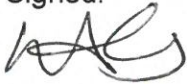
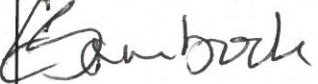


| Date Approved | Version | Date to review | Reviewed by                                                                                                                                                                | Approved by The Board                                                                                                                                |
|---------------|---------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| June 2025     | 4       | June 2026      | Date 25/06/25<br>Lindsay Hughes<br>(Head of Services -<br>Safeguarding Lead)<br>Signed:  | Date 25/06/25<br>Emma Sambrook<br>(Chair of Trustees)<br>Signed:  |

## VOICES

# Safeguarding Adults Policy and Procedure

**Section 1 - Definitions and guidance**

**Section 2 - Responsibilities**

**Section 3 - VOICES Safeguarding Procedure**

**Section 3.1 - Procedures to be followed by all staff when a concern is identified**

**Section 3.2 - Designated Contacts**

VOICES is committed to ensuring that any adult who has care and support needs (who uses or assists the charity) are not abused and that working practices minimise the risk of such abuse.

This policy aligns with the Care Act 2014, Human Rights Act 1998, and Charity Commission guidance.

See below section 1 **Definitions and Guidance**.

Staff, Volunteers, Trustees and/ or Steering Committee members of VOICES have a duty to recognise, identify abuse and follow our reporting procedure where there are concerns. See section 2 **Responsibilities** below.

VOICES will ensure all staff, volunteers and trustees are recruited responsibly, DBS checked, inducted in our safeguarding policies and **Procedure**, see section 3.

VOICES Staff, Volunteers and Trustees will receive up to date training to enable them to perform their role in line with best safeguarding practices for adults and children. See also Voices Child Safeguarding Policy.

VOICES staff members, volunteers, trustees, associated professionals and clients should also be familiar with or made aware of other relevant VOICES policies that relate to their rights and wellbeing. These include:  
Equality and Diversity, Equal Opportunities, Complaints Procedure, Data protection and Whistle Blowing.

## 1. Definitions and Guidance

In the Care Act of 2014 the term '**vulnerable adult**' has been replaced by '**an adult who has care and support needs**', which may include people

- who are older
- with a physical or learning disability or a sensory impairment,
- with mental health needs, including dementia or a personality disorder,
- with a long-term health condition, who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living,
- who are carers, providing unpaid care to a family member or friend.

The definition of adults which local Safeguarding Partnerships seeks to protect is from the Care Act 2014 which became law on the 1st April 2015.

The safeguarding adult duties apply to any person aged 18 years or over who:

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

**Safeguarding:** Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working 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.

**Concern:** concern refers to the process where a member of staff can make an alert about a person within the care of his/her agency about suspicions or allegations that harm or neglect has taken place, or that there is risk of harm. The member of staff raising the concern may wish to discuss with their line manager prior to submitting the referral form however this is not mandatory. Any member of staff including non-substantive staff, agency staff or volunteers can make an alert. All staff should be able to recognise the signs of abuse (see Definition and Types of Abuse) and to discuss any such signs with their line manager, when applicable, which will then enable the discussion and decision on whether to refer the case. Remember – if necessary preserve evidence and record.

**Referring:** Referring is passing information about the concern of harm to the Safeguarding Adults Team using the safeguarding referral form, link at end of this policy.

## The Six Key Principles

Six key principles underpin all adult safeguarding work and apply to all sectors:

1. **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.”*

2. **Prevention** – It is better to act 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.”*

3. **Proportionality** – The least intrusive response appropriate to the risk presented. *“I am*

*sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."*

**4. 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."*

**5. 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."*

**6. Accountability** – Accountability and transparency in delivering safeguarding. *"I understand the role of everyone involved in my life and so do they."*  
(Care and support statutory guidance, The Care Act 2014)

**Empower:** VOICES work with clients to empower them through support, group work and advocacy to make informed decisions about their recovery and future.

**Prevent:** We will actively strive to prevent abuse by recognising the warning signs and patterns of abuse and acting to support our clients to be safe and reduce harm.

**Proportionality:** As professionals VOICES will strive to work within our client's best interests; only becoming involved when needed and in collaboration.

**Protection:** We will work together with clients to protect and support them; especially those in greatest need so that they are able to get help from relevant agencies and services including the legal system and police if necessary.

**Partnership:** VOICES will work together in partnership with Bath and North East Somerset Community Safety and Safeguarding Partnership (BCSSP) the local police and the Domestic Abuse Panel to keep up to date with local policies, procedures and training and to become informed and involved in new initiatives to enable clients to be safe and free from abuse.

