



SAFEGUARDING OF VULNERABLE ADULTS' POLICY AND PROCEDURE (V2 June 2025)

1 Transom Trust's commitment to the safeguarding of vulnerable adults

- 1.1 Transom Trust is committed to safeguarding vulnerable adults under its care. It has a zero tolerance policy to abuse, neglect or harm. We have a high level of commitment to safeguarding vulnerable adults and ensuring through multi-agency working that they are protected from any type of abuse, neglect or harm.

2 Definitions of abuse

- 2.1 Abuse is a violation of an individual's human and civil rights by any other person or persons. Whatever the violation and whatever the reason, abuse cannot be condoned. Whilst there is no standard legal definition of adult abuse Transom Trust accepts the following definitions of 'abuse' and 'vulnerable person'.

3 What is meant by abuse?

- 3.1 Abuse includes the physical, emotional or financial maltreatment of a vulnerable adult. The abuse may or may not be repeated and is the violation by a person or persons who have power over the life of a vulnerable adult. It may occur in domiciliary or institutional settings and includes the abuse of a resident by a fellow resident.

4 Concern of abuse

- 4.1 A concern of abuse is where a person or agency **suspects** that a person or persons have been abused, but they are not certain in their concern and they may or may not know who is doing the abusing.

5 Types of abuse

- 5.1 There are many types of abuse:
- physical abuse
 - sexual abuse
 - psychological abuse
 - financial or material abuse
 - neglect and acts of omission
 - discriminatory abuse
 - institutional abuse.

6 Recognising abuse

- 6.1 Abuse could be:
- Deliberate and intended
 - Random
 - A result of negligence, indifference or a failure to protect
 - Discriminatory behaviour
 - A criminal offence
 - Multiple.

- 6.2 Abuse could be carried out by:
- Staff / volunteers
 - Other clients and residents
 - Relatives and carers
 - Other vulnerable people
 - Strangers
 - Other agency workers (statutory and non-statutory).
- 6.3 Possible indicators of current or past abuse are:
- Bruises and marks or an attempt to hide them
 - Lack of appetite
 - Over-eating
 - Depression
 - Changed personal appearance
 - Lack of, or changes to, personal care and hygiene
 - Fear or avoidance of certain people, places and activities
 - Increase in criminal activity
 - High or unusual levels of anxiety
 - Unexpected or sudden shifts in mood and behaviour
 - Inappropriate sexual behaviour or physical contact
 - Sexual behaviour and language
 - Aggression, violence or threats towards others
 - Substance or alcohol misuse
 - Self-harm
 - Going missing
 - Increase in confusion
 - Requests to see the doctor or going to hospital
 - Requests for help
 - Challenging behaviour
 - Sleep disturbance
 - Psychosomatic disorders e.g. stomach pains
 - Medical conditions such as genital soreness or injury
 - Emotional flatness
 - Withdrawal
 - Refusing to let people into the house
 - Withdrawing from the service
 - Overly compliant behaviour.

Note: These are only indications, and you should take account of the particular circumstances of the vulnerable person.

7 Procedures

- 7.1 These procedures describe the response that should be made to any situation where there is knowledge or concern that a vulnerable adult is at risk of abuse or neglect. Transom Trust staff and volunteers have an obligation to act as “alerters” where abuse is suspected.

7.2 Alerting, or raising a concern about abuse means:

- Recognising signs of adult abuse
- Responding to disclosures
- Alerting investigators
- Playing a part, where appropriate, to protect an adult/s, which may include preserving evidence following an incident
- Recognising ongoing bad practice
- Collating and recording initial information.

As an Alerter you are not being asked to verify or prove that information is true. You are being asked to log your concerns and report them to the appropriate authorities.

7.3 Alerting is a necessary first step in the process of keeping people safe and empowering them for the future. Alerting through formal channels will enable a proper assessment or investigation to be carried forward.

