Safeguarding and Public Protection Policy - Adults at Risk

Version 5
Reviewed 1 April 2025
Next review 1 April 2026 (unless legislative change)
Policy owner SMT

1. General Statement of Intent

1.1 Safeguarding is everyone's responsibility.

1.2 This policy is a statement of *Survive's* commitment to safeguarding adults at risk who are referred to us or self-refer into our services or who we come into contact with through our outreach activities.

1.3 The policy is to be operated by staff, volunteers, trustees and others who work for *Survive* to safeguard clients and potential clients.

1.4 It provides guidance on our individual and collective responsibilities in relation to the safeguarding adults at risk. Safeguarding responsibilities in relation to children and young people (CYP) is dealt with in our Safeguarding and Public Protection Policy – CYP.

1.5 *Survive's* Confidentiality, data protection and information sharing policy and *Survive's* client contract detail how and when *Survive* will break confidentiality and raise a safeguarding concern to third parties.

2. Context

2.1 The Care Act 2014 and the Social Services and Wellbeing Act (Wales) 2014 define Safeguarding as 'protecting an adult's right to live in safety free from abuse and neglect'. Adult safeguarding is about preventing and responding to concerns of abuse or harm or neglect of adults. Staff should work together in partnership with adults so that they are:

- Safe and able to protect themselves from abuse and neglect;
- Treated fairly with dignity and respect;
- Protected when they need to be;
- Able easily to get the support, protection and services they need.

2.2 This policy aims to reflect both the six Safeguarding Principles and the concept of Making Safeguarding Personal. The six principles of safeguarding detailed below are stipulated in the Department of Health and Social Care (Care and Support Statutory Guidance, June 2020).

Empowerment	People are encouraged to make their own informed decision/s.
Prevention	It is better to take action before harm occurs.
Proportionality	The least intrusive response appropriate to the risk presented.
Protection	Support and representation, when required
Partnership	Working in partnership with individuals and others including health, social care and other professionals.

Accountability	Being willing to accept responsibility and accountability for one's actions.

2.3 Section 42 of the Care Act (2014) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

2.4 The Care Act (2014) guidance supports the need for safeguarding to be person led and outcome focused. This means engaging the person in conversation about how best to respond to their safeguarding situation in a way that embraces choice and control as well as maintaining a focus on improving their quality of life, wellbeing and safety. The concept of Making Safeguarding Personal is about leadership and creating a culture that places the client at the centre of all interventions and decisions.

2.5 *Survive* has established the CEO as its designated Safeguarding Concerns Manager (SCM) - all staff and volunteers have been made aware of this and provided with their contact details. The SCM delegates day-to-day responsibility for safeguarding to the Counselling Services Manager, Support Services Manager, Operations Manager and Lead Counsellors. A nominated trustee/s can deputise in the absence of the SCM.

2.6 *Survive* recognises that it is the responsibility of each member of staff and volunteers to prevent neglect, physical, sexual and/or emotional abuse of vulnerable adults and to report any abuse disclosed or suspected.

3. Recognising the signs and symptoms of abuse

3.1 When an individual is experiencing abuse, they may display particular signs and symptoms that act as indicators that they may be experiencing abuse. Some of these signs and symptoms include:

Becoming withdrawn	Unusual or erratic behaviour
Withdrawing from friends and family	Running away from home
Losing interest in hobbies, job etc.	Rapid weight loss or gain
Low self-esteem/confidence	Repeated illnesses
Depression	Alcohol misuse
Anxiety	Drug misuse
Self-harm	Sudden changes in behaviour – becoming too withdrawn or erratic
Suicidal thoughts	Evident bruising, scratches, cuts or other marks and injuries
Suicide attempts	
Other mental health issues	
Slower than normal development	

3.2 It is important to remember that this list is not exhaustive but is used to provide indicators to some of the signs that an individual may be experiencing abuse. It is also important to remember that individually these signs may not present a concern but persistence and a combination of a number of the above can offer further indication that abuse may be taking place.

3.3 Staff and volunteers responding to helpline calls or working with clients and service users remotely via telephone must remember that the above signs and symptoms of abuse may not be as evident as when working with clients and service users in a face-to-face setting.