**Accountability:** VOICES will deliver its safeguarding procedures to all staff and volunteers and will inform all clients at the start of their work with us.

**Approach:** Where we have a safeguarding concern VOICES will engage the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving their quality of life, wellbeing and safety.

## **What is abuse?**

"Abuse is the violation of an individual's human and civil rights by any other person or persons". This is the definition from the guidance document, (*No Secrets*), published by the Department of Health in 2000.

Abuse may consist of single or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. Abuse can vary from the seemingly trivial act of not treating someone with respect and dignity to extreme punishment or torture.

## **Types of Abuse**

This is not intended to be an exhaustive list but an illustrative guide into the sort of behaviour which could give rise to a safeguarding concern.

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

**Domestic Violence** – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence. Incident or pattern of incidents of controlling, coercive or threatening behaviour by someone who is or has been an intimate partner or family member regardless of gender or sexuality, Female Genital Mutilation; forced marriage

**Sexual Abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure 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, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

**Financial or Material Abuse** – including theft, fraud, internet scamming, 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.

**Modern Slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

**Discriminatory Abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.



**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 as a result of the structure, policies, processes and practices within an organisation.

**Neglect and Acts of Omission** – including ignoring medical, emotional 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.

**Mate Crime** - a form of hate crime, which can become a very serious form of abuse. Mate Crime is defined as the exploitation, abuse or theft from any person at risk from those they consider to be their friends. Those that commit such abuse or theft are often referred to as 'fake friends'. People with disabilities, particularly those with learning disabilities, are often the targets of this type of crime.

**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.

## **Recognising Indicators of Abuse**

### **Physical Abuse**

Physical injuries can occur where there is no satisfactory explanation, definite knowledge, or a reasonable suspicion that injury was inflicted with intent, caused through lack of care by the person having custody, charge or care of that person.

The following list may be indicators of many different problems, it is important not to jump to the wrong conclusion too quickly. Some of the indicators could be:

- history of unexplained falls
- unexplained bruising - in well protected areas or soft parts of the body
- bruising in different stages of healing
- unexplained burns - unusual location / type
- unexplained fractures to any part of the body
- unexplained lacerations or abrasions
- slap, kick, punch or finger marks
- injury shape similar to an object
- untreated medical problems
- weight loss due to malnutrition or dehydration

## **Sexual Abuse**

Sexual abuse is the involvement of vulnerable adults in sexual activities which they do not fully comprehend, to which they are unable to give consent, to which they object or which may cause them harm.

The following list may be indicators of many different problems - it is important not to jump to conclusions too quickly, some of the indicators could be as follows:

- sudden change in behaviour
- sudden onset of confusion
- incontinence
- withdrawal
- overt sexual behaviour / language by the vulnerable adult
- self-inflicted injury
- disturbed sleep pattern / poor concentration
- difficulty in walking
- torn, stained underwear
- love bites
- pain or itching, bruising or bleeding in the genital area
- sexually transmitted disease / urinary tract / vaginal infection
- bruising to upper thighs and arms
- frequent infection
- severe upset or agitation when being bathed etc.
- pregnancy in a person unable to consent

## **Financial Abuse**

Financial or material abuse can take the form of fraud, theft or using of the vulnerable adults property without their permission. This could involve large sums of money or just small amounts from a pension or allowance each week.

It is important not to jump to conclusions too quickly; however the following is a list of possible indicators of financial abuse:

- sudden inability to pay bills
- sudden withdrawal of money from an account
- person lacks belongings that they can clearly afford
- lack of receptivity by the persons relatives to necessary expenditure
- power of attorney obtained when the person is unable to understand what they are signing
- extraordinary interest by family members in the vulnerable adults assets
- recent change of deeds of the house
- carers main interest is financial with little regard for the health and welfare of the vulnerable adult

- the person managing the finances is evasive and uncooperative
- reluctance to accept care services
- purchase of items that the individual does not require or use
- personal items going missing
- unreasonable or inappropriate gifts

### **Emotional or Psychological Abuse**

This can include intimidation, humiliation, shouting, swearing, emotional blackmail and denial of basic human rights. Using racist language or preventing someone from enjoying activities or meeting friends.

The following may be indicators of many different problems, it is important not to jump to conclusions too quickly.