8 Disclosure of abuse - do's and don'ts

8.1 If you are in a situation where someone starts to disclose abuse to you:

Do

- ensure the individual's immediate safety and that of others
- stay calm and try not to show shock
- LISTEN carefully rather than question directly
- show empathy
- be aware of the possibility that medical evidence might be needed
- tell the person that:
 - they did right to tell you
 - you are treating this information seriously
 - it was not their fault
 - you must discuss with an appropriate manager
 - if they wish, contact will be made with the police and or social services
 - in certain circumstances the police and social services will be contacted without their consent, but that their wishes will be made clear throughout
- report to your manager
- write down as soon as possible and as far as you are able, what was said by the person disclosing the abuse
- ensure that information is noted in the case file.

Do not

- press the person for more details
- ask leading questions
- promise to keep 'secrets'
- make promises that you cannot keep
- be judgmental (eg: why didn't you run away?)
- be dismissive of what you are told
- pass on information to anyone who does not have a need to know (ie: do not gossip)
- confront the alleged perpetrator(s).

9 Minimising and preventing abuse

- 9.1 Transom Trust recognises that all individuals have a right to live free from abuse in accordance with the principles of respect, dignity, autonomy, privacy and equality.
- 9.2 Transom Trust will review its Safeguarding Policies and Procedures annually to ensure that all relevant information is up to date and that staff, volunteers and service users are aware of the potential and indicators of abuse within the service.
- 9.3 Transom will continue to achieve effective inter-agency working and information sharing to safeguard vulnerable adults and continue to embed adult safeguarding into all its working practices. Safeguarding Adults is linked to all the Trust's other organisational policies.

10 Risk assessment

- 10.1 Transom Trust partners with various homeless agencies. The Trust will always consult the referring agency's individual referral form before accepting a potential resident.

11 Safeguarding children

- 11.1 The staff and volunteers at Transom Trust are responsible for reporting any concerns regarding children visiting the project or concerns disclosed by a resident. Information may be picked up through conversation, key working sessions etc. Where there is a concern or suspicion that a child may be at risk, this must be acted upon according to the following procedures, in the same way as for vulnerable adults.

12 Safeguarding roles within Transom Trust

Role	Nominated staff
Alerters	All employees and volunteers
Responder	Operations Manager

- 12.1 The Transom Trust trustees hold joint responsibility for updating Transom Trust internal Policies and Procedures.

13 Responsibilities of Alerters

- 13.1 Alerters should:
- take immediate steps to safeguard life and limb of the Vulnerable Adult; this may involve emergency first aid;
 - contact the emergency services if the Vulnerable Adult appears to be in immediate danger of harm or others are at risk or there is evidence of a criminal act. You should not put yourself at risk in these situations;
 - notify the Operations Manager immediately (within one working day). Tell your manager what has happened and discuss with them what action to take. The Operations Manager will be responsible for referral onto other agencies as required;
 - decide with the Operations Manager how best to: discuss your concerns with the alleged victim; and seek consent from the alleged victim for any subsequent steps that you think

are necessary. With consent from the alleged victim you may involve close relatives who have an interest;

- report to a Trustee if it is suspected that the Operations Manager is involved. You can also refer to Transom Trust's Whistleblowing policy;
- remember you may have to report directly to the Police or Social Services;
- whilst involved with suspected abuse of a vulnerable adult, dialogue with the Operations Manager should be ongoing and the following points will need to be constantly borne in mind:
 - the level of the individual/s capacity to be involved in decision making;
 - whether a referral to the Police or Social Services is appropriate;
 - whether a doctor or emergency services need to be called.
- record and date your concerns and actions (see para 17 below).

