being familiar with **Hope and Vision Communities** safeguarding policies
- Reporting anything they witness which is or might be abusive
- Co-operating in every possible way in any investigation into alleged abuse
- Attending training appropriate to their role
- Collaborating with all other relevant agencies in combating abuse and improving the protection of the people who we support

6. Mental Capacity

- 6.1. Mental capacity is a legal and clinical term that refers to a person's ability to **make their own decisions** at a particular time, about a particular matter.
- 6.2. Most of the people that **Hope and Vision Communities** support **will** have mental capacity and therefore be able to make their own decisions. However, there may be occasions where a beneficiary's capacity is affected by things such as learning disability, mental health needs, substance use or an acquired brain injury.
- 6.3. The **Mental Capacity Act (2005)** is a law in **England and Wales** that provides a framework to protect and empower people when they lack the mental capacity to make certain decisions for themselves. It is an important part of safeguarding.

Key Principles

- **Presumption of capacity** – Every adult has the right to make their own decisions unless it is established that they lack capacity
- **Support to make decisions** – Individuals should be given all possible help before anyone concludes they cannot decide for themselves
- **Right to make unwise decisions** – Making an unwise decision does not mean the person lacks capacity
- **Best interests** – If someone is found to lack capacity, any decision made on their behalf must be in their best interests
- **Least restrictive option** – Any action should be the least restrictive of the person's rights and freedoms

6.4. A beneficiary might be deemed to lack capacity regarding a decision if he or she cannot do one of more of the following things:

- Understand information relevant to the decision
- Retain that information
- Use or weigh that information when making the decision; or
- Communicate a decision in any way

6.5. If you are concerned about a beneficiary's capacity to make a decision, see if the decision can be deferred until a later date.

6.6. If the decision cannot be deferred, it is important that we seek to act in the person's best interests. **Hope and Vision Communities** may wish to involve a family member or advocate to assist in making the decision. As per the principles of the **Mental Capacity Act (2005)**, the decision that is taken, will be the least restrictive one.

6.7. Additional support can be obtained via the local Safeguarding Team – see **Section 16** of this policy.

6.8. It is important that all decisions relating to capacity are clearly documented, including conversations with other parties / advice from GP or safeguarding team.

7. Prevention of Harm

Safeguarding is everyone's responsibility

- 7.1. **Hope and Vision Communities** is committed to taking all possible steps to **prevent** abuse from occurring.
- 7.2. Systems and practices will be designed to **minimise the risk of abuse**, including when beneficiaries interact with one another, with particular attention given to recognising and managing scenarios that may lead to harm.
- 7.3. Furthermore, strict controls will be in place regarding staff and volunteer contact with beneficiaries' finances, or personal affairs.

8. Identifying Abusers

- 8.1. **Hope and Vision Communities** accepts that abuse can be committed by a range of possible people. It therefore accepts its responsibility to protect beneficiaries from possible abuse from all sources, which include:
 - Staff and volunteers working in the organisation
 - Friends and family of the beneficiary
 - Other beneficiaries

9. Key Procedures in the Event of Suspected / Disclosed Abuse

Safeguarding is everyone's responsibility

All Staff

9.1. The priority will always be the safety and protection of beneficiaries. To this end, it is the responsibility of **all staff and volunteers** to act on any suspicion or evidence of abuse or neglect and to **pass on their concerns immediately**.

9.2. All concerns are to be shared with the DSL / Deputy DSL.

9.3. In situations of immediate danger, the staff member or volunteer will take urgent action by calling the relevant emergency services (e.g., Police, ambulance, GP).

9.4. Staff / volunteers are to have regard for their own safety, leaving the situation if it is not safe for them.

9.5. It is important that staff / volunteers listen to those reporting abuse, offer necessary support and reassurance. It is important to clarify the limits of confidentiality early on. For example, staff or volunteers must make it clear that they will have to discuss the concerns with their supervisor.

9.6. Remember it is not necessary or advisable to seek evidence. By supporting those disclosing abuse and carefully logging any information given, staff and volunteers will lay the foundations for an effective formal investigation.

9.7. It is important staff and volunteers understand the need not to contaminate, or to preserve evidence if a crime may have been committed.

DSL / Deputy DSL

9.8. The DSL / Deputy DSL will decide whether to refer the concern to external authorities. This could include:

- Local Safeguarding Team
- Police (if a crime is suspected)
- Local Authority Designated Officer (LADO) — if the allegation involves a staff member or volunteer

9.9. The DSL / Deputy DSL will strive to ensure that the support needs of the alleged victim are met at the outset and subsequently throughout the proceedings.

