



Phoenix Therapy Practice

Adult, Child, Couples and Group Psychotherapy, Counselling and Psychological Services.

Policy and Procedure on Safeguarding Vulnerable Adults

This policy is based upon the Sussex Safeguarding Adults Policy and Procedure revised in May 2025. The Sussex guidelines are updated on a regular basis. Staff and practitioners should also reference to the on-line updates available at:

<https://www.sussexsafeguardingadults.org/access-the-policy-and-procedures/>

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1.0 DEFINITION OF VULNERABLE ADULTS AND ABUSE AND NEGLECT

Statutory safeguarding duties as detailed in the [Care Act 2014](#) apply to adults who meet the following three key tests as cited above:

- 1. An adult who has needs for care and support (whether any of those needs are being met); and**
- 2. The adult may be experiencing, or at risk of, abuse or neglect; and**
- 3. As a result of their care and support needs, the adult is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.**

A vulnerable adult is any adult aged 18 or over who is at risk, needing care and support, is experiencing or at risk of abuse and neglect and/or is unable to protect themselves against significant harm or exploitation.

Harm, abuse and neglect can be perpetrated by another person, or in some cases, by the person themselves, against themselves. There are times when a person is unable to protect themselves, from themselves. This would mean that serious self-harm, suicidal impulses and actions will fall within safeguarding (see section 8.4; 9.17-9.24 and appendix 111).

Examples of vulnerable adults might include, but are not limited to, people in the following categories: homelessness, mental health problems, long term physical health problems, people who may be at risk of, or experience, racial discrimination and abuse, differently abled, LGBTQIA, people who are vulnerably housed, refugees and asylum seekers, unemployed, people experiencing or witnessing domestic abuse, older people, care leavers, carers, people with learning difficulties, sex workers, people living in geographical isolation, people experiencing modern slavery.

Although individuals within these characteristic groups may be statistically more likely to be at risk, staff and practitioners should not limit their views of what constitutes abuse or neglect or to whom this may occur. It is also important to remember that a person is not inevitably 'at risk' just because of their circumstances, age, or disability. For example, a person with a disability who has mental capacity to make decisions about their own safety could be perfectly able to make informed choices and protect themselves from harm.

A person's vulnerability is determined by a range of interconnected factors including those associated with their personal characteristics, their situation, environment, and social circumstances. In the context of safeguarding adults at risk, the vulnerability of the person is related to how able they are to make and exercise their own informed



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choices free from duress, pressure, or undue influence of any sort, and to protect themselves from abuse, neglect and exploitation. It is important to note that people with capacity can also be at risk of abuse or exploitation.

Abuse happens when a person who is unable to protect themselves is ill-treated or neglected. It may be a one-off incident or may happen repeatedly over time.

Anyone can harm an adult who is not able to protect themselves, for example, a partner, relative, friend, neighbour, care worker. The abuse may take place anywhere, in a public or private place. Furthermore, adults can harm themselves or be at risk of suicide and be unable to protect themselves from these urges.

It is possible that practitioners may be aware of a risk of serious harm or abuse to children in the care of adults with whom they are working. In such instances, practitioners are advised to consider information available from Brighton and Hove Safeguarding Children Partnership (bhscp.org.uk) or the relevant local authority Safeguarding Children Partnership.

2.0 CONSENT AND INVOLVEMENT

Adults have a legal right to make decisions about their own lives. If the adult is not the person raising the safeguarding concern, wherever possible every effort will be made to seek their views and agreement regarding this, unless doing so is likely to increase the risk to them or to put others at risk.

Adults who may be at risk of, or who are, experiencing abuse and neglect, or who are at risk of seriously harming themselves, may often feel disempowered. Responding without involving them or seeking their consent will often disempower them further.

Empowering adults in this situation involves a proactive approach to seeking consent and maximizing the person's involvement in decisions about their care, safety and protection. This includes involving them in decisions regarding whether to raise a safeguarding concern. (See Section 7.2)

3.0 MENTAL HEALTH AND BEST INTEREST

The Mental Capacity Act 2005 (<https://www.legislation.gov.uk/ukpga/2005/9/contents>) sets out in law each person's rights regarding making their own decisions and protects their rights regarding this in law. Where a person is unable to make a specific decision for themselves, the Act sets out a clear process that must be followed before a decision can be made on their behalf. Phoenix Therapy Practice follows the process as outlined in the Mental Capacity Act 2005.



