Safeguarding Adults Policy
To be read in conjunction with Appendices A and B

Policy Statement
Listening Post's Safeguarding Adults Policy is followed by all members of the organisation and promoted by those in a position of leadership within the organisation.

It has been informed by the principles and definitions outlined in the Care and Support Statutory Guidance issued under the Care Act 2014 and the Mental Capacity Act 2005 Code of Practice and the Vulnerable Adults act 2006

LP recognises that the safeguarding of adults is a responsibility held by all members of the organisation, whether employed or voluntary.

LP acknowledges it has a duty to report any concerns about adults in the community who may be at risk. Some of LP's own clients may themselves be adults at risk, or they may report knowledge of, and concerns about, adults at risk in the community. They may also have cause to report abusive or exploitative behaviour on behalf of LP staff or volunteers.

LP promotes the safeguarding of adults by:

- Ensuring that all staff and volunteers are trained to identify the types of abuse and/or neglect that adults may suffer and made aware of particular areas of adult vulnerability. All volunteers and staff will be asked to undertake a basic training in adult safeguarding and Prevent upon joining LP; senior staff (CEO, Clinical Manager and Team Leaders) will undertake a more advanced training renewable every three years.
- Ensuring that staff and volunteer counsellors are appointed through Safer Recruitment processes and undergo DBS checks as part of a recruitment process that includes an application form detailing past employment history, reference checks and interview.
- Requiring the CEO, Clinical Manager, and all Designated Safeguarding leads to be available for consultation regarding adult safeguarding concerns.
- Requiring volunteer counsellors to alert their supervisors to any adult safeguarding concerns that arise in the course of their counselling.
- Implementing the safeguards and guidelines set out in this policy and submitting the policy to an annual update overseen by members of the Council of Management.

Implementation of the Policy
It is incumbent on all employees and volunteers of the charity to be informed about the different forms of adult abuse and neglect and they are required to read the Safeguarding Adult Policy (including Appendix A, which lists forms of adult abuse and neglect) upon joining LP.

Disclosure and Adult Safeguarding
All volunteers and staff are required to follow the LP Safeguarding Adults Procedures (Appendix B).

All clients are informed at their assessment and at their first session of the limits to therapeutic confidentiality should they describe a risk of serious harm to another. Clients are told that in such circumstances the charity might need to take advice from other professionals, and that such a disclosure would usually, but not always, be discussed with the client first.

Maintenance and Review of Safeguarding Policy
Written records will be kept of any safeguarding adult concerns raised by staff or volunteers (receptionists, counsellors and supervisors, members of the Council of Management) and stored confidentially as all counselling records are stored in line with Data Protection Requirements.

LP will note any learning that arises from an adult safeguarding case with a view to updating this policy to reflect best practice.

The LP Council of Management will review this policy annually and update it, guided by the Company Secretary's monitoring of any legislative changes.

Document History			
Policy Name	Safeguarding Adults Policy	**Policy Owner**	Clinical Manager
Approved By	Council of Management	**Date Approved**	17 Feb 2025
Date original policy written	June 2016	**Next Review Date**	17 Feb 2026
Superseded documents	2016, 2019, 2022, 2023, 2024	**Revision Frequency**	1 year

Appendix A to Safeguarding Adults Policy
Definitions and Categories

Definition and Application of 'Adult Safeguarding'
Adult safeguarding is the protection of a person's right to live in safety, free from abuse and neglect. The Care Act 2014 enjoins local authorities to promote the wellbeing and independence of all adults, whether or not they are in need of care and support (Care Act 2014 Statutory guidance 2.3), but also makes specific reference to adults who are in particular need of safeguarding, who are at risk of abuse and neglect because of their needs for care and support (Care Act 2014 Statutory guidance 14.2.)

Definition of an adult at risk
Any adult aged 18 or over whom, by reason of mental or other disability, age, illness or other situation or specific circumstance is permanently or for the time being unable to take care of him or herself, or to protect him or herself against significant harm or exploitation.

N.B. Vulnerability in adults takes many forms. LP accepts the working definition above for use with those who may be vulnerable set out in the national Church of England report *Promoting a Safe Church.*

The phrase 'other situations' includes those who are at risk for medical, social and psychological reasons and also those who are vulnerable by virtue of their economic position or their status under immigration laws (for example those who are asylum seekers or refugees). It may include adults who are substance misusers, are homeless or who are in abusive relationships. Taking into account the breadth of the definition, it is probably the case that there are many people who could be considered vulnerable in some respects.

