



## **D20. Safeguarding Adults at Risk Policy**

### **1. Introduction**

- 1.1 The Hope Hub (THH) is a charitable incorporated organisation (CIO) and is registered with the Charities Commission under charity number 1176452. It is governed by a Board of Trustees ("The Board") subject to the Legal Constitution. It operates an open access day hub in Camberley for adults, aged over 18, disadvantaged by homelessness, at risk of homelessness, mental health illness, addiction, financial hardship, unemployment or other social deprivation. THH aims to reduce social isolation, enable change and improve our service users' quality of life. THH aims to provide a safe and caring environment for its service users and any adults at risk including volunteers. This policy sets out how we intend to achieve such an environment.
- 1.2 The characteristics of adult abuse can take a number of forms and cause victims to suffer pain, fear and distress extending far beyond the occasion of the actual incident or incidents. Victims may be too afraid or embarrassed to raise any complaint. They may be reluctant to discuss their concerns with other people or unsure who to trust or approach with their worries.
- 1.3 There may be circumstances in which victims are unaware that they are being abused or may have difficulty in communicating this information to others.

### **2. Policy Objective**

- 2.1 The aim of this policy is to ensure the safety of adults at risk by outlining clear procedures and ensuring that all staff members and volunteers are clear about their responsibilities and know how to recognise and report any concerns.

### **3. Definitions**

- 3.1 **Safeguarding** means protecting an adult's right to live in safety, free from abuse and neglect. At The Hope Hub, this means staff and volunteers acting together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.
- 3.2 **An adult at risk** (a vulnerable adult) is defined in The Care Act 2014 as someone aged 18 or over who;

- has needs for care and support (whether or not the local authority is meeting any of those needs)
- is experiencing, or at risk of, abuse or neglect
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

This may include, but is not limited to, a person who:

- 3.2.1 Is elderly and frail
- 3.2.2 Has a mental illness including dementia
- 3.2.3 Has a physical or sensory disability
- 3.2.4 Has a learning disability
- 3.2.5 Has a severe physical illness
- 3.2.6 Is a substance misuser
- 3.2.7 Is homeless. This category shall not be limited to those who are 'rough sleepers', others who qualify under this category would include so-called 'sofa-surfers', or indeed any person who may be classified as having no fixed abode
- 3.2.8 Is living in sheltered housing
- 3.2.9 Is receiving domiciliary care in their own home
- 3.2.10 Is under the supervision of the probation services
- 3.2.11 Is receiving a welfare service defined as the provision of support, assistance, or advice by any person, the purpose of which is to develop an individual's capacity to live independently in accommodation or support their capacity to do so
- 3.2.12 Is an expectant or nursing mother or any other form of single parent living in residential care; or
- 3.2.13 Is receiving direct payments from a local authority or health and social care trust in lieu of social care services.

**3.3 Multiple exclusion homelessness:** Individuals who have an appearance of 'need for care and support' (Care Act 2014, 3.2 above) **and** are experiencing multiple exclusion homelessness (MEH).

- 3.3.1 This is characterized as: 'People who have been 'homeless' (including experience of temporary/unsuitable accommodation as well as sleeping rough) and have also experienced one or more of the following additional domains of deep social exclusion –'institutional care' (prison, local authority care, psychiatric hospitals or wards); 'substance misuse' (drug problems, alcohol problems, abuse of solvents, glue or gas); or participation in 'street culture activities' (begging, street drinking, 'survival' shoplifting or sex work).'<sup>1</sup>

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<sup>1</sup> Fitzpatrick, et al., 2011: 502-503

