



BEACON COUNSELLING TRUST – SAFEGUARDING ADULTS POLICY & PROCEDURE

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PART 1: POLICY

1. SCOPE

- 1.1** Safeguarding concerns arise when an adult who has care and support needs and is, or is at risk of, being abused or neglected and unable to protect them self against the abuse or neglect or risk of it because of those needs. This could include people with mental health issues, physical, sensory or learning disabilities, medical conditions, dementia, brain injury, those who are elderly and frail and those who are family carers.
- 1.2** Beacon Counselling Trust (BCT) takes seriously its responsibility towards safeguarding. This policy outlines the specific responsibilities, requirements and expectations on BCT employees, trustees and volunteers. Safeguarding concerns may become apparent in relation to the person receiving advice and care from BCT and/or a BCT Partner Network, or in relation to individuals with a relationship with the service users. The service user may be a perpetrator of abuse, know of abuse happening to others, or suffering abuse from others.
- 1.3** BCT staff should not take part in any investigation. Their duty is to report only.

2. AIMS

- 2.1** The aim of this policy is to help and protect the adult at risk that BCT comes into contact with, and that staff are aware of issues that cause harm. BCT staff must know how to respond to concerns relating to the possibility of an adult at risk suffering harm. All staff and volunteers who work with, or have contact with, 'adults at risk' must:
- be alert to the possibility of abuse
 - know who they should report any concerns or suspicions to
 - be able to share their concerns with appropriate people.
 - In addition, staff are required to recognise and report oppressive, abusive, discriminatory or otherwise poor care practices.

BCT follows statutory guidance as set out by the Department of Health in 'No Secrets' ([No Secrets: guidance on protecting vulnerable adults in care - GOV.UK](#)). This policy outlines the specific responsibilities, requirements, and expectations on BCT and its partners who interact with adults as a result of our interventions through our ongoing work.

- 2.2** This policy is intended to ensure:

- Excellent safeguarding practice is promoted
- Adults at-risk are treated with respect
- All employees, volunteers, trustees and BCT Partner Network know what to do in the event of a safeguarding concern and make informed and confident responses
- All safeguarding concerns are dealt with consistently, properly recorded and appropriately escalated or referred to the appropriate agency.

See Appendix 1 for more information.

3. RESPONSIBILITY FOR THE SAFEGUARDING OF ADULTS AT RISK OF HARM

3.1 All BCT's staff and volunteers have a responsibility to work in the interests of individual service users and to act in a way which promotes and safeguards their well-being. Accordingly, they must take all reasonable steps to protect vulnerable adults from abuse, understand the risk factors, types of abuse and indicators (physical, sexual, emotional/psychological, financial, neglect and discriminatory and know how to respond when they witness it or when it is disclosed to them. All staff and volunteers working within agencies have a responsibility to address adults at risk of abuse and/or significant harm. Ignoring abuse is not an option.

3.2 All managers have a responsibility to ensure:

- They have an operational knowledge of BCT Safeguarding Adults policy and procedure
- That the staff they supervise have the appropriate support, training and supervision to recognise and alert the appropriate person when they have any concerns or suspicions of abuse
- That the staff they supervise are aware of both the policy and procedures in this document
- They are able and prepared to refer any concerns to social care, Safeguarding Boards (via LA) or the police as required by the procedures in part 2
- That where other simultaneous procedures apply (e.g. grievance, complaints, disciplinary) the welfare and safety of the adult at risk remains paramount.

3.3 BCT quality assurance and audit processes will if required:

- Review each Partner's Safeguarding Adults Policies. If these are not satisfactory, the Partner will agree to adhere to this policy whilst action is taken to address theirs.
- Ensure Partners are working in line with the Integrated Safeguarding Framework/ Boards
- Ensure that Partners demonstrate safer recruitment procedures are in place
- Monitor staff safeguarding training
- Identify their Designated Safeguarding Lead
- Review safeguarding practice in line with national and local guidance
- Ensure learning from incidents and continuous improvement is embedded

4. GUIDING PRINCIPLES

- All BCT's staff, volunteers and trustees will adhere to the following combined principles in working with vulnerable adults:
- The human and civil rights of vulnerable adults will be promoted and protected.
- The independence, well-being and choices of vulnerable adults will be actively promoted.
- Vulnerable adults will be assumed to have capacity except where it is established formally that this is not the case. Where a vulnerable adult lacks the mental capacity to make formal

decisions, assistance will be offered on a multi-disciplinary basis to safeguard his/her best interests.

- A vulnerable adult who has mental capacity has the right to take risks. BCT recognises and accepts that an individual has the right to self-determination that may involve a degree of risk. BCT will undertake and record risk assessments to monitor this.
- Vulnerable adults have a right to receive the protection of the law, have access to justice and to be appropriately supported through the criminal justice process. BCT will provide suitable advice and support to enable this to occur.
- Vulnerable adults' views will be considered and where possible they will be fully involved in actions taken under the procedures. A vulnerable adult has the right to an advocate to assist them in this process.
- When intervention is necessary to reduce risk to a service user who is a vulnerable adult, account will be taken of the disruption to the service user, and every effort will be made to minimise this disruption and to keep it in proportion to the identified risks. (See appendix 2 for further information).
- Confidentiality relating to vulnerable adults will be ensured when it is practicable, and personal information will only be shared with other agencies with the permission of the individual concerned or in line with what is permitted by the law and local policy or protocols. See appendix 3 for further information on client confidentiality and consent.

