RSACC
Rape and Sexual Abuse Counselling Centre
Darlington and County Durham

Version 13

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Safeguarding Vulnerable Adults Policy

1. Introduction

This document sets out RSACC's policies and procedures for safeguarding adults. RSACC has specific responsibilities for safeguarding vulnerable adults and it also has a responsibility to conform to the government's Prevent agenda. Prevent applies to all adults whether they are classed as vulnerable or not. We have chosen to incorporate our responsibilities for Prevent and our responsibilities to vulnerable adults into a Safeguarding Vulnerable Adults policy.

2. Aims

The aims of this policy are to:

- Promote good practice by providing vulnerable adults with appropriate safety and protection whilst visiting/in the care of RSACC.
- Ensure RSACC meets the requirements of the Prevent agenda. The aim of the Prevent strategy is to stop people becoming extremists or supporting extremism (HM Government, 2011, Prevent Strategy).
- Ensure those employed by or volunteering with RSACC consider the safety and protection of clients/service users to be of paramount importance.
- Ensure if a safeguarding issue arises, staff and volunteers are able to take appropriate action to protect those concerned and to allow all staff/volunteers to make informed and confident responses to specific safeguarding issues.
- Meet the safeguarding legislative requirements of funders and standards bodies such as Rape Crisis England and Wales National Service Standards and British

Association for Counselling and Psychotherapy (BACP) Ethical Framework for the Counselling Professions.

3. Definitions and Terminology

This policy applies to safeguarding concerns relating to vulnerable adults. RSACC has a separate policy for concerns relating to children and young people.

An adult is a person aged over 18. RSACC defines a vulnerable adult as a person who is, or may be, in need of community care services by reason of disability, age or illness; and is or may be unable to take care of themselves independently and/or unable to protect themselves against significant harm or exploitation.

Given the nature of the service we provide, all adults accessing our service will have experienced some form of sexual violence or abuse and could be deemed as vulnerable adults if they are unable to protect themselves against significant harm or further abuse. However, this policy applies to all adults that RSACC comes into contact with, regardless of whether they are a client or not.

RSACC defines 'safeguarding' as protecting certain people who may be in vulnerable circumstances from abuse, neglect, exploitation or radicalisation due to the actions (or lack of action) of another person or persons. In addition, in relation to Prevent, safeguarding is protecting individuals from (potential) extremists and (potential) acts of terrorism.

Safeguarding concerns may be raised by:

- An adult who is a client of ours, regardless of whether the safeguarding concern relates to them personally or to another adult.
- An individual with whom we have no client relationship, regarding an adult who may, or may not, be a client of ours.
- Any member of staff or volunteer and any professional in contact with RSACC.

This policy applies to all members of staff and to volunteers. Within this policy, unless specified otherwise, the term 'volunteers' includes the trustees.

For a definition of the types of abuse covered by this document, please refer to Appendix 1: Definitions of Abuse.

4. Policy Statement

This section of the Policy states what we will do. Please refer to Procedures (page 11) for details of how to do it. If a member of staff or volunteer is operating outside of their RSACC role and receives information which leads to safeguarding concerns in a context which is not governed by another organisation's safeguarding policy, they are encouraged to follow RSACC's policy.

<u>All adults</u>

RSACC will ensure that society is protected from possible acts of extremism by supporting the Government's Prevent agenda.

RSACC will ensure that if an adult is at immediate risk of harm from extremism, or is actually engaged in the planning or implementation of an act of extremism, they will be reported to the Police.

<u>Vulnerable adults</u>

RSACC will ensure the safety and protection of all vulnerable adults through adherence to the safeguarding guidelines it has adopted. All staff and volunteers have a duty to take steps to ensure that vulnerable adults are safe from harm.

RSACC does not expect members of staff or volunteers to raise safeguarding concerns for any vulnerable adult who is currently safe from sexual violence or any form of abuse except where the adult expressly wishes this.

When working with a client who is a vulnerable adult, RSACC expects that members of staff and volunteers will (with the exception of point 4 below) work with the vulnerable adult to encourage them to refer directly to the Police or the local authority safeguarding team.

RSACC will only make a safeguarding referral against the vulnerable adult's wishes when:

- We have attempted to convince the vulnerable adult to act first.
- We have attempted to seek consent from the vulnerable adult to act on their behalf.
- A vulnerable adult is at risk of imminent harm to themselves or others.
- We suspect that a vulnerable adult is at immediate risk, or actually engaged in the planning or implementation, of an act of terrorism.

4.1. Confidentiality, consent and information sharing

RSACC aims for transparency around confidentiality for everyone who uses its services. Given the nature of sexual violence, RSACC believes that individuals should be given the opportunity to understand the implications of sharing information to enable them to maintain autonomy and control over their choices.

When we are requested to share information with other agencies such as Adult Social Care, we will only share relevant information, on a “need-to-know” basis and with a clear rationale for doing so. We will never freely give information about a service user when asked. We will take steps to ensure whoever asks for information is who they say they are and working for the relevant organisation and have authorisation to be requesting information.

Our policy on managing confidentiality, consent and information sharing in relation to safeguarding depends on whether we have an existing client relationship with the person disclosing the safeguarding concern or not. RSACC’s policy is to discuss confidentiality and its limitations, how we manage consent and how we share information, with our clients as part of the initial session/assessment. Where we do not have an existing client relationship, a person may disclose a safeguarding concern without us having been able to discuss these matters with them.

Where possible, RSACC seeks the consent of the person disclosing the safeguarding concern before we will share information. The person disclosing the safeguarding concern will be informed what type of information we may have to share and with whom this information may be shared.

Regardless of whether we have an existing client relationship or not, any person who raises a safeguarding concern with us must be informed and helped to understand - in ways the individual relates to – that complete confidentiality is not possible in instances of risk of significant, imminent harm to themselves or another person. See Appendix 1: Definitions of Abuse for a definition of imminent harm.

Confidentiality will not be maintained if a client discloses that they have perpetrated abuse, for example if this was a vulnerable adult towards another adult or young person, then RSACC would raise a report with the local authority safeguarding adults’ team.

In the event of a concern being disclosed which needs to be reported and the client wishes to remain anonymous we can do this on their behalf. However, it is important to be clear that although we will not disclose any identifying information of the client, we would have to share that the concern is raised through RSACC and cannot guarantee that any third party will keep that information confidential.

In the event that there may be wider safeguarding concerns, it might be necessary to share information or raise a formal safeguarding concern with another agency. For example a client living in a shelter or in care may disclose having taken an overdose. With the consent of the client it may be prudent to inform those who are in control of the client's medication and ensure that it is recorded accurately on the DPMS client file to include details of who the information was shared and details of any actions they may take.

4.2. Reporting

Any member of staff or volunteer may raise and report a safeguarding concern.

Concerns that are significant enough to require a report, will be reported either to the police or to the relevant local authority safeguarding team depending on the urgency of the referral.

As far as possible any client who raises a concern will be supported to pass the information to the appropriate agency themselves. If this person is unwilling to, or does not, make the referral, we will take appropriate action to protect that person in line with policy and legislation. Where the concern is related to the Prevent agenda and our concern is with the actions of a client, we may be required to report the concern without informing the client.

We will take action regardless of whether the person is a RSACC client or related to an RSACC client or a friend or colleague if we are aware of an issue.

If we receive information from a third party (i.e. not from a client) regarding a vulnerable adult that gives rise to an imminent safeguarding concern, we will report the safeguarding concern and update the informer on the information we have shared at the earliest opportunity, where it is safe to do so or unless we have been advised not to by the local authority safeguarding team.

If we receive information from a third party (i.e. not from a client) regarding a vulnerable adult that gives rise to a non-imminent safeguarding concern we will advise the

third-party to raise a safeguarding concern themselves. If they are unwilling or unable to do so, we will raise the concern.

If someone tells us that they have a concern about a vulnerable person and they state they have made the referral to the relevant agency themselves, then they tell us again about the same incident or another incident stating again they are going to report, we will follow up that they have done so as standard procedure by making our own referral to the relevant Local Authority safeguarding team raising our own concerns in light of what we have been told.