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Mental Capacity Act 2005

People will be assumed to have capacity to make their own decisions and will be given all practicable help before anyone treats them as not being able to make their own decisions. Where an adult is found to lack capacity to make a decision, any action taken, or any decision made for or on their behalf, must be made in their best interests. In cases where there is evidence that a person lacks the capacity to make specific decisions, where appropriate, provision can be made to find a suitable independent person to represent their 'best interest'. In all instances where a person demonstrates a lack of capacity in relation to a specific area or decision, everything done must be based upon an assessment of that person's best interests.

4.0 CONFIDENTIALITY

Phoenix Therapy Practice appreciates that there is a need to maintain a balance between the need for confidentiality and the need to share information necessary to make an effective response to allegations of abuse and neglect in the case of a vulnerable adult. The approach that Phoenix takes is as follows:

In cases of concern regarding possible abuse or neglect, the individual will be encouraged, wherever possible, to seek help themselves. If they are able to do this, then they will not be regarded as a vulnerable adult.

In line with the Care Act 2014, ([Care Act 2014](#)) Phoenix adopts a 'Making Safeguarding Personal' (MSP) approach in all safeguarding work. The key principle of MSP is to support and empower each adult to make choices and have control about how they want to live their own life. MSP focuses on achieving meaningful improvements to people's lives to prevent abuse and neglect occurring in the future, including ways for each adult to protect themselves.

- If this is not possible, informed consent to consider a safeguarding concern will be obtained, wherever and whenever possible. Three main factors may affect a person's rights regarding this:
 - Risk of harm.
 - Legal restriction or overriding public interest.
 - Issues of impaired capacity and/or decision making.
- The rationale for any decisions made will always be recorded.
- Information sharing protocols will be established with external agencies where possible.



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- When sharing information between agencies about adults, children and young people at risk it should only be shared:
 - If relevant and necessary (not simply all the information held about the person).
 - With only the relevant people who need all or some of the information.
 - When there is a specific need for the information to be shared at that time.

(see also Section 7.2; 7.3)

5.0 SAFEGUARDING PRINCIPLES

Six key principles underpin all adult safeguarding work as defined in the Care Act 2014 statutory guidance:

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

6.0 PURPOSE

Phoenix Therapy Practice is committed to maintaining an environment in which vulnerable adults are safe and secure in accessing and using our services, and are confident that their concerns will be treated with respect, consideration and due value at all times. We aim to ensure the safety and protection of all vulnerable adults (aged 18 or over) in our client groups, staff, practitioners and volunteers, in line with the Sussex Safeguarding Adults Policy and Procedures ([Home | Sussex Safeguarding Adults Policy and Procedures](#)) and the Brighton and Hove Safeguarding Adults Board (bhsab.org.uk) and the Care Act 2014.



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The following policies and procedures have been adopted to establish and maintain Phoenix as a safe and secure setting for vulnerable adults:

- 6.1 Ensure that all practitioners are able to identify a 'vulnerable adult' and are aware of our commitment to the protection of vulnerable adults, whether physical, emotional or psychological.
- 6.2 The provision of training and on-going support and guidance to ensure practitioners are able to identify and help vulnerable adults to manage risk in ways which put the adults in control of decision making if possible.
- 6.3 Ensure that Phoenix responds to possible incidents of alleged abuse and neglect, or serious self-harm or suicidal impulses, proportionately, timely and professionally.
- 6.4 Set out the procedures for all staff to identify, respond to and report incidents of alleged abuse and neglect in the case of adults and children.
- 6.5 Set out the procedure for all staff to identify and respond to incidents of serious self-harm or suicidal impulses.
- 6.6 Establish roles and responsibilities of Phoenix staff and practitioners and other agencies to prevent, respond to and report incidents of alleged adult abuse and neglect.
- 6.7 Ensure Phoenix staff are aware of their responsibilities to follow up concerns of risk of serious harm to children who are in the care of adults with whom they work.
- 6.8 Ensure all staff and practitioners are trained and up to date on Safeguarding Vulnerable Adults.
- 6.9 Ensure staff working with vulnerable adults have current DBS certifications.
- 6.10 Phoenix Therapy Practice will promote the principle of protection of vulnerable adults in all areas of daily activity with particular attention to:
 - Staff and practitioner recruitment and training.



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- Continuing in-house consultation, supervision and monitoring.
- Liaison with other agencies where ethically and/or legally indicated.



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7.0 PROCEDURE AND RESPONSIBILITIES

Key Role of Staff and Practitioners:

All staff and practitioners have a key role in the prevention and the response to incidents of alleged adult abuse and neglect; the relevant local authority (Adult Social Care) has the coordinating role and legal responsibility in relation to making enquiries about adult safeguarding.