5. SAFER RECRUITMENT

- 5.1** For all roles involving confidential interactions, or lone interactions, or adults at risk, BCT will request a satisfactory Enhanced Disclosure and Barring Service (DBS) Certificate. Activities will not be undertaken until an individual has been cleared to do so.
- 5.2** This will be work which involves close and unsupervised contact with at-risk groups and which cannot be undertaken by a person who is on the DBS Barred List.
- 5.3** Having a previous conviction will not necessarily bar an individual from working with us. Each case will be looked at on an individual basis, considering the potential risk posed regarding the role, before confirming the individual in role or terminating the arrangement.
- 5.4** This policy does not form part of any employee's contract of employment, and it may be amended by BCT at any time.
- 5.5** Employees and volunteers must inform BCT of any police record, disciplinary action or other factor, or any change in circumstances, which may impact on their suitability to work with at-risk groups.

Please read section 5 Safer Recruitment within the Safeguarding Children and Young People Policy.

6. TRAINING

6.1 Safeguarding training forms part of the induction process for new employees and volunteers, including familiarisation with our policy and procedures, e-learning modules and directly delivered training. Employees and volunteers involved in regulated activity will also undertake refresher training at Level 2 at least every two years (Therapists will be required to completed training annually but are all qualified at Level 3 and above):

Levels of Training are:

- Level 1 – General awareness for all staff
- Level 2 - Staff with substantial contact with vulnerable adults
- Level 3 – Comprehensive training for safeguarding officers and key managers

7. ARMED FORCES COMMUNITY

7.1 BCT's safeguarding policy plays a vital role in protecting and supporting members of the armed forces community and veterans, who may face unique vulnerabilities linked to service-related stress, trauma, or transition to civilian life. By embedding clear procedures for identifying, assessing, and responding to signs of gambling related harm, the policy ensures that individuals receive timely, confidential, and culturally sensitive support. BCT promotes awareness among staff and volunteers of the specific challenges veterans may encounter, such as social isolation or co-occurring mental health conditions, and establishes pathways to support services. This approach not only safeguards but also fosters trust, dignity, and respect, enabling those who have served to access help without stigma, and to work towards recovery in a safe, understanding environment.

8. MONITORING

8.1 There is a requirement as part of BCT induction to ensure that staff are made aware of the importance of policies and procedures and their adherence to them. It is the line manager's responsibility, with the assistance from HR to monitor adherence to policy and procedures outlined.

9. DISSEMINATION

9.1 The Quality Assurance Team and/or Board of Trustees will arrange for all ratified policies to be added to the relevant platform that BCT staff can access, and they will be notified of all relevant policy activity through BCT internal and external communication systems.

10. REVIEW OF POLICY

10.1 Policies are reviewed as standard either annually or on its two-year anniversary by the relevant directorate. The Policy may be reviewed in advance of its scheduled date if there are any significant internal or external changes that affect the policy area.

Part 2: PROCEDURE

1. OVERVIEW OF THE PROCESS

1.1 Safeguarding Vulnerable Adults Procedure

Procedure where there are concerns that a vulnerable adult is being abused or harmed

By following the four simple safeguarding principles of recognise, respond, report and record, trustees, members of staff and volunteers can keep vulnerable adults who may be at risk of abuse safe from harm.



1.1.1 Recognise

Indicators that an adult may be being abused may include the following:

- Unexplained or suspicious injuries such as bruising, cuts or burns, particularly if situated on a part of the body not normally prone to such injuries
- An injury for which the explanation seems inconsistent
- Someone else (a young person or adult) expresses concern about the welfare of another
- Unexplained changes in behaviour (e.g. becoming very quiet, withdrawn or displaying sudden outburst of temper)
- Discloses domestic abuse
- Isolated
- Depressed and anxious

- Displaying variations in eating patterns including overeating, loss of appetite or a sudden weight gain
- Becoming increasingly dirty or unkempt
- Addictions including alcohol and drugs
- Suicidal thoughts and intent.

It should be recognised that this list is not exhaustive and the presence of one or more of the indicators is not proof that abuse is taking place. Staff may become aware of possible abuse when they:

- witness an abusive act
- are told about abuse by someone else
- are told about abuse by the service user
- find evidence of abuse
- recognise several of the abuse indicators and become concerned.

See Appendix 3 for further information.

No suspicion of abuse should ever be ignored

1.1.2 Respond

It can be difficult to hear about or witness harm or abuse. The following points will be helpful for both you and the vulnerable adult should they choose to disclose abuse to you:

- Stay calm
- Listen carefully to what is said and try not to interrupt
- Find an appropriate point early on to explain that it is likely that the information will need to be shared with others – do not promise to keep secrets
- Allow them to continue at their own pace
- Ask questions for clarification only and avoid asking questions that suggest an answer (leading questions)
- Reassure them that they are not to blame and have done the right thing in telling you. If the concern is serious explain that you will need to get support from other trained people to help keep them safe. This must be shared even if the vulnerable adult doesn't want you to tell anyone else.
- Tell them what you will do next and with whom the information will be shared. If they are adamant that they do not wish the information to be shared, explain that you will have to tell your Line Manager or Safeguarding Lead and that it will be discussed further with them.
- Be aware of the possibility of forensic evidence if the disclosure relates to a recent incident of physical harm or injury and try to protect any supporting materials e.g. bedding or clothing.
- Ask the full name and address of the vulnerable adult who may be at risk from harm.
- When ending the conversation, either in person, over the phone, web chat or via email, tell the individual that you are reporting the safeguarding concern and ask if they are happy for you to do so (gain consent which must be logged and recorded in notes). This helps to keep boundaries and processes clear. Refrain from trying to gain consent if you believe that doing this will increase the risk.
- Report the disclosure to the Safeguarding Lead at the earliest opportunity.

See Appendix 4 for further information.