4.2.1. Managing concerns that are not classed as significant or imminent

Where a member of staff or volunteer identifies a concern that they do not class as significant or imminent, they will discuss it fully with their line manager (who will be a member of the safeguarding team). They will also be required to keep an internal record of decisions taken in their client notes on DPMS. The situation will then be monitored and decisions reviewed. The member of staff or volunteer will be responsible for informing their line manager of any changes relating to the concern so appropriate action can be taken where necessary. If the concern becomes significant or imminent then this must be recorded on the **Safeguarding Information Sheet (SIS).**

4.2.2. Prevent

If we have a ‘Prevent’ concern and we suspect that any adult is at immediate risk, or actually engaged in the planning or implementation, of an act of extremism we will report this immediately to the Police.

If we suspect that a vulnerable adult may be under the influence of radicalisation or extremism, but not in immediate danger we will raise a safeguarding concern.

If we suspect a non-vulnerable adult may be under the influence of radicalisation or extremism, but not in immediate danger we will contact the anti-terrorist hotline on 0800 789 321.

4.3. Record Keeping

RSACC keeps a record of all safeguarding referrals and outcomes, regardless of whether the report was made directly to the Police or to a local authority safeguarding team. Records are electronically filed securely and destroyed in line with RSACC policies. As a minimum, on a weekly basis the RSACC Designated Safeguarding Lead

(DSL) reviews the Safeguarding file to ensure that cases are being progressed. In cases where the removal of records is deemed necessary, the RSACC DSL must be informed.

The DSL also keeps an electronic Safeguarding spreadsheet which is updated as often as required. This spreadsheet is also checked on a weekly basis to ensure consistency with the Safeguarding file (where all SIS are stored)

4.4. Follow Up

In the case of an immediate referral to the Police, we will clarify with the Police if any further action is required by RSACC.

In the case of a referral to the local authority safeguarding team, we will obtain feedback from the local authority safeguarding team on the outcome of the concern raised.

Details of any feedback will be supplied to the DSL so that she may determine whether any organisational learning is required. The DSL will debrief those involved in making a referral to establish any organisational learning. Where necessary she will implement changes to this policy to reflect that learning.

If you have made a referral, it is your responsibility to provide information to the DSL so that the log can be updated.

Additional measures should be taken if you are unable to make the follow up within the 48 hrs due to annual leave, working pattern, conflicting work commitments, sickness etc. In these situations the DSL or member of the safeguarding team must be informed to carry out any follow up actions required.

4.5. Recruitment

RSACC operates policies to ensure that we recruit and select members of staff and volunteers who are safe and competent to undertake the roles advertised. This includes undertaking an Enhanced Disclosure and Barring Service (DBS) check on any member of staff or volunteer who will be in contact with clients. Details can be found in the RSACC DBS Policy.

In relation to safeguarding, it is important to note that all candidates for any post being recruited must:

- Complete an appropriate application form
- Undertake an interview process to assess their suitability for the role
- Provide a minimum of 2 referees

- Undergo an Enhanced Disclosure and Barring Service check (organised by RSACC) before taking up the post.
- Staff or volunteers appointed will not engage with clients directly, or unsupervised, until a satisfactory disclosure has been received and all necessary referee checks complete.

4.6. Training and Induction

RSACC operates a training and induction process to ensure that all members of staff and volunteers understand their responsibilities related to Safeguarding and Prevent concerns prior to the commencement of work.

All RSACC staff and volunteers engaging directly with service users undergo the RSACC internal training which involved the following steps (non-direct volunteer work e.g. trustees, undergo induction process only - see RSACC Volunteer Policy):

- An extensive/specialist training program delivered over 45 hours plus self directed study/further reading.
- Safeguarding training delivered by the local authority – with a requirement to be repeated every 2 years
- A Minimum of two telephone assessments of 30 and 45 minutes
- Final interview
- Induction process

The 'RSACC Induction Procedure' and 'Induction Checklist' details the requirements within the organisation in relation to the induction of staff and volunteers. In relation to safeguarding requirements, the Induction procedure includes the following elements:

- Organisation overview (purpose, values, overview, structure)
- A requirement to have completed safeguarding training. (minimum Adults Level 1, Children Level 1 & Prevent)
- A requirement to have completed a minimum of 80% of the internal training
- A requirement to have completed all skills assessments
- A requirement to have read all RSACC policies and procedures
- If counselling, a requirement to be a member of the British Association of Counselling and Psychotherapy (BACP) and have appropriate individual professional Insurance. Minimum qualification for counsellors is final year foundation degree.

(RSACC as an organisational member of the BACP and has appropriate Professional Liability insurance)

4.7. Supervision and Support

It is RSACC's policy to allocate a Designated Safeguarding Lead (DSL) who can provide advice and guidance on making a safeguarding referral. A Safeguarding Team is also available in the absence of the DSL.

In addition to the support provided by the DSL and Safeguarding Team, all members of staff and volunteers should discuss any safeguarding concerns with their clinical supervisor either at the first opportunity for more urgent concerns or in the regular clinical supervision session. This is to provide the staff member/volunteer with support in relation to staff/volunteer welfare and also for reassurance regarding compliance to policy and best practice.

4.8. Ongoing Support and Training

All members of staff and volunteers must undertake appropriate safeguarding and Prevent training (every 2 years) to a minimum of Level 1. Members of the Safeguarding team must also comply to a minimum of Level 2.

There are level 1 & level 2 courses available to do digitally for Safeguarding Vulnerable Adults on the Local Authority MeLearning Portal.

(https://app.melearning.co.uk/auth/validate-key?registerKey=CWGNJMFX)

Prevent can be found on the government website;

https://www.gov.uk/guidance/prevent-duty-training

Once complete, staff and volunteers will be emailed certificates. Staff must record their training on Breathe and be responsible for ensuring that training is up to date.All training must be recorded on Breathe,and the DSL must be notified.

Details of the training undertaken will be recorded in the Safeguarding Training spreadsheet. On a monthly basis the DSL monitors that the training for staff, volunteers and trustees is up-to-date.

RSACC volunteers must update their safeguard training in line with the policy requirements. RSACC will take into account any individual's safeguarding training completed outside of RSACC if this is deemed appropriate and relevant to the role and function performed in RSACC. For example, if they are working in an environment where they need to do safeguarding training and it is up to date, RSACC would not expect the individual to repeat the training. However, a certificate or confirmation of attendance and successful completion must be provided as evidence of relevant training.

Where changes are made to the safeguarding policies, all members of staff and volunteers will be required to read the updated policy.

Where a debrief, or a follow-up, of a safeguarding report identifies that any individual requires additional training or support, this will be executed as quickly as possible with the support of the DSL and added to the Safeguarding Training spreadsheet.

Where an individual self-identifies that they require additional safeguarding training, they are expected to discuss this with their line manager. The line manager who will approve the need/support the sourcing and undertaking of appropriate and suitable training. The DSL should be advised of this training to include this in the Safeguarding Training spreadsheet if appropriate.

RSACC also adheres to safe practice by implementing Rape Crisis England and Wales National Service Standards and the British Association for Counselling and Psychotherapy (BACP) Ethical Framework for the Counselling Professions.

RSACC also maintains clear guidelines relating to lone working which are detailed in the RSACC Lone Working Policy.

5. Responsibilities

The Board of Trustees has overall responsibility for safeguarding; however, it has delegated authority to the CEO, who has in turn delegated the authority to the Designated Safeguarding Lead (DSL). The current DSL is Alexandra Carruthers. The Board of Trustees is responsible for authorising RSACC's Safeguarding Policies.

The CEO will report any safeguarding concerns to the Board of Trustees at Board meetings every 6 weeks. The Trustees have a named safeguarding nominee who will conduct an annual audit of safeguarding activities, including checking the Safeguarding File at suitable intervals to ensure compliance with RSACC policy.

The DSL is responsible for taking the lead role in providing advice and managing processes operationally in order to ensure compliance with the safeguarding policies. For a detailed list of DSL responsibilities see Appendix 9.

RSACC has a Safeguarding Team in place to ensure that there is always someone with authority to act on safeguarding matters in the event of the absence of the DSL. The members of this team can provide support to other staff members and volunteers. These individuals can act on their own or as a team, depending on the issue raised.

The Safeguarding Team should be consulted in the following order:

1. Alexandra Carruthers (Designated Safeguarding Lead)- Tel: 07497779069 Email: alex@rsacc-thecentre.org.uk
2. Hannah Brayson (ISVA Manager)- Tel: 07946 703786 Email: hannah@rsacc-thecentre.org.uk
3. Kate Larkin (Volunteer Manager)- Tel: 07508 170 406 Email: kate@rsacc-thecentre.org.uk
4. Isabel Owens (CEO)- Tel: 07399794670 Email: isabel@rsacc-thecentre.org.uk

In the absence of any of the above,your supervisor should be contacted or the nominated safeguarding trustee, Deborah Lewis-Bynoe (Email: deborah@rsacc-thecentre.org.uk).

