

SARSVL Safeguarding Adults Policy & Procedure



Author:	Various / Safeguarding Leads		
Date Created:	30/01/2013	Version:	6
Date of Last Review:	July 2024	Date of Next Review:	July 2026
For Amendment Table – see ANNEXE 1			

SARSVL Safeguarding Adults Policy

Introduction

SARSVL has a duty to protect adults at risk from abuse. Abuse can be defined as any behaviour which knowingly or unwittingly causes harm, endangers life or violates rights. Abuse may be physical, sexual, psychological, financial or material, or neglect.

As a Rape Crisis Centre we work with survivors of sexual violence, and all our work is centred on empowering survivors to regain control of their lives, working with women to support them to protect themselves from further abuse. There is a list of definitions of abuse to be found at **Appendix 5** to this document.

SARSVL will take seriously any allegations or suspicions of abuse and will abide by the six principles of adult safeguarding:

- **Empowerment**
People being supported and encouraged to make their own decisions and give informed consent
- **Prevention**
It is better to take action before harm occurs
- **Proportionality**
The least intrusive response appropriate to the risk presented
- **Protection**
Support and representation for those in greatest need
- **Partnership**
Local solutions through services working with their communities – communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability**
Accountability and transparency in safeguarding practice

About SARSVL and this Policy

1. SARSVL is a feminist organisation that exists to provide free and confidential support to women and girls whose lives have been affected by rape and sexual violence, to promote their needs, and to work towards the elimination of sexual violence.
2. SARSVL achieves these aims by providing a service which offers confidential listening, support, information, advocacy, counselling and signposting, within a women-centred safe space.

3. SARSVL is fully committed to safeguarding and promoting the welfare of adults at risk and in need of safeguarding. It recognises its responsibility to take all reasonable steps to promote safe practice. SARSVL acknowledges its duty to act appropriately when responding to reports or suspicions that cause concern for the protection, welfare or safety of an adult at risk and in need of safeguarding.
4. SARSVL recognises its responsibility to safeguard adults at risk and in need of safeguarding within legislation, regulations and guidelines relating to the protection, welfare and safety of adults at risk and in need of safeguarding. SARSVL also recognises the general right of adults to make decisions about their own protection, welfare and safety.
5. Every adult has the right to make her own decisions. However, in the event that any service user lacks capacity to make informed decisions, then SARSVL will act on any concerns in the adult's best interests in line with the Mental Capacity Act 2005 (MCA) (see **Appendix 5** for MCA statutory principles)
6. This Safeguarding Adults Policy sets out the duties, obligations, responsibilities and actions that SARSVL will adhere to when responding to allegations, reports or suspicions that cause concern for the protection, welfare or safety of an adult at risk and in need of protection.
7. This Safeguarding Adults Policy has been designed to ensure the protection, welfare and safety of adults at risk and in need of safeguarding who access SARSVL's services or otherwise come to SARSVL's attention.
8. This Safeguarding Adults Policy will be made available to employees, volunteers, directors/trustees and other such persons who work with or for SARSVL on a temporary or permanent basis and whose role requires that they share responsibility with SARSVL for the protection, welfare and safety of adults at risk and in need of safeguarding.

Duties and Obligations

9. In implementing this Safeguarding Adults Policy, SARSVL will ensure that:
 - a. the legal and moral responsibility to protect adults at risk and in need of safeguarding from neglect, harm, abuse or exploitation is understood;
 - b. the responsibility to work to the standards detailed within the Safeguarding Adults Policy is understood;
 - c. at all times high standards of practice in relation to adults at risk and in need of safeguarding are adhered to;
 - d. information is provided on the duty to report concerns about adults at risk and in need of safeguarding or concerns about the conduct of another person or persons in relation to an adult at risk and in need of safeguarding;
 - e. Safeguarding Leads (see **Appendix 1**) exist to whom concerns about an adult at risk and in need of safeguarding can be reported;

- f. the Safeguarding Leads understand their responsibilities to refer concerns about an adult at risk and in need of safeguarding to statutory agencies, including the Police and/or Adult Social Care;
- g. internal procedures relating to reports or suspicions of improper, inappropriate, abusive or illegal behaviour or conduct are implemented in a consistent and equitable manner;
- h. opportunities are provided for the development of skills and knowledge in relation to the protection, welfare and safety of adults at risk and in need of safeguarding, including through training;
- i. adults at risk and in need of safeguarding are provided with the opportunity to express their ideas and views on a wide range of issues;
- j. adults at risk and in need of safeguarding have access to SARSVL's Complaints Policy and Procedure and this Safeguarding Adults Policy and Safeguarding Adults Procedures; and
- k. knowledge of national developments relating to the protection, welfare and safety of adults at risk and in need of safeguarding is kept up-to-date.
- l. SARSVL will seek to recruit a Safeguarding/Child Protection expert to the SARSVL Board of Trustees to assist with a – k above.

Recruitment and Checks

10. To attempt to minimise the risk posed by SARSVL to adults at risk and in need of safeguarding, employees and volunteers who directly provide services and directors/trustees will not be appointed without:
 - a. the satisfactory completion of an application form;
 - b. two satisfactory references, completed by persons unrelated to the applicant;
 - c. a satisfactory Enhanced Criminal Records Disclosure or Enhanced Disclosure and Barring certificate; and
 - d. the completion of any relevant procedure, process or check required by the Independent Safeguarding Authority or other such body with responsibility for the protection, welfare and safety of adults at risk and in need of safeguarding.
11. SARSVL will ensure that procedures, processes and checks are carried out at regular intervals in line with any guidance, regulation or protocol that may be in place.
12. Where other persons may have access to adults at risk through their work with or for SARSVL on a temporary or permanent basis and where their role requires that they share responsibility for the protection, welfare or safety of adults at risk and in need of safeguarding, SARSVL may deem it appropriate that the checks as described above apply to such a person before any appointment can be made.

13. An employee, volunteer, director/trustee or other person working with or for SARSVL and to whom the Safeguarding Adults Policy and Safeguarding Adults Procedures applies must immediately notify the person responsible for their management, supervision or delegation of responsibility if they are:
- a. under investigation for or suspicion of improper, inappropriate, abusive or illegal behaviour or conduct in relation to a child, young person or adult at risk; or
 - b. arrested or cautioned for, charged with or convicted of an offence relating to the neglect, abuse, harm or exploitation of a child, young person or adult at risk.