- ambivalence about carer
- fearfulness, avoiding eye contact, flinching on approach
- deference
- insomnia or need for excessive sleep
- change in appetite
- unusual weight loss / gain
- tearfulness
- unexplained paranoia
- low self esteem
- confusion, agitation
- coercion
- possible violation of human and civil rights
- distress caused by being locked in a home or car etc.
- isolation - no visitors or phone calls allowed
- inappropriate clothing
- sensory deprivation
- restricted access to hygiene facilities
- lack of personal respect
- lack of recognition of individuals rights
- carer does not offer personal hygiene, medical care, regular food/drinks
- use of furniture to restrict movement

### **Neglect/ Self Neglect**

A person can suffer because their physical and/or psychological needs are being neglected by a parent or carer or by themselves. This could include failure to keep someone warm, clean and well nourished or neglecting to give prescribed medication or their failure to do it for themselves. The following list may be indications of many different problems, it is



important not to jump to the conclusion too quickly.

- poor environmental conditions
- inadequate heating and lighting
- poor physical condition of the vulnerable adult
- persons clothing is ill fitting, unclean and in poor condition
- malnutrition
- failure to give prescribed medication properly
- failure to provide appropriate privacy and dignity
- inconsistent or reluctant contact with health and social care agencies
- isolation - denying access to callers or visitors

### **Discriminatory Abuse**

Discriminatory abuse is often on the grounds of: age, gender, race, culture, religion, sexuality or disability.

It also incorporates Hate crime and Mate crime. Mate crime occurs when vulnerable adults are "befriended" with the intention to abuse.

Mencap launched the "Stand by Me" campaign in 2011 to tackle disability hate crime in the UK. [Microsoft Word - How to stand by me FINAL\\_1.doc](#)

Discriminatory abuse can be:

- derogatory comments
- harassment
- being made to move to a different resource/service based on age
- being denied medical treatment on grounds of age or mental health
- not providing access

### **Organisational Abuse**

Organisational abuse is different from other categories because it is about who abuses and how that abuse comes to pass, rather than about types of harm.

Abuse occurs in a relationship, family, service or institution and it can be perpetrated by an individual or more collectively, by a regime.

The following list may be possible indicators of institutional abuse - it is important not to jump to conclusions too quickly.

- no flexibility in bed time routine and/or deliberate waking
- people left on the commode or toilet for long periods of time
- inappropriate care of possessions, clothing and living area
- lack of personal clothes and belongings
- un-homely or stark living environments
- deprived environmental conditions and lack of stimulation

- inappropriate use of medical procedures e.g. enemas, catheterisation
- 'batch care' - lack of individual care programmes
- illegal confinement or restrictions
- inappropriate use of power or control
- people referred to, or spoken to with disrespect
- inflexible services based, on convenience of the provider rather than the person receiving services
- inappropriate physical intervention
- service user removed from the home or establishment, without discussion with other appropriate people or agencies, because staff are unable to manage the behaviours

### **County Lines**

County Lines' is a term used when drug gangs from big cities expand their operations to smaller towns, often using violence to drive out local dealers and exploiting children and vulnerable people to sell drugs. These dealers will use dedicated mobile phone lines, known as 'deal lines', to take orders from drug users.

### **Cuckooing**

Cuckooing is a form of crime in which drug dealers take over the home of a vulnerable person in order to use it as a base for drug production/ dealing. Cuckooing has become an increasingly common problem in the South of England.

## **2. Responsibilities**

### **Responsibilities of VOICES senior staff, Trustee Board & Steering Committee:**

- To ensure staff and volunteers are aware of vulnerable adult's need for protection and are trained appropriately to do so.
- To notify the appropriate agencies if abuse is identified or suspected.
- To support and where possible secure the safety of individuals and ensure that all referrals to services have full information in relation to identified risk and vulnerability
- To use the Disclosure and Barring Service (DBS) check staff and volunteers that have access to / or work with our clients.
- To review and keep our policies and procedures updated in line with the law, and any recommendations of the BCSSP (Bath & North East Somerset Community Safety and Safeguarding Partnership). [Bath & North East Somerset Community Safety and Safeguarding Partnership \(BCSSP\) \(BathNES\) - Bath & North East Somerset Community Safety and Safeguarding Partnership](#)

### **Responsibilities of VOICES Staff &/or Volunteers:**

- To be familiar with the Safeguarding Adults Policy and Procedure.

- To take appropriate action in line with the policy and procedure.
- To comply with Voices DBS processes before and during employment
- To attend recommended training and meetings regarding safeguarding.
- To participate in reviews of their understanding and use of the safeguarding procedures with their line manager or volunteer coordinator.

### **Support for those who report abuse:**

All those making a complaint or allegation or expressing concern, whether they are staff &/or volunteers &/or service users &/or carers &/or members of the general public, should be reassured that:

- They will be taken seriously
- Their comments will usually be treated confidentially, but their concerns may be shared with the appropriate authorities if they or others are at significant risk
- Voices support will continue throughout the safeguarding process wherever possible and appropriate.