It is the responsibility of the Line Managers & CEO to ensure that those they manage are inducted into RSACC's safeguarding policies, know the procedures and their level of accountability. Line managers are also responsible for updating staff/volunteers when the policy changes.

All staff and volunteers have an individual responsibility for the protection and safeguarding of vulnerable people and must know what to do if they are concerned that a vulnerable person is being abused, neglected or radicalised. The person who takes the disclosure should be the person who passes the concern to the relevant third party and who completes all relevant paperwork.

All staff and volunteers are responsible for recording all safeguarding referrals that are made to the local authorities or police, for following up the outcomes of the referral, and for advising the DSL. All staff and volunteers are also responsible for recording safeguarding concerns that are not reported and the justification for this including a record of who the matter has been discussed with (e.g. line manager/ CEO etc.). A Safeguarding Information Sheet must be completed in these circumstances and filed in the Safeguarding File.

All staff and volunteers must comply with this Policy, failure to do so may result in disciplinary action being taken under the RSACC's Disciplinary Procedure or RSACC's Volunteer Agreement.

6. Safeguarding Adults Procedure

6.1. What constitutes a safeguarding referral/report?

A safeguarding referral should be made in any of the following circumstances:

- You think any adult is at immediate risk of being radicalised or is actually engaging in or planning an action to extremism (see section 6.4.4 below).
- You think a non-vulnerable adult is at risk of being radicalised or of engaging in or planning an action to extremism, but the risk is not imminent (see section 6.4.3 below).
- You think a vulnerable adult is at risk of being radicalised or of engaging in or planning an action to extremism, but the risk is not imminent (see section 6.4.5 below).
- You think a vulnerable adult is at imminent risk of significant harm or abuse to themselves or others (see section 6.4.2 below).
- You think a vulnerable adult is at risk of significant harm or abuse to themselves or others but the risk is not imminent (see section 6.4.3 below).

Details of how to establish whether an issue constitutes significant harm or imminent harm can be found in Appendix 2: Recognising Abuse.

If you are unsure whether the issue fits into one of the above criteria, please discuss the issue with your line manager (who will be a member of the safeguarding team or the DSL)

6.1.1. Managing concerns that are not classed as significant or imminent

If you do not think the harm is significant, you should discuss this with the DSL or a member of the safeguarding team and record in your client notes the factors behind your decision and monitor the situation; making your line manager aware of any changes in the situation. If the concern becomes significant or imminent then this must be recorded on the SIS.

Details of how to establish whether an issue constitutes significant harm or imminent harm can be found in Appendix 2: Recognising Abuse & Darlington Safeguarding Adults Partnership Board 'A Practice Tool to aid Decision Making'.

6.2. Discussing confidentiality and gaining consent for information sharing

6.2.1. At the start of the working relationship.

At the first opportunity, you must make clear to clients the limitations to confidentiality. For clients, you must openly discuss this during the initial session/assessment. For helpline and email support clients or callers to the general office, members of staff and volunteers should ideally discuss this before the client shares any personal contact details.

Counsellors and ISVA's should ensure that clients receive a copy of the contract ('Service user agreement' for counselling; 'Independent ISVA support agreement' for ISVA support) unless the client declines to take it. These documents give RSACC permission to contact any relevant third party when disclosures have been made and concerns are significant to warrant information sharing. This also enables RSACC to request information from a third party when it is needed. Clients are asked to sign the contract/agreement to confirm that they understand our policies. Staff / volunteers who are working with vulnerable adults should establish whether the person is capable of this understanding. Please refer to Appendix 4: Mental Capacity to establish this. Where they consider a vulnerable adult incapable of this level of understanding, it is highly unlikely that we would consider it suitable to work with the client.

6.2.2. At the time the disclosure needs to be made

You may need to remind the client of our confidentiality/consent procedures when they start to discuss matters that suggest a safeguarding concern. It is important at this point that you:

- Listen carefully.
- Remain calm and try to be reassuring.
- DO NOT promise the person that you can keep the abuse confidential.
- If you need to clarify the concern, ask non-leading questions and only gather the information you need in order to make the referral. DO NOT attempt to investigate the matter yourself.
- Explain as sensitively as possible, and as soon as possible, that you will/may have to share the information which has been given with a third party in another agency which has primary responsibility for the protection of vulnerable adults i.e. police and social services. It is fairer to the person concerned to be informed as soon as possible that the information being disclosed cannot necessarily be kept

confidential. This enables an informed decision to be made about how much information to disclose.

- You should, as far as practical and possible, encourage the person to pass on the information themselves. This can be facilitated by either providing the person with access to a telephone to call the local authority safeguarding team or the Police, or it can mean providing signposting information or support completing Local Authority referral forms.. If the safeguarding concern is imminent, the referral must be made there and then. If the safeguarding concern is not imminent and the client offers to make the referral outside of the session, agree with the client when that referral will be made and explain that you will contact the local authority safeguarding team after this point to check that they have received the referral. The referral must be made within 48 hours.
- If the person making the disclosure does not feel able to make contact herself, you will do it on her behalf.
- Seek verbal consent from that person to pass on the information to a third party or to obtain information from a third party.
- Any individual, including a vulnerable adult at risk, may refuse their consent for their information to be shared, but there are times when you will have to override their wishes. To determine whether to override an individual's consent, give consideration to:
    - the seriousness and pervasiveness of the risk (and how imminent the risk is)
    - the ability of the individual to make decisions; please refer to Appendix 3: Mental Capacity to establish this is relation to vulnerable adults.
    - the effect of the abuse on the individual in question and on others;
    - whether there is a need for others to know (e.g. to protect others who may not be involved in the immediate situation).
- If the person refuses verbal consent, explain that our safeguarding commitments mean that you must share the information whether consent is given or not. Explain to the person, as far as possible, what is happening, the steps you are taking and the reasons why you are doing this, in ways the person understands.
- If the disclosure relates to a vulnerable adult who is a client, discuss safety planning with them during your face-to-face sessions.

The breaking of confidentiality is assessed in terms of levels of risk and consideration of multiple, interacting factors. The RSACC Safeguarding Team is in place to help, support and guide anyone who needs help to understand these risks.

When considering sharing information, priority must be given to the best interest and safety of the client. Any information shared with any third party must be on a need to know basis.

Where information about a safeguarding concern comes to light outside of a face-to-face meeting, the member of staff, volunteer or trustee must attempt to contact the person to obtain consent to share, unless they will increase the risk of harm to the vulnerable adult by doing so.

If a decision is made to make a safeguarding referral without a person's consent the person should be informed at the earliest opportunity. The reasons for making the referral should be explained clearly, respectfully and sensitively (and recorded accurately in the client notes and SIS).

6.3. Anonymous Clients

Through its helpline and email support services RSACC works with callers who often choose to remain anonymous. This presents particular challenges when dealing with safeguarding concerns. In such cases it remains RSACC's policy to address safeguarding concerns immediately and support the caller to either access help directly or give relevant information to enable RSACC to progress with the safeguarding referral. Clear guidance is set out on how to address safeguarding concerns with anonymous clients in the RSACC Emotional Support Line Policy.

6.4. Making a Safeguarding Referral or Police Referral

It is not your responsibility to decide whether abuse/radicalisation is occurring or whether or not someone poses a real risk to the vulnerable adult's welfare. It is, however, your responsibility to take action when information is obtained that abuse/radicalisation has occurred or is occurring.

Please refer to Appendix 5 - RSACC's Safeguarding Referral Flowchart for an overview of the process for recording and reporting disclosures and to Appendix 6 Staff and Volunteer Conduct for how to behave towards clients

6.4.1. Consultation about the need to refer

If you have a concern about a vulnerable adult, but are unclear whether a safeguarding/Prevent referral is appropriate, you should discuss the concerns with the DSL or a member of the RSACC Safeguarding Team. You should only consult about the need to refer if there are no concerns about imminent danger. **If there is the**

possibility of imminent harm you must make an immediate safeguarding or Police referral. If there are no concerns about imminent danger, you must consult within a time period that allows you to complete the safeguarding referral within 48 hours.