7.1 Becoming Aware of a Safeguarding Issue:

There are several ways in which Phoenix may become aware of a safeguarding concern:

- 1) Disclosure by the vulnerable adult to a member of staff, volunteer and/or practitioner.
- 2) Third party telling us about concerns about a vulnerable adult.
- 3) Staff members' or practitioners' concerns aroused due to behaviour of a vulnerable adult or someone around them.
- 4) Staff or practitioners having concerns about poor practice by Phoenix or another agency.
- 5) Phoenix staff or practitioner being implicated as a perpetrator of abuse.
- 6) Phoenix becoming aware of one of their staff members or practitioners becoming a victim of abuse.

7.2 Responding to a Safeguarding Issue: (see also Appendix 11)

Each situation may require a slightly different response tailored to the individual circumstances, and/or protected characteristics although the basic starting point remains the same:

- If there is immediate danger or someone needs urgent medical attention: call the police or an ambulance.
- If no-one is in immediate danger, ensure the person is as safe as possible.
- Remain calm and be reassuring.
- In talking to the individual:
 - a) If someone is disclosing abuse/neglect to you, try not to question them if you do not need to do so, but allow them to talk, respond sympathetically and ensure you can remember what has been said so you can make notes later on.



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- b) Whilst you may need to ask some questions to establish what has happened/whether the person is safe etc., try to ask the minimum required to get the initial information you need.
 - c) In line with 'Making Safeguarding Personal' principles, try to ascertain from the client what their views of the situation are and what outcome they would want.
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- Where possible encourage anyone who is alleged to be responsible for causing abuse or harm to be able to explore their behaviours with you. Avoid direct confrontation and reporting of allegations being made while keeping open opportunities for disclosure.
 - As soon as it is appropriate, make a written record of what happened/your concerns in as detail as soon as possible.
 - **If someone is disclosing self-harm or suicidal impulses the following procedure should be followed:**
 - Attempt to talk to them about what has been done, or what they plan to do and how serious or life threatening it is.
 - Where there is a serious concern, ask the person to make an appointment as soon as possible to talk to their GP. Also ask their permission to write to the GP.
 - If a client is presenting as suicidal, the therapist should assess with them, the degree of risk, and encourage them to be in touch with emergency services asap.
 - If they refuse to get in touch with emergency services, ask them if it is acceptable if you do so. If they refuse, depending upon the urgency, you may need to tell them that you will do so anyway.
 - Talk to your supervisor as soon as possible before taking any action.
 - Give the client the following information:

In cases of serious concern, the counsellor must tell the client that they will be alerting the crisis team themselves. Ideally this will be after discussion with the supervisor or Director.



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Crisis Support Services

Brighton & Hove Mental Health Rapid Response Service

If you feel you are not able to keep yourself safe, but do not need immediate medical assistance, you should call the Mental Health Rapid Response Service (MHRRS) on [0300 304 0078](tel:03003040078) (available: Mon-Fri 8am-10pm, weekends and bank holidays 10am-10pm).

MHRRS is able to offer immediate support, as well as refer on for further support from other mental health teams where needed. Patients, health professionals, and carers can also ring for advice.

NHS 111 (Sussex Mental Healthline)

Call NHS 111 and select the mental health option to be connected to a 24/7 mental health crisis line. The service is also known locally as the Sussex Mental Healthline.

Samaritans

Call **116 123** www.samaritans.org (for anyone distressed or thinking of suicide, or in crisis). Open 24/7

Staying Well Service

(Open weekdays: 5pm-10:30pm, weekends: 3pm-10:30pm)

Visit a Staying Well service (out-of-hours mental health crisis support service for people aged 18+) at The Wellbeing Hub in Preston Park, 18 Preston Park Avenue, Brighton, BN1 6HL. They can be contacted on 0800 023 6475 or stayingwell.brighton@southdown.org.

<https://www.southdown.org/services/staying-well/>

Text 'SUSSEX' to **85258** for free 24/7 mental health support with a trained volunteer via text.