Failure to immediately notify the relevant person may result in immediate dismissal from the relevant person's position as employee, volunteer, director/trustee or opportunity to work with or for SARSVL. This applies to both contracts of employment and commercial contracts.

14. Where possible and where legally permitted to do so, SARSVL will aim to recruit women to employee, volunteer, director/trustee positions and other opportunities to work with or for SARSVL.

Management, supervision and training

15. SARSVL is committed to the appropriate management, supervision and training of employees, volunteers, directors/trustees and others who work with or for SARSVL.
16. To ensure the protection, welfare and safety of adults at risk and in need of safeguarding, all employees, volunteers, directors/trustees and others who work with or for SARSVL, will be appropriately managed and supervised and will have clear lines of accountability in place in relation to SARSVL's work with and responsibilities towards adults at risk and in need of safeguarding.
17. Where an employee, volunteer, director/trustee or other person who works with or for SARSVL has responsibility for the protection, welfare and safety of adults at risk and in need of safeguarding, these matters will be discussed as part of formal and informal management and supervision processes and/or through peer support and debriefing.
18. SARSVL will ensure that there is access to training and/or information on safeguarding adults at risk for all employees, volunteers, directors/trustees or other people who work with or for SARSVL and have responsibility for the protection, welfare and safety of adults at risk and in need of safeguarding.
19. Training and/or information on safeguarding adults at risk should have the aim of increasing awareness of the signs and indicators of the neglect, abuse, harm and exploitation of adults at risk and of external safeguarding processes and procedures. SARSVL will ensure that training and/or information is provided on internal processes and procedures relating to the protection, welfare and safety of adults at risk and in need of safeguarding.
20. The Safeguarding Leads should complete additional training on the processes and procedures of recording and reporting the neglect, abuse, harm and exploitation of adults at risk and in need of safeguarding. The Safeguarding Leads should also keep up to date with procedural and legislative changes relating to the protection, welfare and safety of adults at risk and in need of safeguarding.

21. This policy will be reviewed at least every two years or sooner if there are developments or changes internally or externally which affect the policy or procedures involved in the protection, safety or welfare of adults at risk and in need of safeguarding. Amendments to this policy are subject to the approval of and ratification by the Board of Directors/Trustees.

(end)

SARSVL Safeguarding Adults Procedure

SARSVL is aware that we have a duty to protect adults at risk of abuse. Abuse can be defined as any behaviour which knowingly or unwittingly causes harm, endangers life or violates rights. Abuse may be physical, sexual, psychological, financial or material, or neglect.

As a Rape Crisis Centre we work with survivors of sexual violence, therefore all our work is safeguarding work as we support survivors to protect themselves from further abuse. There is a list of definitions of abuse to be found at **Appendix 5** to this document.

SARSVL will take seriously any allegations or suspicions of abuse and will abide by the six principles of adult safeguarding:

- **Empowerment**
People being supported and encouraged to make their own decisions and give informed consent
- **Prevention**
It is better to take action before harm occurs
- **Proportionality**
The least intrusive response appropriate to the risk presented
- **Protection**
Support and representation for those in greatest need
- **Partnership**
Local solutions through services working with their communities – communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability**
Accountability and transparency in safeguarding practice

Recognising and identifying the neglect, abuse, harm and exploitation of an adult at risk and in need of safeguarding

1. SARSVL will come into contact with individuals in a variety of ways, including through its telephone, text, electronic and face-to-face services, as well as at training sessions, presentations, conferences and other events. SARSVL may become aware that an adult at risk is being neglected, abused, harmed or exploited in a number of different ways. The following list is not intended to be exhaustive but outlines the ways in which SARSVL is most likely to learn that an adult at risk is being neglected, abused, harmed or exploited:
 - a. an adult at risk and in need of safeguarding informs SARSVL that they have been neglected, abused, harmed or exploited;
 - b. an adult at risk and in need of safeguarding informs SARSVL that they are at risk of or are concerned about being neglected, abused, harmed or exploited;
 - c. a person tells SARSVL that they have neglected, abused, harmed or exploited an adult at risk and in need of safeguarding;
 - d. a person tells SARSVL that they will or are likely to neglect, abuse, harm or exploit an adult at risk and in need of safeguarding;

- e. a person tells SARSVL that someone else has or is suspected to have neglected, abused, harmed or exploited an adult at risk and in need of safeguarding;
- f. a person tells SARSVL that someone else is or is suspected of neglecting, abusing, harming or exploiting an adult at risk and in need of safeguarding;
- g. a person tells SARSVL that they suspect that someone else will or is likely to neglect, abuse, harm or exploit an adult at risk and in need of safeguarding;
- h. a person tells SARSVL that they suspect an adult at risk and in need of safeguarding is being neglected, abused, harmed or exploited due to the presence of signs and indicators but they do not know the perpetrator of neglect, abuse, harm or exploitation is; or
- i. concerns are raised either internally or by an external person about the inappropriate, improper, abusive or illegal behaviour of an employee, volunteer, director/trustee or other person working with or for SARSVL towards an adult at risk and in need of safeguarding.

Responding to reports and suspicions of the neglect, abuse, harm and exploitation of an adult at risk and in need of safeguarding

2. Where a report or suspicion of neglect, abuse, harm or exploitation is received, whether from an adult at risk and in need of safeguarding who is being or is at risk of being neglected, abused, harmed or exploited or from any other person, the following procedure applies:
 - a. carefully listen to/read the information that is being given;
 - b. take the person and the report or suspicion seriously;
 - c. explain that SARSVL has a duty to ensure the protection, safety and welfare of adults at risk and in need of safeguarding;
 - d. explain that information relating to the neglect, abuse, harm or exploitation of an adult at risk and in need of safeguarding may be shared without the consent of the adult at risk and in need of safeguarding with other agencies such as the Police and/or Adult Social Care in circumstances where the adult does not have the capacity and/or ability to seek or consent to assistance from others in relation to the neglect, abuse, harm or exploitation they are experiencing and/or where there is the potential for the multiple abuse of other adults at risk by a person acting in a professional capacity;
 - e. explain that information will be shared with the Police and/or Adult Social Care in circumstances where the adult at risk and in need of safeguarding gives consent for a safeguarding referral to be made to the Police and/or Adult Social Care by SARSVL on their behalf;
 - f. explain that the provision of a name, address, date of birth or other identifying information relating an adult at risk and in need of safeguarding is likely to result in the adult being identified by agencies such as the Police and/or Adult Social Care;

- g. Follow the procedures at **Appendix 2** 'Safeguarding Concern Flow Chart' – see **Appendix 1** 'SARSVL Safeguarding Leads/Trustees Roles and Responsibilities'.