14 Responsibilities of the Operations Manager

14.1 The Operations Manager should:

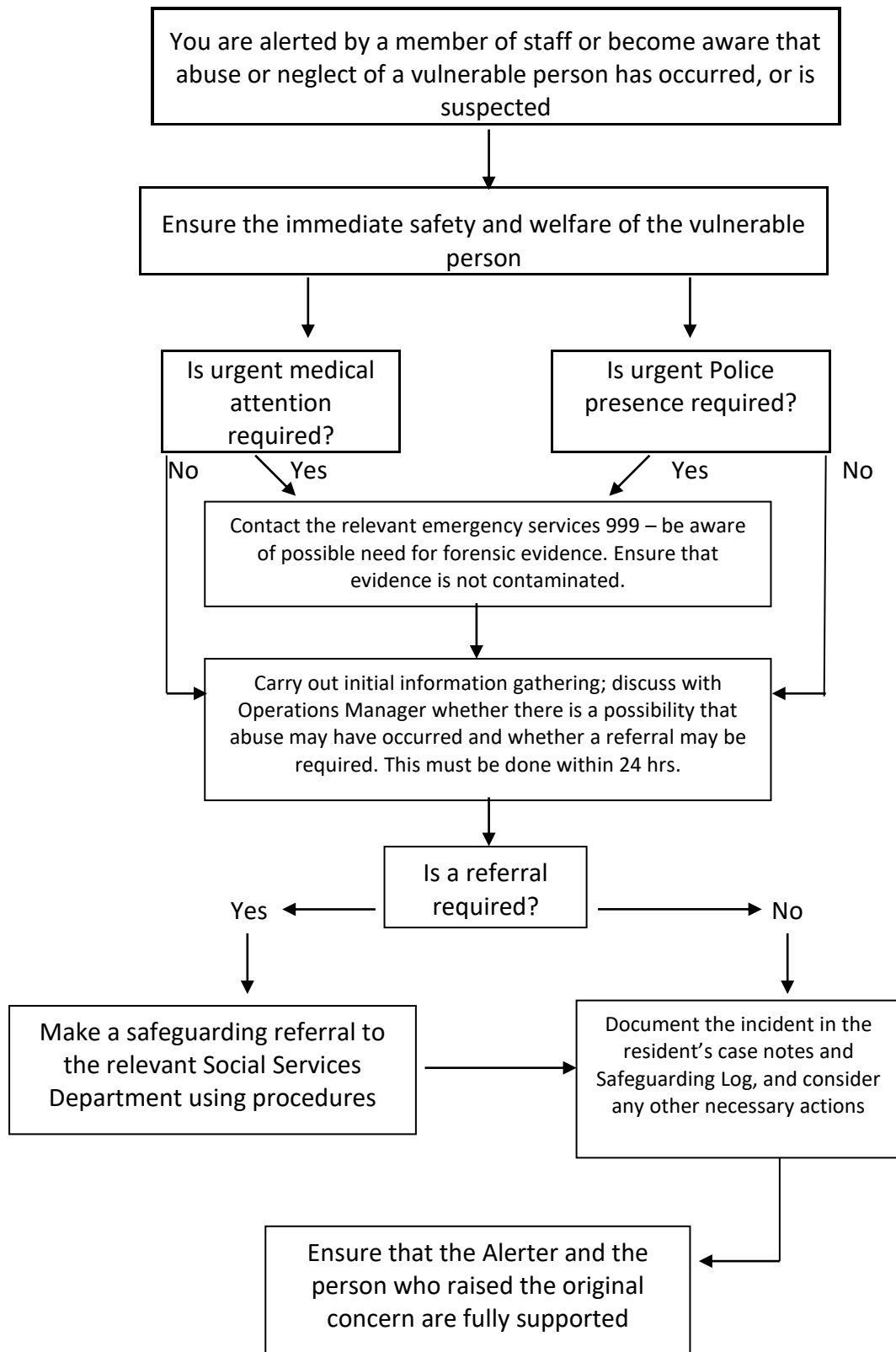
- find out from the Alerter what has happened and discuss what action to take. Discuss whether the incident/disclosure or allegation is to be reported to the Police and/or Social Services for investigation;
- decide with the Alerter how best to: discuss their concerns with the alleged victim; and seek consent from the alleged victim for any subsequent steps that you think are necessary;
- be responsible for referrals onto other agencies as required (eg: the Police, Social Services etc);
- make referral to Social Services if the Vulnerable Adult is: competent and consents to referral/or does not have the capacity to decide; or is not the only person affected and others are at risk;
- report to the Police if a criminal offence is suspected;
- if no referral to the Police or Social Services is made – develop a support network and keep it under review. Help the Vulnerable Adult to access appropriate services;
- always maintain a confidential record of all events, actions taken and the reasons for them;
- maintain ongoing dialogue with Alerter and Vulnerable Adult. Let them know what actions you are taking and why.