### **The Adult has the right:**

- To be made aware of this policy
- To have alleged incidents recognised and taken seriously
- To receive fair and respectful treatment throughout
- To be involved in any process as appropriate
- To receive information about the outcome

## **3. VOICES Safeguarding Procedure:**

### **Safeguarding Roles**

In the event of an allegation of abuse, the first priority for everyone is to ensure the safety and protection of the adult(s) at risk. All staff and volunteers who have contact with adults at risk have a personal responsibility to be aware of issues of harm.

All staff and volunteers have a duty to act in a timely manner, on any concern or suspicion that an adult who is vulnerable is at risk of being or is being harmed and to ensure that the situation is assessed and appropriate action taken.

### **3.1 Procedures to be followed by all staff when a concern is identified:**

There are various **stages to be followed** within the adult safeguarding procedure, these are:



- **witnessing abuse or being told about abuse**
- **concern (within an organisation)**
- **referring**
- **multi agency working (throughout investigation/ support)**
- **monitoring**

Anyone may receive an initial disclosure of abuse from an adult at risk, or may witness abuse of an adult at risk. The protection of the adult must always be the main priority. To protect individuals, we may have to disclose concerns without their consent as there is a duty to do so under common law if it is known that an individual is at severe risk of harm.

If someone discloses information to you about potential abuse, or you witness abuse the following steps may be helpful:

### **Step 1**

Volunteers are to alert a member of Voices staff immediately a concern is raised or a disclosure made, to support or manage this process.

- Remain calm and non-judgemental
- Where there is a current and present risk take whatever action is required to ensure the immediate safety or medical welfare of the adult
- Do not discourage from disclosure
- Remain attentive and be sensitive to what they are saying
- Give assurance, but do not press for more detail
- Do not make any promises that cannot be kept

### **Step 2**

- Clarify the main facts, summarising what has been disclosed to you gently
- Explain that you cannot keep information confidential and that you will need to inform your line manager
- Seek the person's consent to share this information
- Offer future support from yourself or others (keyworker/advocate)

### **Step 3**

- Take all reasonable steps to ensure that the adult is in no immediate danger of further harm
- Make a complete and accurate record of events as soon as possible
- Record all the facts, using the person's own words
- If appropriate, and the person has capacity, keep the adult at risk informed

throughout the process.

- Tell your manager, safeguarding lead or another appropriate person.
- If you are the manager or person responsible for making a referral, consider making the referral now to BANES Adult Safeguarding Team.

#### **Step 4**

- It is the Manager's/Designated Safeguarding Lead's responsibility to check that the adult's immediate needs are being met and that there is no risk of further harm.
- If necessary, medical assistance has been sought.
- The facts and circumstances are clear and have been clearly recorded. The client has been informed that they can be supported to make a report to the Police if a criminal offence is suspected or alleged.

**Then the Manager/Designated Safeguarding Lead must do the following:**

#### **Step 5**

- Assess whether the victim is able to give consent to referral
- Make a Safeguarding referral if this has not already been done and continue to liaise with the necessary professionals in the Safeguarding team.
- Ensure that you continue to keep a clear and accurate record at all times.
- Continue to review progress with VOICES staff who are involved in any ongoing safeguarding plans, as they support the client during this process.

### **3.2 Designated contacts**

**VOICES' Designated Safeguarding Lead is:**

**Lindsay Hughes, Head of Services & Clinical Lead**

**Email: [lindsay@voicescharity.org](mailto:lindsay@voicescharity.org)**

**Bath and North East Somerset Adult Safeguarding contact details:**

[Bath & North East Somerset Community Safety and Safeguarding Partnership \(BCSSP\)](#)  
[\(BathNES\) - Report a concern](#)

| Day and time | Number | Team |
|--------------|--------|------|
|--------------|--------|------|

|                                                                                      |                               |                                    |
|--------------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| <b>Mon to Thurs</b><br><b>8.30am to 5pm</b><br><b>Fri 8.30am to</b><br><b>4.30pm</b> | <b>01225</b><br><b>394200</b> | Regular Social Work<br>Team        |
| <b>Evenings, bank</b><br><b>holidays and</b><br><b>weekends</b>                      | <b>01454</b><br><b>615165</b> | Emergency Duty<br>Social Work Team |

BCSSP Referral form can be found here:

[Secure login - step 1](#)

Call **BATHNES Adult Safeguarding Team** 01225 394200 to report a concern by phone.