Managing reports or suspicions concerning SARSVL

3. As explained above, SARSVL may learn that an adult at risk is being neglected, abused, harmed or exploited in a number of different ways. If a report is received that an employee, volunteer, director/trustee or other person working with or for SARSVL is responsible for or is suspected of the neglect, abuse, harm or exploitation of an adult at risk, the procedure at paragraph 2 applies. However, there are the following additional procedures:
- a. where relevant and possible, ensure all children, young people and adults at risk and in need of safeguarding are safe and away from the employee, volunteer, director/trustee or other person working with or for SARSVL about whom the report or suspicion has been received;
 - b. ensure that the available Safeguarding Lead(s) is notified immediately and do not attempt to make contact with or inform the employee, volunteer, director/trustee or other person working with or for SARSVL that a concern has been raised in which they are implicated;
 - c. where the report or suspicion is about a Safeguarding Lead do not attempt to make contact with or inform them and ensure that an alternative Safeguarding Lead is notified of the concern immediately;
 - d. where the report or suspicion is about the Safeguarding Lead or where it is not possible to contact a Safeguarding Lead who has not been implicated in the report or suspicion, ensure that another senior staff member or, director/trustee working for SARSVL is notified immediately; and
 - e. when deciding who to give notification of a report or suspicion to other than a Safeguarding Lead take into account which woman may be best placed to deal with such a report or suspicion, including factors such as her role, experience and knowledge of adult safeguarding procedures and her independence and impartiality from the report or suspicion.
4. The relevant Safeguarding Lead or other woman will take immediate action following notification that a report or suspicion of the neglect, abuse, harm or exploitation of an adult at risk has been received and in which an employee, volunteer, director/trustee or other person working with or for SARSVL has been implicated. The action taken will be done in accordance with paragraph 3 above. In addition, the following procedures apply:
- a. advice on how to manage the report or suspicion internally should immediately be sought from Adult Social Care and/or the Emergency Duty Team or the Police;
 - b. actively participate in and co-operate with any external investigation deemed necessary by the Police and/or Adult Social Care;
 - c. invoke the relevant internal investigation and disciplinary procedures; and

- d. consider whether support is required by other employees, volunteers, directors/trustees or others working with or for SARSVL who have not been implicated in the report or suspicion.
- e. inform trustees who have not been implicated.

Recording, managing and sharing information

- 5. In order to properly and consistently record details of reports or suspicions that an adult at risk and in need of safeguarding is being neglected, abused, harmed or exploited, SARSVL will use a designated form. See **Appendix 3** 'Safeguarding Cause for Concern Form'.
- 6. SARSVL is committed to managing confidential information safely in accordance with its policies and procedures on confidentiality and data protection.
- 7. SARSVL will ensure confidentiality of information as far as possible and in accordance with its confidentiality policies and procedures. This means that information relating to the neglect, abuse, harm or exploitation of an adult at risk and in need of safeguarding will only be shared with employees, volunteers, directors/trustees and others working with or for SARSVL where appropriate and necessary and information will only be shared with external agencies in accordance with the duties and obligations as set out in this Safeguarding Adults Policy and Procedures.

Adults who tell us they intend to take their own life

- 8. Although self-harm and suicide is not covered by Safeguarding Adults legislation, SARSVL will follow the processes set down internally and liaise with relevant NHS services to request suitable, immediate intervention from those external services for adults who tell us they intend to take their own life. See **Appendix 4** for Suicide and Self Harm Guidance.

Fundraising

- 9. SARSVL will never knowingly approach an adult at risk with any fundraising material (for full details please refer to the adults at risk section of our Fundraising Policy).

Safeguarding Reports

- 10. The Safeguarding Leads will make a six monthly report to the SARSVL Board on Safeguarding which will include how many safeguarding reports have been made.

Review

- 11. These procedures will be reviewed at least every two years or sooner if there are developments or changes internally or externally which affect the policy or procedures involved in the protection, safety or welfare of adults at risk and in need of safeguarding. Amendments to this policy are subject to the approval of and ratification by the Board of Directors/Trustees.

APPENDIX INDEX

APPENDIX 1	SARSVL Safeguarding Leads/Trustees Roles and Responsibilities
APPENDIX 2	Safeguarding Concern Flow Chart
APPENDIX 3	Safeguarding Cause for Concern Form
APPENDIX 4	Suicide & Self Harm Guidance
APPENDIX 5	Definitions
APPENDIX 6	Useful Contacts

(end)

SARSVL Safeguarding Leads/Trustees Roles and Responsibilities

SARSVL has appointed named people our 'Safeguarding Leads' who are responsible for dealing with any child protection concerns. There are also two Safeguarding Trustees. There will always be one of these to consult with during a cause for concern and their contact details are available in the Centre.

The Safeguarding Leads/Trustees will meet together twice a year (outside incidental meetings/discussions) to review SARSVL Safeguarding processes and procedures, and any issues that may have arisen the previous six months.

The Safeguarding Leads/Trustees within SARSVL are:

SARSVL SAFEGUARDING LEADS/TRUSTEES		
Name	Role	Contact
Jill Aspinall	Safeguarding Lead – ISVA Service Manager	Office hours
Katie Whitehouse	Safeguarding Lead – Counselling Service Manager	Office hours (Mon- Weds)
Tove Vrbnakova	Safeguarding Lead – Counselling Service Manager	Office Hours (Weds- Fri)
Sonia Kumari	Safeguarding Lead – Helpline Coordinator	Office Hours and Out of Hours Helpline shifts
Katie Russell	Safeguarding Lead – CEO	Office Hours
Eleanor Broadbent	Safeguarding Trustee	Out of hours (helpline) or when above are unavailable
Roz Weaver	Safeguarding Trustee	Out of hours (helpline) or when above are unavailable

The role of the Safeguarding Leads

To ensure that:

- all employees, volunteers, directors/trustees and others working with or for SARSVL are aware of what they should do and who they should go to when concerns are raised about the protection, safety or welfare of an adult; and
- any concerns about an adult are acted on, clearly recorded, referred on where necessary and followed up in accordance with this policy

The Safeguarding Lead (or other woman where relevant) will record every incident reported or referred to SARSVL in relation to an adult at risk, including incidents in which an employee, volunteer, director/trustee or other person working with or for SARSVL has been implicated.