Accident & Emergency

Royal Sussex County Hospital
Eastern Rd, Brighton BN2 5BE





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7.3 Informing the Directors:

- 7.3.1 All staff and practitioners have a responsibility for raising concerns with the Clinical Director and Operations Director (Safeguarding Lead) where they feel that abuse or neglect is happening, or poor practice is taking place, either within Phoenix or by another external agency.
- 7.3.2 No one should accept disclosures of abuse 'in confidence'. The vulnerable adult must be informed that any allegations will be discussed with the Directors and that further action may follow, but that appropriate confidentiality will be maintained at all times.
- 7.3.3 Where the vulnerable adult or reporting staff or practitioner feels that their concerns appear not to have been taken seriously by the Directors, they should let the Directors know. If they remain confident that their concerns have not been taken seriously, they can consult the Phoenix Therapy Practice Board of Directors (See section 2 and 4)
- 7.3.4 Administrative Staff who have concerns about any client or staff member in the premises, should report their concerns to the Directors.
- 7.3.5 In cases of client risk of suicide or self-harm the practitioner needs to talk to their supervisor as soon as possible, and if they are not available, with the clinical director or the safeguarding lead.

7.4 Responsibilities of the Directors when a concern has been identified:

The Directors will investigate the allegation or concern and give staff prompt feedback, or attempt to appropriately intervene, if they observe poor practice, including the failure to follow agreed ways of working. Where staff or practitioners raise a concern in good faith, they will be protected by whistle-blowing legislation. The Directors will assess the situation and determine whether a safeguarding alert needs to be generated. They may need to speak to Adult Social Care to ascertain this.

Further to this they must ensure that:

- 7.4.1 The adult at risk is safe and any emergency medical treatment has been arranged.



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- 7.4.2 They report to the police if the abuse suspected may include a crime/offence.
- 7.4.3 Any staff, practitioner or volunteer who may have caused harm is no longer in contact with the person/s who may be at risk.
- 7.4.4 If a practitioner is implicated there should be an internal enquiry with reference to that person's supervisor, and depending on the issues, the possibility of the practitioner's professional body being informed and client work being stopped.
- 7.4.5 The Directors will ensure that any staff members or practitioners who may be involved in a safeguarding enquiry are adequately supported.

8.0 RAISING A SAFEGUARDING CONCERN

8.1 'Raising a Safeguarding Concern' is the terminology to describe the external reporting of suspicions or allegations of abuse or neglect for an adult at risk to Adult Social Care. This replaces reference to 'making a safeguarding alert' to Adult Social Care Services. (See Appendix 1)

8.2 The Phoenix Directors will be involved in making a decision to raise a safeguarding concern. This may be in conjunction with the Clinical Supervisor, if there is one. Access to the Directors outside of office hours is possible in case of emergency. In the very unlikely event that it is not possible to speak to a Director, the staff or practitioner should seek advice from Adult Social Care.

8.3 Factors to determine whether to raise a safeguarding concern: Statutory safeguarding duties as detailed in the Care Act 2014 apply to adults who meet the following three key tests:

- 1. An adult who has needs for care and support (whether or not any of those needs are being met); and**
- 2. The adult may be experiencing, or at risk of, abuse or neglect; and**
- 3. As a result of their care and support needs, the adult is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.**

If these criteria are met, and it is absolutely clear that the individual is not able to seek help themselves, a safeguarding concern would need to be raised with the



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appropriate local authority, Adult Social Care team. (See Section 1; appendix 1)

8.4 Type of abuse: The overriding approach to determine if suspected abuse warrants raising as a safeguarding concern with the Local Authority is to apply the three key tests, and to consider each situation on a case-by-case basis.

To assist the process, the Sussex Safeguarding Adults Policy and Procedures includes guidance on types of abuse, although the list is not exhaustive. It is important to note that abuse may include several 'types', which could include:

- Physical abuse
- Inappropriate and unlawful restraint
- Domestic abuse
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Abuse by attorney or deputy
- Modern slavery/Human trafficking
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-neglect

(See also Section 9.17-9.24 and Appendix 111)

8.5 Speaking to the adult to help make a decision: In line with the 'Making Safeguarding Personal' approach wherever possible before raising a safeguarding concern every attempt should be made by the practitioner or staff member to speak to the adult at risk to seek their views about the situation and what outcome they want for themselves. In most cases, the appropriate person will be the practitioner who is providing therapy to the client, unless it is they themselves who are perpetuating the abuse. (See Section 2)

On other occasions, the staff member or practitioner may not be clear enough initially about the situation/risks; or may feel other people are in a better position to have the discussion with the client; or may feel that the complexity of the situation goes beyond their skills in having the conversation. In these instances, and any other where the practitioner or staff member has not yet sought the views of the individual about the outcomes they want, and in learning disability services, the staff member will discuss this with the Phoenix Directors.