1.1.3 Report

Remember it is not the responsibility of a Beacon Counselling Trust trustee, member of staff or volunteer to decide if abuse is occurring, but it is their responsibility to act on any concerns by reporting them, to the appropriate body e.g. safeguarding board, commissioner.

Report concerns that you have to your Line manager/local safeguarding Lead and/or Designated Safeguarding Lead. Any trustee, member of staff or volunteer can contact the Designated Safeguarding Lead for advice.

Safeguarding concerns **MUST** be reported immediately (or where this is not possible at the earliest opportunity) so that the report can be assessed, and action taken to protect the person involved. If any person is at immediate risk of harm or requires medical attention, then the emergency services should be contacted immediately by telephoning 999.

Where circumstances prevent an immediate referral trustee, members of staff and volunteers **MUST** report safeguarding concerns to their Safeguarding Lead or Designated Safeguarding Lead no later than the next working day that the concern is raised or received.

Director of Clinical Services Neil Platt

Designated Safeguarding Lead: Lauren Campbell and Neil Platt

Deputy Designated Safeguarding: Lauren Perkins

It is expected each employee will hold these roles across any BCT programme

In an emergency, where you think that a vulnerable adult may be in immediate danger, call the Police on 999.

1.1.4 Record

Be accurate and comprehensive.

In all situations it is extremely important to record the details of an allegation, disclosure or reported concerns about a vulnerable adult. The following information should be recorded as soon as possible after the event/concern is raised:

- As clinicians complete Theseus/IAPTUS post therapeutic interventions, they will be required to highlight any safeguarding concerns and refer to the appropriate body if required.
- Date and time of the observation/incident/disclosure/allegation.
- Who was involved?
- Names of person reporting and to whom the observation/incident/disclosure/allegation was reported.

- What was said or done by whom. Does the vulnerable adult have a disability? If so, what impact does it have on their ability to report, self-protect, etc?
- Does the vulnerable adult communicate in spoken English? If not, then how do they communicate, and is an interpreter required?
- What action (if any) was taken and by whom?
- When and to whom in the statutory agencies the information was passed and if a referral was not made, why this decision was made.

The record should be clear and factually accurate and identify any difference between fact and professional judgement/opinion as this distinction may be useful for any subsequent investigation or if it as evidence in court proceedings or disciplinary proceedings. If you have any concerns, even if you don't have full contact details etc., please ensure that they are fully recorded. These concerns will be reviewed regularly by the Designated Safeguarding Lead.

1.2 Referrals to Adult Services

If you are concerned that an Adult may be suffering, or may be at risk of suffering significant harm, report your concerns to BCT's Treatment Team who will then conduct a referral to Adult Social Services, in agreement with the safeguarding leads. Referrals should be completed promptly on the same day that the concern has been raised. The safeguarding lead may also make a referral to the service-user's local safeguarding board. If the person is at immediate risk of harm and an urgent response is required, the member of staff supporting the client, or a safeguarding lead should contact emergency services.

A referral should be made to the Local Authority in which the Adult at Risk resides. Contact details for Local Authority Adult Services can be found at [Contacts - NHS Safeguarding](#). BCT requires that all referrals are initially made by telephone followed by a comprehensive detailed written referral. A receipt should be obtained to confirm the submission of the referral. A copy of the referral should be kept on file and emailed to the Safeguarding Lead.

A referral should be made to the Local Authority in which the Adult at Risk resides. Contact details for Local Authority Adult Services can be found at [Contacts - NHS Safeguarding](#). BCT requires that all referrals are initially made by telephone followed by a comprehensive detailed written referral. A receipt should be obtained to confirm the submission of the referral. A copy of the referral should be kept on file.

1.3 Referral information for Adult Services

Where a referral is made, the following information (if available) should be provided (some of this information may have already been obtained).

- Personal details of the vulnerable person (name, date of birth, address, gender, race, faith, culture and current whereabouts).
Referrer's name, address, contact number, role and the nature of their involvement.
- The details of what has occurred (what, where, when and how it came to light).
- Details of the alleged abuser (name, address, current whereabouts) and their relationship to the alleged victim.
- Nature of the abuse and its impact on the alleged victim.
- Details of any witnesses.
- Whether immediate action is required to protect the vulnerable adult.
- Whether other people may be at risk.

- Details of any action already taken (e.g. a call to the emergency services, crime number and interim protection measures).
- Details of other agencies involved and the nature of their involvement.
- Whether the vulnerable adult is aware of the referral being made.
- Whether the vulnerable adult has given consent to the referral being made.
- The views of the alleged victim.
- Any view about the mental capacity of the alleged victim.
- Whether the matter has already been referred to another agency.
- Any known language or communication issues (e.g. the need for an interpreter).

1.4 If the Alleged Abuser is a Vulnerable Adult

In cases where the alleged abuser is a vulnerable adult, they should be referred to the social work team of the local social care authority. This person may need an assessment in their own right to ascertain whether they require any specialist services. If the incident is subject to a criminal investigation the person may need assistance to ensure they are appropriately represented and that they receive appropriate assistance.

1.5 Following Up

It is the responsibility of the Practitioner to follow up the outcome of the referral to ascertain what action are being taken by Adult Services. A check should be made within 5 working days either by telephone or email, this must be recorded on file.

In the event of Adult Services failing to respond to our initial follow-up, the practitioner will discuss with their line manager or safeguarding lead, a timescale will be agreed that includes the frequency that the practitioner is to try to obtain a response, and a date agreed by which the manager will be informed of the outcome of this proactive follow-up. This time scale will be dependent on the severity of the concerns raised.

When contact and follow up is not received from Adult Services your Line Manager will escalate the issue to the organisation Manager and Safeguarding Lead. They will attempt to contact the Local Authority on your behalf. If the manager is unsuccessful in obtaining this information, then a Senior Manager will be informed who will formally contact the Senior Management for Adult Services.