6.4.2. Vulnerable adult is in imminent or immediate danger of significant abuse

1. Contact emergency services (999).
2. If the vulnerable adult is with you whilst you make the report, discuss safety planning with them.
3. Advise the DSL or a member of the Safeguarding team (page 10) or the staff on-call if the issue is raised out of hours. (Details can be located on in the Emotional Support Services Rota)
4. Complete a 'Safeguarding Information Sheet' (located within the templates area in google drive) making a clear note of your actions. The DSL or member of the safeguarding team will advise you of the SIS reference number.
5. The completed SIS should be forwarded to the DSL and attached to the client DPMS file.
6. The activity in which the concern was raised should be highlighted by the relevant flag in the DPMS client file. (an orange flag for those under assessment and a red flag for those that have been reported). The reference number of the SIS should be recorded in the client note for this activity.

   Appendix 8 contains details of the information you will need to gather in order to complete the form.

   If circumstances were to arise where the person is not a client or linked to a client then a 'SIS' should still be completed and a client profile created on DPMS.

7. Keep the DSL informed of any follow up or additional information as and when it occurs.

6.4.3. Vulnerable adult is in danger of significant abuse, but the danger is not imminent or immediate

1. Go on to the relevant local authority safeguarding website and download the up-to-date referral form. (See Appendix 7 – Local Authority Contact Details.)
2. Complete the form with the person present (where appropriate) so that they are part of the process. This also enables you to gather the information needed by the relevant local authority. See Appendix 8 – Safeguard Checklist for the type of information you need to obtain

3. If the person making the disclosure is with you whilst you are completing the form, explain what actions will be taken in a way the person understands.
4. If the disclosure relates to the vulnerable adult who is assisting you to complete the form, discuss safety planning with them.
5. DO NOT confront anyone who has been identified as being responsible for what has happened, and do not tell them that a safeguarding concern has been raised.
6. Report to the appropriate local authority safeguarding team within 24 hours.
7. Complete the referral report form from the relevant local authority safeguarding website and return it within 48 hours.
8. If the DSL has not been party to the decision to raise a safeguarding report, inform the DSL or a member of the Safeguarding Team at the earliest opportunity.
9. Complete a SIS (located within the templates area in google drive) making a clear note of your actions. The DSL or member of the safeguarding team will advise you of the SIS reference number.
10. The completed SIS should be forwarded to the DSL and attached to the client DPMS file.
11. The activity in which the concern was raised should be highlighted by the relevant flag in the DPMS client file. (red flag for those that have been reported). The reference number of the SIS should be recorded in the client note for this activity.
12. Copies of all Local Authority Referrals and Decisions should be forwarded to the DSL and attached to the client DPMS file.

Appendix 7 contains for details of the information you will need to gather in order to complete the form.

If circumstances were to arise where the person is not a client or linked to a client then a SIS should still be completed and a client profile created on DPMS.

6.4.4. Multiple Reports

If someone tells us that they have a concern about a vulnerable adult and they state they have made the referral to the relevant agency themselves, then they tell us again about the same incident or another incident stating again they are going to report, we will follow up that they have done so as standard procedure by making our own referral to the relevant Local Authority safeguarding team raising our own concerns in light of what we have been told.

6.4.5. Prevent Concern - imminent or immediate

If you suspect that a person is at immediate risk, or actually engaged in the planning or implementation of an act of extremism call the police immediately on 999.

If the DSL has not been party to the decision to raise a Prevent report, inform the DSL or a member of the Safeguarding Team at the earliest opportunity.

6.4.6. Prevent Concern - not imminent or immediate

If you suspect that a person may be under the influence of radicalisation or extremism, but not in immediate danger, call the anti-terrorist hotline on 0800 789 321.

If the DSL has not been party to the decision to raise a Prevent report, inform the DSL or a member of the Safeguarding Team at the earliest opportunity.

Follow the same recording procedure:

1 Advise the DSL or a member of the Safeguarding team (page 10) or the staff on-call if the issue is raised out of hours. (Details can be located on in the Emotional Support Services Rota)

2 Complete a ‘Safeguarding Information Sheet’ (located within the templates area in google drive) making a clear note of your actions. The DSL or member of the safeguarding team will advise you of the SIS reference number.

3. The completed SIS should be forwarded to the DSL and attached to the client DPMS file.

4. The activity in which the concern was raised should be highlighted by the relevant flag in your DPMS client notes. (a red flag for those that have been reported).The reference number of the SIS should be recorded in the client note for this activity.

6.5. Record Keeping

1. When using a local authority safeguarding referral form you MUST go to the relevant local authority safeguarding website and download the latest version of their referral form.
2. Record factual, non-judgemental and relevant information. Avoid jargon and interpretation. Record clearly if doing by hand.
3. Phone and talk the referral through with the relevant agency (within 24 hours) and then agree how to send the information (within 48 hours). Usually this is by

email. If you need to email a third party, use a secure CJSM or your work email address.

4. If you have made a report to the local authority Safeguarding team, inform the DSL or a member of the Safeguarding Team at the earliest opportunity.
5. Complete a 'Safeguarding Information Sheet' (located within the templates area in google drive) making a clear note of your actions. The DSL or member of the safeguarding team will advise you of the SIS reference number.
6. The completed SIS should be forwarded to the DSL and attached to the client DPMS file.
7. The activity in which the concern was raised should be highlighted by the relevant flag in the DPMS client file. (red flag for those that have been reported). The reference number of the SIS should be recorded in the client note for this activity.
8. Copies of all Local Authority Referrals and Decisions should be forwarded to the DSL and attached to the client DPMS file.

Appendix 8 contains details of the information you will need to gather in order to complete the form.

If circumstances were to arise where the person is not a client or linked to a client then a 'Safeguarding information Sheet' should still be completed and a client profile created on DPMS.

6.6. Follow Up

1. You should receive feedback from the appropriate local authority safeguarding team within one working day of referral unless stated otherwise by the local authority. If no feedback is received after three days, you must contact the local authority safeguarding team to seek feedback. Record the feedback in the SIS and inform the DSL.
2. In the case of a call to the Police, clarify with the police if any further action is required by RSACC.
3. The DSL will de-brief the member of staff or volunteer who raised the safeguarding concern to establish whether any changes should be made to RSACC's safeguarding policies or procedures.
4. The DSL will participate as RSACC's representative on any Serious Case Reviews or Domestic Homicide reviews and will amend RSACC's safeguarding policies and procedures based on any learning from these Reviews. In her absence one of the other Safeguard Team Members will attend on her behalf.

6.7. Completed Safeguarding Information Sheets

Once the SIS form is complete (ensuring that **all fields** include a response even if there is no information or it is not applicable (N/A). It is the responsibility of the worker who instigated the SIS form to ensure that it is complete. The SIS needs to be sent to the DSL, attached to the DPMS client file. The action needs to have the relevant flag (orange or red) and the SIS reference number needs to be recorded in the notes for that activity

Monitoring

The Management Committee nominated Safeguarding trustee will undertake an annual audit of safeguarding activities undertaken within RSACC and provide a report to the Board and CEO on findings.

6.8. Safeguarding Log

Every week the DSL checks the safeguarding spreadsheet and ensures that it is up to date. Where there are open safeguarding concerns logged, she contacts the individual who logged the concern and asks them to update the file with any progress. For some issues, the DSL may check the progress of a safeguarding issue on a daily basis with the individual that raised the concern.

On a monthly basis the DPMS Administrator will check that flags and SIS numbers have been correctly entered onto the DPMS system.

6.9. Training Log

It is the responsibility of the staff and volunteers to enter their safeguarding training dates (completed and expiry) into Breathe. The DSL will provide information about safeguarding training opportunities. She will also check the safeguarding training spreadsheet on a monthly basis to ensure that safeguarding training is up to date and provide prompts to the relevant individuals if not.

7. Supervision

In addition to the support provided by the DSL and Safeguarding Team, all members of staff and volunteers should discuss any safeguarding concerns in clinical supervision. This is to provide the staff member/volunteer with support in relation to staff/volunteer welfare and also for reassurance regarding compliance to policy and best practice.

8. On-going Training

It is the responsibility of the staff, trustees and volunteers to ensure that safeguarding training is undertaken on an ongoing basis; a situation monitored by the DSL.

When the Safeguarding Policy is amended, all members of staff and volunteers must read the policy and are expected to seek support if they do not understand any issues raised.

The DSL may determine that ad-hoc safeguarding training is required to address specific issues raised in de-briefs or reviews. She will plan and organise that training.