- 3.3.2 Most adults experiencing MEH face significant increased risk of serious abuse, exploitation and neglect as well as an escalation of their health and care needs and a reduction to their life expectancy.<sup>2</sup>
- 3.4 **Abuse and neglect.** A person may abuse by inflicting harm or failing to prevent harm. Abuse is a violation of the individual's human and civil rights by any other person or persons. Abuse therefore includes behaviour prejudicial to the victim's status or autonomy. The Care Act, 2014 defines the following ten forms of abuse and neglect that can affect adults. It also states that it isn't intended to be an exhaustive list and that abuse and neglect can take many forms:
- 3.4.1 **Physical abuse:** including assault, hitting, slapping, pushing, misuse of medication and restraint, inappropriate physical sanctions.
  - 3.4.2 **Psychological abuse:** including emotional abuse, humiliation, blaming, threats of harm or abandonment, deprivation of contact, coercion, verbal abuse cyber bullying, isolation, intimidation, harassment, unreasonable and unjustified withdrawal of services or supportive networks.
  - 3.4.3 **Neglect or acts of omission** including ignoring medical, emotional or physical care needs; failure to provide access to appropriate health, care, support or educational services; the withholding of the necessities of life, such as medication, adequate nutrition and heating.
  - 3.4.4 **Sexual abuse:** including rape, sexual harassment, indecent exposure, sexual assault, sexual photography, inappropriate looking or touching, sexual teasing or innuendo, subjection to pornography or witnessing sexual acts, sexual acts to which the adult has not consented or was pressured into consenting.
  - 3.4.5 **Financial or material abuse:** including theft, fraud, internet scamming, coercion in relation to financial affairs or arrangements including in connection with wills, property, inheritance or transactions and misuse or misappropriation of property, possessions or benefits.
  - 3.4.6 **Domestic abuse:** including control and coercion, psychological, physical, sexual, financial, emotional abuse and so called 'honour' based violence.
  - 3.4.7 **Modern Slavery:** including slavery, human trafficking, forced labour and domestic servitude, traffickers and slave masters using whatever means they have at their disposal to coerce, deceive or force individuals into a life of abuse, servitude and inhumane treatment.
  - 3.4.8 **Discriminatory abuse:** including harassment, slurs and unfair treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.
  - 3.4.9 **Organisational abuse:** including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice because of the structure, policies, processes and practices within an organisation.

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<sup>2</sup> Detailed more comprehensively in <https://www.bmj.com/content/360/bmj.k902/rr> and <https://www.mungos.org/wp-content/uploads/2018/06/Dying-on-the-Streets-Report.pdf>). The difference in life expectancy- the mean age at death was 44 years for men and 42 years for women between 2013-17, compared to 76 (men) and 81 (women) in the general population. ONS,2018.

- 3.4.10 **Self-neglect:** This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.
- 3.5 In addition to the ten types of abuse defined in English Law, there are many contemporary safeguarding concerns, such as:
  - 3.5.1 Bullying, Mate and Hate Crime
  - 3.5.2 Cuckooing
  - 3.5.3 Drugs, alcohol and substance abuse
  - 3.5.4 Self-Harm
  - 3.5.5 Misuse of information technology, (including for example 'trolling', shaming, sexting, and identity fraud amongst others.)
  - 3.5.6 Stalking and Romance Fraud
  - 3.5.7 Chemical Submission (including for example, date rape, sexual violence or extortion.)
  - 3.4.8 Radicalization and Extremism

This isn't intended to be an exhaustive list as contemporary concerns continue to evolve and combine with different types of abuse and neglect in different ways.

## 4. Safeguarding Principles

- 4.1 **The six statutory principles of adult safeguarding** underpin our approach to safeguarding adults at The Hope Hub<sup>3</sup>:
  - 4.1.1 **Empowerment:** We support and encourage adults to make their own choices and give informed consent to any safeguarding measures.
  - 4.1.2 **Prevention:** We act before harm occurs.
  - 4.1.3 **Proportionality:** We only get involved as much as we are needed, and any action taken is the least intrusive response appropriate to the situation.
  - 4.1.4 **Protection:** We act to support and protect those in greatest need.
  - 4.1.5 **Partnership:** We work with other agencies to prevent, detect and report neglect and abuse.
  - 4.1.6 **Accountability:** We are accountable and transparent in our safeguarding work.
- 4.2 In addition, the principle of '**Making Safeguarding Personal**' is a requirement clearly set out in the Care and Support Statutory Guidance.<sup>4</sup> At THH there is a strong focus on the person concerned, the outcomes they want to achieve and

<sup>3</sup> Principles referred to here include: Human Rights Act (1998) principles; the six statutory principles for safeguarding adults, alongside Making Safeguarding Personal (Care and Support Statutory Guidance, 2020 14.13-14.15) and the five core principles of the Mental Capacity Act, 2005.

<sup>4</sup> Care and Support Statutory Guidance (DHSC, 2020). 10 Paragraphs 14.52 and 14.54

how these may be accomplished. Service Users are involved in decision-making and where they have a 'substantial difficulty' in being involved the support of a suitable person or advocate is offered.

