WCTS

Safeguarding Adults Policy and Procedures

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Safeguarding Adult Policy and Procedures

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Safeguarding Policy

1. Policy statements

At WCTS, we aim to provide an environment which is safe for all our clients and the staff (paid and voluntary) who work for us. This policy outlines steps we will take to prevent abuse of women with care and support needs from occurring and the procedure we will follow if we become aware that abuse is occurring. We aim, at all times, to work in a way that is consistent with our philosophy, as a women-centred service. Our aim, always, is to promote the dignity and empowerment of the women we support and provide a consistent, warm, empathic and respectful service.

We aim to:

- Work in a way that can prevent abuse

- Support any client who is experiencing abuse

- Listen to and empower clients to achieve their desired outcomes

- Work with adults at risk and other agencies to end any abuse that is taking place

We recognise that safeguarding adults is a statutory responsibility. However, working in the arena of adult abuse and protection is still very different from working in the arena of child protection.

Adults, provided that they have sufficient mental capacity, may make an informed choice to remain in an abusive situation. Therefore, while, we will aim to stop abuse occurring, there may be times when this will not be possible, due to the choices made by our clients. We also recognise that 'Safeguarding adults' is both a proactive and a reactive approach and involves both identifying adults, with care and support needs who are at risk and providing people with the skills to protect themselves.
Our proactive and reactive approach is underpinned by our commitment to an attitude of

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'professional curiosity' when working with clients in this area. This is where a practitioner will explore and question what is happening, either with an individual or within a family, rather than making assumptions or taking a single source of information and accepting it at face value. We wish to be able to enable a holistic view and understanding of what may be happening in a client's life in terms of safeguarding need so that we can take the appropriate and timely action, and the exercise of professional curiosity can support this. This practice, however, will impact on the therapeutic relationship but our aims of promoting the dignity and empowerment of the women we support provides a respectful and empathic container for both the client and the practitioner throughout the process.

Anybody can raise a concern with safeguarding adults and so wherever it is appropriate WCTS will support clients to raise the concern directly for themselves.

Legislative and governmental requirements
Safeguarding adults and children is a fundamental goal for WCTS. This policy has been informed by legislative and governmental requirements and other internal policies. These include (and are not exhaustive):

- The Care Act 2014

- Modern Slavery Act 2015

- Equality Act 2010

- The Human Rights Act 1988 (awaiting second reading in the House of Commons as of July 2023)

- Sexual Offences Act 2003

- Domestic Abuse Act 2021

- The Data Protection Act 2018

- All relevant GDPR Protection Regulations

Scope of the policy

This policy is designed to enable staff at WCTS to work positively with agencies in Leeds, where appropriate, to enquire into situations of adult abuse and to protect and support adults who are experiencing abuse.

In achieving these aims, WCTS will:

Ensure that all managers, employees and volunteers have access to and are familiar with this safeguarding adult policy and procedure and their responsibilities within it.

- Ensure the focus is maintained on the client throughout, always listening and taking their wishes and desired outcomes into account

- Ensure concerns or allegations of abuse are always taken seriously.

- Ensure the Mental Capacity Act is used to make decisions on behalf of those adults at risk who are unable to make particular decisions for themselves.

- Ensure all staff receive training in relation to safeguarding adults at a level commensurate with their role.

- Ensure that service users, their relatives or informal carers have access to information about how to report concerns or allegations of abuse.

- Ensure there is a named lead person to promote safeguarding awareness and practice within the organisation.

These policy and procedures have been developed to be consistent with the West & North Yorkshire and York Safeguarding Adults guidance, policies and procedures, which can be referred to for additional guidance www.leedssafeguardingadults.org.uk

2. Policy Definitions

> **2.1 Who is an 'Adult at risk'?** (source Leeds Safeguarding Adults Board at www.leedsafeguardingadults.org.uk)

An adult at risk is described as an individual aged 18 years or over:

- who has or may have needs for care and support (whether or not the Local Authority is meeting any of those needs)

- is experiencing, or is at risk of abuse or neglect, and

- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it

2.2 What is abuse?

Abuse is a violation of an individual's human and civil rights by any other person or persons. Abuse may consist of a single act or repeated acts.