It is important that the Safeguarding Lead and your Manager is kept informed at all key points of the referral process.

1.6 Outcome

There are times when a referral to adult services results in their assessment of there being no need for further action from them. BCT will seek to obtain clarifying information why the decision for no further action has been made. This information will assist BCT in determining if they agree with the outcome. When there is a disagreement with the decision and BCT still feel that the need is greater than assessed by Adult Services a discussion between the practitioner and social worker should be had to obtain a satisfactory agreement. If an agreement is not gained this should be escalated to your line manager and safeguarding lead.

Employees or volunteers providing treatment, who have an on-going relationship with the service user should continue to offer support to ensure the individual is protected and provide any additional information should further evidence been provided.

2. ALLEGATIONS, CONCERNS OR SUSPICIONS ABOUT THE BEHAVIOUR OF BCT STAFF, VOLUNTEERS OR PARTNER EMPLOYEES WILL BE TREATED IN THE STRICTEST CONFIDENCE.

2.1 All staff members are Persons in a Position of Trust. BCT management reserves the right to assess and act upon any concerns expressed about the behaviour of a member of staff irrespective of the outcome of any investigation undertaken by the police or local authority, or a decision not to investigate by the police or local authority. This applies whether the behaviour has occurred in or outside the workplace. Concerns may be raised in several ways including:

- A direct allegation from a vulnerable adult, parent, carer or other person
- A complaint which suggests a staff member has acted in a way that could be seen as abusive
- Information leading to a suspicion that a staff member may have abused a vulnerable adult

2.2 Where a concern has been raised in good faith about an organisation or a worker, the person raising the concern should be supported, whatever the outcome.

2.3 When suspected abuse is reported to managers, any necessary action should be taken immediately to ensure the safety of the alleged victim and other service users. It is initially for the manager to consider whether it is appropriate for the worker to continue to work while a referral is being made. Suspension should certainly be considered by the BCT Clinical Director in situations where:

- There is any possibility of further incidents or abuse
- Continuing to work might compromise evidence
- Continuing to work would adversely affect the worker, colleagues or service users

No disciplinary investigation should be undertaken prior to a referral to social care or the police or the BCT Clinical Director.

2.4 BCT will refer any alleged concerns about a person to the Relevant Safeguarding Adults Board who will coordinate the safeguarding and investigation process. Further information can be found at [Allegations against staff - NHS Safeguarding](#).

3. RISK ASSESSMENT

3.1 In all situations where abuse has been alleged or suspected (even if a referral is not made) staff should undertake an assessment of risks. This is to ensure that anyone who may need to be aware of specific or general risks is informed of them as soon as they are identified. It is equally important that any information that might affect the risk assessment is shared immediately.

3.2 Risk assessments should consider all factors that might reasonably be considered to have a potentially harmful effect on service users, concerned others, staff or the public. The risk assessment must identify the actual or potential impact of the identified concerns and the probability of them occurring. Once these issues have been identified,

the assessment will show what steps have been taken to address or mitigate these risks.

3.3 Assessing safeguarding and general clinical risk assessment are different, please ensure that you are clear in your recording when it is a safeguarding risk being identified and/or reviewed. (please refer to BCT Clinical Risk Management Policy for further guidance on assessing risk).

All Policies and Procedures can be translated into the appropriate language.

APPENDIX 1

LEGISLATIONS AND STATUTORY GUIDANCE

Prior to the introduction of **The Care Act in 2014**, the No Secrets statutory Guidance which covered adult safeguarding, used a broad definition of a 'vulnerable adult' as a person: "who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care, or unable to protect him / her / themselves against significant harm or exploitation".

The Care Act 2014 has superseded this, and **S42 now identifies 'an adult at risk.'**

An adult at risk of abuse or neglect is defined as someone who has needs for care and support, who is experiencing, or at risk of, abuse or neglect and as a result of their care needs - is unable to protect themselves. BCT and BCT Partners will use this definition when raising a concern about abuse/neglect of an adult. Please see Appendix 1 for further details.

Any concerns identified that does not fit the S42 'an adult at risk' definition is **NOT** a safeguarding concern but would be defined as a risk concern and should be addressed as such. Please see Beacon Counselling Trust Clinical Risk Management Policy for further guidance.

The Care Act 2014 sets out statutory responsibility for the integration of care and support between health and local authorities. Local Authorities have statutory responsibility for safeguarding. In partnership with health, they have a duty to promote wellbeing within local communities.

The Mental Capacity Act (MCA) 2005 - 5 Principles Which Underpin the Mental Capacity Act:

In order to protect those who lack capacity and to enable them to take part, as much as possible in decisions that affect them, the following statutory principles apply:

- You must always assume a person has capacity unless it is proved otherwise
- You must take all practicable steps to enable people to make their own decisions
- You must not assume incapacity simply because someone makes an unwise decision
- Always act, or decide, for a person without capacity in their best interests
- Carefully consider actions to ensure the least restrictive option is taken

Further information can be found at [Mental Capacity Act Overview - Search - GOV.UK](#) |

Local Authority Responsibilities under the Care Act 2014

Two key duties on local authorities

Section 9 Care Act 2014: Duty to assess needs for care and support, where it appears to a local authority that an adult **may have needs for care and support**, the authority **must** assess:

- A. whether the adult does have needs for care and support, and
- B. if the adult does, what those needs are.