The Safeguarding Lead (or other woman where relevant) will also be responsible for recording any breach of this Safeguarding Adults Policy and Procedures. This record will be kept in a secure place and its contents will be confidential, except where the breach concerns the protection, safety or welfare of a adult at risk and there is an obligation to share the information with the Police and/or Social services.

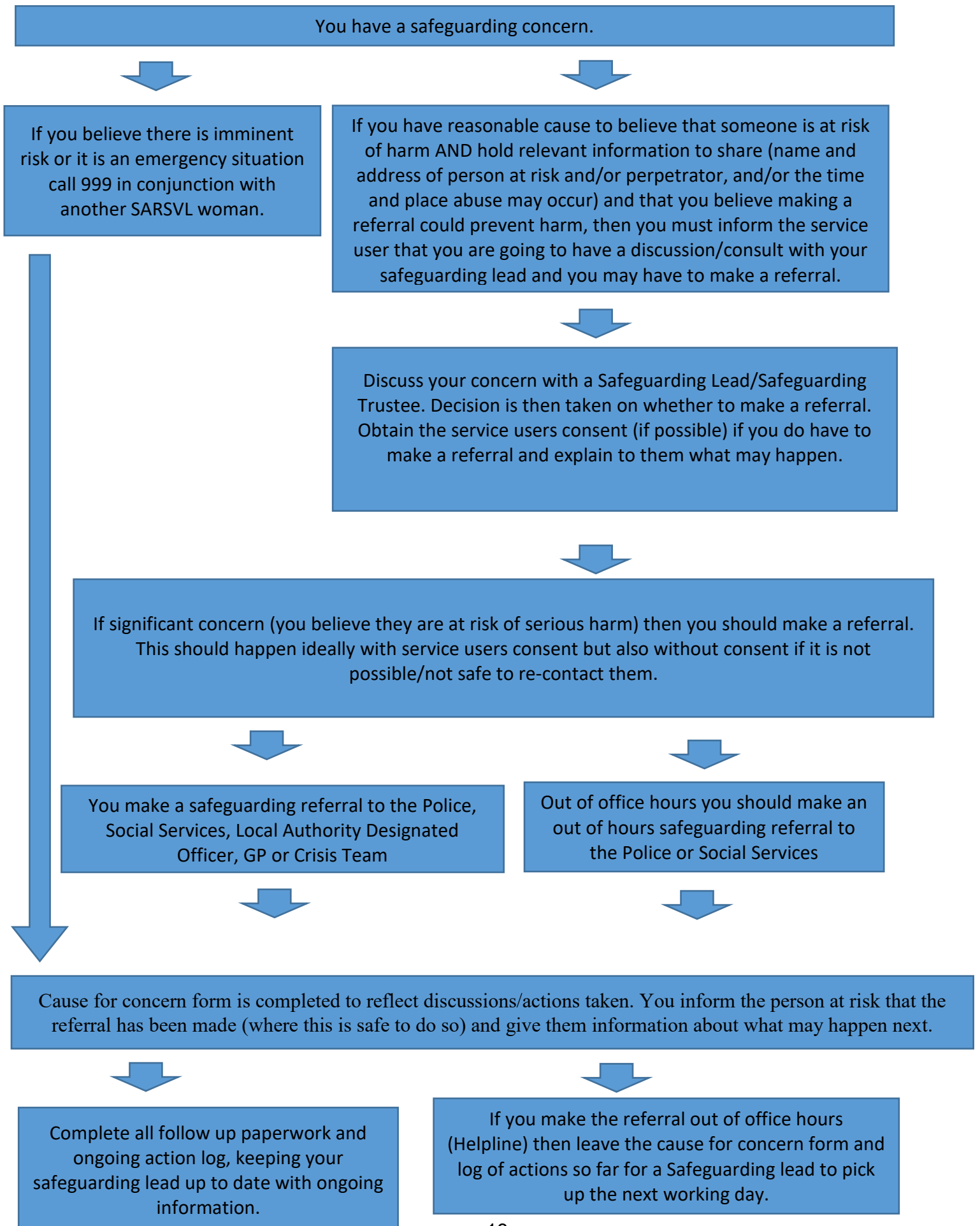
The Role of the Safeguarding Trustee

The SARSVL Safeguarding Trustees ensure that SARSVL Safeguarding processes are accountable and compliant with the law, as well as being a point of contact for final safeguarding decisions to be discussed when needed.

Main responsibilities

- To act as a point of call for frontline staff and volunteers to discuss their safeguarding concerns, in the absence of the Safeguarding Leads.
- To act as out of hours safeguarding point of contact for Helpline volunteers in the absence of the Helpline Safeguarding Lead.
- To act as point of call for Senior staff to discuss safeguarding concerns when needed.
- To have access to the Safeguarding folder on the shared drive in order to be aware of safeguarding referrals that have been made and the outcomes of these.
- To write a twice yearly safeguarding monitoring report for the Board.
- To act as a final decision maker.
- To spot check safeguarding paperwork once a year to ensure compliance of policy and procedures.
- To meet Service leads twice a year to discuss and review Safeguarding and risk within their service.
- To attend external statutory Safeguarding training at least every 2 years.
- To build relationships and make connections with local Safeguarding Boards
- To actively encourage new applicants to SARSVL Board of Trustees that work within the statutory safeguarding sector

(end)



Safeguarding Cause for Concern Form

CONFIDENTIAL

Note: Please do not interpret what is seen or heard; simply record the facts. After completing the form, follow the safeguarding flowchart.

Client ID:

Name of staff/volunteer completing this form:

Date:

Time:

Details of observed behaviour/discussion/disclosure

Safeguarding lead discussed concern/consulted with

Safeguarding representative	Date	Decision
Counselling Service Manager Katie		
Counselling Service Manager Tove		
ISVA Service Manager		
Helpline Coordinator		
Safeguarding Lead - CEO		
Safeguarding Trustee Eleanor		
Safeguarding Trustee Roz		

Is the client known to be involved in another SARSVL service? If so add date and staff member in other service that you have communicated with.