8.6 When discussions with the individual take place, the member of staff or



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practitioner should:

- 8.6.1 Speak to them in a private and safe place and inform them of any concerns;
- 8.6.2 Give them information about the safeguarding adults process and how that could help to make them safer.
- 8.6.3 Support them to ask questions about issues of confidentiality.
- 8.6.4 Identify communication needs and relevant decision-making capacity issues.
- 8.6.5 Explain how they will be kept informed and supported.
- 8.6.6 Ask open questions e.g. 'tell, explain, describe' in order to gather necessary information but do not ask leading questions or begin to investigate this inappropriately.

8.7 In most instances, the adult at risk should be informed that a safeguarding concern is being raised with Adult Social Care. If this is not possible because the person is not contactable; or it is inadvisable as it would cause the person undue stress or alarm placing themselves or others at risk of serious harm; or they lack capacity; Adult Social Care should be informed that the person is unaware of the concern being raised.

8.8 If the adult at risk does not want any action to be taken, again Adult Social Care must be advised of this. Phoenix staff and practitioners have a duty to report their concerns to the Phoenix Directors and a decision about whether action is taken should be made in partnership with Adult Social Care.

9.0 Internal Recording

The staff member OR practitioner who becomes aware of the safeguarding concern must make a note of and pass to the Directors:

- 9.1** when the incident happened.
- 9.2** where the incident happened.
- 9.3** who was involved (names and relationships).
- 9.4** A summary of events and the complaint or concern.

The Director receiving the concern must take notes of all discussions and decisions and place these on the client's safeguarding file. This should include:

- 9.5** information about the initial concern.



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- 9.6 details of subsequent discussions with clinical supervisor.
- 9.7 information about any action taken.
- 9.8 notes of strategy meetings / case conference.
- 9.9 relevant action as part of the protection plan.

10.0 External Reporting

Raising the concern – how to do this:

External reporting of safeguarding concerns are made to the appropriate local authority. Although electronic forms are also available on Local Authority websites, we raise safeguarding concerns by telephone. Contact details are available at the following website pages:

East Sussex	https://www.eastsussex.gov.uk/social-care/getting-help-from-us/contact-adult-social-care
Brighton and Hove	https://www.bhsab.org.uk/home/reporting-concerns/
West Sussex	https://www.westsussex.gov.uk/social-care-and-health/social-care-support/

- 10.1 Initial guidance from local authority: In some local authority areas Adult Social Care (ASC) teams offer to have an initial phone conversation about potential safeguarding concerns. Where this is the case, a record should be made of all discussions, making particular reference where ASC advise to not formally raise a concern.
- 10.2 Timescales: Where it is decided to raise a concern, this should be done no later than the end of the working day in question or as soon as possible thereafter.
- 10.3 Consideration should also be given to notifying other external agencies or organisations of this incident, due to contractual or regulatory requirements, for example CQC, Commissioners. If a crime has been committed, the police should be notified.
- 10.4 Where incident reporting procedures apply and raising a safeguarding concern may not be required: Some low-level incidents will occur that could be effectively dealt with internally using Incident Reporting Procedures – in particular if an incident has resulted in no apparent harm or potential for significant harm. In these circumstances the Directors can advise staff or practitioners to use the Phoenix Accident forms. In such cases the practitioner in liaison with their clinical supervisor and the Phoenix Directors should also consider whether a review of the client’s support and risk is required.
- 10.5 Poor practice: where staff and practitioners feel that safeguarding concerns are



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related to poor service practice, they should raise this in the first instance with the Phoenix Directors. Where misconduct has led to a specific safeguarding concern for a vulnerable adult then a concern may have to be raised with the local authority. The local authority may discuss the case with the CIC Regulator. The Phoenix Therapy Practice Board of Directors should be informed in these cases.