Section 42: Adult Safeguarding Enquiries: The Local Authority is under a duty to undertake, or cause others to undertake, an adult safeguarding enquiry when it has a reasonable belief that an adult in its area:

- A. Has care and support needs.
- B. Is experiencing or is at risk of abuse or neglect; and
- C. Is unable to protect themselves from that abuse or neglect because of their care and support needs

The role of Safeguarding Adults Board

Section 43 Care Act 2014: Safeguarding Adults Boards

1. Each local authority must establish a Safeguarding Adults Board (an “SAB”) for its area.
2. The objective of an SAB is to help and protect adults in its area in cases of the kind described in section 42.
3. The way in which an SAB must seek to achieve its objective is by co-ordinating and ensuring the effectiveness of what each of its members does.
4. A SAB may do anything which appears to it to be necessary or desirable for the purpose of achieving its objective

APPENDIX 2

GLOSSARY OF TERMS

Term	Definition
Adult at risk of abuse or neglect	Adults who are particularly vulnerable to abuse include: - those who lack capacity to make informed choices - those involved in sexual exploitation - those subject to significant harm
Safeguarding Adults	The process of protecting vulnerable adults from abuse or neglect, preventing impairment of their health and safety, consistent with the provision of safe and effective care.
'Working Together to Safeguard Vulnerable Adults'	Statutory guidance on how organisations and individuals should interact to safeguard and promote the welfare of adults at risk.
Assessment	The process of defining an individual person's needs, making a judgement about the risk of harm, deciding on the help that they require and determining their eligibility for services.
Risk Assessment	The process of assessing whether or not a person or situation may present a risk to the vulnerable Adult
Significant harm	Introduced in the Care Act 2014, as the threshold that justifies compulsory intervention in family life in the best interests of the vulnerable adult.
Confidentiality and Information Sharing	Ensuring that any information about a vulnerable adult is shared with relevant authorities and partners is done in a confidential, systematic and respectful manner. The sharing of information between agencies and professionals in the best interests of the vulnerable adult.
Consent	A person who is capable of giving their consent has the right to refuse treatment. You must respect this right. You must also make sure they are fully aware of the risk of refusing treatment, particularly if you think there is a significant or immediate risk to life.'
Informed Choice	You should always treat every individual with dignity and respect to ensure that they feel safe in services and empowered to make choices and decisions.
Duty of Care	A moral and/or legal obligation to: always act in the best interest of individuals and others. Not act or fail to act in a way that results in harm. Act within your competence and not take on anything you do not believe you can safely do.
Disclosure of Abuse	When a vulnerable adult informs another person that they have been/are being abused or that someone else has been abused.

Suicidal ideation	Suicidal ideation means wanting to take your own life or thinking about suicide . However, there are two kinds of suicidal ideation : passive and active. Passive suicidal ideation occurs when a person expresses, they wish they were dead or that they could die, but they don't actually have any plans to take their own life. Active suicidal ideation, on the other hand, is not only thinking about it but having the intent to take their own life, including planning how to do it.
Self-Harm	Self-harm is when a person hurts themselves as a way of dealing with very difficult feelings, painful memories or overwhelming situations and experiences. Some people have described self-harm as a way to: express something that is hard to put into words. • turn invisible thoughts or feelings into something visible • change emotional pain into physical pain • reduce overwhelming emotional feelings or thoughts • have a sense of being in control
DBS	A DBS check enables employers to check the criminal records of current and potential employees in order to ascertain whether or not they are suitable to work with vulnerable adults and children. For individuals working in certain positions, a valid DBS disclosure is a legislative requirement.
Disability	Disability is sometimes seen as belonging to the individual, so one definition is 'an aspect of the functioning of a person's body that has the effect of limiting their inclusion in society'. However, it can also be seen as belonging to society in which case a definition is 'a disadvantage or restriction on doing things that is the fault of society and the way it is run'.
Domestic Violence /Domestic Abuse	Domestic violence is now commonly defined broadly to include "all acts of physical, sexual, psychological or economic violence" that may be committed by a family member or intimate partner.
Forced Marriage	A marriage conducted without the full consent of both partners and where duress is a factor.
LADO – Local Authority Designated Officer	Has the responsibility to oversee allegations against members of staff across all organisations.
Lead Professional	Appointing a lead professional is central to the effective frontline delivery of services for Children and Young People. They take the lead to coordinate provision and act as a single point of contact for a child and their family when a range of services are involved, and an integrated response is required.
Local Safeguarding Children's Boards (LSCBs)	A Local Safeguarding Children Board (LSCB) is a multiagency body set up in every local authority. Each LSCB has an independent Chair, that is, someone who doesn't work for social services. However, the Chair will work closely with the Director of Children's Services.

Multi Agency Public Protection Arrangements (MAPPA)	Local panels which bring together police, probation, social services and other agencies to monitor violent and sex offenders in the community once they are released from prison.
Multi Agency Risk Assessment Conferences (MARAC)	Multi-agency meetings which focus on the victims of domestic violence where there is a high or very high risk. They aim to provide a co-ordinated response to support the victim.
Parental Responsibility	This is a set of legal rights and responsibilities, including making sure a child is kept safe. Parental responsibility gives the right to make important decisions about a child's life.
Perpetrator	A person who carries out a harmful, illegal or immoral act.
Police Protection	The Police have powers under the Children Act 1989 to remove a child, in an emergency, into Police protection.
Safer Recruitment	Safer recruitment is a set of practices to help make sure your staff and volunteers are suitable to work with children and young people. It's a vital part of creating a safe and positive environment and making a commitment to keep children safe from harm.
Domestic Homicide Review (DHR)	When an adult is killed, or is seriously harmed, as a result of domestic abuse, a case review is conducted to identify ways that local professionals and organisations can improve the way they work together to safeguard adults from domestic homicide.
Trafficking	The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organ
Radicalisation	Radicalisation simply means the process where someone is led to adopt extreme political, social and religious ideals and aspirations. You're expected to help prevent radicalisation in schools and communities and report where risk of radicalisation is identified.
Prevent	Prevent is one element of the government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism. The Home Office works with local authorities and a wide range of government departments, and community organisations to deliver the Prevent Strategy.
National Probation Service/CRC	Multi-agency teams responsible for the supervision of adults who have committed offences or are likely to offend.