Definitions of 'Abuse' and 'Neglect'
Abuse is the violation of an individual's human and civil rights by someone else. Abuse might be unintentional, the important factor is whether the adult at risk is harmed or not. Abuse can be the result of a single act or may continue over months or years. It can be accidental or a deliberate act - the result on the victim is the same.

Abuse and neglect can be:

Physical abuse - Physical abuse includes assault, hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, inappropriate methods of restraint, and unlawfully depriving a person of their liberty.

Sexual abuse - Sexual abuse including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Female Genital Mutilation (FGM) - procedures that alter or cause injury to female genital organs for non-medical reasons. It is illegal in the UK, as is arranging for a child/woman to be taken abroad for FGM

Psychological abuse - Psychological abuse includes 'emotional abuse' and takes the form of threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation,

coercion, indifference, harassment, verbal abuse (including shouting or swearing), cyber bullying, isolation or withdrawal from services or support networks.

Financial or Material abuse - This includes theft, fraud, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern Slavery - 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.

Discriminatory Abuse - This includes discrimination on the grounds of race, faith or religion, age, disability, gender, sex, sexuality and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment.

Organisational Abuse - Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or where care is provided within their own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect & Acts of Omission - These include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating.

Self Neglect - Self-neglect entails neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Where abuse can happen
Abuse can happen in any setting and to people in all sections of society. It can happen whether someone lives alone or with others. It can happen wherever people are dependent on the care of others for their wellbeing: Where there is a position of responsibility or power which can be abused.

Who might abuse
Anyone can carry out abuse or neglect, including, for example, partners, other family members, neighbours, friends, acquaintances, and local residents, organised gangs, paid staff or professionals, volunteers and strangers. The person responsible for the abuse is in a position of trust and power.

Issues of capacity and consent
On the issue of mental capacity LP will be guided by the 5 principles of the Mental Capacity Act 2005.
1. You must always assume a person has capacity unless it is proved otherwise.
2. You must take all practicable steps to enable a person to make their own decision.
3. You must not assume incapacity simply because someone makes an unwise decision.
4. Always act, or decide, for a person without capacity in their best interests.
5. Carefully consider actions to ensure the least restrictive option is taken.

In order to comply with the second principle above, and to assess capacity, all volunteers and staff must
1. Ensure that information is given in a manner which the person can understand.

2. The person must then be able to retain the information long enough to make a decision.
3. The person must then be able to communicate their decision in whichever is their usual way.
4. The person has the right to make an unwise decision.

Appendix B to Safeguarding Adults Policy

Procedures

Listening Post has adopted a policy of 'little s' and 'BIG S' safe safeguarding. The aim of distinguishing between little s and BIG S is to differentiate between safeguarding risks which need to be recorded and shared in order to build a picture of risk over time, and those which require more urgent person to person consultation and potential action.

A 'little s' safeguarding risk typically refers to lower-level concerns that require monitoring and possibly some intervention, but don't present immediate serious danger. These might include:

- Mild self-harming behaviours that aren't life-threatening
- Concerning patterns in relationships or behaviours that could lead to future harm
- Early signs of eating disorders without medical crisis
- Risky online behaviours without immediate danger
- Minor neglect or early signs of abuse

In the case of a 'little s' safeguarding risk the counsellor is asked to raise the Cliniko Safeguarding/prevent alert which then gets transferred to the Safeguarding register

A 'Big S' safeguarding risk refers to serious, immediate concerns that require urgent action and often mandatory reporting. These typically include:

- Active suicidal ideation with plan/intent
- Serious self-harm requiring medical attention or behaviour carrying high risk of injury*
- Disclosure of sexual abuse
- Domestic violence with immediate risk
- Child abuse or exploitation
- Human trafficking
- Serious neglect causing immediate harm
- Terrorist activities or radicalization
- Risk of immediate harm to others

The key difference lies in the immediacy and severity of the risk, though it is important to note that 'little s' concerns should still be taken seriously as they can escalate if not addressed.

The Cliniko Safeguarding/prevent alert will go into a safeguarding database. New posts are seen weekly by the Clinical Manager, and you will be sent access to this to add any updates regarding the progress of the safeguarding alert.