Service	Date informed	Name of Staff member
Advocacy		
Counselling		
Helpline		

Referral to other services

Date	Service	Person spoken to	Additional Actions

If no referral made. Reason why not:

Log of all follow up actions

Date and Time	Action	Taken by whom	Outcome

(end)



SARSVL Suicide and Self Harm Guidance

- 1 Advocacy Service**
- 2 Counselling Service**
- 3 Helpline Service**

To be read in conjunction with the SARSVL Safeguarding Adults Policy and Procedures.

1 Advocacy Service Suicide and Self Harm Guidance

1. Introduction

- 1.1 Suicide and self-harm are often conflated, however, self-harm is more about coping with intense feelings than wanting to die. These procedures are for when a client discloses the intention to end her life and/or has tried to end her life within the past three months
- 1.2 Suicidal ideation is very common in survivors of sexual violence, so the ISVA must try not to panic or feel alarmed. Part of our role is to support women emotionally and explore their feelings, giving them a safe space, free of judgment and one which empowers them to make their own decisions. However, there is a fine balance between self-determination, empowerment and our responsibility as an organization to safeguard the client, although it is important to remember that SARSVL does not hold clinical responsibility for clients which is why we share information that is proportionate, with GPs and others involved in mental health care when a client is at risk of suicide.
- 1.3 All clients are informed about the limits of confidentiality at the point of assessment and at their first appointment. Clients are also informed that the Advocacy Service is not a crisis service. The Advocacy Service Handbook, which is given to all clients, contains contact details of a range of mental health support services in Leeds. If a client discloses that she has a suicide plan then the ISVA has a duty of care to intervene.

2. Imminent risk

- 2.1 If the client presents with imminent risk to life, including a clear plan to end her life, this will need to be taken seriously with immediate action to prevent suicide.
- 2.2 In an emergency situation, the ISVA will call 999 in conjunction with another SARSVL woman.
- 2.3 If the situation does not require immediate medical intervention, the ISVA will inform the client that the level of risk will need to be discussed with the Advocacy Service Manager immediately, or if she is unavailable, another Safeguarding Lead.
- 2.4 The ISVA will encourage and support the client to call 111, or her GP, whichever is more appropriate, or will offer to do so on her behalf. The ISVA will explain the limits of confidentiality and that she will call the appropriate service with or without the client's consent
- 2.5 If the client has any other support with her mental health, such as the Community Mental Health Team (CMHT), then the ISVA will inform the support service.
- 2.6 If the risk was presented over phone/online support, a follow up call/text to the client will be made explaining what steps have been taken
- 2.7 When the client is safe, the ISVA will write a letter to her GP
- 2.8 A Cause for Concern form must be completed and the case discussed with the Advocacy Service Manager, if the Advocacy Service Manager was not previously involved under 2.2 or 2.3 above

3. Risk but not imminent

- 3.1 If the client discloses that she has a suicide plan in place which is not imminent, the ISVA will encourage and support the client to make an appointment with her GP for as soon as possible, and will offer to make the appointment whilst with the client and explain the situation to the GP's practice. If the client does not want to contact her GP, the ISVA will explain the limits of confidentiality to the client, and inform the GP's practice by phone and in writing. The ISVA will provide the client with contact details of mental health support services.
- 3.2 A Cause for Concern form must be completed and the case discussed with the Advocacy Service Manager, or, if she is not available, another Safeguarding Lead.

4. Previous attempt(s) to end life

- 4.1 If the client discloses that she has made a recent attempt to end her life (within the last 3 months) which did not involve an admission to A and E, the ISVA will ask the client if she has seen her GP since. If she has not, the ISVA will ask for the client's consent to inform her GP. The ISVA will inform her GP by phone, and follow this up in writing, even if the client does not give consent. If the client has any other support with her mental health, such as the Community Mental Health Team (CMHT), then the ISVA will inform the support service.
- 4.2 A Cause for Concern form must be completed and the case discussed with the Advocacy Service Manager, or, if she is not available, another Safeguarding Lead.

5. Suicide in progress

- 5.1 If a client attends her Advocacy session and tries to end her life during the appointment, or it becomes apparent that the client has taken action to end her life, this is an emergency situation and the ISVA will call an ambulance with or without the client's permission, and alert available staff. She should not remain alone with the client. The ISVA should not attempt to take the client to hospital; she should await the arrival of an ambulance and paramedics.
- 5.2 If a client makes an attempt on her life during a remote Advocacy session, then the ISVA will call an ambulance to the client's address with or without the client's permission, or to the location the client is believed to be at. If the ISVA is not sure of the client's exact location, then the police should be notified, with or without the client's permission.
- 5.3 A cause for concern form must be completed and the case discussed with one of the Safeguarding Leads.
- 5.4 In the event of a completed suicide, SARSVL will be required to release the client's records to the coroner for the purposes of an inquest.
- 5.5 In any of the above situations, the client's record must be flagged as red on DMPS.

(July 2024)

2 Counselling Service Suicide and Self Harm Guidance

1 Introduction

- 1.1 Most of the service users accessing the Counselling service at SARSVL will have experienced deep emotional pain. Many kinds of emotional pain can lead to thoughts of suicide.
- 1.2 It is important for Counsellors to recognise that some service users may reach a point where they feel they can no longer cope due to the overwhelming pain. This needs to be recognised and acknowledged that in reality they may not truly wish to die. However, they need help to cope in that immediate moment.
- 1.3 The Counsellor's role is to allow space to share thoughts and feelings, as well as support service users to collaboratively explore ways that would enable her to feel safe and re-engage with life. This will include other ways to de-escalate feelings and emotional distress and to increase the ability to reach out for additional support
- 1.4 It is important to remember that the Counsellor doesn't hold sole responsibility for the service user's suicidal ideations and will need to work collaboratively with the service user and the Senior Counsellor in the first instance and if appropriate/needed one of SARSVL's other Safeguarding Leads, service user's GP, crisis team and any other agencies that might need to be involved in providing immediate and long term support for women at risk.