APPENDIX 3

CLIENT CONFIDENTIALITY AND CONSENT AGREEMENT

Beacon Counselling Trust (BCT)

Dear ...,

Please read the following information carefully. To agree to the terms reply to the email confirming your consent.

You may reply stating:

“I have read the contract and agree to the Terms and Conditions and follow-up arrangements.”

ATTENDANCE AND ENGAGEMENT

Regular attendance is essential for effective treatment.

- Please notify us as soon as possible if you cannot attend a scheduled session.
- **48 hours’ notice** is required to cancel an appointment.
- Cancellations made with less than 48 hours’ notice, or non-attendance without contact, will count toward your allocated number of sessions.
- If you miss **2 sessions without notice**, or **cancel 3 sessions within 48 hours**, your episode of care may be closed due to lack of engagement.

By signing this contract, you agree to these attendance terms.

ABOUT CONFIDENTIALITY

To provide you with appropriate care, BCT must collect and retain certain personal data. Some of this data may be shared with other identified agencies providing support to you. We require your consent to collect, store, and share this data in line with GDPR Article 5 and The Data Protection Act 2018.

Your information will be stored on our case management system; Iaptus. Under UK GDPR and The Data Protection Act 2018 personal data processed by BCT will not be retained for longer than is necessary for its lawful purpose (6years+1year). After this period your data will be securely deleted.

USE OF PERSONAL DATA

We upload relevant personal data to our current care management system for purposes including research, monitoring, service planning and quality improvement.

Data we may upload includes:

Name, address, date of birth, contact details, ethnicity, housing status, dependents,

treatment notes, employment status, gambling history, co-morbidities, disabilities, and other information relevant to your care.

Please see the Privacy Notice for further information around what you can expect us to do with your personal information. Link to the privacy notice on our website [Privacy - Beacon Counselling Trust](#)

LIMITS OF CONFIDENTIALITY (INCLUDING CONTACTING YOUR GP)

BCT will always treat your information as confidential. However, **there are legal and safeguarding circumstances where confidentiality must be broken.** (Data Protection Act 2018 Paragraph 18)

By agreeing to this contract, **you explicitly consent to BCT contacting your GP and/or any other relevant healthcare or safeguarding professionals—whether or not they are already involved in your care—if we believe there is a risk of harm (either to yourself or others) or a safeguarding concern.**

Examples include, but are not limited to:

- Thoughts, intents, or plans of **self-harm or suicide**
- Thoughts or actions suggesting **harm to others**
- **Self-neglect** or concerns relating to neglect of **children or vulnerable adults**
- Evidence or disclosure of **abuse** (including physical, emotional, sexual, or financial)
- Serious concerns about your **mental health**, wellbeing, or ability to safely manage your health
- Situations involving **national security** or **criminal activity**

We may also need to share your data if there was a legal obligation to e.g. court orders.

Where possible, we will discuss our concerns with you **before** sharing information.

However, in situations where immediate risk is present, we may have to act without prior discussion.

YOUR RIGHTS UNDER DATA PROTECTION LAW

You have the right to:

- Be informed about how your data is used.
- Request access to your personal data (subject access request).
- Request correction of inaccurate data.
- Request erasure in certain circumstances.
- Restrict the processing of your data.

- Object to certain uses of your data.
- Request data portability.
- Withdraw consent at any time (except where information must be shared for safeguarding or legal reasons).

Please note: declining consent to store and process your information may affect your ability to access services.

HOW WE USE YOUR DATA

Your data helps us to:

- Analyse and improve gambling treatment services.
- Monitor service performance and future commissioning needs.
- Undertake routine clinical audits to ensure high-quality care.

DATA STORAGE

Your data will be stored on the case management system, laptus, which is typically used for therapy and mental health services. Data is stored on laptus confidentially via encrypted and password protected systems, with your data only accessible to the professionals involved in your care.

laptus feeds into the National Mental Health Service Data Set, where some anonymised data you provide will feed into this data set for the purpose of monitoring care, outcomes, and performance across England.

FOLLOW-UP CONTACT (3, 6, AND 12 MONTHS)

We may contact you at 3, 6, and 12 months after your last appointment to see how you are doing.

This will only occur with your consent and may be carried out via email, letter, or phone. If you disengage without notice, we will consider this a withdrawal of consent and will not contact you.

Do you consent to follow-up contact at 3, 6, and 12 months? Yes / No

AGREEMENT

I confirm that:

- I have read and understood the confidentiality, consent, and data-sharing information.
- I understand and accept the limits of confidentiality, including that BCT **may contact my GP or other healthcare or safeguarding professionals** when there is a risk of harm, safeguarding concern, or legal requirement to do so.
- I consent to my data being stored and shared within the Mental Health Service Data Set as a part of laptus.

Please confirm that you understand and agree to the above conditions. Yes / No

Client Name: _____

Date: _____

For information on our complaints/compliments procedure, please contact us at
support@beaconcounsellingtrust.co.uk or request a posted copy

APPENDIX 4

PAULS PLACE CONSENT AGREEMENT

Beacon Counselling Trust
[263 Townsend Lane Liverpool L13 9DG](#)
Tel: 0151 226 0696
Email: paulsplaceadmin@beaconcounsellingtrust.co.uk
Web: www.beaconcounsellingtrust.co.uk

Dear ,

As discussed, please find below the Paul's Place Client Contract.