A person may experience abuse from any other person. The person may be a doctor, nurse, social worker, advocate, care worker, volunteer or any other person in a position of trust. The person may also be a relative, friend, neighbour or another adult at risk/service user or anyone else.

Abuse can take many forms:

- *Physical abuse*: includes hitting, slapping, pushing, kicking, misuse of medication, inappropriate restraint, or inappropriate sanctions;

- *Sexual abuse:* includes rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting;

- *Emotional/psychological abuse***:** includes emotional abuse, threats of harm or abandonment, deprivation of contact, ridiculing, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks;

- *Financial or Material abuse:* includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;

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- *Neglect and acts of omission:* includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating;

- *Discriminatory abuse:* includes abuse based on a person's race, sex, disability, faith, sexual orientation, or age; other forms of harassment, slurs or similar treatment or hate crime/hate incident;

- *Modern Slavery:* includes human trafficking, forced labour and domestic servitude

If any of these forms of abuse are caused by an organisation it is sometimes called **Organisational abuse.**

When abuse occurs between partners or by a family member it is often call **Domestic Violence and Abuse.**

Any or all of these types of abuse may occur as a result of deliberate intent, negligence or ignorance.

2.3 What is harm?

Safeguarding involves protecting adults perceived as at risk of 'significant harm'. Significant Harm is understood to include:

- ill-treatment (including sexual abuse, physical and non-physical forms of ill-treatment)

- the impairment of, or an avoidable deterioration in, physical or mental health

- the impairment of physical, intellectual, emotional, social and behavioural development. (Lord Chancellor's Dept. 1997)

As well as abuse, risk of significant harm can be associated with s*elf-neglect. This* covers a wide range of behaviours such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding

3. Key Roles and Responsibilities

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Safeguarding Concerns Manager

The 'Safeguarding Concerns Manager' is responsible for ensuring that concerns of possible abuse and neglect are responded to appropriately. The safeguarding concerns manager will raise the concern with the local authority if necessary but other members of staff can do this after consultation with them. The safeguarding concerns managers at WCTS are the duty managers and the Clinical Lead or the CEO in her absence.

Safeguarding Lead

The safeguarding lead is the manager responsible for strategic safeguarding at WCTS. This person is the Clinical Lead, or the CEO in her absence

Andrea Campbell andreacampbell@womenstherapyleeds.org.uk 07706 552484

Organisational Lead for Safeguarding Adults This

is the Chair of the Board of

Jules Blackwell contactable at

info@womenstherapyleeds.org.uk or via CEO at

tessadenham@womenstherapyleeds.org.uk

Responsibilities of the organisation

'The Organisation' refers to the Board of Trustees and management team. The Board of Trustees have ultimate responsibility for the implementation of this policy, but may delegate aspects of this to the CEO and management team.

The Organisation has a responsibility to ensure that all staff have read and understood this policy and procedures and to review and update them as required. The Organisation will:

1. Ensure that our recruitment and selection procedures minimise potential risk to visitors and callers by not employing abusive employees.

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2. Ensure staff are aware of the relevant law and statutory frameworks so that adults at risk receive their entitlements and protection under that law.

3. Ensure that staff are supervised and trained and able to provide services which are consistent, empathic, warm and respectful.

4. Give clear guidance to staff and volunteers on the reporting mechanisms for concerns about adult abuse.

5. Ensure that, in cooperation with any multi agency protection actions, appropriate disciplinary investigation and action is taken if this is necessary. This might be in response to any concerns or allegations that a member of staff may be acting abusively.

6. Ensure that staff and clients have easy access to information on how to voice concerns and complaints about the service, both internally and to external bodies.

7. Ensure that staff act within the organisational confidentiality policy. This will usually involve gaining consent from clients before sharing information about them with another agency.

8. Have a 'Whistle Blowing' policy and support staff who bring harmful practice to light.
9. Ensure that all staff, volunteers and Board of Trustees members receive information and attend training courses enabling them to recognise adult abuse and to operate this procedure.

10. Appoint a lead person for safeguarding adults at risk to lead on these organisational responsibilities

Responsibilities of the Safeguarding Concerns Managers

These Managers are nominated staff members who are responsible for ensuring concerns of possible abuse and neglect are responded to and reported appropriately.

The safeguarding concerns managers will initially and in liaison with the staff member working directly with the adult:

• Establish wishes and desired outcomes of the adult at risk

• Gather information

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- Evaluate risk and take actions to safeguard the adult (and others)

- Include consideration of the BACP Ethical Framework and Clinical Decision making guidance

- Where required assess mental capacity and act in 'best interests'

- Record issues and actions

They will decide :

- Whether to raise a Safeguarding Concern (immediately where urgent and serious OR within same working day, with the Local authority)

- Whether a crime needs to be reported

- Whether emergency services are required (ambulance, police) to keep a person safe.

As part of their role they will:
- Liaise between the organisation and any multi-agency safeguarding planning meeting, and adult protection plan where it has been agreed that we will play a role.

- Support safeguarding procedures in any way that is appropriate.

- Ensure that staff working directly with a client who has experienced or is experiencing abuse receives appropriate support and supervision to deal with the distress, dilemmas and conflict involved in this work.

- Ensure that staff and volunteers working directly with clients who behave abusively, receive appropriate support and supervision.

- Ensure that any concerns or allegations relating to adult protection are recorded and stored appropriately.

4. Safe Employment

The organisation is committed to achieving best practice in respect to the safe recruitment of employees and volunteers, as established by the Disclosure and Barring Scheme (DBS).

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The following steps will be taken in order to prevent abuse from occurring within our services:

All Board of Trustees members, staff and volunteers working for the organisation will supply a Disclosure and Barring Service (DBS) check. All DBS checks will be resubmitted every three years and will all be Enhanced DBS checks.

- In the instance of a DBS check being returned with details of criminal offences, the CEO (in liaison with the prospective employee's line manager) and Chair of the Board of Trustees will make a decision as to whether the person can still work within the organisation.

- Two references will be required for all staff and volunteers before they start work.

- Those appointing staff will telephone the referees of the selected candidate before the person is appointed to confirm the written reference.

- Clients, staff, volunteers and Board of Trustees members will have access to information about the organisation's complaints procedure and whistle blowing policy.

- Induction for Board of Trustees members, staff and volunteers will include relevant policy and procedure so that people are aware of their responsibilities to prevent abuse.

Refer to the following WCTS policies for further information:
Recruitment and Selection
Recruitment of Ex Offenders
Disciplinary and Grievance
Record keeping
Data Protection

5. WCTS. Training and Supervision

WCTS is committed to ensuring that staff and volunteers understand their responsibilities in relation to safeguarding. The following points will address this:

- Awareness of this safeguarding policy/procedure is covered within the induction programme of all new employees or volunteers and their understanding checked within supervision meetings.

- All staff will receive training on safeguarding adults at a level commensurate with their roles.

  All staff will receive training on the requirements and provisions of the Mental Capacity Act; the responsibility for this being up to date will be with each individual practitioner.

Refer to the WCTS Training Policy for further information.

6. Prevention

This section highlights related policies, procedures and required practices that minimise the risk of abuse occurring. Staff or volunteers may need to refer to these in order to determine whether abuse has occurred and how to respond. These policies are:

Guidance on Working With Suicidal Clients

Serious and Untoward Incident Policy (Staff Handbook)

Safeguarding Children and Young People Policy and Procedures

Whistle Blowing Policy (Staff Handbook)

Complaints Procedure

Clinical Confidentiality and Record Keeping Policy

Guidance on Working with clients at Risk of Domestic Violence

Guidance on Working with clients who Self-Harm

Clinical Risk Policy and Procedures

Safeguarding Adult Procedures

7. Responding to an allegation/concern:

7.1. Raising a concern

All members of staff, salaried and voluntary, hold responsibility for safeguarding**.** If any member of staff has reason to believe that abuse is or may be taking place you have a responsibility to act on this information. ***It does not matter what your role is, doing nothing is not an option.***

If a person discloses abuse to you directly, you should respond in the following way:

- Assure them that you are taking the concerns seriously.