2 Self-Harm and Suicide

- 2.2 In principle both self-harm and suicide are different, as the first represents the willingness to live, and the later represents the need to end life. However, looking from a therapeutic perspective both can represent the need to manage emotional distress which will need to be taken seriously and with respect.
- 2.3 A high number of SARSVL service users present with different levels of risk. The level of risk presented during the session needs to be marked by a flag on DPMS and the different procedures and actions discussed and taken need to be noted in the case notes.
- 2.4 Risk will be measured on a sessional basis via the use of the CORE 34 or CORE 10, where a client is happy to complete this. Where a client scores significantly on the risk questions, a counsellor should explore these feelings explicitly in the counselling session with the client.

No flag: No current or past suicidal ideations. Most likely the person will present with resilience and inner strength and will be suitable for trauma processing and more in-depth work.

Green flag: Some suicidal feelings and thoughts, but very unlikely to happen now, but risk is present. Initially to focus on psychoeducation around distress and the support network. Suitable for in-depth therapeutic exploration. CORE risk level low, but some present.

Orange flag: The service user presents with intrusive thoughts and feelings around suicide and might have tried to act on those thoughts in the last year.

Orange flags will also include clients who may not present with current suicidal ideations, but who have a history of many different previous suicide attempts and clients who regularly use self-harming strategies (including cutting, alcohol use, starving) to self-regulate distress.

When working with such clients, a counsellor may consider:

- A risk management plan required to pre-emptively manage risk, created by Counsellor and a service user.
- Exploring the patterns of suicidal thoughts and triggers to prevent future escalations.
- Focussing more on self-care and stabilisation and the impact of the abuse/ previous trauma.

- Focussing on rebuilding resilience through increasing sense of internal power, hope and connection to the future.
- Completing - My Support Plan and to save a copy in client notes.
- Clarifying the Counselling Contract, including the limitations to confidentiality and collaboratively exploring who else may need to be involved in support and to explore if she is willing and able to talk to her GP.
- Exploring barriers to the service user seeking support.
- Informing the Counselling Service Manager of the level or risk, taking the opportunity to reflect on client work regularly in supervision.
- To actively monitor and explore risks in every session.
- **Red flag:** Represents severe and imminent risk that includes intense suicidal thoughts and feelings with plans. This group also includes someone who has acted on her suicidal thoughts and feelings within the last three months. This group also includes anyone who presents with a very high level of distress, lack of self-regulation, lack of support network and with intense intrusive critical thoughts and with a high score level of risks on CORE.

Immediate risk prevention required by carrying out risk management plan.

- To discuss with the service user what caused the high level of distress and to create a support plan, referring to contracting and confidentiality.
- To ask the service user how we can support her best and who else has been informed about her risks. Discuss possibility of contacting or writing a support letter to her GP.
- All service users assessed as red flag during the assessment session will need to agree prior to the start of counselling for the Counsellor to notify GP that they are accessing counselling.
- On DPMS to mark as RED.
- To complete My Support Plan.
- To focus on self-care, stabilisation and reconnecting to present situation, no explorations of traumatic memories at this point.
- To inform the Counselling Service Manager as soon as possible and to report weekly until the risk level drops to orange.
- A cause for concern form must be completed

Blue flag: If the service user presents with immediate risk to life including a clear plan to end her life, this will need to be taken seriously with immediate action to prevent suicide.

- The Counsellors will need to skilfully and collaboratively explore what has caused such a high level of distress and to refer to the Counselling Contract and confidentiality policy to negotiate with a service user who else may need to be included in her care.
- To explore what she would like to have in place to help her to feel less distressed
- To inform the service user that they will need to discuss the level of risk with the Counselling Service Manager, who might contact the client directly to explore the best way forward.
- To inform the Counselling Service Manager and if not possible another Safeguarding lead immediately.
- If crisis team has been previously involved to encourage and support the service user to contact the Crisis team worker, GP or A&E whichever more appropriate, or to do so on their behalf.
- When the client is safe, to write a letter to her GP.

- A cause for concern form must be completed
- To discuss with the Counselling Service Manager, the plans for the service user and if the counselling sessions will be appropriate at this stage.

Suicide in progress

- If a client attends her counselling session and tries to end her life during the appointment or it becomes apparent that the client has taken action to end her life, the counsellor will call an ambulance with or without the client's permission, and alert available staff. She should not remain alone with the client. The counsellor should not attempt to take the client to hospital; she should await the arrival of an ambulance and paramedics.
- If a client makes an attempt on her life during a remote counselling session, then a counsellor will call an ambulance to the clients address with or without the client's permission or to the location the client is believed to be at. If the counsellor is not sure of the client's exact location, then the police should be notified, with or without the client's permission.
- A cause for concern form must be completed and the case discussed with one of the Safeguarding Leads.
- In the event of a completed suicide, SARSVL will be required to release the client's records to the coroner for the purposes of an inquest. In any of the above situations, the client's record must be flagged as Blue on DMPS.

(July 2021)

3 Helpline Suicide and Self-Harm Guidance

1 Introduction

- 1.1 Suicide and self-harm are often conflated, however, self-harm is more about coping with intense feelings than wanting to die. This guidance is for when a caller discloses the intention to end her life, a current or imminent suicide plan and self-harm in progress.
- 1.2 Thoughts of suicide and suicidal behaviour might be one of the responses to emotional distress survivors of sexual violence might experience, and we recognize the importance of the role of the SARSVL Helpline in supporting the callers around suicide and self-harm.
- 1.3 Our role is to support women emotionally and explore their feelings, giving them a safe space, free of judgement and one which empowers them to make their own decisions.
- 1.4 SARSVL Helpline does not provide continuous support to the callers and this guidance applies to the service we provide through one off calls (via phone, text, email and face to face appointments). For the callers who have caller care plans in place, the guidance contained within the plan should be used.
- 1.5 All callers will be informed about the limits of confidentiality when accessing the service remotely to promote options, empowerment and choice.
- 1.6 The Helpline Volunteers are expected to support the callers within Helpline opening hours, when there is an emergency situation extending outside of this, the responsibility is to be passed onto designated Safeguarding Trustees as per the Safeguarding Policy.
- 1.7 To support callers around suicide and self-harm we will:

Ask – If the caller talks about anything which would be considered a potential concern about suicide or self-harm we will use clarification and direct questions to determine if they are talking about suicide, self-harm, current, past or future.