You may not be able to sign below as requested, so after reading can you please email back confirming that you agree to the terms and conditions.

Beacon Counselling Trust (BCT) is providing you with FREE, confidential therapy.

Therapy can cover difficult personal issues and situations and requires a high level of trust between you and your therapist. What you discuss with your therapist remains private and confidential except in extreme circumstances, such as if your therapist believes you are at risk of harming yourself or others, in which case, where possible your therapist will discuss with you if they feel they must break confidentiality.

To go forward with the service, at assessment BCT will take the details of your GP practice, and any other relevant provision you may be engaging with. This information is stored confidentially and taken as part of our safeguarding procedure. If your therapist believes that there are any risk or safeguarding concerns, BCT may contact your GP or another service to offer you additional support. Where possible, they will discuss this with you beforehand. BCT will always treat your information as confidential. However, there are legal and safeguarding circumstances where confidentiality must be broken. (Data Protection Act 2018 Paragraph 18)

By agreeing to this contract, you explicitly consent to BCT contacting your GP and/or any other relevant healthcare or safeguarding professionals—whether or not they are already involved in your care—if we believe there is a risk of harm (either to yourself or others) or a safeguarding concern.

Examples include, but are not limited to:

- Thoughts, intents, or plans of self-harm or suicide
- Thoughts or actions suggesting harm to others
- Self-neglect or concerns relating to neglect of children or vulnerable adults
- Evidence or disclosure of abuse (including physical, emotional, sexual, or financial)

- Serious concerns about your mental health, wellbeing, or ability to safely manage your health
- Situations involving national security or criminal activity

Where possible, we will discuss our concerns with you before sharing information. However, in situations where immediate risk is present, we may have to act without prior discussion.

In line with clinical best practice, BCT therapists will keep clinical records containing personal data, including special category data, as defined by data protection legislation. We require your consent to collect, store and share this data in accordance with Article 5 of the UK GDPR and the Data Protection Act 2018. Your information will be used only for the provision of therapy.

Please see the Privacy Notice for further information around what you can expect us to do with your personal information. Link to the privacy notice on our website [Privacy - Beacon Counselling Trust](#) **By signing this agreement, you consent to BCT creating and storing your clinical records in a secure manner.**

If you are unable to attend your session, you must give us 48 hours' notice. If you cancel within less than 48 hours, or do not attend a session, this will count towards the agreed number of sessions you are offered.

By signing this contract, you are agreeing to the above terms and committing to attending your sessions regularly and on time. This is crucial for your therapy to be effective. Our Paul's Place model of care offers you **one-to-one sessions free of charge**, and the number of sessions offered will be reviewed with your therapist throughout your support pathway.

From time-to-time, a member of our Paul's Place team will contact you to share information regarding forthcoming group events and meetings, including fundraising appeals. Please let us know if you wish to opt out of future correspondence from us.

AGREEMENT

I confirm that:

- I have read and understood the confidentiality, consent, and data-sharing information.
- I understand and accept the limits of confidentiality. BCT may share relevant information with my GP, other healthcare professionals, relevant agencies, such as a social worker or probation officer, or safeguarding professionals where there is a risk of harm, a safeguarding concern or a legal requirement to do so.
- I consent, where necessary to support my referral, to a member of Beacon Counselling Trust's clinical staff contacting my GP, psychiatrist or another relevant agency, such as a social worker or probation officer, to discuss my needs and seek appropriate support.

- I consent to my data being stored and shared within the Mental Health Service Data Set as a part of IAPTUS.
- I consent to anonymised data being shared with our commissioners for statistical purposes.

Please confirm that you have read, understand and agree to the above conditions. Yes / No

Client Name: _____ **Date:** _____

Signature: _____

If you require any information about our complaints/compliments policy and procedure, please follow the link [Complaints Flowchart.xlsx](#) , alternatively you can request the procedure via email at support@beaconcounsellingtrust.co.uk or we can post this out to you.

APPENDIX 5

TYPES OF ABUSE

The Care and Support statutory guidance identifies ten types of abuse, these are:

- Physical abuse
- Domestic violence or abuse
- Sexual abuse
- Psychological or emotional abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational or institutional abuse
- Neglect or acts of omission
- Self-neglect

	Type of Abuse	Signs of Abuse
Physical abuse	Assault, hitting, slapping, punching, kicking, hairpulling, biting, pushing, rough handling, Scalding and burning Physical punishments Inappropriate or unlawful use of restraint Making someone purposefully uncomfortable (e.g. opening a window and removing blankets) Involuntary isolation or confinement Misuse of medication (e.g. over-sedation) Forcible feeding or withholding food Unauthorised restraint, restricting movement (e.g. tying someone to a chair)	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

Domestic violence or abuse	Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to: • Psychological • Physical • Sexual • Financial • Emotional Domestic violence and abuse include any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour' -based violence, female genital mutilation and forced marriage. Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include: • Acts of assault, threats, humiliation and intimidation • Harming, punishing, or frightening the person • Isolating the person from sources of support exploitation of resources or money preventing the person from escaping abuse regulating everyday behaviour.	Low self-esteem Feeling that the abuse is their fault when it is not Physical evidence of violence such as bruising, cuts, broken bones Verbal abuse and humiliation in front of others Fear of outside intervention Damage to home or property Isolation – not seeing friends and family Limited access to money.
Sexual abuse	Rape, attempted rape or sexual assault Inappropriate touch anywhere Non- consensual masturbation of either or both persons Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth	Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck Torn, stained or bloody underclothing Bleeding, pain or itching in the genital area Unusual difficulty in walking or sitting

	Any sexual activity that the person lacks the capacity to consent to Inappropriate looking, sexual teasing or innuendo or sexual harassment Sexual photography or forced use of pornography or witnessing of sexual acts Indecent exposure	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.
Psychological or emotional abuse	Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance Preventing someone from meeting their religious and cultural needs Preventing the expression of choice and opinion Failure to respect privacy Preventing stimulation, meaningful occupation or activities Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse Addressing a person in a patronising or infantilising way Threats of harm or abandonment Cyber bullying	An air of silence when a particular person is present Withdrawal or change in the psychological state of the person Insomnia Low self-esteem Uncooperative and aggressive behaviour A change of appetite, weight loss/gain Signs of distress: tearfulness, anger Apparent false claims, by someone involved with the person, to attract unnecessary treatment.

Financial or material abuse	Theft of money or possessions Fraud, scamming Preventing a person from accessing their own money, benefits or assets Employees taking a loan from a person using the service Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions Arranging less care than is needed to save money to maximise inheritance Denying assistance to manage/monitor financial affairs Denying assistance to access benefits Misuse of personal allowance in a care home Misuse of benefits or direct payments in a family home Someone moving into a person's home and living rent free without agreement or under duress False representation, using another person's bank account, cards or documents Exploitation of a person's money or assets, e.g. unauthorised use of a car Misuse of a power of attorney, deputy, appointeeship or other legal authority Rogue trading – eg. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship	Missing personal possessions Unexplained lack of money or inability to maintain lifestyle Unexplained withdrawal of funds from accounts Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so The person allocated to manage financial affairs is evasive or uncooperative The family or others show unusual interest in the assets of the person Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA Recent changes in deeds or title to property Rent arrears and eviction notices A lack of clear financial accounts held by a care home or service Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house Unnecessary property repairs
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Modern slavery	Human trafficking Forced labour Domestic servitude Sexual exploitation, such as escort work, prostitution and pornography Debt bondage – being forced to work to pay off debts that realistically they never will be able to	Signs of physical or emotional abuse Appearing to be malnourished, unkempt or withdrawn Isolation from the community, seeming under the control or influence of others Living in dirty, cramped or overcrowded accommodation and or living and working at the same address Lack of personal effects or identification documents Always wearing the same clothes Avoidance of eye contact, appearing frightened or hesitant to talk to strangers Fear of law enforcers
Discriminatory abuse	Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as ‘protected characteristics’ under the Equality Act 2010) Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader Harassment or deliberate exclusion on the grounds of a protected characteristic Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic Substandard service provision relating to a protected characteristic.	The person appears withdrawn and isolated Expressions of anger, frustration, fear or anxiety The support on offer does not take account of the person’s individual needs in terms of a protected characteristic

Organisational or institutional abuse	Discouraging visits or the involvement of relatives or friends Run-down or overcrowded establishment Authoritarian management or rigid regimes Lack of leadership and supervision Insufficient staff or high turnover resulting in poor quality care Abusive and disrespectful attitudes towards people using the service Inappropriate use of restraints Lack of respect for dignity and privacy Failure to manage residents with abusive behaviour Not providing adequate food and drink, or assistance with eating Not offering choice or promoting independence Misuse of medication Failure to provide care with dentures, spectacles or hearing aids Not taking account of individuals' cultural, religious or ethnic needs Failure to respond to abuse appropriately Interference with personal correspondence or communication Failure to respond to complaints	Lack of flexibility and choice for people using the service Inadequate staffing levels People being hungry or dehydrated Poor standards of care Lack of personal clothing and possessions and communal use of personal items Lack of adequate procedures Poor record-keeping and missing documents Absence of visitors Few social, recreational and educational activities Public discussion of personal matters Unnecessary exposure during bathing or using the toilet Absence of individual care plans Lack of management overview and support
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Neglect or acts of omission	Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care Providing care in a way that the person dislikes Failure to administer medication as prescribed Refusal of access to visitors Not taking account of individuals' cultural, religious or ethnic needs Not taking account of educational, social and recreational needs Ignoring or isolating the person Preventing the person from making their own decisions Preventing access to glasses, hearing aids, dentures, etc. Failure to ensure privacy and dignity	Poor environment – dirty or unhygienic Poor physical condition and/or personal hygiene Pressure sores or ulcers Malnutrition or unexplained weight loss Untreated injuries and medical problems Inconsistent or reluctant contact with medical and social care organisations Accumulation of untaken medication Uncharacteristic failure to engage in social interaction Inappropriate or inadequate clothing
Self-neglect	Lack of self-care to an extent that it threatens personal health and safety Neglecting to care for one's personal hygiene, health or surroundings Inability to avoid self-harm Failure to seek help or access services to meet health and social care needs Inability or unwillingness to manage one's personal affairs	Very poor personal hygiene Unkempt appearance Lack of essential food, clothing or shelter Malnutrition and/or dehydration Living in squalid or unsanitary conditions Neglecting household maintenance Hoarding Collecting a large number of animals in inappropriate conditions Non-compliance with health or care services Inability or unwillingness to take medication or treat illness or injury

This is not an exhausted list

APPENDIX 6

DO'S AND DON'TS WHEN ABUSE IS DISCLOSED

Do's	Dont's
• Listen carefully, stay calm and be sympathetic. • Be aware that medical evidence may be needed. • Reassure the person that the information will be treated seriously. • Tell the person it was not their fault. • Explain the referral process and that a line manager has to be informed. • Advise that the matter will be referred on if they consent. • Explain that in some circumstances the matter may be referred without their consent on a need-to-know basis, but their wishes will be made clear if this occurs.	• Question or put the pressure on the person for more details. • Act in a way that may prevent the person talking about the abuse in future. • Promise to keep secrets. • Make promises you can't keep (e.g. "it won't happen again"). • Question the alleged abuser.