## **5. Our Commitment/ Governance**

### **5.1 The Trustees and CEO of The Hope Hub are committed to the national aims of adult safeguarding<sup>5</sup>:**

- 5.1.1 Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- 5.1.2 Stop abuse or neglect wherever possible.
- 5.1.3 Safeguard adults in a way that supports them in making choices and having control about how they want to live.
- 5.1.4 Promote an approach that concentrates on improving life for the adults concerned raise public awareness so that communities, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.
- 5.1.5 Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult.
- 5.1.6 Address what has caused the abuse or neglect.

### **5.2 To contribute to meeting these aims, we will:**

- 5.2.1 Ensure that there is a named lead person to promote adult safeguarding awareness and practice within THH.
- 5.2.2 Ensure that appropriate and proportionate recruitment procedures are in place when taking on new members of staff and volunteers, that DBS checks are taken up for every member of staff or volunteer before they are allowed to work, without supervision, with our service users.
- 5.2.3 Promote the general welfare, health, well-being and development of adults at risk and take every reasonable precaution to minimise risk whilst providing opportunities for their development.
- 5.2.4 Provide members of staff and volunteers with clear roles and responsibilities and ensure that they are suitable for that role.
- 5.2.5 Ensure that all members of staff and volunteers are aware of and act in accordance with their personal responsibilities (*codes of practice?*).
- 5.2.6 Provide appropriate support, protection and guidance for all members of staff, volunteers and our service users.
- 5.2.7 Provide all staff and volunteers with safeguarding training as part of their induction along with on-going development opportunities to embed a culture of a safeguarding awareness and sensitive support for victim survivors.
- 5.2.8 Provide all those responsible for leading safeguarding with additional training to keep knowledge, skills, policies and support up-to-date across the organisation.

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<sup>5</sup> Care Act 2014

- 5.2.9 Protect, maintain and uphold the human rights of our service users.
- 5.2.10 Ensure the Mental Capacity Act 2005 is used to make decisions on behalf of those adults at risk who are unable to make particular decisions for themselves.
- 5.2.11 Eliminate prejudicial discrimination in THH including sectarian, racial, sexual/gender, or any other discrimination based on, for example, physical or mental disabilities.
- 5.2.12 Take steps to avoid bullying or exploitation whenever or wherever it may be found.
- 5.2.13 Ensure that all members of staff and volunteers are familiar with and have access to a current version of this policy. This will include displaying a hard copy of this policy in a visible staff/volunteer location at all times along with more accessible formats for staff/volunteers with learning difficulties or other specific needs.
- 5.2.14 Ensure that our service users and members of staff are aware of their responsibilities and how to recognise, record and report any concerns.
- 5.2.15 Seek to ensure our service users, members of staff and volunteers know how to voice and escalate their concerns if they are unhappy or worried about anything.
- 5.2.16 Ensure that our service users, members of staff and volunteers are encouraged to report any alleged malpractice, illegal acts or omissions (“whistle blowing”). The policy for dealing with any such whistle blowing is contained in a distinct and separate policy. That policy shall include an effective procedure for responding to such complaints, concerns and allegations.
- 5.2.17 Provide guidance to any service user who feels that they have been treated in an inappropriate manner contrary to this policy and ensure that they are encouraged to see that their concerns are documented and dealt with expeditiously.
- 5.2.18 Ensure that there is appropriate documentation for completion when recording any incident in contravention of this policy.
- 5.2.19 Monitor this policy and take any measures necessary to ensure compliance with new legislative requirements and strengthen and improve existing practice.
- 5.2.20 Work with our partner agencies to share our safeguarding expectations and develop partnership agreements for safeguarding. It is also our expectation that any organisation using our premises, as part of a letting agreement, will have their own policy that meets our safeguarding standards and risk management.

## **6 Responsibilities of Volunteers and Staff**

- 6.1 They must understand and apply this policy.
- 6.2 They must, at all times, act appropriately and respectfully challenge inappropriate behaviour in others – including staff, volunteers, and service users.
- 6.3 Be able to recognise potential indicators of abuse and neglect.
- 6.4 Know how to respond to and report any concerns, allegations or disclosures.

- 6.5 When requested, contribute to reviews of specific safeguarding incidents to help the safeguarding leads reflect upon and evaluate practice, to identify areas of impact and areas for improvement in safeguarding.