Signed on behalf of the Board of Trustees by,

Chair: Katie Bradshaw
Dated: 18th October 2024

Appendix 1- Definitions of Abuse

1. Definitions of Abuse

This document sets out the definitions of abuse. It gives examples of the types of sexual abuse that adults may experience. It provides information on recognising signs of abuse and highlighting factors that might suggest an increased risk of abuse. Finally, it gives a definition of significant harm and imminent harm.

2. Discriminatory abuse

This occurs when values, beliefs or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals. It includes discrimination based on race, culture, gender, sexuality, religion or disability. This is often called Hate Crime and includes forms of harassment, bullying, slurs, isolation, neglect, denial of access to services or similar treatment.

3. Domestic abuse

Domestic abuse is defined by the Home Office as “any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality”.

4. Female Genital Mutilation (FGM)

This involves procedures that intentionally alter or injure female genital organs for non-medical reasons. The procedure has no health benefits for girls and women. The Female Genital Mutilation Act (FGMA) was introduced in 2003 and came into effect in March 2004. The Act makes it illegal to practise FGM in the UK or to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in another country. It also makes it illegal to aid, abet, counsel or procure the carrying out of FGM abroad.

5. Financial or material abuse

This including theft, fraud, internet scamming, exploitation, 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.

6. Institutional abuse/organisational abuse

Institutional abuse, although not a separate category of abuse in itself, requires specific mention simply to highlight that adults in the care of institutions or organisations (such as care homes, residential care, schools, medical facilities etc.) are potentially vulnerable to abuse and exploitation. This can be especially so when care standards and practices fall below an acceptable level as detailed in the contract specification.

7. Modern Slavery

Modern Slavery encompasses slavery, human trafficking, forced and compulsory 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. Contemporary slavery takes various forms and affects people of all ages, gender and races.

Human trafficking involves an act of recruiting, transporting, transferring, harbouring or receiving a person through a use of force, coercion or other means, for the purpose of exploiting them. Signs of various types of slavery and exploitation are often hidden, making it hard to recognise potential victim. Survivors can be any age, gender or ethnicity or nationality. If an identified survivor of human trafficking is also an adult with care and support needs, the response will be co-ordinated under the adult safeguarding process. The police are the lead agency in managing responses to adults who are the survivors of human trafficking. There is a national framework to assist in the formal identification and help to coordinate the referral of survivors to appropriate services, known as the National Referral Mechanism.

8. Multiple forms of abuse

Multiple forms of abuse may occur in an ongoing relationship or an abusive service setting to one person, or to more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

9. Neglect and acts of omission

This can include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating, leaving in soiled clothes and failing to feed properly.

10. Physical abuse

This can include hitting, slapping, and pushing, burning, kicking, misuse of medication, restraint, or inappropriate sanctions.

11. Psychological abuse

This can include emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, name calling, belittling, undermining, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

12. Extremism

Extremists will always target vulnerable individuals in a bid to spread their twisted and distorted ideologies, but they must be tackled at source and prevent people being brainwashed into performing acts of extremism. Radicalisation refers to the process by which a person comes to support extremism and forms of extremism leading to extremism. There is no obvious profile of anyone likely to become involved in extremism or a single indicator of when a person might move to adopt violence in support of extremist ideas. The process of radicalisation is different for every individual and can take place over an extended period or within a very short time frame.

13. Sexual Abuse

Including rape and sexual assault, inappropriate touching or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting. The sexual exploitation of adults with care and support needs involves exploitative situations, contexts and relationships where adults with care and support needs (or a third person or persons) receive ‘something’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing sexual activities, and/or others performing sexual activities on them. Sexual exploitation can occur through the use of technology without the person’s immediate recognition. This can include being persuaded to post sexual images or videos on the internet or a mobile phone with no immediate payment or gain, or being sent such an image by the person alleged to be causing harm. In all cases those exploiting the adult have power over them by virtue of their age, gender, intellect, physical strength, and/or economic or other resources.

14. Self-neglect

Lack of self-care. This may involve neglecting personal hygiene, nutrition and hydration or health. This type of neglect would involve a judgement to be made about what is an acceptable level of risk and what constitutes well-being. Poor environments and personal hygiene may be a matter of personal or lifestyle choice or other issues such as insufficient income. Lack of care of one's environment – this may result in unpleasant or dirty home conditions and an increased level of risk in the domestic environment such as health and safety and fire risks associated with hoarding. This may again be subjective and require a judgement call to determine whether the conditions within an individual's home environment are acceptable.

Refusal of services that could alleviate these issues – this may include the refusal of care services, treatment, assessments or intervention, which could potentially improve self-care or care of one's environment. There are other less overt forms of self-neglect such as eating disorders; misuse of substance; and alcohol abuse. The effects of self-neglect can be wide ranging and may result in serious harm or distress, not only to the individual who is neglecting themselves, but also for those involved with the individual or who may live close to the individual.

Appendix 2 - Recognising Abuse

Abuse can take many forms and it may be regarded not only as the commission or omission of an act, but also as the threat or risk of such. If a vulnerable adult is led to believe that they will be abused this is in effect the equivalent of the abuse taking place.

Abuse may be recent or non-recent.

1. External factors that can influence the risk of abuse

The following factors could increase the vulnerable adult's risk of becoming subject to abuse.

- Substance misuse
- Domestic violence
- Social exclusion and isolation
- Stigma and discrimination
- Being the focus of anti-social behaviour (and bullying)
- Overcrowded living arrangements
- Insecure living conditions, homelessness
- Economic insecurity

2. Signs and indicators of abuse

Some of the more obvious signs of abuse may include the following:

- Unexplained or repeated injuries such as bruising, cuts or burns, particularly if situated on a part of the body not normally prone to such injuries.
- An injury for which the explanation seems inconsistent.
- Someone else expresses concern about their welfare.
- Unexplained changes in behaviour (e.g. becoming very quiet, withdrawn or displaying sudden outbursts of temper).
- Appears anxious or frightened

- Engagement in sexually explicit behaviour.
- Difficulty in making friends or is prevented from socialising with others.
- Displays variations in eating patterns including overeating or loss of appetite.
- Loses weight for no apparent reason; frequently hungry
- Becomes increasingly dirty or unkempt.
- Very low self esteem
- Self-harming behaviour

3. Signs and indicators of radicalisation

Indicators of vulnerability to radicalisation include:

- Distance from cultural heritage
- Experience of migration
- Experience of racism and discrimination
- Family members or friends associated with extremist groups
- Family tensions
- Sense of isolation and feelings of failure

4. Acting on signs and indicators

It should be recognised that these not definitive lists of the indicators or abuse or radicalisation. The presence of one or more of the indicators is not proof that abuse/radicalisation is actually taking place. It is not the responsibility of staff to decide that abuse/radicalisation is occurring, but it is their responsibility to use their professional judgement and act on any concerns by reporting it.

5. Significant Harm

Some vulnerable adults are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children/young people. RSACC applies this definition to its work with vulnerable adults.

In Section 31(9) of the Children's Act 1989, "harm" is defined as:

- ill-treatment or the impairment of health or development [including, for example, impairment suffered from seeing or hearing the ill-treatment of another];
- "development" means physical, intellectual, emotional, social or behavioural development;
- "health" means physical or mental health; and
- "ill-treatment" includes sexual abuse and forms of ill-treatment which are not physical.

Section 31(10) of the Children's Act 1989 suggested that the question of whether harm suffered by a child is significant turns on the child's health or development.

Every vulnerable adult who is accessing RSACC's services is likely to have suffered harm in the form of sexual violence. Whether that harm has had a significant impact on the health or development is dependent on a number of factors all unique to the individual. It is similarly difficult to assess how significant the impact of any subsequent harm will be on that individual.

If you are unclear as to whether a vulnerable adult has experienced significant harm, please discuss this with your service lead or supervisor.

Ultimately you will make a subjective judgment as to whether the harm is significant or potentially significant to the client. Discussing with the client whether they believe the impact to be significant may help you to reach that judgment. However some clients may underrepresent, either consciously or unconsciously, the impact their abuse has on them and you should be prepared to make a judgment that contradicts the client's view.

6. Imminent harm/danger

A vulnerable adult is considered to be in imminent harm if there is an immediate risk to their life or the lives of others.

Appendix 3- Practice Tool to Aid Decision Making

The full version of the tool is available here.