Listen – led by the caller, we will provide emotional support to the caller around their feelings, thoughts and behaviours around suicide and self-harm or causes of these feelings.

Explore safety and options – we will explore options around safety (i.e. emergency and medical support), continuous support (GP, other agencies) with the caller while providing emotional support.

2 Suicide and women and girls under 18 years old

- 2.1 Knowledge that a child or young person is seriously planning and/or making actual suicide attempts indicates that s/he is a risk to her/his own safety and is therefore subject to child protection procedures.
- 2.2 Knowledge that an adult has taken action to end their own life whilst being a sole caregiver to a child is subject to child protection procedures.
- 2.3 If a Service User, under the age of 18 or an adult at risk and in need of safeguarding (and, in the case of a Service User, we know her location and identifying details) tells the SARSVL Helpline Volunteer that she has harmed herself, the SARSVL Helpline Volunteer should ask if she intends to kill herself. If, the Service User's response makes the SARSVL Helpline Volunteer think

that she does intend to take her own life, the SARSVL Helpline Volunteer should tell the Service User that we have to call an ambulance because of safeguarding requirements, and then do so, whether or not the Service User wants us to.

3 Thoughts of suicide, suicide plan, self-harm

3.1 When supporting a Service User who discloses that she intends to self-harm or take her own life, the SARSVL Helpline Volunteer will:

- **Ask:**
 - React to any statement of suicidal thoughts and self-harm with compassion and respect
 - Clarify and ask directly
 - Explain limits of confidentiality
- **Listen:**
 - Explore the reasons and any plan, if it is appropriate to do so
 - Provide emotional listening support
- **Explore options & safety:**
 - Offer relevant signposting information to ongoing support, if it is appropriate to do so, emergency phone numbers, other support agencies
 - Discuss alternatives to self-harm or suicide if the Service User wishes to explore such avenues and it is appropriate to do so
 - Explore with the caller options to keep herself safe if she wishes to do so

4 Suicide in progress and imminent plan

4.1 When supporting a Service User who discloses that is in the process of taking her own life or she will imminently, the SARSVL Helpline Volunteer will:

- **Ask** – clarify and ask directly
 - Explain limits of confidentiality
 - Get support from the other volunteer on the shift
 - In case of contacting emergency services on behalf of the caller – liaise/inform the Helpline Safeguarding Lead, and in her absence a Safeguarding Trustee. A Cause for Concern form should be completed.
- **Listen** – offer emotional support
- **Explore Safety**
 - Encourage the caller to seek emergency or other help, in particular to call an ambulance
 - Offer that we can contact the emergency services on her behalf, clarify that we will not be able to support the caller past the opening hours
 - If she would like us to seek medical assistance on her behalf, explain to her we will need her name and her current whereabouts and her consent to record this information
 - If she is unwilling to access medical assistance, encourage her to disclose to someone who is close by and safe e.g a friend or family member whom she trusts
 - Explain limits of confidentiality and that we will call an ambulance (if we know the address) because their safety and wellbeing is our main priority and we have duty of care

- If we contact emergency services on behalf of the caller, a cause for concern form must be completed and the case discussed with one of the Safeguarding Leads. Remain on the call if possible during Helpline opening hours, until help arrives
- If the caller remains anonymous and is certain that she will not accept or seek medical help, it is at the SARSVL Helpline Volunteer's discretion as to when the call should end. If ultimately the SARSVL Helpline Volunteer decides to end the call, having followed all protocol and attempted to illicit contact details, she should once again communicate empathy and encourage the Service User to seek medical attention immediately

5 Self-harm during Helpline call

5.1 If the Service User is accessing SARSVL remotely (e.g. on the telephone, text or email), the SARSVL Helpline Volunteer will

- **Ask** - clarify with the call if they are self-harming during the call
- **Listen** - explore feelings and offer emotional support, suggest ending the call for now as the caller might not be present for the call and emotional support we offer and offer the caller the option to ring at a later time
- **Explore Options/Safety** - check for safety and explore options around keeping herself safe (i.e. accessing medical care, first aid) as well as long term support

6 Information sharing within SARSVL

6.1 Any situation or concerns involving self-harm, attempted self-harm, suicide or attempted suicide where the caller is anonymous should be referred to and discussed with the Helpline Coordinator.

6.2 All SARSVL Helpline Volunteers have the opportunity to debrief with the Helpline Coordinator in addition to the peer-support that they already engage in with their fellow volunteers and access support.

(July 2021)

(end)

Definitions**THE CARE ACT 2014**

An “Adult at Risk” is defined as any person aged 18 years and over who is or may be in need of community care services by reason of mental health issues, learning or physical disability, sensory impairment, age or illness and who is or may be unable to take care of him/herself or unable to protect him/herself against significant harm or serious exploitation.

THE MENTAL CAPACITY ACT 2005

The MCA is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over. Issues of mental capacity and the ability to give informed consent are central to decisions and actions in adult safeguarding. All interventions need to consider the ability of adults to make informed choices about the way they want to live and the risks they want to take. The MCA sets out 5 statutory principles :

1. A person must be assumed to have capacity unless it is established otherwise.
2. A person is not to be treated as unable to make a decision, unless all practicable steps to help them do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because an unwise decision is made.
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in their best interests.
5. Before the act is done, or the decision is made, care must be taken to avoid restricting the person's rights and freedom of action.

Definitions of abuse include:

PHYSICAL: assault, hitting, slapping, pushing, misuse of medication, restraint, inappropriate physical sanctions

DOMESTIC VIOLENCE: psychological, physical, sexual, financial, emotional abuse, so called ‘honour’ based violence.

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

FORCED MARRIAGE: A forced marriage is where one or both people do not or cannot consent to the marriage and pressure or abuse is used to force them into the marriage. It is also when anything is done to make someone marry before they turn 18, even if there is no pressure or abuse. The Marriage and Civil Partnership (Minimum Age) Act 2023 states you must be 18 or over to consent to marriage or civil partnership.

PSYCHOLOGICAL: emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse
cyber bullying, isolation, unreasonable and unjustified withdrawal of services or supportive networks.

FINANCIAL or MATERIAL: theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, the misuse or misappropriation of property, possessions or benefits.

MODERN SLAVERY: slavery, human trafficking, forced labour and domestic servitude.
traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

Read [Modern slavery:how the UK is leading the fight](#) for further information.