- 10.6** Recurring Incidents: If the same, or a similar, incident occurs that relates to the same or another person, it would suggest that the risk assessment/care plan or other elements of prevention in place are not effective. Recurring incidents may not appear to have a visible impact on the person or others. However, raising a safeguarding concern should be considered, to prevent harm being experienced in the long-term.
- 10.7** Domestic Abuse: In cases of reported domestic abuse, these should be discussed with the clinical supervisor and the Phoenix Directors in order to assess risk. It is advisable to refer to the local MARAC or DASH risk assessment tool at this point. A safeguarding concern may be raised with the Local Authority for adults who are experiencing, or at risk of, domestic abuse if all of the three key tests are met. This will be after consultation as above.
- 10.8** Child protection: Where there is a concern that an adult at risk and there are children connected to the adult(s) at risk or the alleged perpetrator, the children could also be at risk. Reference should be made to local Child Protection Procedures if there are concerns about abuse or neglect of children and young people under the age of 18. Front Door for Families provide support in Brighton and Hove: <https://www.brighton-hove.gov.uk/families-children-and-learning/front-door-families>
- 10.9** Abuse by children: If a child or children is/are causing harm to an adult at risk, this should be dealt with under the safeguarding adults policy and procedures, but will also need to involve the local authority children's services. Advice should be sought from the relevant Local Safeguarding Children Partnership.
- 10.10** Modern slavery/ Human trafficking: Being an identified victim of modern slavery or human trafficking means that the adult is at risk of harm. The response will be coordinated under the Safeguarding Adults Procedures. This will include organisations that have a role to play in dealing with victims of human trafficking, including the police, health trusts, immigrations officials and other relevant support services including those in the voluntary sector.
- 10.11** Honour based violence: So called 'honour'-based violence may be committed when family members or community members feel that dishonour has been brought to their family or community. Women are predominantly (but not exclusively) the victims, and the violence is often committed with a degree of collusion from family members and / or the community. Safeguarding concerns that may indicate 'honour'-based violence include domestic abuse, concerns



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about forced marriage or enforced house arrest and missing person reports. If a concern is raised and there is a suspicion that the adult is the victim of 'honour'-based violence, a referral to the police should always be considered as they have the necessary expertise to manage the risk. As with domestic abuse concerns, consideration should be given to referral to MARAC.

- 10.12** Forced marriage: A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse. The multi-agency practice guidelines 'Handling cases of forced marriage' (Home Office, 2009) recommend that cases involving forced marriage are best dealt with by child protection or 'adult protection' specialists. In a situation where there is concern that an adult is being forced into a marriage they do not or cannot consent to, there may be an overlap between action taken under the forced marriage provisions, the adult safeguarding process and the Multi Agency Risk Assessment Conference (MARAC) . In this case action will be coordinated with the police and other relevant organisations, such as The Forced Marriage Unit.
- 10.13** Prevent (Counter Terrorist Strategy): Prevent is a key part of the Government's Counter Terrorist Strategy. Its aim is to stop people becoming terrorists or supporting terrorism. Early intervention to divert people away from being drawn into terrorist activity is at the heart of Prevent. Safeguarding adults from radicalisation is no different from safeguarding them from other forms of harm
- 10.14** Hate crimes: Hate crime/incidents is taken to mean any incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic, or due to a person's religion, belief, gender identity or disability. Concerns relating to hate crime/incidents that involve an adult at risk should be raised as an alert and action coordinated under these procedures. In addition, there may be other local Safer Communities or Police support services available that can assist in supporting clients.



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11.0 LINKS TO LEGISLATION GUIDELINES AND LOCAL AUTHORITY LEAFLETS AND INFORMATION

- Sussex Safeguarding Adults Policy and Procedures 2025
<https://www.sussexsafeguardingadults.org/media/qhnr2cy/pdf-version-6-may-2025.pdf>
- Brighton and Hove Safeguarding Adult Board bhsab.org.uk
- Care and Support Statutory Guidance
<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>
- Human Rights Act 1998 <https://www.legislation.gov.uk/ukpga/1998/42/contents>
- Disclosure and Barring Service introduced under the Protection of Freedoms Act 2012
<https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>
- Health and Social Care Act 2008 which established the Care Quality Commission <https://www.legislation.gov.uk/ukpga/2008/14/contents>
- Mental Capacity Act 2005 code of practice
<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

Local Authority leaflets and information:

East Sussex: <https://www.eastsussexsab.org.uk>

West Sussex: <https://www.westsussexsab.org.uk/policy-and-protocols/core-safeguarding-policies-and-protocols/>

Brighton and Hove: <http://brightonandhovelscb.org.uk/wp-content/uploads/Safeguarding-Adults-Leaflet.pdf>



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APPENDIX I: WHAT HAPPENS AFTER A SAFEGUARDING CONCERN IS RAISED WITH ASC?

I.I Upon receipt of a safeguarding concern the first action of the local authority will be to consider each case against the three key tests (1.0 above). In order to undertake this assessment local authority staff will undertake an INITIAL ENQUIRY. This includes basic checks with reference to any pre-existing relevant information and is likely to involve a conversation with the adult or their representative and gathering additional information from other agencies. The aim of the information gathering will be to consider the wishes of the adult, their capacity and risk factors.

I.II The outcome of the Initial Enquiry assessment against the three key tests will be:

- a) There is a safeguarding concern.
- b) There is not a safeguarding concern.
- c) The safeguarding concern has been resolved, and
- d) The adult is no longer at risk or abuse or neglect

I.III Where a case is not accepted as a safeguarding concern this needs to be agreed by two local authority staff. The local authority should still determine the most appropriate response to address the issues that had been raised.

I.IV Where a case is considered to meet the three key tests and it is accepted as a safeguarding concern (a) the local authorities then has a legal duty under Section 42 of the Care Act 2014 to make enquiries, or cause enquiries to be made by other agencies or organisations.

I.V The local authority will appoint an internal Enquiry Manager to co-ordinate responses and decision making, and to ensure the local authority's duty under Section 42 is discharged appropriately.

I.VI The Enquiry Manager, dependent on the nature and assessed severity of the case, will decide whether the enquiry process is undertaken in-house, or discharged to other agencies or organisations.

I.VII Where there has been a very serious incident or death a Safeguarding Adults Review will be convened. These replace the previous Serious Case Review process.

I.VIII The task of Phoenix would be to respond adequately and proportionally to the enquiries of the safeguarding body, whilst having due consideration for issues of confidentiality.



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APPENDIX II: THE SAFEGUARDING ENQUIRY PROCESS

I An enquiry is to decide whether or not the local authority or another organisation, or person, should do something to help and protect the adult. The enquiry:

- Begins when any action is taken by the local authority following receipt of a safeguarding concern. This could range from:
 - an informal conversation with the adult, to
 - a more formal multi-agency discussion, or
 - if the adult lacks capacity or has substantial difficulty in understanding the enquiry, a conversation with their representative or advocate.
- Does not have to follow a formal safeguarding process.
- Should establish whether any action needs to be taken and, if so, by whom.

II The objectives of an enquiry are to:

- Establish facts.
- Ascertain the adult's views and wishes.
- Assess the needs of the adult for protection, support and redress, and how these might be met.
- Protect the adult from the abuse or neglect, in accordance with their wishes.
- Make decisions as to what action should be taken with regard to the person or organisation thought to be the cause of risk.
- Enable the adult to achieve resolution and recovery.

III There is no set process for enquiries, with each being tailored to the individual adult and their personal circumstances.

IV The adult should experience the safeguarding process as empowering and supportive in line with the 'Making Safeguarding Personal' approach. During all stages of the process the individual should be kept informed about what is happening, with all agencies and staff/practitioner checking in about their current wishes and desired outcome



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V People will be assumed to have capacity to make their own decisions and be given all practicable help and reasonable adjustments made before anyone treats them as not being able to make their own decisions. This includes where clients are deemed to have capacity but experience substantial difficulty in decision making.

VI Where an adult is found to lack capacity to make a decision, any action taken, or any decision made for or on their behalf must be made in their best interests. In cases where there is evidence that a person lacks capacity to make specific decisions, where appropriate, provision will be made by the local authority to find a suitable independent person to represent their 'best interest'.

VII Timescales: Where there appears to be significant risk, contact should be made with the vulnerable adult within 24 hours. In all other cases contact should be within three working days. (contact is any form of direct communication). Although there are no set timescales for an enquiry it should be conducted on the principle of 'no-delay'.

VIII Where the local authority undertakes the enquiry they will make contact with the individual and all other appropriate parties to identify an agreed course of action within a Safeguarding Plan to reduce and/or remove the risks.

IX If we are asked to provide information during an enquiry, by the local authority or someone with delegated authority to make enquiries, we are obliged to supply the information requested.

X Where situations are complex, involve a number of members of the same household/family, intimate relationships and/or domestic abuse, it is likely that the local authority will retain responsibility for making the enquiry.

XI Delegating Enquiries to other agencies: Where the local authority delegates the enquiry to another agency or organisation they should set a clear scope, purpose and timescale for the enquiry to be undertaken and for the local authority to have received the outcome and recommendations.

XII Safeguarding Plans: As part of the enquiry process a Safeguarding Plan may be produced. These include actions/arrangements agreed with the adult to support them in maintaining their safety. These should be incorporated into the adult's support / care plan where they have one. It should include clear information regarding roles and responsibilities of all those involved and the arrangements for monitoring and reviewing the effectiveness of this plan. Where there are actions that relate to the local authority and/or other agencies, rather than the individual adult, these should also be recorded. The local authority and other organisations must ensure they have arrangements in place for the effective monitoring and review of these actions



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X111 Where an adult remains at risk through their own choice: Where possible the local authority should agree with the adult how they are going to support them. Where this is not possible the local authority and other agencies must agree any ongoing actions relating to the safeguarding plan, underpinned by the Making Safeguarding Personal approach.