9.10. In addition, they will see what support may be required for the staff member / volunteer who raised the concern.

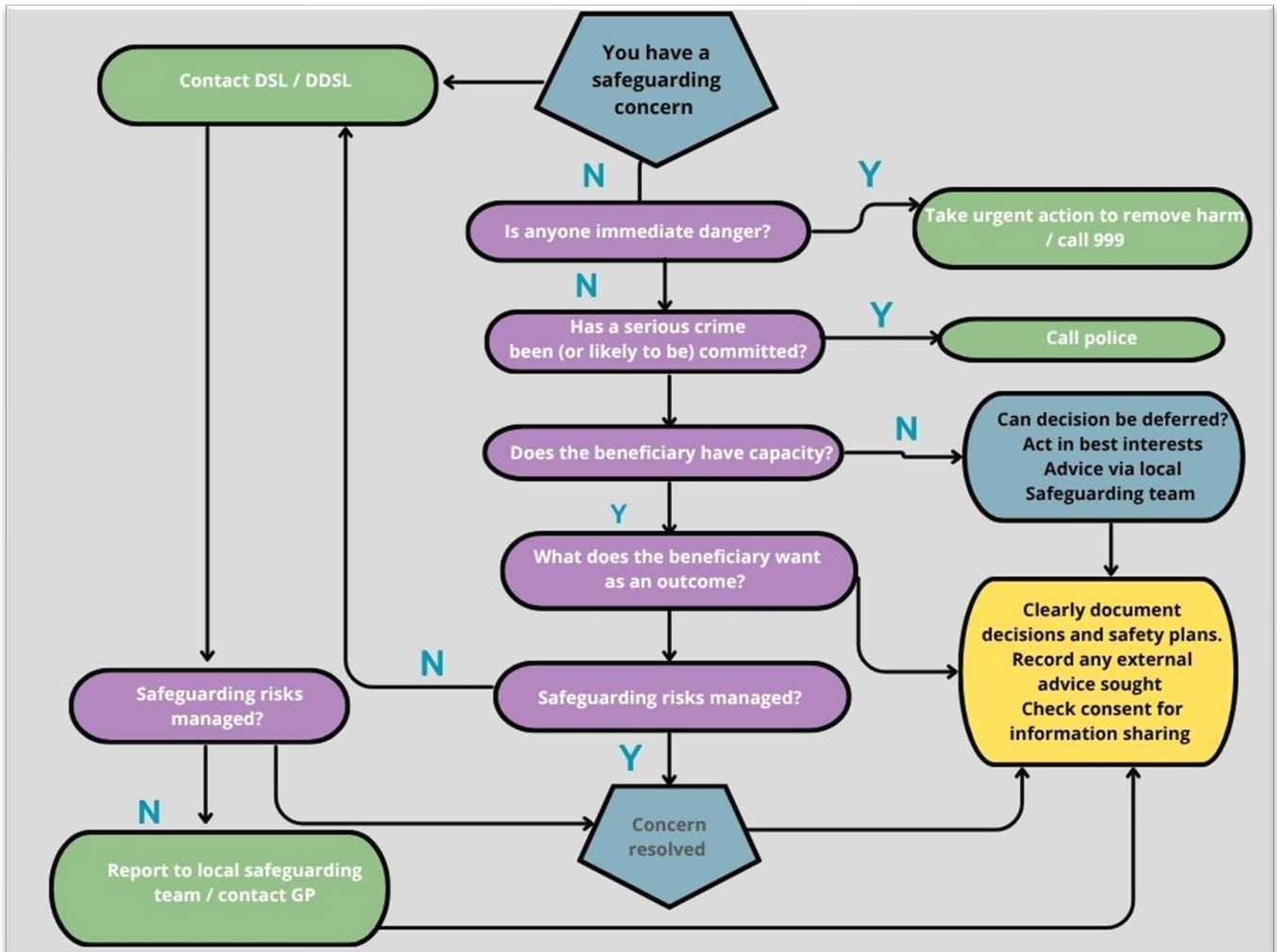
9.11. The DSL / Deputy DSL must take steps to ensure that there is no further risk of the victim being abused by the alleged or suspected perpetrator. If the alleged abuser is a staff or volunteer member, the DSL / Deputy DSL will take advice from LADO regarding suspension measures.

9.12. In the event of suspension, the staff or volunteer member against whom the allegation has been made will be instructed not to have further unsupervised contact with any beneficiaries until the matter is resolved.

9.13. The DSL / Deputy DSL will also ensure the review of policies and practice after an incident to strengthen safeguarding procedures.

10. Reporting Flow Chart

10.1. The following flow chart outlines the steps to be taken, identifies who should be involved in decision-making, and provides guidance on when to seek external support or advice:



11. Recording and Information Sharing

Recording Information

- 11.1. It is important that we comply with the Data Protection Act (DPA) and the General Data Protection Regulations (GDPR).
- 11.2. Information about concerns of abuse includes personal data. It is therefore important to be clear as to the grounds for processing and sharing information about concerns of abuse.
- 11.3. Processing information includes record keeping. Records relating to safeguarding concerns must be **accurate and relevant**. They must be stored **confidentially**.

Sharing Information

- 11.4. Sharing information, with the right people, is central to good practice in safeguarding adults.
- 11.5. Information should only be shared with the consent of the individual. A trauma-informed approach means that people are supported to make their own decisions and are given clear, accessible information to do so.

When a beneficiary refuses to share information

- 11.6. There are many valid reasons why someone may not want to share safeguarding concerns—including fear, shame, coercion, or lack of trust.
- 11.7. In these cases, staff should:
- Gently explore the persons concerns
 - Explain the reason why we want to share and who would be involved
 - Talk through potential benefits of sharing (e.g. access to support)
 - Clarify what might happen if information isn't shared
 - Reassure them about confidentiality and ongoing support

Respecting Choice – and When to Override It

- 11.8. If a beneficiary still refuses help or consent to share information, their decision should usually be respected. However, it may be appropriate to override this if:
- it is **not safe to contact the beneficiary** to gain their consent – i.e. it might put them or someone else at further risk
 - you believe the **beneficiary, or someone else, is at risk**, including children.
 - you believe they are being **coerced or are under duress**
 - it is necessary to contact the **police to prevent a crime**, or to report that a serious crime has been committed
 - the beneficiary does not have **mental capacity** to consent to information being shared about them
- 11.9. Always weigh the risks of sharing against the risks of not sharing—in some cases (e.g. domestic abuse), sharing may increase danger.

12. Safer Recruitment Practices

- 12.1. **Hope and Vision Communities** is committed to safe employment and safe recruitment practices that reduce the risk of beneficiaries from people who may be unsuitable to work with them.
- 12.2. **Hope and Vision Communities** takes great care in the recruitment of staff and volunteers, carrying out all possible checks on potential employees/volunteers to a high standard.

12.3. Furthermore, it will co-operate in all initiatives regarding the sharing of information regarding any individuals who are found to be unsuitable to work with vulnerable people.

12.4. **Hope and Vision Communities** safer recruitment policy sets out the procedures related to all Trustees employees and volunteers including:

- Recruitment
- Background checks / references
- Induction
- Training and appraisals

13. Training and Support

Safeguarding is everyone's responsibility

13.1. All staff and volunteers receive training in recognising abuse and carrying out their responsibilities under this policy as part of their induction programme within 12 weeks of their employment. Specific role-related training requirements are outlined below:

	TRUSTEES	STAFF	VOLUNTEERS	DSL / DEPUTY DSL
In house induction	○	○	○	○
Policy read / signed	○	○	○	○
Adult safeguarding awareness		○	○	○
Safeguarding managers training				○

13.2. It is the responsibility of the CEO to ensure that staff and volunteers attend training.

13.3. **Hope and Vision Communities** recognise the importance of reflective practice as a mechanism to support effective safeguarding. This is available via the following:

- 1-2-1 supervision sessions
- Team meetings
- Debriefs
- Reflective workshops

13.4. All staff are expected to engage in reflective practice activities. It is the responsibility of the CEO to ensure that staff have access to these sessions as required.

14. Managing Allegations Against Staff

14.1. Any allegations against staff or volunteers are to be immediately referred to the DSL. The CEO must also be immediately informed.