3.4 Across all services at *Survive* it is important to remember that victims/survivors have the right to share as much or as little information as they wish, so they may choose not to share information which alludes to abuse taking place. Our role is to support the individual and not to intelligence gather.

3.5 The categories and descriptions below are intended to help *Survive* staff and volunteers be alert to and identify signs of abuse whenever possible.

Neglect or act of omission	This is the persistent failure to meet an adult's basic needs both physical and or emotional/psychological. It may, for example, involve failure to provide clothes, shelter and food or failure to keep them clean or protect them from physical harm or danger. It may also include neglect of, or unresponsiveness to, the person's basic emotional needs and their developmental needs.
Physical abuse	This is causing physical harm to an adult such as by hitting, shaking, pushing, beating, pinching, burning, restraining unnecessarily, or other form of physical harm. Harm can also be caused when a parent or carer fabricates symptoms of ill health or causes actual ill health in a vulnerable adult.
Sexual abuse	This is forcing an adult to engage in sexual activities. These may include rape, sexual assault, prostitution, and may also include non-contact abuse, such as involving the person in creating or looking at pornographic material. Sexual abuse includes activities such as sending inappropriate messages and online or face-to-face grooming. Sexual abuse usually comes to light in a different way from physical abuse or neglect.
Emotional or psychological abuse	This involves a pattern of behaviour where a person consistently rejects, belittles, controls, frightens or deceives another, often within a 'caring' or 'loving' relationship. There can be extra difficulty in identifying an emotionally abusive relationship because emotional or psychological abusers may be unaware of what they are doing. They may believe what they are doing is for the benefit of their victim. Emotional abuse is present in all abuse but can also stand alone.
Financial or material abuse	This is when a person is prevented from accessing their own money, benefits or assets or is subject to undue pressure, duress, threat or undue influence in connection with loans, wills, property inheritance or financial transactions. It may involve exploitation of a person's money or assets or missing personal possessions, an unexplained lack of money or inability to maintain a lifestyle, unexplained withdrawals of money from accounts or involve the person allocated to manage financial affairs being evasive or uncooperative.
Modern slavery	This includes human trafficking, forced labour, domestic servitude, sexual exploitation, such as escort work, prostitution and pornography as well as debt bondage (being forced to work to pay off debts that realistically they will never be able to clear). The person may appear malnourished, unkempt or withdrawn. They may be isolated from the community or present as being under the control of others. There may be an avoidance of eye contact and the person may appear frightened or hesitant to talk to other people.
Self-neglect	This is characterised by poor personal hygiene, unkempt appearance, lack of essential food clothing or shelter, malnutrition, hoarding, non-compliance with health or care services, an inability or unwillingness to take medication or treat illness or injury.
Discriminatory abuse	This may manifest itself as any of the other categories of abuse previously stated. What is distinctive, however, is that discriminatory abuse is motivated by oppressive and discriminatory attitudes towards a person's disability, physical or learning disability, mental ill-health or sensory impairment, race, gender, age, religion, cultural background, sexual orientation, political convictions, appearance or other aspects.
Organisational abuse	Occurs when a setting (e.g. hospital, care home, mental health hospital etc) fails to provide a standard of care and treatment which causes harm to a person. May include inflexible or non-negotiable systems or routines, lack of adequate physical care, withholding care or medication etc.

Domestic Abuse	Any incident of threatening behaviour, violence or abuse between adults who are or have been intimate partners or family members.

4. Mental Capacity Act (2005), self-harm and suicidal ideation and other risk factors

4.1 The Mental Capacity Act (MCA)

4.1.1 The MCA safeguards individuals unable to make decisions for themselves because they lack capacity to do so. The MCA states you must:

- Assume capacity unless proved otherwise
- Take all practicable steps to enable people to make their own decisions
- Do not assume incapacity because someone makes unwise decision/s
- Always act or decide for a person without capacity in their best interests
- Consider actions to ensure the least restrictive option is taken

4.1.2 You should consider the following questions:

- Does the person have an impairment of the mind of brain (temporary or permanent)?
- If so, is the impairment or disturbance sufficient so that the person lacks the capacity to make a particular decision?

4.1.3 A person is deemed incapable of making a decision if they cannot:

- Understand the decision they need to make or why they need to make it
- Understand, retain and use the information relevant to the decision
- Understand the consequence of making the decision or not making the decision
- Communicate their decision by any means (e.g. speech, sign etc)

4.1.4 There may be occasions when you will need to consider whether a person engaged with *Survive* services lacks capacity to do so. Note dissociation during a session in which the individual is unable to connect to the 'here and now' is likely to be temporary.

4.2 Self-harm and suicidal ideation

4.2.1 It is not unusual for survivors to have histories of self-harm or suicidal ideation. *Survive* recognises that self-harm can be a coping mechanism and self-harm in itself will not necessarily trigger a safeguarding concern.

4.2.2 *Survive* staff and volunteers should consider self-harm that requires medical attention and where the survivor is unwilling or unable to secure medical attention as a safeguarding concern (e.g. ingestion of harmful substances or ingestion or insertion of blades or wounds that require stitching or wounds at risk of serious infection).

4.2.3 *Survive* staff and volunteers should also consider the context of self-harm. For example, a client's self-harm which has escalated from cutting to slashing and stabbing themselves when in heightened emotional state should be considered as a safeguarding concern that increases the risk of a medical emergency.

4.2.4 Survivors who have taken steps to end their own life or have advanced plans to take their own life should be dealt with under *Survive's* Suicide Policy.

4.2.5 Any of the risk identified above should be added to the client's record under 'risk assessment' with details and dates of the presenting risk so that other staff and volunteers are aware of the risk/s during their next contact with the survivor.

4.3 Other risk factors – key dates, trial dates

4.3.1 It is not unusual for survivors to be triggered by key dates related to the incident/s or to the Criminal Justice System.

4.3.2 *Survive* staff and volunteers should consider adding dates which may be triggering to the client's record under 'risk assessment' (e.g. date of forthcoming trial) so that other staff and volunteers are aware of the potential risk/s during their contact with the survivor.

5. Protocol for raising concerns about an adult

5.1 In the first instance, staff and volunteers should raise any safeguarding concerns with the designated safeguarding lead for the day which will usually be a lead counsellor or the Counselling Services Manager or Support Services Manager or Operations Manager.

5.2 If the designated safeguarding lead for the day is not available, staff and volunteers can contact the CEO in their capacity as SCM or the nominated trustee for safeguarding issues.

5.3 The designated safeguarding lead will discuss your concerns with you and decide whether:

- the concerns need to be escalated outside of *Survive*
- the concerns will be raised with or without the consent of the individual

The designated safeguarding lead will consider whether:

- the action being taken is proportionate to the risk
- raising the concern is in the public interest (e.g. is there a risk to others)
- raising the concern is in the adult's best interests (i.e. it will prevent harm or distress)

5.4 The protocol for raising concerns about an adult is found on HR Breathe: Safeguarding Adults Appendix 1 Protocol for Raising Concerns.

5.5 The contact details for raising safeguarding concerns internally with *Survive's* designated safeguarding leads or externally with other agencies are on HR Breathe: Safeguarding Adults Appendix 2 Contact Details.

5.6 All staff and volunteers involved in raising a safeguarding concern should:

- update the client record on Charity Log stating their own actions in relation to the case;
- add a Safeguarding flag to the client's record on Charity log;
- where necessary, task actions to others on Charity Log;
- ensure the SCM is informed either directly or via your supervisor or line manager.

6. Allegations against *Survive* staff, volunteers or trustees

6.1 Any allegations made against a member of staff or volunteer will be dealt with as a serious matter, following *Survive's* disciplinary policy and procedure.

6.2 Any allegations against staff and volunteers should be reported to the SCM or if the concern is with the SCM, to the Chair of trustees who will delegate to an appropriately qualified trustee.

7. Public protection

7.1 Public protection from sexual offences

7.1.1 When an individual tells *Survive* that they have been raped or sexually assaulted **by a complete stranger**, *Survive* can, with client consent, pass anonymous intelligence to the

police. Such intelligence may include the gender and approximate age of the survivor and the rough time and location of the rape or sexual assault.

7.1.2 Anonymous intelligence on recent and non-recent incidents perpetrated by a stranger/s can allow the police to put measures in place to increase public protection (e.g. proactive policing) or to link the anonymous intelligence to similar incidents on their police systems.

7.1.3 NOTE anonymous intelligence **should not** be shared in familial abuse, as the intelligence is too identifying (i.e. the perpetrator or other family members will be able to identify the victim based on the intelligence shared with the police).

7.2 Public protection from terrorism

7.2.1 **Prevent** is part of the Counter Terrorism and Security Act 2015. This is a measure that aims to reduce the threat of terrorism in the UK. Prevent is everybody's business.

7.2.2. The overall aim of Prevent is to safeguard children, young people and adults from the threat posed by those who hold extremist or radicalised views. The Prevent programme focuses on protecting vulnerable individuals from being exploited by extremists and aims to stop people from being drawn towards terrorism or violent extremism. It places a duty on public sector organisations to intervene early and provide support for those who are at risk of radicalisations, ensuring they are offered appropriate guidance and assistance to divert them from potential harm.

7.2.3 Definitions

- **Terrorism** - is defined under the Terrorism Act 2000 as the use or threat of action designed to influence the government or to intimidate the public or sections of the public, with the purpose of advancing a political, religious or ideological cause. Such actions can include:
  - serious violence against a person
  - serious damage to property
  - endangering a person's life
  - creating serious risk to health or safety of the public
  - interfering with or disrupting an electronic system

- **Extremism** is defined as: 'vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs'. This definition is outlined in the Prevent duty guidance: for England and Wales, which aims to stop people from becoming terrorists or supporting terrorism.

- **Radicalisation** is the process by which an individual comes to support harmful extremist ideologies, which can sometimes be a precursor to terrorism involving serious criminal acts.

- **Radicaliser** is an individual who actively encourages others to develop or adopt beliefs and views supportive of terrorism and forms of extremism leading to terrorism'. This definition aligns with the Prevent duty guidance, which aims to stop people from becoming terrorists or supporting terrorism..

7.2.4 The most common types of terrorism in the UK are extreme right-wing terrorism and Islamist terrorism.

- Extreme right-wing terrorism may be inspired by groups such as National Action, Atomwaffen Division, and other far-right extremist groups that promote violence and hate against minority communities.
- Islamist terrorism may be inspired by groups such as Daesh or Al Qa'ida, as well as other violent extremist ideologies that advocate for violent jihadist actions

7.2.5 If someone is expressing extreme views of hatred which could lead to them harming themselves or others, you can raise your concerns confidentially with the Action Counter Terrorism Early Support Line on 0800 011 3764.

8. Supervision and de-briefing

8.1 Safeguarding concerns should be raised immediately as stated above, however, staff and volunteers will be given opportunities for wider discussions on any safeguarding concerns:

- In team meetings;
- With their line manager;
- In clinical supervision; or
- With the SCM.

9. Training

9.1 CPD certified Safeguarding online training will be provided to all new staff, volunteers and trustees

9.2 Online Designated Safeguarding Lead training will be provided to designated safeguarding leads.

9.3 Regular internal safeguarding refresh training will be provided to all staff, volunteers and trustees not less than every 3 years.

9.4 A record of all staff and volunteers' safeguarding training will be retained in their training file on HR Breathe

10. Access and review

10.1 Line managers will signpost staff and volunteers to this policy as part of their induction.

10.2 A soft copy of this policy will be stored on Sharepoint and on Breathe HR.

10.3 SMT will review this policy every 12 months.

10.4 Staff and volunteers will be informed of any updates via team meetings.

Other linked policies:

Confidentiality, data protection and information sharing policy
Safeguarding and Public Protection Policy – CYP
Supervision policy
Recruitment policy (incl DBS)
Whistleblowing policy
Client contract
Suicide policy
Disciplinary policy
EDI policy