Practice Tool to Aid Decision Making – Part A - Immediate Risk Assessment

Factors				Guidance and considerations
1. Vulnerability of the adult at risk	Less vulnerable ⟷ More vulnerable			• Does the adult have needs for care and support? (Section 42 must be referred if criteria met, see definitions) • Can the adult protect themselves? • Does the adult have the communication skills to raise an alert? • Does the person lack mental capacity? • Is the person dependent on the alleged perpetrator? • Has the alleged victim been threatened or coerced into making decisions?
The abusive act	Less serious ⟷ More Serious			Questions 2-9 relate to the abusive act and/or the alleged perpetrator. Less serious concerns are likely to be dealt with at initial enquiry stage only, whilst the more serious concerns will progress to further stages in the safeguarding adult's process.
2. Seriousness of the alleged abuse	Low	Significant	Critical	**Refer to the table overleaf.** Look at the relevant categories of abuse and use your knowledge of the case and your professional judgement to gauge the seriousness of concern.
3. Patterns of alleged abuse	Isolated incident	Recent abuse in an ongoing relationship	Repeated abuse	• Most local areas have an escalation policy in place, e.g. where safeguarding adult's procedures will continue if there have been a repeated number of concerns in a specific time period. Please refer to local guidance.
4. Risk of repeated abuse on the adult at risk	Unlikely to recur	Possible to recur	Likely to recur	• Is the abuse less likely to recur with significant changes, e.g. training, supervision, respite, support or very likely even if changes are made and/or more support provided?
5. Impact of abuse on the adult at risk	No impact	Some impact but not long-lasting	Serious long-lasting impact	• Impact of abuse does not necessarily correspond to the extent of the abuse – different people will be affected in different ways. Views of the adult at risk will be important in determining the impact of the abuse.
6. Impact on others	No one else affected	Others indirectly affected	Others directly affected	Other people may be affected by the abuse of another adult; • Are relatives or other residents/service users are distressed or affected by the abuse? • Are other people intimidated and/or their environment affected?
7. Risk of repeated abuse on others	Others not at risk	Possibly at risk	Others at serious risk	Are others (adults and/or children) at risk of being abused; • Very unlikely? • Less likely if significant changes are made? • This perpetrator/setting represents a threat to other vulnerable adults or children.
8. Intent of person(s)/ organisation alleged to have caused harm	Unintended/ ill-informed	Opportunistic	Deliberate/ Targeted	• Is the act/omission a violent/serious unprofessional response to difficulties in caring? • Is the act/omission planned and deliberately malicious? Is the act a breach of a professional code of conduct? ***The act/omission does not have to be intentional to meet safeguarding criteria**
9. Illegality of actions	Bad practice - not illegal	Criminal act	Serious criminal act	Seek advice from the Police if you are unsure if a crime has been committed. • Is the act/omission poor or bad practice (but not illegal), or is it clearly a crime?

RSACC
Rape and Sexual Abuse Counselling Centre
Darlington and County Durham

Version 13

Part B – Categories and Concern Level Examples

Types of abuse and seriousness	Concerns may be notified to the Local Authority, but these are likely to be managed at Initial Enquiry stage only. Professional judgement or concerns of repeated low-level harm will progress to further stages in the safeguarding adult's process.		Concerns of a significant or critical nature should be referred to the Local Authority (with consent of the alleged victim where this is relevant and appropriate to do so). They will receive additional scrutiny and progress further, under safeguarding adult's procedures. Where a criminal offence is alleged to have been committed, the Police will be contacted. Other emergency services should be contacted as required.		
Category	**Low**		**Significant or critical**		
Physical	• Staff error causing no/ little harm, e.g. skin friction mark due to ill-fitting hoist sling • Minor events that still meet criteria for 'incident reporting'	• Isolated incident involving service user on service user • Inexplicable very light marking found on one occasion	• Inexplicable marking or lesions, cuts or grip marks on a number of occasions	• Inappropriate restraint • Withholding of food, drinks or aids to independence • Inexplicable fractures/injuries • Assault	• Grievous bodily harm/assault with weapon leading to irreversible damage or death
Medication	• Adult does not receive prescribed medication (missed/wrong dose) on one occasion - no harm occurs	• Recurring missed medication or administration errors that cause no harm	• Recurring missed medication or errors that affect more than one adult and/or result in harm	• Deliberate maladministration of medications • Covert administration without proper medical authorisation	• Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death
Sexual (including sexual exploitation)	• Isolated incident of teasing or low-level unwanted sexualised attention (verbal or touching) directed at one adult by another, whether or not capacity exists	• Minimal verbal sexualised teasing or banter.	• Recurring sexualised touching or isolated or recurring masturbation without consent. • Voyeurism without consent • Being subject to indecent exposure • Grooming including via the internet and social media	• Attempted penetration by any means (whether or not it occurs within a relationship) without consent • Being made to look at pornographic material against will/where consent cannot be given	• Sex in a relationship characterised by authority inequality or exploitation e.g. receiving something in return for carrying out a sexual act. • Sex without consent (rape)
Psychological /Emotional	• Isolated incident where adult is spoken to in a rude or inappropriate way – respect is undermined but no/little distress caused	• Occasional taunts or verbal outburst. • Withholding of information to disempower	• Treatment that undermines dignity and esteem • Denying or failing to recognise adult's choice or opinion.	• Humiliation • Emotional blackmail e.g. threats or abandonment/harm • Frequent and frightening verbal outbursts or harassment	• Denial of basic human rights/civil liberties, over-riding advance directive • Prolonged intimidation • Vicious/personalised verbal attacks

Part B – Categories and Concern Level Examples (cont'd)

Category	Low		Significant or critical		
Financial	• Staff personally benefit from users' funds, e.g. accrue 'reward' points on their own store loyalty cards when shopping • Money not recorded safely and properly	• Adult not routinely involved in decisions about how their money is spent or kept safe – capacity in this respect is not properly considered. • Non-payment of care fees not impacting on care.	• Adult's monies kept in a joint bank account – unclear arrangements for equitable sharing of interest • Adult denied access to his/her own funds or possessions	• Misuse/misappropriation of property or possessions of benefits by a person in a position of trust or control • Personal finance removed from adult's control • Ongoing non-payment of care fees putting a person's care at risk	• Fraud/exploitation relating to benefits, income, property or will • Theft
Neglect	• Isolated missed home care visit where no harm occurs • Adult is not assisted with a meal/drink on one occasion and no harm occurs • Adult not bathed as often as would like – possible complaint	• Inadequacies in care provision that lead to discomfort or inconvenience - no harm occurs e.g. being left wet occasionally. • Not having access to aids to independence	• Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs • Hospital discharge without adequate planning and harm occurs	• Ongoing lack of care to the extent that health and wellbeing deteriorate significantly, e.g. pressure wounds, dehydration, malnutrition, loss of independence/confidence.	• Failure to arrange access to lifesaving services or medical care. • Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk.
Self-Neglect	• Incontinence leading to health concerns	• Isolated/ occasional reports about unkempt personal appearance or property which is out of character or unusual for the person	• Multiple reports of concerns from multiple agencies • Behaviour which poses a fire risk to self and others • Poor management of finances leading to risks to health, wellbeing or property	• Ongoing lack of care or behaviour to the extent that health and wellbeing deteriorate significantly e.g. pressure sores, wounds, dehydration, malnutrition	• Failure to seek lifesaving services or medical care where required • Life in danger if intervention is not made in order to protect the individual
Organisational (any one or combination of the other forms of abuse)	• Lack of stimulation/ opportunities for people to engage in social and leisure activities • Service users not given sufficient voice or involve in the running of the service	• Denial of individuality and opportunities for service user to make informed choice and take responsible risks • Care-planning documentation not person-centred	• Rigid/inflexible routines • Service user's dignity is undermined e.g. lack of privacy during support with intimate care needs, sharing under-clothing	• Bad/poor practice not being reported and going unchecked • Unsafe and unhygienic living environments	• Staff misusing their position of power over service users • Over-medication and/or inappropriate restraint used to manage behaviour • Widespread consistent ill-treatment

RSACC
Rape and Sexual Abuse Counselling Centre
Darlington and County Durham

Version 13

Part B – Categories and Concern Level Examples (cont'd)