**7. Reporting Procedures/ Responding to allegations of abuse, concerns and disclosures**

- 7.1 In emergency situations (e.g. where there is the risk or occurrence of severe physical injury), where immediate action is needed to safeguard the health or safety of the individual or anyone else who may be at risk, the emergency services must be contacted.

- 7.2 Under no circumstances should a member of staff or a volunteer carry out their own investigation into an allegation or suspicion of abuse. Nor should they discuss concerns or disclosures with anyone other than the nominated safeguarding team.

- 7.3 If the allegation or suspicion of abuse is discovered by a member of staff, or a volunteer then they should inform a member of the safeguarding team or an appropriate member of the Board of Trustees ("The Board") as soon as possible. Photos and contact details for the Safeguarding team are located on notice boards across the premises and in the online staff and volunteer handbooks.

- 7.4 The role of the Safeguarding Lead/Deputy Safeguarding Lead is to collate and clarify the precise details of any allegation or suspicion, liaise with the Safeguarding Trustee, and pass this information on to statutory agencies who have a legal duty to investigate.

7.3.1 Safeguarding Lead: Chief Executive

Name: Mags Mercer

Tel: 07783 430092

Email: [mags.mercer@thehopehub.org.uk](mailto:mags.mercer@thehopehub.org.uk)

7.3.2 Safeguarding Deputy: Head of Service Delivery

Name: Camilla Spicer

Tel: 07543 429823

Email: [camilla.spicer@thehopehub.org.uk](mailto:camilla.spicer@thehopehub.org.uk)

7.3.3 Lead Trustee for Safeguarding:

Name: David Reed

Tel: 07789 848 891

Email: [davidjreed67@gmail.com](mailto:davidjreed67@gmail.com)

7.3.4 Chair of Trustees

Name: Rev Chris Richardson

Tel: 01276 932819

Email: [vicarstmartinscamberley@gmail.com](mailto:vicarstmartinscamberley@gmail.com)

- 7.5 If the member of staff or volunteer considers that their concerns are not being addressed appropriately then they should report their original concern to the Chair of Trustees. It is the direct personal responsibility of the Chair to ensure that any such allegation drawn to their attention is properly, expeditiously, and appropriately investigated and to inform the complainant of the outcome of any such investigation.

- 7.6 The member of staff or volunteer should make a written record of the allegation or suspicion of abuse (see appendix 1) and discuss the situation with one of the

safeguarding team or a Trustee (this may include the Chair in accordance with s5.1). A risk assessment should be carried out, in any instance in which there is a suspicion of an Institutional Failure then the Chair or Board of Trustees should contact the Surrey Heath Borough Council on 01276 707100 Customer Contact Centre in the first instance (Open Monday – Thursday 8.30am – 5.00pm and Friday 8.30am – 4.30pm and 24 hr emergency line]) for assistance in dealing with the matter.

7.7 If a staff member or volunteer has been told about the allegation of abuse in confidence, they should attempt to gain the consent of the service user to make a referral to another agency. However, the gaining of the consent is not essential in order for information to be passed on although the decision to breach confidentiality must be taken by the Chief Executive Officer (CEO), after consultation with the Chair of Trustees (see Confidentiality Policy).

7.8 When, under sections 7.1 to 7.3 an allegation is being raised these following matters should be taken into consideration:

7.4.1 The scale of the abuse;

7.4.2 The risk of harm to others; and

7.4.3 The capacity of the individual to understand the issues of abuse and consent.

7.9 In general, disclosure without consent cannot be made. However, there are circumstances where information can be disclosed. These are described in detail in the Confidentiality Policy and fall under the headings of:

7.5.1 Acting in the best interest of the service user; or

7.5.2 Co-operating with the police or other law enforcement agencies.

## **8. Outcome**

8.1 If, after investigation, the concern is proven to have been well founded then the necessary steps will be taken to prevent any further recurrence.

8.2 Where there is no case to answer but the individual who made the report acted in good faith, the investigator shall take steps to ensure that the individual suffers no adverse consequences of their action.

8.3 Where allegations are proven false and to have been made maliciously, it may be necessary to take action against the individual who made the report.

8.4 In all instances the investigator will arrange a meeting with the individual who made the report to give appropriate feedback on the outcome of the investigation. This will be appropriately recorded.