*Types of self harm:

- Physical Self-Harm (e.g. cutting/ scratching skin/ hair pulling
- Risky behaviours (e.g. dangerous driving, substance abuse, extreme sports with high injury risk)
- Consistent self-sabotage (e.g. Extreme risk taking in relationships, chronic non compliance with medical treatment)

- Expressing frequent self-destructive thoughts online (e.g. sharing self-harm content, high risk challenges).

Please note:

1. If there is no time to consult your supervisor/ Clinical Manager or Safeguarding Lead, you must act in the moment to, for example, call the ambulance or the police.
2. Ensure that all phone calls and discussions, dates, who you talked to, what was discussed and the reasons for undertaking the actions you took are noted on the Safeguarding/Prevent Log in a factual manner. Also record reasons why actions were not taken.

Volunteer Receptionists and staff are to raise any concerns they might have relating to safeguarding adults arising from contact with clients (phone, face to face, online) with the Designated Safeguarding lead on the same day.

Information given to an individual member of staff/volunteer belongs to LP and not to the individual member of staff or volunteer. Decisions therefore about sharing a concern about an adult at risk with other agencies without their consent should be made by a Designated Safeguarding lead and not one individual acting on their own.

Although the views and wishes of the client will normally be respected when sharing information, a fully confidential service cannot be guaranteed. There may be exceptional circumstances when a duty to protect the wider public interest or an individual will outweigh normal counselling practice regarding confidentiality. Throughout all situations seeking to protect the adult at risk is the guiding principle.

Clients should be told, where appropriate, about disclosures and with whom information will be shared. Information should only be shared with a Designated Safeguarding lead to support the delivery of services to the client.

Staff and volunteers are required to report any concerns relating to safeguarding adults to their supervisor and/Designated Safeguarding lead or the CEO as soon as reasonably practicable.

General Guidance

If you have a safeguarding concern:

- Assess the immediate risk to the individual and others.
- Take steps to ensure the immediate safety of the adult at risk and any others in the situation.
- Gather as much general information as possible without asking leading questions – do not investigate.
- Do not make any judgements about likelihood, evidence, probabilities etc.
- Make a written record of what you have been told by raising an online Safeguarding/Prevent Alert within the “Treatment Notes” section of the Client Record of the Client Database, Cliniko. This will then create a Safeguarding/Prevent Log for the Client which you should keep updated of any subsequent actions.
- Always alert your supervisor and or Designated Safeguarding Lead as soon as possible.

Reassure the client by telling them that:

- They have done the right thing by sharing the information with you.

- You will take what they have said seriously.
- Do not promise to keep secrets.
- Do not contact the alleged abuser.

These are the procedures to follow, depending on levels of risk and client collaboration; see Appendix C for an overview flowchart of the process:

Possible Risk About a Third Party:
If you do not feel an adult is at immediate risk but there is an emerging cause for concern, discuss the matter with your supervisor.

Cases where an allegation of abuse is made by a client against a member of staff or volunteer member of LP
This should always be reported to the Clinical Manager, or if necessary, to the Chair of the Council of Management as soon as reasonably practicable, including your written record of the disclosure.

Guidelines for Supervisors and DESIGNATED SAFEGUARDING LEADS
Decisions about whether to refer concerns to social services or GP's should make reference to:
- The level of risk to the individual
- The level of risk to others
- Known indicators of abuse
- Definitions of abuse
- The wishes of the adult at risk, if known
- The mental capacity of the adult
- Circumstances in which the adult at risk's wishes might need to be overridden – what actions might have to be taken in their best interest

Relevant Contacts
Police: 999

Adult Social Care Helpdesk: (8am – 5pm Monday to Friday) 01452 426868
Email: socialcare.enq@gloucestershire.gov.uk

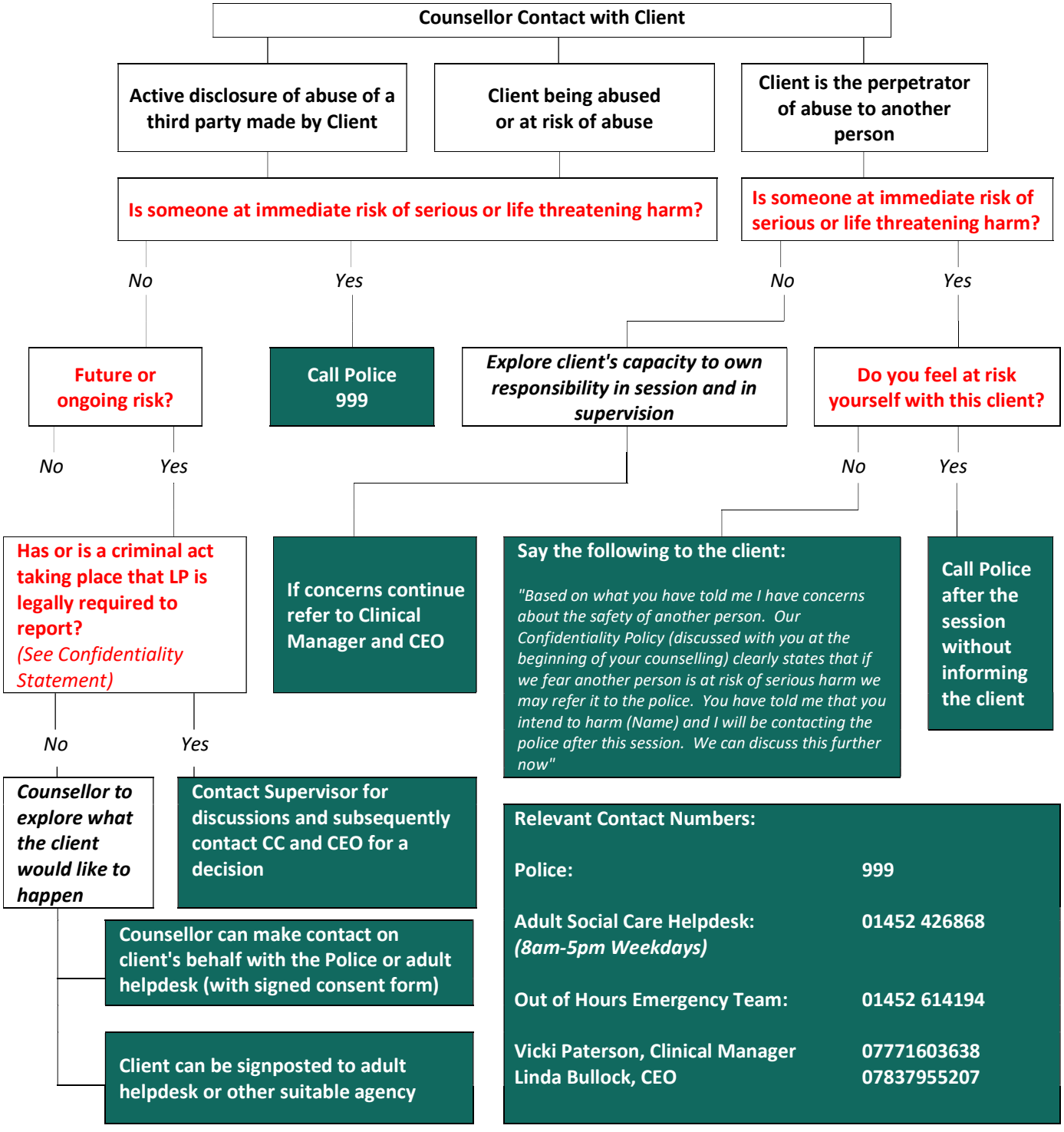
Out of Hours Emergency Duty Team: 01452 614194

Gloucestershire Safeguarding Adults Board

GDASS (Gloucestershire Domestic Abuse Support Service)
01452 726570
Email: support@gdass.org.uk
Professionals Line: 01452 726561

LP DESIGNATED SAFEGUARDING LEADs
Vicki Patterson, Clinical Manager, 07771603638.
Linda Bullock, CEO, 07837955207.

Appendix C to Safeguarding Adults Policy
Overview Flowchart



Appendix D to Safeguarding Adults Policy

Safeguarding/Prevent Concern Alert

Concern Raised by	*Counsellors name*	**Date**	
Client First Name		**Client No**	

Above details to be recorded on the Safeguarding/Prevent Incident Log

Nature of Concern:			
Contact with Supervisor? **Yes /No**	**Date:**	**Time:**	**Further Action required?** **Yes / No**
Contact with Clinical Co-ordinator? **Yes/ No**	**Date:**	**Time:**	**Further Action required?** **Yes / No**
Contact with Clinical Manager? **Yes/ No**	**Date:**	**Time:**	**Further Action required?** **Yes / No**

Actions Taken	**Date / Signature**
Outcome:	
Date Safeguarding Concern Closed:	
Signed:	*Position:*

This form to be kept with Client file

Vicki Paterson, Clinical Manager, 07771603638. Linda Bullock, CEO, 07837955207.