Category	Low		Significant or critical		
Discriminatory	• Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences	• Isolated incident of care planning that fails to address an adult's specific diversity associated needs for a short period • Occasional taunts	• Inequitable access to service provision as a result of a diversity issue • Recurring failure to meet specific care/support needs associated with diversity	• Being refused access to essential services • Denial of civil liberties e.g. voting, making a complaint • Humiliation or threats on a regular basis, recurring taunts	• Hate crime resulting in injury/emergency medical treatment/fear for life • Hate crime resulting in serious injury or attempted murder/honour-based violence
Modern Slavery	• All concerns about modern slavery are deemed to be of a significant/critical level		• Limited freedom of movement • Being forced to work for little or no payment • Limited or no access to medical and dental care • No access to appropriate benefits	• Limited access to food or shelter • Be regularly moved (trafficked) to avoid detection • Removal of passport or ID documents	• Sexual exploitation • Starvation • Organ harvesting • No control over movement / imprisonment • Forced marriage
Domestic Abuse	• Isolated incident of abusive nature	• Occasional taunts or verbal outbursts	• Inexplicable marking or lesions, cuts or grip marks on a number of occasions • Alleged perpetrator exhibits controlling behaviour • Limited access to medical and dental care	• Accumulations of minor incidents • Frequent verbal/physical outbursts • No access/control over finances • Stalking • Relationship characterised by imbalance of power	• Threats to kill, attempts to strangle choke or suffocate • Sex without consent (rape) • Forced marriage • Female Genital Mutilation (FGM) • Honour based violence
	The Safe Lives Risk Assessment Checklist should be used to determine the level of risk in domestic abuse cases and a referral made into MARAC where appropriate				

Appendix 4 - Mental Capacity

1. Mental Capacity

The Mental Capacity Act (MCA) 2005 applies to any survivor over the age of 16 receiving support from RSACC who is unable to make all, or some, decisions for themselves.

NB this could be the case at the outset of support from RSACC, or could occur during the time of receiving support from us, e.g. if a client had a stroke.

The Act is designed to protect and restore power to those who lack capacity. It empowers people to make decisions for themselves wherever possible.

- A lack of mental capacity could be due to:
- A stroke or brain injury
- A mental health problem
- Dementia
- A learning disability
- Confusion, drowsiness, or unconsciousness due to an illness
- Substance misuse

There are five key principles:

1. Every adult has the right to make her own decisions and must be presumed to have the capacity to do so unless proved otherwise.
2. A person must be given support before treating her as if she cannot make her own decisions. Make every effort to support her and, if lack of capacity is established, involve her in any decisions as far as possible.
3. People have the right to make unwise decisions.
4. Any decisions made for someone must be in her best interests.
5. Anyone making a decision for someone must consider whether it is possible to decide/act in a way which interferes less with her rights/freedom of action, or whether there is a need to do anything at all.

2. Assessing Capacity

You may need to assess capacity at a particular time because a client's brain is affected by illness or disability and this might not be permanent. Assessments of capacity should be time and decision specific.

Two-stage functional test of capacity:

1. Is there impairment in the functioning of the client's brain?
2. Is the impairment sufficient that the client lacks capacity to make a particular decision?

The law says that a person is unable to make a decision if she cannot do one or more of the following:

- Understand information given to her
- Retain information long enough to make the decision
- Weigh up the information available to make the decision
- Communicate the decision

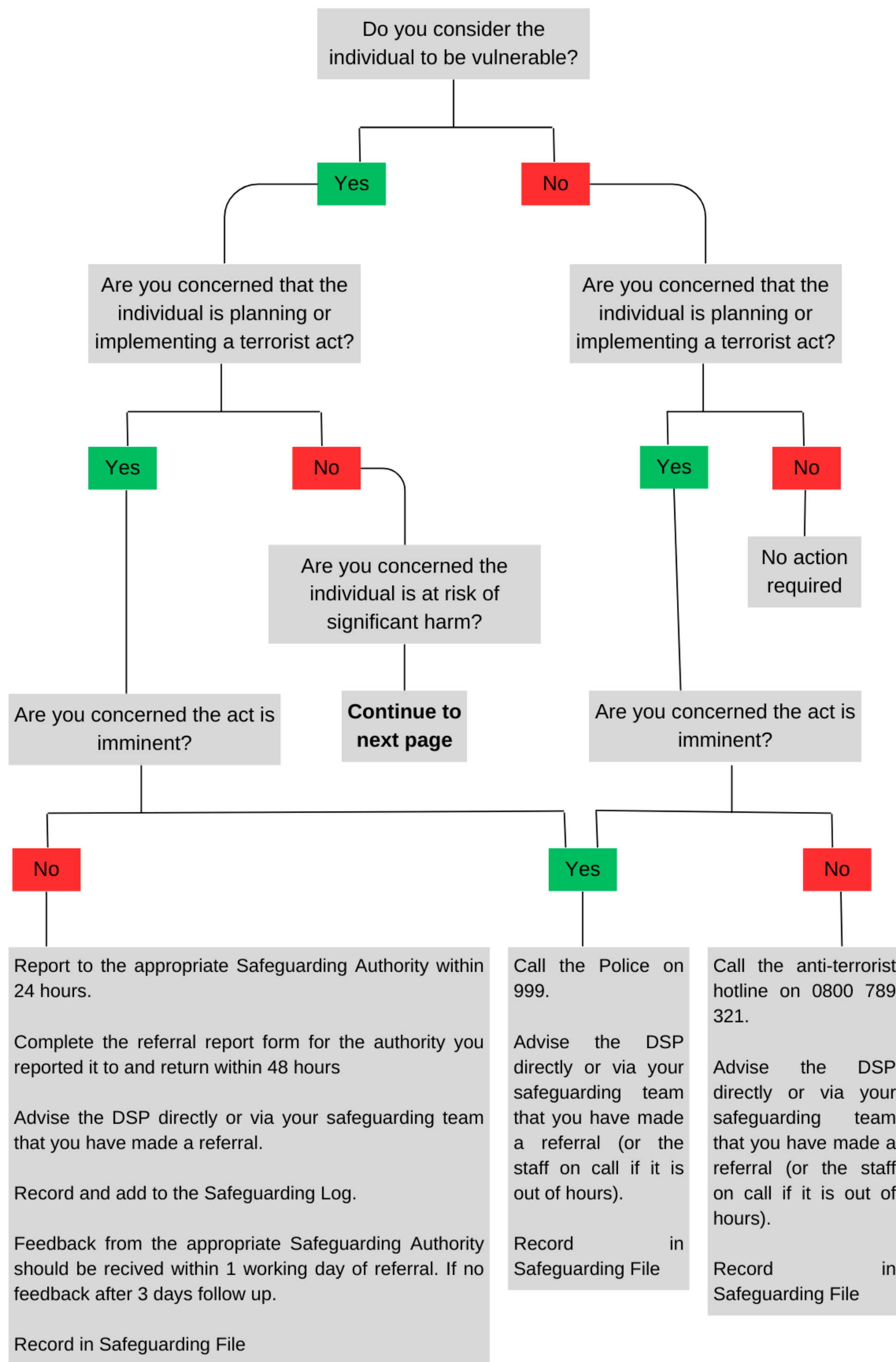
Every effort should be made to find ways of communicating with the client before deciding that she lacks capacity. The assessment must be made on the balance of probabilities: is it more likely than not that the person lacks capacity?

Record your decision.

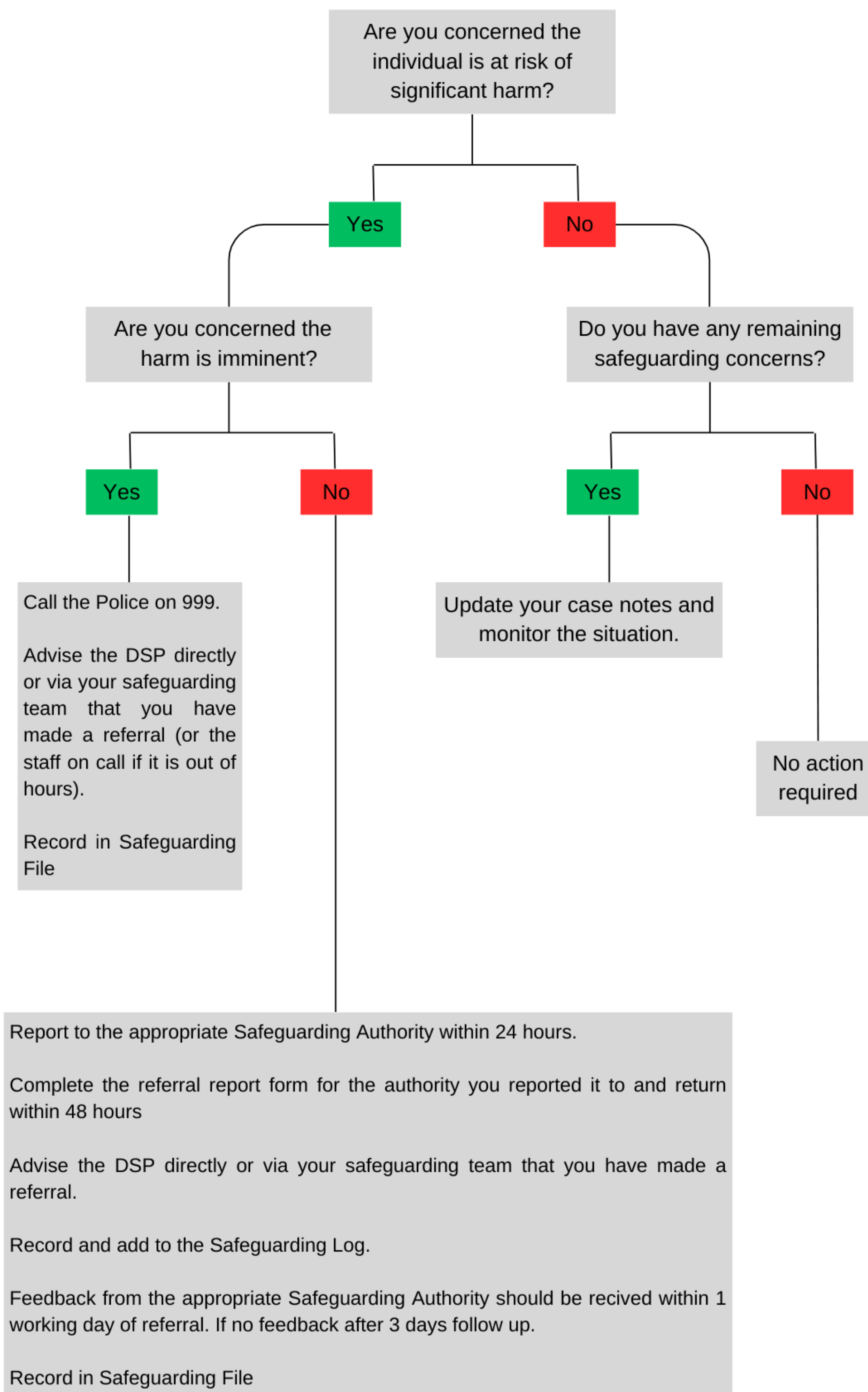
RSACC
Rape and Sexual Abuse Counselling Centre
Darlington and County Durham

Version 13

Appendix 5- Safeguarding Referral Flowchart



Version 13



Appendix 6- Staff and Volunteer Contract

1. Good Practice Guidelines

All staff and volunteers should demonstrate exemplary behaviour in order to protect themselves from allegations of misconduct and maintain their standards of behaviour therefore acting as a role model. The following are common sense examples of how to create a positive culture and climate.

1.1. Good practice means:

- Always work in a safe environment and place approved by RSACC, for example a designated outreach base.
- Never work with a vulnerable adult without the presence of a designated colleague (buddy) or approved person at your outreach base.
- Never make physical contact with a client. There may be occasions when a distressed client needs comfort. This should be done verbally and your boundaries should be sensitively relayed to the client in a way they can understand the reasons why you can't touch them / hug them so that the client does not feel rejected. This will minimise any hurt feelings. If a situation arises and you are concerned, you must report this to your line manager/clinical supervisor as soon as possible.
- Treat all vulnerable adults equally with respect and dignity. RSACC will take positive action to eliminate discrimination against any person or group of people. Staff and volunteers should ensure that vulnerable adults are protected from discrimination on any grounds, including ability and challenge discriminating comments and behaviour. All RSACC activities should be designed to include all vulnerable adults and to promote positive attitudes towards differences.
- Be clear about what the objectives of the service you are providing before it begins and always put the welfare of each vulnerable adult first. Always explain in language the individual can understand.
- Maintain a safe and appropriate distance with vulnerable adults (e.g. it is not appropriate for staff or volunteers to have an intimate or close personal relationship with a vulnerable adult (or anyone else using the RSACC services).
- Do not give or accept personal gifts without the declaring this (see RSACC Gift and Gratuity Policy) or exchange personal communication with service users.
- Do not exchange personal communication contact details with service users (e.g. personal mobile phone numbers; personal email addresses; social media contact details.

- Build balanced relationships based on mutual trust which will empower vulnerable adults to share in the decision-making process.
- Conduct yourself in a manner that sets a good example to any vulnerable adult involved in RSACC. Be an excellent role model.
- Giving enthusiastic and constructive feedback rather than negative criticism.
- If an incident occurs remain calm and get the attention and support of other staff. The incident should be recorded in writing, with a witness statement (where possible), immediately afterwards.
- Always adhere to the Safeguarding policies.
- Question any unknown adult who enters the RSACC premises with the vulnerable adult and / or who attempts to engage with the vulnerable adult.

1.2. Practices never to be sanctioned:

- Engaging in any form of inappropriate touching.
- Vulnerable adult's inappropriate use of language and/or behaviour: This should always be challenged.
- Sexually suggestive comments to a vulnerable adult, even in fun.
- Reducing a vulnerable adult to tears as a form of control.
- Allegations made by a vulnerable adult being unchallenged, unrecorded or not acted upon.

Appendix 7- Police & Local Authority Contact Details

Area	Phone Number / Times/availability	Website/Email
Durham Police	**999** **101 for non emergencies**	**https://www.durham.police.uk/**
	Telephone - 01325 406111 **Minicom** - 01325 468504 **Text** - 07538 601527 (If you require help urgently outside office hours, you can contact the Emergency Duty Team from 5pm on Friday to 9am on Monday and also on Bank holidays. **Telephone** - 01642 524552 or Minicom: 01642 602346)	Contact the Multi-Agency Safeguarding Hub You can explain that you wish to report a suspected case of adult abuse. https://www.darlington.gov.uk/health-and-social-care/adult-social-care/safeguarding-adults/who-do-i-contact/ **Referral Form can be downloaded from this website**
Darlington	**Telephone** - 01325 406111 **Minicom** - 01325 468504 **Text** - 07538 601527 (If you require help urgently outside office hours, you can contact the Emergency Duty Team from 5pm on Friday to 9am on Monday and also on Bank holidays. **Telephone** - 01642 524552 or Minicom: 01642 602346)	First Point of Contact team (Adult Social Care at Darlington Borough Council) You can explain that you wish to report a suspected case of adult abuse. http://www.darlingtonsafeguardingboards.co.uk/adults-safeguarding-board/worried-about-an-adult/

		Email: ssact@darlington.gov.uk **Referral Form can be downloaded from this website**
Durham	24 hours a day on 03000 267 979.	• Call Social Care Direct. A trained officer will listen carefully to your concerns, give advice and take a referral if necessary, even if you want to remain anonymous. http://www.safeguardingdurhamadults.info/article/18047/Concerned-about-an-adult-

Appendix 8 - Safeguarding Checklist

If you cannot access the local authority form please collect the following information:

- Names of person(s) you have concerns about
- Age and date of birth
- Ethnicity
- Disability
- Address
- Reason for referral – be accurate and factual
- Who gave the information to you
- Date and time information given
- If anyone else was present
- Was consent given to pass on information and, if not, why not?

Appendix 9- Designated Safeguarding Lead Responsibilities

The DSL key responsibilities are as follows:

- To play a lead role in developing and establishing the organisations approach to safeguarding children & young people and provide advice, support and guidance to RSACC workers on safeguarding issues
- To manage referrals to local authority children's safeguarding team and the police
- To be a central point of contact for internal and external individuals and agencies for all issues relating to safeguarding
- To provide debriefing for any individuals who have made referrals
- To represent the organisation at external meetings relating to safeguarding, for example, Child Safeguarding Practice Reviews or Child Death Reviews
- To play a lead role in ensuring safeguarding requirements are met in relation to recruitment, training and induction.
- To play a lead role in maintaining and reviewing the RSACC safeguarding policies to ensure they are up to date with legislation and any learning has been identified and incorporated
- To ensure safeguarding standards are met and maintained and accurate records are filed appropriately and kept up to date.
- To ensure safeguarding training is provided to all individuals, staff, volunteers and trustees and that the training is repeated every 2 years.