## **9. Responsibilities**



- 9.1 All members of staff and volunteers have a responsibility to be aware of this policy and to report any suspicions that they might have concerning adult abuse, neglect or disclosure.
- 9.2 All members of The Board of Trustees and Safeguarding Leads have the responsibility to ensure that any allegation falling within the scope of this policy is properly investigated.
- 9.3 THH is committed to offering wellbeing support, working with partner agencies as appropriate, and support to all those who have been affected by abuse or neglect.
- 9.4 When working with those who may pose a risk to adults with care and support needs, THH will balance wellbeing support with boundaries for that person, which they will be expected to keep. These boundaries will be based on a risk assessment and through consultation with the individual and appropriate external parties.

## **10. DBS Checks**

- 10.1 All members of staff will be subject to an enhanced DBS check.
- 10.2 Any volunteer working in an unsupervised position with service users will be subject to the appropriate DBS check.
- 10.3 All DBS checks will be reviewed by a senior member of staff. Where a concern is raised by such a disclosure appropriate action will be taken. Such action will normally be a termination of the connection between THH and the person concerned.

## **11. Legislation**

- 11.1 This policy is informed by the Barnsley Multi-Agency Adult Protection Policy and Procedures, and updated with reference to the following legislation and guidance:

- 11.1.1 Human Rights Act, 1998
- 11.1.2 Mental Capacity Act, 2005
- 11.1.3 Equality Act, 2010
- 11.1.4 Care Act, 2014
- 11.1.5 Care and Support Statutory Guidance, 2020
- 11.1.6 Surrey Safeguarding Adults Policy, 2025
- 11.1.7 Thirtyone:Eight Safeguarding Standards and Guidance for Charities, 2025

A printed copy of Surrey Heath Borough Council Safeguarding Adults Policy is also contained within the Staff Policies and Procedures and can be found on their website at [www.surreyheath.gov.uk](http://www.surreyheath.gov.uk) If, in any doubt, Surrey Heath Borough Council Customer Contact Centre can be contacted on 01276 707100 in the first instance (Open Monday – Thursday 8.30am – 5.00pm and Friday 8.30am – 4.30pm and 24 hr emergency line]) for assistance in dealing with the matter.

- 11.2 THH is a registered charitable incorporated organisation (CIO). It does not discharge duties of a public nature. Its' decisions are not therefore susceptible to judicial review or remedy at public law. However, in respect of the rights of the

individual we shall act mindful of those rights protected by the following International Statutes:

- 11.2.1 The European Convention for the Protection of Human Rights and Fundamental Freedoms (The “ECHR”) [Council of Europe, 1950] together with the applicable protocols. (Protocols 1 [1963], 7 [1984], 12 [2000]);
  - 11.2.2 The European Social Charter (Revised) [Council of Europe, 1996];
  - 11.2.3 The International Convention on the Elimination of all Forms of Racial Discrimination [UN 1966];
  - 11.2.4 The International Covenant on Civil and Political Rights (The “ICCPR”) [UN 1966]; and
  - 10.2.5 The Convention on the Elimination of all Forms of Discrimination against Women [UN 1979].
- 11.3 THH takes cognisance of the domestic legal framework within which it operates. In respect of this policy document it is cognisant of:
- 11.3.1 The 1998 Public Interest Disclosure Act (c.23) – with respect to ‘whistle blowing’.
  - 11.3.2 Care Standards Act (2000) c14 s83 – with respect to the necessity to notify the Secretary of State. In this matter, we will interpret the statute so as to consider a volunteer as falling within the category of a ‘worker’.
- 11.4 For the reasons discussed in s4.1 (*supra*) the definitions found in the Safeguarding Adults at risk can be found within the Vulnerable Groups Act 2017 and the 2000 Care Standards Act of ‘vulnerable adults’ are merely persuasive when considered in relation to THH.

## **12. Policy Validity and Review**

This document represents our policy in respect of the Protection of Adults at risk. It has been reviewed and agreed by the Trustees and the CEO. This policy will be reviewed by the due date shown on the footer.

## Appendix 1



### Protection of Adults at Risk Incident Report Form

Name:

Contact Number:

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Briefly describe what happened (include times and dates):

Names and contacts of any witnesses:

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Name of person completing form:

Date:

Responsible Manager/CEO/Chair of Trustees (delete as appropriate) responsible for investigation:

Date:

Action taken: