

## Trauma Recovery UK Adult Safeguarding Policy

Trauma Recovery UK is committed to a practice which safeguards and promotes the welfare of adults. Trauma Recovery UK is committed to supporting the rights of adults at risk (vulnerable adults) to be protected from abuse. Trauma Recovery UK will ensure that all staff and volunteers work together in accordance with this policy and act promptly in regards to allegations or suspicions of abuse. The way we work will take into account an adult at risk's (vulnerable adult) race, religion, cultural background, age, disability, gender and sexuality.

“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect” (Department of Health & Social Care, Care and Support Statutory Guidance, 2025).

This policy applies to all staff, volunteers, trustees, visitors, service users including adults at risk at Trauma Recovery UK. We publish a full copy of this policy and other relevant policies in the reception of each of our Centres, as well as on our website.

Staff and employees should read this policy in conjunction with other appropriate policies, including safeguarding policies, and handbooks relevant to their role.

### **1. Introduction**

We at Trauma Recovery UK are committed to a practice that safeguards and promotes the welfare of adults at risk.

Staff and volunteers in this organisation accept, recognise, and take seriously our responsibilities to develop awareness of issues that may cause adults harm.

We will safeguard adults at risk by:

- Following carefully the procedures for safer recruitment in the selection of staff and volunteers (including ongoing checks (DBS checks and references, as appropriate to their role).
- Adopting adult at risk guidelines through a code of behaviour for staff and volunteers, contained within our Employee and Volunteer Handbooks and Person Specification for all roles.

- Sharing information about safeguarding adults and good practice with parents, carers staff and volunteers.
- Sharing information about concerns with agencies who need to know and involving parents, carers and children appropriately.
- Providing effective management oversight for staff and volunteers through supervision, support and training.
- Reviewing our Safeguarding Adults Policy and procedures and good practice guidance on an annual basis, unless an incident or new legislation or guidance suggests the need for an earlier date of review.

## **2. Aim of the Policy**

Our key aim is that all individuals working with, and/or having contact with adults at risk work effectively and in partnership to:

- Promote the health and well-being, security, and safety of adults consistent with their rights, capacity and personal responsibility, and prevent abuse occurring wherever possible.
- Ensure that the process of reporting and subsequent action, is as effective as possible in achieving good outcomes for at risk people and is recorded to a high standard.
- Ensure that the processes of assessment and prevention of abuse do not constitute any further abusive or harmful events for the at risk person.
- Comply with legislation and statutory guidance from the Department of Health & Social Care.

Accomplishing this requires the careful consideration, time and commitment of all the people and agencies involved in the at risk or vulnerable person's life. Moreover, it requires the maintenance and development of co-operative relationships based upon trust and a mutual understanding of the roles, responsibilities and limitations of those involved.

## **3. Objectives of the Policy**

In order to achieve positive outcomes for adults at risk who are experiencing abuse, or at risk of abuse, Trauma Recovery UK will work together within a multi-agency framework to:

- Identify safeguarding concerns for adults at risk where there is a suspected or actualised risk of harm occurring.

- Respond effectively to any circumstances giving grounds for concern or to communications expressing anxiety or concern for an adult at risk's safety.
- Ensure the active participation of individuals, families, groups, and communities wherever possible and appropriate, to support the independence and empowerment of adults at risk.
- Promote and strengthen partnerships and actions designed to reduce abuse and the fear of abuse as experienced by adults at risk.
- Regularly monitor and evaluate the way in which policies, procedures, and practices for the protection of adults at risk are working.
- Regularly review and update policies, procedures and practices to reflect the current state of knowledge in relation to safeguarding adults at risk, and learning gained from experience.

## 4. Context

The protection of vulnerable people and adults at risk is one of the most important tasks facing society. Awareness of adult abuse has received growing attention from the public, the media and voluntary and statutory agencies over recent years. However, there is still much for agencies commissioning and providing services to vulnerable adults or adults at risk to do, in order to raise the profile of adult safeguarding.

The publication of 'No Secrets' in 2000 as statutory guidance emphasised the need for agencies to work together to ensure a coherent policy for the protection of vulnerable adults at risk of abuse. The primary aim of such a policy should be to prevent abuse where possible. In addition to the prevention of abuse wherever possible, 'No Secrets' also charged agencies with ensuring that procedures are in place for dealing with incidents of abuse. The guidance allocates the coordinating role in developing local policies and procedures for the protection of vulnerable adults from abuse to councils with responsibility for adult social care, and emphasises that all relevant agencies must work together to ensure that appropriate policies, procedures and practices are in place and implemented locally.

The publication of 'No Secrets' was followed in 2005 by the publication of a national standards framework by the Association of Directors of Social Services. This publication ('Safeguarding Adults') is aimed at developing adult protection work throughout England and collects best practice into a framework to work towards preventing and addressing abuse across the country. In 2007, the Commission for Social Care Inspection, the Association of Directors of Adult Social

Services and the Association of Chief Police Officers jointly published a 'Safeguarding Adults Protocol and Guidance' designed to demonstrate the commitment to multi-agency working and to outline, in broad terms, the process that should be followed following when abuse is suspected.

In 2008, the Government announced a formal review of 'No Secrets', including a consultation on how safeguarding of vulnerable adults should be organized for maximum effectiveness. This consultation demonstrated an overwhelming wish for legislation to place the safeguarding infrastructure, including formal Boards, on a statutory footing and guidance on the resourcing of that infrastructure through multi-agency cost sharing. In late 2009, the Government announced that it would be bringing forward the appropriate legislation as soon as possible.

'Adult at risk' replaces the previously used term 'vulnerable adult' from the Government's 'No Secrets' Guidance 2010.

The Care Act 2014 sets out clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect.

Other relevant legislation and guidance includes the following non-exhaustive list:

- The Care Act 2014 which replaces the 'No Secrets' guidance.
- Youth Justice and Criminal Evidence Act 1999: special measures for 'vulnerable' and/or 'intimidated' witnesses. Also introduces intermediaries for those with difficulty giving their evidence.
- Deprivation of Liberty Safeguards 2009: designed to provide appropriate safeguards for vulnerable people.
- Mental Capacity Act 2005 (MCA 2005): a general principle is that everyone has capacity unless it is proved otherwise which means that they should be supported to make their own decisions. Anything that is done for or on behalf of people without capacity must be in their best interests and should be the least restrictive option. The MCA 2005 includes criminal offences under s.44 around ill-treating and/or wilfully neglecting someone without capacity.
- Sexual Offences Act 2003 which introduced a number of new offences concerning adults at risk and children.
- Safeguarding Vulnerable Groups Act 2006

Adult safeguarding duties under the Care Act 2014 apply to an adult, aged 18 or over, who:

- has needs for care and support (whether or not the authority is meeting any of those needs),
- is experiencing, or is at risk of experiencing, abuse or neglect, and
- as a result of those care and support needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

## 5. Definitions

**‘Child and ‘young person’:** In England, Northern Ireland, Wales and Guernsey, a child is anyone who has not yet reached their 18<sup>th</sup> birthday. Throughout this advice, the terms ‘child’, ‘children’, ‘young people’, ‘young person’ are used to refer to all those under the age of 18. This includes young people aged 16 and 17 who are living independently; their status and entitlement to services and protection under the Children Act 1989 is not altered by the fact that they are living independently.

**‘Adult’:** defined as a person aged 18 years or over.

**‘Staff’ and ‘volunteers’** refers to all those working for or on behalf of the Trauma Recovery Centre, full time or part time, either in a paid or voluntary capacity.

**‘Parent’ and ‘carer’:** refers to birth parents and other adults who are in a parenting role, for example step-parents, foster carers, special guardians and adoptive parents.

**‘Clients’ and ‘Service Users’:** refers to anyone who is a beneficiary of Trauma Recovery UK

Adults with care and support needs, to whom the adult safeguarding duties under the Care Act 2014 apply;

- Aged 18 or over and;

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

(Department of Health & Social Care, Care and Support Statutory Guidance, 2025)

Furthermore, an adult may be at risk if he/she:

- has a learning or physical disability, and/or
- has a physical or mental illness, chronic or otherwise, including an addiction to alcohol or drugs, and/or
- has a reduction in physical or mental capacity, and/or
- is in the receipt of any form of healthcare, and/or
- is detained in custody, and/or
- is receiving community services because of age, health or disability, and/or
- is living in sheltered, emergency or a residential care home, and/or
- is unable, for any other reason, to protect himself or herself against significant harm or exploitation.

## 6. Safeguarding Duty

The safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs, is unable to protect themselves from the risk of, or the experience of abuse or neglect.

## 7. Principles

To protect basic civil and human rights, a set of principles must underpin all work with vulnerable adults. Six key principles underpin all adult safeguarding work and apply to all settings:

## **a) Empowerment**

- People being supported and encouraged to make their own decisions and informed consent.
  - E.g., “I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”

## **b) Prevention**

- It is better to take action before harm occurs.
  - “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

## **c) Proportionality**

- The least intrusive response appropriate to the risk presented.
  - “I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”

## **d) Protection**

- Support and representation for those in greatest need.
  - “I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

## **e) Partnership**

- Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
  - “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”

## **f) Accountability**

- Accountability and transparency in delivering safeguarding.
  - “I understand the role of everyone involved in my life and so do they.”

(Department of Health & Social Care, Care and Support Statutory Guidance, 2025).

Under the Mental Capacity Act 2005 people must be assumed to have capacity to make their own decisions and be given all practicable help to do so before

anyone treats them as not being able to make their own decisions. For adults, this means that they have the capacity to choose how they live and make decisions about their safety, even if we do not agree with certain decisions.

## 8. Forms of Abuse and Mistreatment

The following, referenced from the Care and Support Statutory Guidance (Department of Health and Social Care, 2025) is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern:

a) Physical abuse, including assault, hitting, slapping, pushing, kicking, misuse of medication, misuse of restraint, or inappropriate physical sanctions.

Possible indicators of physical abuse may include:

- no explanation for injuries or inconsistency with the account of what happened
- injuries are inconsistent with the person's lifestyle
- bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- frequent injuries
- unexplained falls
- subdued or changed behaviour in the presence of a particular person
- signs of malnutrition
- failure to seek medical treatment or frequent changes of GP

b) Sexual abuse, including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting. Possible indicators of sexual abuse may include:

- Bruising, particularly to the thighs, buttocks, upper arms and marks around the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings

- Infections, unexplained genital discharge or sexually transmitted diseases
  - Pregnancy in a woman who is unable to consent to sexual intercourse
  - The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
  - Incontinence not related to any medical diagnosis
  - Self-harming
  - Poor concentration, withdrawal, sleep disturbance
  - Excessive fear/apprehension of, or withdrawal from, relationships
  - Fear of receiving help with personal care
  - Reluctance to be alone with a particular person
- c) Psychological abuse, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, unreasonable and unjustified withdrawal of services or supportive networks, isolation.
- d) Domestic abuse, including psychological, physical, sexual, financial, emotional abuse or so called 'honour' based violence. A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015.
- e) Financial or material abuse, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits or internet scamming.
- f) Modern Slavery, including 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.
- g) Neglect and acts of omission, including ignoring medical, physical or emotional 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;

- h) Discriminatory abuse, including racist or sexist remarks or comments based on a person's impairment, disability, gender identity, age or illness, and other forms of harassment, slurs or similar treatment. This may also include isolation or withdrawal from religious or cultural activity, services or supportive networks;
- i) Organisational abuse, 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.
- j) Institutional abuse involves the collective failure of an Organisation to provide an appropriate and professional service to vulnerable people. It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and stereotyping. It includes a failure to ensure the necessary safeguards are in place to protect vulnerable adults and maintain good standards of care in accordance with individual needs, including training of staff, supervision and management, record keeping and liaising with other providers of care.
- k) Self-neglect covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

(Department of Health & Social Care, Care and Support Statutory Guidance 2025).

Other forms of harm may include:

- l) Forced Marriage is a term used to describe a marriage in which one or both parties are married without their consent or against their will. The Anti-Social Behaviour, Crime and Policing Act 2014 make it a criminal offence to force someone to marry.

- m) Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.
- n) Another identified category of abuse is spiritual abuse or abuse linked to faith and belief which can, but not always, involve physical, emotional and/or sexual abuse. Though there is no single agreed definition of spiritual abuse, research from Dr. Lisa Oakley in Oakley & Kinmond (2013) states that “spiritual abuse is coercion and control of one individual by another in a spiritual context. The target experiences spiritual abuse as a deeply emotional personal attack. This abuse may include: manipulation and exploitation, enforced accountability, censorship of decision making, requirements for secrecy and silence, pressure to conform, misuse of scripture or the pulpit to control behaviour, requirement of obedience to the abuser, the suggestion that the abuser has a ‘divine’ position, isolation from others, especially those external to the abusive context.”

Please note: historical abuse is not included in the Care Act 2014, however appropriate action may need to be taken with relevant agencies (such as with the police or Children’s Services) should historical abuse be disclosed.

## **9. Deprivation of Liberty**

Deprivation of Liberty: The Deprivation of Liberty Safeguards (DoLS) are included in the Mental Capacity Act which came into effect in April 2009. The DoLS scheme is intended to apply to individuals who are:

- Aged 18 or over,
- Cared for in a hospital or a registered care home,
- Have a mental disorder as defined by the Mental Health Act 1983, such as dementia or a learning disability,
- Lack the capacity to consent to their placement or hospital admission.

It is the responsibility of all staff and managers to report any occasions where a client is deprived of their liberty without proper authority.

## **10. Procedures when responding to a disclosure**

It is the responsibility of the staff or volunteer first aware of the situation where there may be an adult with care and support needs subject to, or at risk of, abuse,

to inform the Designated Safeguarding Officer (DSO) or in their absence, the Deputy Designated Safeguarding Officer (DDSO) and to:

- Make sure that the at-risk adult is safe,
- Deal with the immediate needs of the person including any first aid needs,
- Take reasonable steps to ensure the adult is in no immediate danger,
- Seek medical treatment if required, as a matter of urgency,
- Not to disturb or destroy articles that could be used in evidence and where an assault of some kind is suspected, unless this is associated with the first aid treatment necessary to prevent further harm.
- If the allegation is about a staff member or volunteer, ensure that the allegation is properly managed. The staff member or volunteer is entitled to support at this stage.

a) Alerting – what to do and who to tell

- Alerting is the responsibility of any member of staff or volunteer if they suspect that abuse of an adult may have taken place or is likely to take place.
- Staff and volunteers are to inform the Designated Safeguarding Officer, or the Deputy Designated Safeguarding Officer in their absence, if they have a concern, or to another appropriate manager.
- A concern that an adult is or could be abused may have arisen either from:
  - A direct disclosure by the vulnerable adult
  - A complaint or expression of concern by another member of staff, a volunteer, another service user, a carer, a member of the public or relative.
  - An observation of the behaviour of the vulnerable adult by the volunteer, member of staff or carer.
- Potentially there are two people who have responsibilities at the Alert stage of an incident. These are;
  - The person first made aware of the issue and
  - Their manager.

After the conversation, in any case where a disclosure is made, or someone in Trauma Recovery UK has concerns, a record should be made by the staff member / volunteer. Record the discussion or actions taken on the Trauma Recovery UK's Safeguarding Adult Reporting Form (Appendix A) as soon as possible after the disclosure, within 24-hours.

- Contact the DSO / DDSO in a Trauma Recovery UK Therapy Centre in which the adult attends for advice / guidance without delay.
- The DSO / DDSO may then discuss the concern / suspicion with the relevant organisation, and, if appropriate, make a direct referral to a Local Authority Safeguarding Team.
- If the Designated Person is not available, or it is inappropriate to approach them, the volunteer / member of staff with the concern should make direct contact with their line manager. In the unlikely event that there is no member of staff available, the member of staff / volunteer with the concern should contact the relevant safeguarding organisation themselves for advice, and should inform the DSO as soon as possible.
- Use the adults' words or explanations – do not translate into your own words, in case you have misconstrued what the person was trying to say.

Details on the reporting form must include, as far as practical:

- Name of adult
- Age
- Home Address (if known)
- Date of Birth (if known)

Is the person making the report expressing their own concerns, or passing on those of somebody else? If so, record their name and role and the following details:

- What has prompted the concerns?
- Include dates and times of any specific incidents
- Has the adult been spoken to? If so, what was said?
- Has anybody been alleged to be the abuser? If so, record details
- Who has this been passed on to, in order that appropriate action is taken?
- Has anyone else been consulted?
- Are there any physical signs of abuse or harm? Please use the body map to record observations, even if they seem inconclusive.

There may be occasions when you suspect that an adult may be at serious risk of harm, but you have no evidence or conclusive signs. You may have noticed this due to a variety of factors but in these circumstances, you should try to give the

adult the opportunity to talk. You can use the Adult Safeguarding Reporting Form to record any early concerns.

Alleged abuse by staff, managers, volunteers or trustees:

- When an allegation is made against a member of staff or volunteer, then the allegation must be passed to your DSO / DDSO or, if the allegation concerns them both, direct to the Chair of Trustees who will direct to the relevant Local Authority professional, as appropriate.
- The designated officer contacted will record a note of the consultation and will advise on the appropriate action that needs to be taken.
- Please see our Whistleblowing Policy for more information, as well as relevant HR policies regarding misconduct.

## 11. Information Sharing

Where there are safeguarding concerns, staff and volunteers have a responsibility to share information. The wishes of the adult at risk / with care and support needs will be valued and information should be shared with consent wherever possible. A person's right to confidentiality is not absolute and may be overridden where there is evidence that sharing information is necessary to support an investigation or where there is a risk to others e.g. in the interests of public safety, police investigation, implications for regulated service.

- Remember that Data Protection legislation is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
- Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
- Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case and record this thoroughly on the reporting form.

- It is not appropriate for staff or volunteers of the Trauma Recovery Centre to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other vulnerable people, including children, may be at risk.
- Consider safety and well-being: base your information sharing decisions on considerations of the safety and wellbeing of the person who may be affected by their actions or the actions of the perpetrator.
- Sharing should be necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion and is shared securely.
- Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Any information disclosed should be:

- Clear regarding the nature of the problem and the purpose of sharing information
- Based on fact, not assumption
- Restricted to those with a legitimate need to know
- Relevant to specific incidents
- Strictly limited to the needs of the situation at the time
- Recorded in writing with reasons stated.

The principles that govern the sharing of information include the following:

- Information should only be shared on a 'need to know basis' and when it is in the best interests of the service user.
- Confidentiality must not be confused with secrecy.
- Informed consent to the sharing of information should be obtained from the person involved, but if it is not possible and other adults or children are at risk, it may be necessary to override the requirement.

Sharing data when someone lacks mental capacity – important considerations:

- Can the person give consent to disclosure of information?
- You have a responsibility to explore approaches to help them understand

- In some instances, the individual will not have the capacity to consent to disclosure of personal information relating to them. Where this is the case any disclosure of information needs to be considered against the conditions set out in the Data Protection Act and General Data Protection Regulations (GDPR) and a decision made about whether it is in their best interests to be shared.

Trauma Recovery UK holds information that in the normal course of events is regarded as confidential and we have our own safeguards and procedures for dealing with confidential information. Please refer to our Privacy Notice and Data Protection Policy for further information.

Personal information is subject to the principles of the Freedom of Information Act 2000, the Data Protection Act 1998, The General Data Protection Regulation 2018, the Human Rights Act 1998 and the common law doctrine of confidentiality and needs to comply with the Caldicott Principles, which are:

- Principle 1: Justify the purpose(s) for using confidential information
- Principle 2: Only use confidential information where absolutely necessary
- Principle 3: Use the minimum information that is required
- Principle 4: Access to confidential information is on a strict 'need to know' basis
- Principle 5: Everyone must understand their responsibilities
- Principle 6: Understand and comply with the law
- Principle 7: The duty to share personal information can be as important as the duty to have regard to confidentiality.

Concern about the abuse of an adult provides sufficient grounds to warrant sharing information of a 'need to know' basis and/or 'in the public interest' in accordance with established data protection principles. Unnecessary delays in sharing that information should be avoided.

Trauma Recovery UK may, if necessary, contact the following for advice or to make a referral to support their health and care needs if each is deemed appropriate and is part of ensuring the safeguarding of the adult concerned:

For adults at risk in BANES: See Appendix B

For adults at risk in Guernsey: See Appendix C

For adults at risk in Oxfordshire: See Appendix D

## **12. Monitoring and Review of this Policy**

Trauma Recovery UK will monitor and review this policy and associated procedures annually.

Changes to it are informed by consultation with staff and volunteers, and by obtaining guidance from the Local Authority where appropriate.

All staff and volunteers are encouraged to give feedback at any time on any difficulties they have in operating the policy. Any issues can be raised with line management, who will ensure they are considered, and appropriate action taken.

### **13. Equalities and Diversity**

The TRC is committed to encouraging equality, diversity and inclusion among our workforce and charitable activities, as well as proactively eliminating unlawful discrimination and prejudices. We recognise our legal obligation under the Equality Act 2010 to uphold and promote equality and human rights in all that we do, as well as our ethical and moral commitment as an organisation focused on trauma recovery. Please visit our Equalities, Diversity and Inclusion Policy for more details.

### **14. Training**

The designated person and his/her deputy must receive training every 2 years in Adult Safeguarding. Training is available from the relevant Local Safeguarding Board and the Islands Safeguarding Partnership for Guernsey

All staff and volunteers shall have access to appropriate training on a regular basis, at least every 3 years.

Policy last reviewed: January 2026

Date of next review: January 2027

## APPENDIX A: SAFEGUARDING ADULTS REPORTING FORM

Complete this form:

- to record any concern about an adult at risk's welfare,
- if you suspect the adult may be suffering abuse, neglect or harm,
- if you have received a disclosure of abuse or significant harm from an adult,
- if you have heard about an allegation of abuse or significant harm, or
- If you believe an adult has care and support needs:

Pass this form immediately to the DSO or DDSO, without delay, once completed.

Today's date:	
Date of incident:	
Time of incident:	
Name of staff/volunteer completing this form:	
Position/Job title:	
Signed:	

Please complete with as much detail as possible regarding the adult:

Full name of adult at risk:	
Date of Birth/ approx. age:	
Current address:	

Nature of concern/your observations:

Exactly what the adult said and what you did:

(Remember, do not lead the adult – record actual details. Continue on separate sheet if necessary)

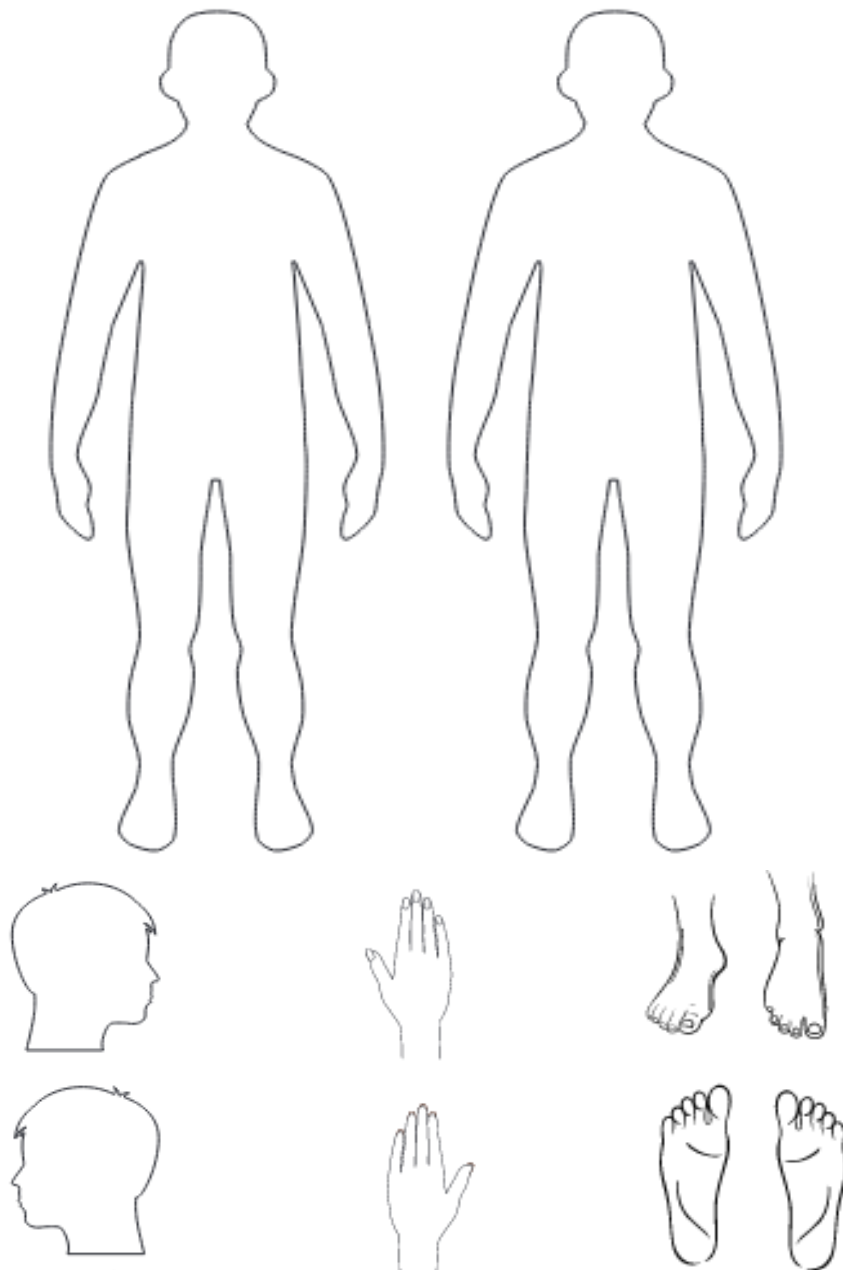
Action taken so far, including any first aid administered:

## Body Map

- Adults should not be undressed by TRC staff or volunteers to assess injuries
- Staff and Volunteers are not permitted to take photographs of marks or injuries
- First Aid is to be administered where appropriate, but for serious medical concerns, staff / volunteers must seek suitable medical attention.

Body map copied from:

<https://www.highspeedtraining.co.uk/hub/wp-content/uploads/2018/01/child-protection-body-map.jpg>



**FOR USE BY THE DESIGNATED/DEPUTY SAFEGUARDING OFFICER:**

Date of receipt by the DSO	
Time of receipt by the DSO:	

Action taken in response to the incident / concern: (note any advice sought below)

External Agencies Contacted:

**SOCIAL CARE:**

Date and time contacted:	
Name of Local Authority:	
Name of Duty Worker:	
Contact number:	
Details of advice received:	

**POLICE:**

Date and time contacted:	
Name of department contacted:	
Name of Officer:	
Contact number:	
Details of advice received:	

**LADO:**

Date and time contacted:	
Name of Local Authority:	
Name of Duty Worker:	

Contact number:	
Details of advice received:	

Other:

Date and time contacted:	
Name of organisation:	
Name of person contacted:	
Contact number:	
Details of advice received:	

Recommendations / outcomes of the actions taken:

Designated Safeguarding Officers name	
Designated Safeguarding Lead's signature	
Date	

## **Appendix B: Useful Local Authority Safeguarding Contacts for adults living in Bath and North East Somerset**

If a child or an adult is in immediate danger, call 999 and ask for the police.

**TO REPORT AND FOR ADVICE:** you can contact Bath and North East Somerset Council Adult Safeguarding Team on 0300 247 0201 and select option 3 (8.30–5.00 Monday to Thursday, and until 4.30 on Fridays). Alternatively, you can call BATHNES Adult Social Work Team on 01225 394 200 (8.30–5.00 Monday to Thursday, and until 4.30 on Fridays).

**URGENT OUT OF HOURS CONCERNS:** call the Emergency Duty Team on 01454 615165.  
**DOMESTIC ABUSE:** If someone is in immediate danger, contact 999 and ask for the Police. If they are not in immediate danger, you can contact Southside on 01225 331243 and request their Independent Domestic Violence Service (IDVA), or phone Avon and Somerset Police on 101 (24-hour service).

**ADULT MENTAL HEALTH INTENSIVE SUPPORT TEAM:** If the adult is being supported by Avon and Wiltshire Mental Health Trust you can contact 01225 362814 (24-hour service).

**REQUESTING URGENT MENTAL HEALTH TREATMENT:** If you're a relative or a health professional who believes someone urgently needs treatment for a mental health disorder, and is at risk of harm to themselves or others, call BANES Approved Mental Health Professional (AMHP) team on 01225 36 27 78 (8.30am to 5pm Monday to Thursday, and until 4.30pm Fridays), or our Emergency Duty team on 01454 61 51 65 (after 5pm Monday to Friday, on weekends and bank holidays).

## **Appendix C: Useful Local Authority Safeguarding Contacts for adults living in Guernsey**

If a child or an adult is in immediate danger, call 999 and ask for the police.

**TO REPORT AND FOR ADVICE:** The Adult Safeguarding Unit opening hours are Monday to Thursday 8.45am to 5pm and Friday 8.45am to 4.45pm.

If you are concerned that an adult you support is experiencing, or is at risk of experiencing abuse or neglect, the DSO can escalate your safeguarding concerns by contacting the Adult Safeguarding Manager on 01481 226923 and raise a safeguarding alert by using the 'Raising a Concern' form here:

<https://www.gov.gg/Adult-Safeguarding>

**URGENT OUT OF HOURS:** contact the Emergency Duty Team on 01481 220000 (hospital switchboard).

**FOR ADVICE AND TO REPORT – MENTAL HEALTH:** The Adult Mental Health Service, based at the Oberlands Centre, provides an assessment, intervention, treatment and support service to people with mental health problems within the Bailiwick of Guernsey. The service addresses the mental health needs of adults, aged 18–65 with moderate to severe mental health problems. Young adults between the ages of 16–18 years may be referred if they are not in full-time education. The Oberlands Centre can be contacted on 01481 725241 ex 3561.

**HOSPITAL SWITCHBOARD:** 01481 725241.

**GUERNSEY MIND:** 01481 722959 or email [info@guernseymind.org.gg](mailto:info@guernseymind.org.gg)

**SAMARITANS:** 116 123 free from any phone or call 01481 711030

**RELATE:** 01481 730 303 or email [info@relate.org.gg](mailto:info@relate.org.gg)

<http://www.teamteach.co.uk/>

## **Appendix D: Useful Local Authority Safeguarding Contacts for Adults living in Oxfordshire**

EMERGENCY: If you have reason to believe that a vulnerable adult is at immediate risk of harm, contact the police on 999.

URGENT OUT OF HOURS CONCERNS: Emergency Duty Team: 0800 833 408.

IF YOU ARE UNSURE WHETHER TO MAKE A REFERRAL:

You should refer to Oxfordshire Safeguarding Adults Board's (OSAB)

Understanding Safeguarding Threshold Matrix: <https://www.osab.co.uk/wp-content/uploads/2021/06/OSAB-Threshold-of-Needs-Matrix-January-2021-MASTER.pdf>.

You can ask for advice from the Safeguarding Adults Service Consultation Line on 01865 328232 and select option 1 (10.00–3.00, Monday to Friday), but this cannot be on a 'no names' basis so you must have spoken to the adult at risk before making the referral, and ideally obtained their consent.

TO REPORT: contact the Social and Health Care team on 01865 328 993, or complete the Professional Safeguarding Concern Form:

<https://service.oxfordshire.gov.uk/raisingconcernprofessional>.

If you are concerned that someone is not receiving care when you think they should, you should request a Care Needs Assessment:

<https://service.oxfordshire.gov.uk/needsassessmentpro>.

IF THERE IS AN ADULT MENTAL HEALTH CRISIS: There's a variety of interventions and services available for adults in crisis within Oxfordshire.

Oxford Adult Mental Health Team: for adults aged between 18 and 65, they can be contacted 7 days a week from 7am until 9pm:

- o Oxford City and North East Oxon: 01865 902 200
- o North West Oxon: 01865 902563
- o South Oxon: 01865 904191

Oxford and Banbury Safe Haven: offering short term one to one support in crisis, face to face and on the phone. They are open in the evenings over the weekend and can be contacted via 01865 903 037. Banbury Safe Haven crisis support over the weekend is contactable via 01295 270004.

# TRAUMA RECOVERY<sup>UK</sup>

The Oxford and Buckinghamshire Mental Health helpline: contactable via 01865 904997.

The Warnford Hospital: If an adult is experiencing a mental health crisis after 9 pm, which cannot wait for contact with their usual care team, The Warnford Hospital can be contacted via 01865 901000.

Additional information about other available support can be found on the following website, with contact details based upon the adult's locality:

<https://www.oxfordhealth.nhs.uk/support-advice/what-to-do-in-an-emergency/>.

DOMESTIC ABUSE: If someone is in immediate danger, contact 999 and ask for the Police. If they are not in immediate danger, you can contact Oxfordshire Domestic Abuse Service to victims (female and male), family and friends via 0800 731 0055. The A2Dominion website has more information about domestic abuse support services in Oxfordshire: <https://a2dominion.co.uk/services/domestic-abuse-support-services>.