- Do not be judgemental or jump to conclusions.

- Listen carefully to what they are telling you, stay calm, get as clear a picture as you can. Use open questions to clarify (How, What, Where, Who….) and check out and reflect on all the information you have been given, with the client.

- However, **do not** start to investigate or ask detailed or probing questions.

- Find out the person's wishes and desired outcome

- Explain that you have a duty to tell a manager

- Reassure the person that they will be involved in any decisions about them.

Your responsibilities are:

a) To take action, in liaison with a manager where available, to keep the person safe if possible. Consider whether:

- an urgent police presence is required to keep someone safe – call 999

- the person needs urgent medical attention - do they need an ambulance – call 999

b) If a crime has occurred, be aware of the need to preserve evidence

c) Always inform your line manager and the Safeguarding Concerns Manager. You cannot keep this information secret, even if the person asks you to.

d) Together with the Safeguarding Concerns Manager you need to:

- Evaluate risk including taking actions (as above) where necessary to safeguard the adult (and others)

- Establish wishes and desired outcomes of the adult at risk

- Be part of making a decision on whether to raise a Safeguarding Concern and whether a crime needs to be reported

e) Clearly record what you have witnessed or been told, record your responses and any actions taken. Include details of times, conversations and personnel involved

f) If consulting with the manager will lead to an undue delay and thereby leave a person in a position of risk, or you do not feel the manager is taking the issue seriously, then you should consider reporting the safeguarding concern yourself.

7.2 Deciding whether to raise a safe-guarding concern

When deciding whether a safe-guarding concern should be raised, consider the four following four key questions

A. *Is the person an adult at risk?*

B. *Is the person experiencing, or at risk of abuse and neglect*?
Consider the evidence for the any of the following:

domestic abuse, physical abuse, sexual abuse, psychological

abuse, modern slavery, discriminatory

abuse,

organisational abuse, financial or material abuse, neglect or

acts of omission, self-neglect, another form of abuse

C. *What is the nature and seriousness of the risks*?

Take the following into account in your decision-making:

- The person's individual circumstances
- The nature and extent of the concerns
- The length of time it has been occurring
- The impact of any incident
- The risk of repeated incidents for the person
- The risk of repeated incidents for others

D. *What does the adult at risk want to happen now*?

Wherever possible seek the consent of the adult before taking action, taking into consideration their wishes and desired outcomes. However, whilst consent is an important consideration, it is not the only consideration. Any actions taken without the adult at risk's consent should be proportionate to the risk of harm.

Situations when you may still need to raise a concern even without the consent of the adult at risk:

a) It is in the public interest, for example:

There is a risk to other adults at risk

The concern is about organisational or systemic abuse

The concern or allegation of abuse relates to the conduct of an employee or volunteer within an organisation providing services to adults at risk

The abuse or neglect has occurred on WCTS premises (or other premises owned or managed by an organisation with responsibility to provide care)

b) The person lacks mental capacity to consent and a decision is made to raise a safeguarding concern in the persons 'best interests' (Mental Capacity Act 2005)

c) The person is subject to coercion or undue influence to the extent that they cannot give consent

d) It is in the vital interests of the adult to prevent serious harm or distress in life threatening situations.

7.3 Recording

Document the incident and any actions or decisions taken

Ensure all actions and decisions are fully recorded. It is possible that your records may be required as part of an investigation, be as clear and accurate as you can. Record the reasons for your decisions and any advice given to you in making these decisions.

Ensure that appropriate records are maintained, including details of:

a) the nature of the safeguarding concern/allegation

b) the wishes of the adult at risk

c) the support and information provided to enable the adult at risk to make an informed decision

d) assessments of Mental Capacity where indicated

e) the decision of the organisation in respect to making an alert or not

f) times and personnel involved

A brief summary of decisions and actions needs to be written up by the therapist on the WCTS Safeguarding Concerns form and noted on the Safeguarding and Risk Log.