14.2. In the event of being alerted to a safeguarding allegation, **do not:**

- Attempt to resolve the situation yourself or ask leading questions
- Offer alternative explanations for the allegation or diminish what has been reported or show disbelief in the events
- Keep the information to yourself / promise confidentiality or share with anyone other than the DSL, DDSL, or TSLs
- Take any action that might compromise a fair investigation – such as interviewing potential witnesses or informing the alleged perpetrator

14.3. **Please do:**

- Thank the person for sharing – acknowledge that it might have been difficult for them, but they have done the right thing by speaking up
- Reassure them that it will be taken seriously
- Reassure them that at **Hope and Vision Communities** we have procedures in place to deal with situations like this

14.4. The DSL will seek advice from the LADO (contact details are in **Section 15** of this policy). The LADO may advise suspension whilst the matter is investigated.

Suspension does not assume that the allegations are true or false – moreover it allows for a fair investigation.

14.5. **Hope and Vision Communities** will seek to ensure that the suspension is as brief as possible and that support is provided to the employee during this period.

14.6. In the event that the complaint relates to the DSL or CEO, the Trustee Safeguarding Lead should be immediately notified (contact details are in **Section 15** of this policy).

15. Online Safety

Online risk of harm

15.1. The specific risks that people who access **Hope and Vision Communities** may be exposed to **online** include:

- Online scams and financial abuse
- Exposure to inappropriate or harmful content
- Cyberbullying or harassment
- Grooming or sexual exploitation
- Misuse of personal data or identity theft

15.2. We aim to help beneficiaries stay safe online by discouraging them from sharing their personal details online.

15.3. WhatsApp groups for the staff, supporters and beneficiaries of **Hope and Vision Communities** are used for sharing information and gathering feedback, within guidelines that are pinned to the top of the WhatsApp groups. The Head of key working will oversee the content of the **Hope and Vision Communities** beneficiaries' WhatsApp group. The charity Administrator will oversee content on the staff and supporters' WhatsApp groups. Any concerns can also be raised with a key worker, Administrator or the CEO directly.

15.4. Any online incidents that we are made aware of will be responded to in the same way that we would with incidents in the offline world. Beneficiaries will be listened to and the incident will be recorded / reported with the same seriousness.

15.5. Staff are advised to practice safe online behaviours, including reviewing their privacy settings on personal social media and not accepting friend requests from beneficiaries or their friends and family.

16. Whistleblowing

Safeguarding is everyone's responsibility

- 16.1. We want to actively encourage people to speak up if they have any concerns about the safety or well-being of anyone connected with **Hope and Vision Communities**. We want to create an environment where concerns can be raised without fear or reprisal.
- 16.2. All staff and volunteers can raise safeguarding concerns internally via the following mechanisms:
- Team meetings
 - 1-2-1 supervision sessions
- 16.3. The **Hope and Vision Communities Whistleblowing Policy** outlines the process for speaking up, including the named Whistleblowing Officer and the protection available to people who speak up; sometimes called whistleblowers.

17. Useful Contacts

- 17.1. It is the responsibility of the CEO to keep the below contact list updated.

ROLE / ORG	NAME	CONTACT
Hope and Vision Communities Designated Safeguarding Lead	Treflyn Lloyd-Roberts	treflyn@hopeandvision.org.uk 07818047650
Hope and Vision Communities Deputy DSL	Zoe Dacre	zoe@hopeandvision.org.uk 07535102107
Hope and Vision Communities Trustee Safeguarding leads	Peter Ross Kirstie Brock	safeguardingtrustee@hopeandvision.org.uk
Hope and Vision Communities Whistleblowing Lead	Treflyn Lloyd-Roberts	treflyn@hopeandvision.org.uk 07818047650
Local Authority Safeguarding Team	Wokingham Borough Council	Referrals: 0118 974 6371 email: adultsafeguardinghub@wokingham.gov.uk
	Worcestershire County Council	Advice: 01905 843189 Referrals: 01905 768053
	Gloucester County Council	Advice: adult_safeguarding_procedures Referrals: 01452 426868
National 24Hour Freephone Domestic Abuse Helpline		0808 2000 247
Victim Support		0808 16 89 111

18. Related Policies

18.1. This policy should be read in conjunction with all other **Hope and Vision Communities** policies.

18.2. The following policies are of specific relevance to this document:

- Health & Safety Policy
- Whistleblowing Policy
- Safer Recruitment Polic
- Sexual Harrassment Policy
- Safeguarding Children Policy

19. Version control

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Authorised by:	Treflyn Lloyd-Roberts
Job Title:	Chief Exective
Signature:	
Date:	12/02/2026






Safeguarding Adults Policy

Final Audit Report

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