DISCRIMINATORY: harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation, religion.

Read [Discrimination: your rights](#) for further information.

ORGANISATIONAL: including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

NEGLECT and ACTS OF OMISSION: ignoring medical, emotional or physical care needs
failure to provide access to appropriate health, care and support or educational services
the withholding of the necessities of life, such as medication, adequate nutrition and heating

SELF NEGLECT: This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

COERCIVE AND CONTROLLING BEHAVIOUR: A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015. The offence will impose a maximum 5 years imprisonment, a fine or both.

Read the [accompanying statutory guidance](#) for further information.

Taken from 'Care and support statutory guidance' – www.gov.uk
forced marriage definition taken from [UK 'forced marriage guidance'](#)

(end)

Useful Contacts**Police:**

To report a safeguarding adults emergency, such as where a crime is in progress or there is immediate and serious risk to life, use **999**. If the emergency is outside of Leeds, inform the operator of the area you would like to be connected to when the call is answered.

To report or discuss a safeguarding adults non-emergency, call **101**. If the non-emergency is outside of Leeds, use the push-button service to select the area you would like to be connected to or inform the operator of the area you would like to be connected to when the call is answered.

Leeds City Council:

To report a concern about an adult at risk and in need of safeguarding who is living in Leeds, call Adult Social Care on **0113 222 4401** between the hours of 9am to 5pm, except Wednesday when the line opens at 10am.

To report a safeguarding adults concern **outside of office hours**, call the Emergency Duty Team on **0113 378 0644**.

Leeds Safeguarding Adults Partnership

Leeds Safeguarding Adults Partnership is a voluntary arrangement of statutory and non-statutory organisations that works together to promote awareness and good practice. Their website is www.leedssafeguardingadults.org.uk.

The Local Designated Officer (LADO)

The Local Authority Designated Officer (LADO) is the person who should be notified when it has been alleged that a person who works with children has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates she or he may pose a risk of harm to children.

Anybody who has concerns about professionals or volunteers working with children should inform the LADO.

Designated Officers and can be contacted Monday to Friday on: 0113 378 9687.

Forced Marriage Unit

The Forced Marriage Unit (FMU) is a joint Foreign and Commonwealth Office and Home Office unit was which set up in January 2005 to lead on the Government's forced marriage policy, outreach and casework. It operates both inside the UK, where support is provided to any individual, and overseas, where consular assistance is provided to British nationals, including dual nationals.

The FMU operates a public helpline to provide advice and support to victims of forced marriage as well as to professionals dealing with cases. The assistance provided ranges from simple safety advice, through to aiding a victim to prevent their unwanted spouse moving to the UK ('reluctant sponsor' cases), and, in extreme circumstances, to rescues of victims held against their will overseas. **020 7008 0151**

fmu@fco.gov.uk

Karma Nirvana

Karma Nirvana is an award-winning British Human Rights Charity supporting victims of Honour Based Abuse and Forced Marriage. **0800 5999 247**

(end)

Amendment Table

Date of Amendment	Author	Details of Amendment	Reason for Amendment
24/07/19	Multiple	The SARSVL Safeguarding Adults Policy and Procedures has had a full review following feedback from our RCEW NSS assessment. Miriam (as policy lead), Sarah and Eleanor (Safeguarding Trustees), Justyna, Alison (Safeguarding leads), Tove (Helpline Service lead) and Rebecca, have all inputted into this review and update of this document.	To ensure Policy is up to NSS when it comes to Safeguarding adults.
20/03/20	Helena	Updated Senior ISVA to Jill Aspinall	To bring policy in line with current staff roles
15/02/21	Nina	Updated Senior Counsellor to Katie Whitehouse, Helpline Co-Ordinator to Sonia Kumari, and Safeguarding Trustee to Roz Weaver	To bring policy in line with current staff and Trustee roles
02/07/21	JA, KW & SK	Correction made to Introductions in Policy and Procedure – Appendix 4 amended to Appendix 5	List of definitions was incorrectly referenced
02/07/21	JA, KW & SK	Para 5 of Policy - addition of a cross reference to Appendix 5 Definitions	To provide clarification of MCA 2005
02/07/21	JA, KW & SK	Procedure para 10 “Trustees” amended to “Leads”	To reflect current practice in the provision of bi-annual reports to the Board
02/07/21	JA, KW, & SK	Updated Appendix 1	To bring policy in line with current staff, and current working hours of Helpline Coordinator
02/07/21	JA, KW, & SK	Updated & amended Appendix 2 Flowchart	To remove distinction between Services in line with current working hours of Helpline Coordinator, and remove references to children
02/07/21	JA, KW, & SK	Updated Appendix 3	To bring policy in line with current staff and job titles
02/07/21	JA	Updated Advocacy Service Suicide and Self Harm Guidance	To provide clarity of procedure to be followed for suicide in progress

02/07/21	KW	Updated Counselling Service Suicide and Self Harm Guidance	
02/07/21	SK	Updated Helpline Suicide and Self Harm Guidance. Removal of Para 2.4, and at para 4.1 replacing “Safeguarding Trustee” with “Helpline Safeguarding Lead, or in her absence, a Safeguarding Trustee”	To bring Guidance in line with working hours of Helpline Safeguarding Lead
02/07/21	JA, KW & SK	Appendix 5 – updated with specific reference to the Care Act 2014 and Mental Capacity Act 2005	To provide reference to key statutory framework
02/07/21	JA, KW & SK	Appendix 6	Phone contact numbers updated
16/08/21	JA	Appendix 4 – updated Advocacy Service Suicide and Self Harm Guidance	To provide clarity on process to be followed for Imminent and non-imminent risk
16/08/21	JA & SK	Amended Policy and Procedure to replace “vulnerable adults” with “adult at risk”	To reflect current safeguarding terminology
29/11/23	KR	Minor amends to formatting and typos throughout.	General review due
09/07/24	SK	Updating signposting details in appendices	Correcting factual information to reflect changes in services.
23/07/24	JA	Updated Appendix 4 (Advocacy Suicide & Self-harm Guidance) – rephrasing throughout, inserted reference to Advocacy Service Handbook, and removed reference to the Crisis team, and replaced with NHS 111	To improve clarity, reflect current working practice, and update contact details for crisis mental health support