Appendix D of this policy is a pro-forma for use in recording concerns/allegations of abuse; one copy is to be placed in the client file and one in the Safeguarding Concerns Log.

The therapist must keep the client informed of decisions and actions taken.

If a decision is taken not to report concerns to a statutory agency, the situation should be reviewed regularly by the therapist and supervisor, and discussed with the relevant Manager and Clinical Lead, or CEO in her absence.

7.4 Notifying others

Notify the authority that commissions the service for the adult at risk. (WCTS does this for clients in the ASC part of the General Service through the quarterly return.) You may also need to inform:

relatives of the adult at risk according to their wishes, or in their 'best interests' where they lack the mental capacity to make this decision for themselves child protection services, if children are also at risk from harm

your line manager (and safeguarding adults lead if different) of their decisions and actions in line with these procedures

your CEO if allegations/concerns relate to a member of staff

staff delivering a service on a need-to-know basis so that they do not take actions that may prejudice the investigation

7.5 Supporting staff

Ensure the person making the 'raising a concern' receives support in relation to their experience. Incidents of alleged or actual abuse can be very distressing. People who have witnessed abuse or had abuse disclosed to them may need support in their own right.

9. Following Raising a Safeguarding Adult Concern

A safeguarding adult concern that has been raised will be reviewed by the Local Authority. Following information gathering, the Local Authority may decide a safeguarding response is not necessary or if they do decide it is necessary there will either be a pathway of planning and outcome meetings with the flexibility to respond according to the nature of the risk and the person's desired outcomes.

This organisation and members of staff (including volunteers) shall, as required:

• Attend / participate within any planning meetings arranged

• Support the safeguarding information gathering process

• Attend / participate within any outcome meeting arranged

• Undertake or contribute to a safeguarding adults information gathering process

• Coordinate any internal investigation into an incident or allegation with the safeguarding investigation.

Refer to the Leeds Safe Guarding Adults Board Policy and Procedures at www.leedssafeguardingadults.org.uk for further information and guidance as to safeguarding investigation processes.

10. Carrying out Internal Investigations

If a client makes an allegation of abuse against a member of staff, the allegation would be taken to their line manager as outlined above. If an allegation was made about the Chief Executive, the Chair of Trustees should be informed; or, if the allegation involved the Chair of Trustees, the Chief Executive should be informed.

Formal investigation into allegations of abuse will always be carried out where:

• The alleged perpetrator is a member of staff.

• Leeds Safeguarding Adults Board policy indicates that an investigation is necessary.

The aim of the investigation will be to:

- Establish if abuse has taken place.

- Identify factors that may have contributed to the abuse taking place.

- Where possible achieve the most desirable outcome for all concerned.

- Collect evidence for any possible legal proceedings.

- Evaluate the need for changes in service delivery or management.

Investigations will be carried out by the Chief Executive and a Trustee (or two Trustees if the Chief Executive is in any way implicated in the abuse). Trustees will be given training and support to carry out investigations. The progress and outcomes of all investigations into suspected abuse of children and young people in our care will be reported to the Trustees.

The Trustees would agree a course of action following the investigation, such as further disciplinary action and notification to the Disclosure and Barring Service (DBS) if warranted and possible referral to the Police including where a staff member leaves WCTS.

The member of staff involved would usually be suspended on full pay whilst any investigation is taking place.

Other policies relevant to carrying out an Internal Investigation are:

- Relevant Staff Handbook policies.   ☐

- BACP Ethical Framework for the Counselling Professions – Employment Terms and Conditions.

APPENDIX A

WCTS guidance documents which give additional practice guidance and resource signposting are:

- Guidance on working with clients who self-harm

- Guidance on working with suicidal clients
- Guidance on working with clients who are at risk of domestic violence/abuse   These are in the WCTS shared W drive Policies and Guidance folder. In addition, further guidance on both risk assessment and safeguarding is included in the appendices.

Duty of care and the extent of our responsibility

Our responsibilities are set out in the BACP Ethical Framework. Our responsibility to act beneficently for clients remains the same, as does our need to act in ways that are trustworthy, transparent and accountable. One of the personal qualities noted seems particularly important to consider at the moment, that of **Courage:** *the capacity to act in spite of known fears, risks and uncertainty.*

Practitioners need to consider all issues and dilemmas, and to discuss these with colleagues, managers, supervisors to form a decision in context of BACP guidance.

https://www.bacp.co.uk/events-and-resources/ethics-and-standards/ethicshub/decisionmakingfor-ethical-practice

Facilitating effective risk management Administrative processes:

- Check the Civi information that we hold about clients, especially in relation to any other professionals' involvement (social care, schools, health visitors, CMHT professionals)

- Check GP details. These are especially important, so it is a priority to make sure that we have up-to-date records of client GP information. Civi now has the facility for us to include an emergency contact, and therapists should ask clients to supply an emergency contact & record it on the client's summary page on Civi.

- Check that we have up-to-date personal information, such as addresses or email addresses as these may have changed since start of therapy.
- Update Civi as necessary.

Clinical awareness and interventions

- During counselling calls, maintain an awareness of pre-existing risk, risk situations and safeguarding risk for clients.
- For practitioners working with clients they have not met face-to-face, there may be relevant information available on the referral form on Civi.
- Practitioners working with clients they have not met face-to-face will need to check openly and transparently with clients about past and current risk. This is appropriate for the context and clients are likely to expect this.
- Checking on risk can start in a low-key way with 'how are you doing..?' type questions. If the client's answers raise concerns about their well-being or the well-being of others, the therapist may need to follow up with more detailed checking.
- It may be necessary to seek or re-seek consent to contact other professionals from clients, so practitioners may need to discuss this with clients as well as with line managers, clinical lead, safeguarding lead/deputy, and supervisor.
- Written electronic consent to share information with specified professionals may need to be obtained from clients in addition to the general agreement clients accept when starting or moving to remote working. This can be discussed in line management or other relevant clinical conversations.
- If concerns arise, it is advisable to be transparent with clients about the need to go away and think about what next steps WCTS can take to support them, and to get back in touch with them, possibly before the next counselling call.
- If practitioners believe that they may need to add another contact with the client before the next scheduled counselling call, it is advisable to plan for this before the end of the call and seek an in-principle permission to contact the client (with best/worst times ideally agreed) or to actually schedule a follow-up call. This may contribute to a sense of containment for the client and allows the therapist to discuss next steps with line

managers, clinical lead, and clinical supervisor and have a planned, but prompt response to risk concerns.

- All risk concerns need to be discussed with line manager or Duty Manager or Safeguarding Lead as well as in clinical supervision.

- Practitioners can keep up-to-date with information about known and developing risks in relation to the current lock-down, for example, the increased risk of domestic abuse, the rise in mental health distress in young people, likely impacts of increased isolation, stress and anxiety on clients.

- Practitioners can maintain and add to their personal therapeutic tool box of tools to help clients stabilise their mental health.

Counselling and mental health stabilisation

Counselling sessions may need to provide connection and containment if there is a risk or safeguarding issue emerging or being monitored. At times, counselling sessions may focus on mental health stabilisation which is a key principle in risk management. Counsellors and caseworkers may also be reinforcing, introducing or signposting clients to a range of mental health stabilisation tools and techniques in order to mitigate risk. Signposting clients to emergency or crisis or specialist services when appropriate serves a similar function.

During telephone counselling sessions, the following might raise risk concerns:

- sustained or very low mood

- incapacitating anxiety

- start of or increase in self-harm

- increased use of unhelpful coping strategies, such as drug or alcohol use

- withdrawal or inability to be alone

- deterioration in self-care capacities, including care of mental health & deterioration in physical health

- start of or increase in dysregulated emotions, including inappropriate euphoria

- raised emotional temperature in family system

- start of or increase in difficult interpersonal dynamics

- start of or increase in abusive interactions

- increase in external stressors

Tools for helping clients to manage risk

Risk to self and others: the risk of suicidality, self-harm and harm to others Therapists and case-workers will have a range of therapeutic tools for helping clients manage difficult feelings including:

- grounding techniques
- breathing techniques
  relaxation exercises
- positive visualisations
  & affirmations
- self-soothing
     strategies creative
  approaches

- structuring and containing activities

- distractions and diversions contact
  with trusted others
- contact with professionals, help lines, support groups safety
  plans

Risk from others

All of the above tools can be used to work with clients at risk of harm from others in order to help them stabilise and maintain their mental health.

Clients may also benefit from creating a **safety plan.** Safety plans usually take into account:

sources of help and support, ways to contact support, practical measures around being prepared to leave if necessary such as money, phone, keys, documents, and children's essential items.

Information and sign-posting

If clients have internet access, they can be referred to websites noted above or to:

- MindWell Leeds which is keeping an updated record of mental health services in Leeds
- NHS website which has a wide range of resources for physical and mental health
- GOV.UK website
- Leeds City Council website, including Adult and Children's Safeguarding services
- Women's Aid which is keeping an updated record of domestic violence services
- SafeLives which has a safety planning pdf for women experiencing domestic abuse

Clients who do not have internet access may need practitioners to look up individual services or resources. Where WCTS has permission to email clients information, links or other material may be sent to them.

APPENDIX B

Safeguarding Concerns Summary Log

Date and Time of entry:	
WCTS Worker's Name:	
Client code:	
Cross reference previous entries (client code and date):	

Date and Time of incident:	
Description of your concern (*person at risk / what are they at risk from/ what evidence are you basing this on / how did the client disclose?*)	

Details of Manager made aware of incident or concerns:	
Date:	

Thinking in relation to BACP Ethical Framework For The Counselling Professions i.e.: **Being trustworthy** **Autonomy** **Beneficence,** **Non-maleficence** **Justice and** **Self-respect** Risks to client Desired outcome and intentions of client	
Actions taken: *(include details of all actions carried out and communication with client)*	

Other agencies involved:	Have they been informed?	Follow up actions of agency if known:

Is an alert to LSAB or LSCP to be submitted?	Yes/N0/Further action needed/Further monitoring needed

Reasoning:	

Signature of staff member submitting concerns log:	
Signature of Manager signing off concerns log:	
Has a copy of this summary been put in the client file:	

UPDATE

Date and Time of entry:	
WCTS Worker's Name:	

Update

Please include outcome of actions taken and any new, relevant information from the client, or other professionals, about this particular safeguarding issue. Has risk decreased? Further actions necessary?

Details of Manager or Senior staff member made aware of update:	
Date:	

Appendix C: Useful Telephone Numbers

Raising A Safeguarding Adult Concern

Leeds Adult Social Care: Contact Centre (Mon-Fri 8am – 6pm, excluding bank holidays) Emergency Duty Team (Outside of the contact centre times above)	**Tel: 0113 222 4401** **Text-phone for deaf and hard** **of hearing people: 0113 222** **4410** **Tel: 07712106378** **Email: edt.ss@leeds.gov.uk**
Contacting The Police	
If the person is in imminent danger If you need to report a crime, but the person is not in imminent danger	**Tel: 999 (Emergency Service)** **Tel: 101** **(Non-Emergency Service)**
Notifying Regulators	
Care Quality Commission www.cqc.org.uk/contact-us	**Tel: 03000 616161**
Notifying Contracting Authority	
Eleanor Hastwell – Commissioning Programme Leader Leeds Adult Social Care	**0113 37 89864**
Employment Related Advice Lines	
Disclosure and Barring Service (DBS)	**Tel: 0300 0200 190**
Whistle Blowing Advice Services	
Public Concern at Work www.pcaw.org.uk www.mencap.org.uk/organisation/whistleblowinghelpline WhistleBlowing HelpLine www.wbhelpline.org.uk	**Tel: 020 7404 6609** **Tel: 08000 724 725**

Signed …………………………………………………………………………………………….

Role …………………………………………………………………………………………….

Date …………………………………………………………………………………………….

Board of Trustees Approved 17 July 2023