15 Reporting abuse

- 15.1 All residents, staff and volunteers are made aware of what to do if they are concerned about abuse, either for themselves or for others.
- 15.2 Staff and volunteers all have a duty of care to report any allegations or suspicions of abuse to the Operations Manager as soon as possible, and must do so even if the resident is reluctant for them to do this, or asks them not to do so. The resident must be made aware that the member of staff or volunteer is not able to keep information regarding alleged abuse a secret.
- 15.3 There will be occasions when a volunteer or staff member is unable to go directly to the Operations Manager because they may be implicated in the allegations. In such situations, members of staff or volunteers should refer the matter to a Trustee, and can also refer to the Trust's Whistleblowing policy and procedures.
- 15.4 The Operations Manager will normally make a safeguarding referral by telephone to:
 - ESCC Health and Social Care Connect: 0345 60 80 191
- 15.5 For out-of-hours referrals:
 - Emergency Duty Service: 01323 636399
 - Or Sussex Police: 101
- 15.6 Further information and advice can be obtained by telephoning one of the above numbers, or by accessing the Sussex Safeguarding Adults Policy and Procedures at:
<http://sussexsafeguardingadults.procedures.org.uk/>

16 Process for Referral

16.1 This chart should not be used in isolation and reference must be made to the relevant written procedure:



17 Practice notes on reporting

17.1 Alerters should be prepared to provide as much of the following information as possible.

- details of the alleged victim (name, address, age, ethnic origin, gender, religion, type of accommodation, family circumstances, support networks, physical health, any communication difficulties);
- your job title and involvement;
- substance of the incident, disclosure, suspicion or allegation;
- details of care givers;
- details of alleged abuser and current whereabouts and likely movements within the next 24 hours (if known);
- whether the alleged abuser cares for any other vulnerable adults or children, including their own or others' children and if there are thought to be any other people at risk;
- details of any specific incidents – eg: dates, times, injuries, witnesses, evidence such as bruising;
- background of any previous concerns;
- awareness or not/consent or not by the alleged victim or alleged abuser;
- records of any immediate action taken by staff in Transom Trust.

17.2 Records should:

- be treated as strictly confidential and their contents should be disclosed only as necessary;
- include any allegations or disclosures made by a victim of abuse in their own words where possible.

17.3 However, such information should not be gathered in the form of an interrogation. Any such statements may be required by the Police if a subsequent Police investigation is made.

18 After reporting

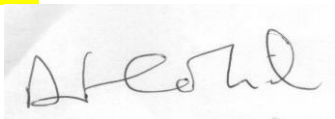
18.1 Being involved in the reporting of a case of abuse can be a potentially traumatic experience for staff members and volunteers. Anyone who is involved in such cases will be invited to attend a debriefing session and supervision within 24 hours of the case. Depending on the severity of the situation and the effect on the staff and volunteers, referrals may be made for longer term support.

19 Policy review

19.1 Transom Trust will revise and review this policy every 2 years.

Reviewed by Trustees on: 4th June 2025

Signed (on behalf of the Trustees):

A handwritten signature in black ink, appearing to be 'A. E. H. L.', written on a light-colored background.

Date of next review: 4th June 2027