X1V Closing of Section 42 duty: Once the local authority feels that all appropriate action has been taken, and the adult no longer remains at risk of abuse or neglect, they will conclude and discharge their duty under Section 42. While the local authority's Section 42 duty will be discharged once it has determined that the adult has been protected and/or the actions required have been taken, it must ensure that any actions within an agreed Safeguarding Plan are monitored and kept under review.



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APPENDIX III: GLOSSARY

Term:	Definition or meaning:
The Process:	
Making Safeguarding Personal (MSP)	<p>Making Safeguarding Personal (MSP) is the approach now taken to all safeguarding work. The key principle of MSP is to support and empower each adult to make choices and have control about how they want to live their own life. MSP is about having conversations with people about how responses to safeguarding situations can be made in a way that enhances their involvement, choice and control as well as improving their quality of life, well-being and safety. It is about seeing people as experts in their own lives, and working alongside them to identify the outcomes they want.</p> <p>MSP focuses on achieving meaningful improvements to people's lives to prevent abuse and neglect occurring in the future, including ways for them to protect themselves.</p>
A safeguarding concern	A safeguarding concern is where someone has a concern that an adult who has needs for care and support may be experiencing, or is at risk of, abuse or neglect and is unable to protect themselves.
Raising a Concern	Reporting a safeguarding concern to the local authority (used to be called 'making an alert')
3 key tests	<p>The 'three key tests' comes from the Care Act 2014. To trigger a local authority's legal duty in relation to safeguarding, the concern has to meet 3 key tests. These are:</p> <ul style="list-style-type: none"> ✓ an adult who has needs for care and support (whether or not any of those needs are being met) ... ✓ may be experiencing, or is at risk of, abuse or neglect, ... ✓ and as a result of their care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect
Section 42 Enquiry or safeguarding enquiry	<p>Refers to Section 42 of the Care Act and the duty stated here for local authorities. The local authority must make (or cause other agencies or organisations to make) enquiries when its Section 42 duty is triggered, i.e. when it has reasonable cause to believe that the three tests in the Care Act have been met.</p> <p>An enquiry is any action that is taken (or instigated) by a local authority, under Section 42 of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult with care and support needs who is unable to protect themselves because of those needs. What form the enquiry takes is not prescribed.</p> <p>Note the shift in language from 'investigation' (pre Care Act) to 'enquiry'. There has been a move away from investigations (except by the police and where disciplinary investigations are undertaken by employers).</p>
Initial actions	Any first responses made under the local authority's Section 42 duty to make enquiries / cause enquiries to be made.
Enquiry Manager	A suitably trained and experienced practitioner employed by the local authority with responsibility for decision making in relation Section 42 enquiries.
Enquiry Officer	A suitably trained and skilled practitioner undertaking an enquiry or aspects of an enquiry - with the direction of the Enquiry Manager. This will usually be someone employed by the local authority, but could be an employee of another organisation (e.g. Southdown) if the local authority asks another organisation to undertake the enquiry.
Safeguarding Adults Board (SAB)	Each local authority area must have a SAB, made up of key partners with responsibility for safeguarding work (e.g. local authority, police, health etc). The SAB has a legal



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	status. The SAB must lead adult safeguarding arrangements across its locality and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies. It produces a strategic plan and annual report.
Safeguarding Adults Review (SAR)	Safeguarding Adults Boards must arrange a SAR when an adult in its area dies as a result of, or has experienced, serious abuse or neglect (known or suspected) and there is concern that partner agencies could have worked more effectively together. The aim of the SAR is to identify and implement learning from this.
Types of abuse (in alphabetical order) NB: new and different forms of abuse frequently emerge. No list is ever exhaustive.	
Anti-social behaviour (ASB)	Anti-Social Behaviour is behaviour by a person which causes or is likely to cause harassment, alarm or distress to one or more persons not of the same household as the person
Child Sexual Exploitation (CSE)	Child sexual exploitation is a type of child sexual abuse. The term explains what happens when abusers encourage children and young people under 18 into exploitative situations, contexts and relationships. These often involve the young person receiving something such as food, accommodation, drugs, affection, gifts or money as a result of performing sexual activities or others performing sexual activities on them. CSE can occur through use of technology. Abusers often target vulnerable children/young people. Those exploiting the child or young person have power over them by virtue of their age, gender, intellect, physical strength and resources available to them. The exploitation can continue into adulthood.
Cuckooing	Where a criminal (or a criminal gang) befriends, or intimidates, a vulnerable person and then takes over their home to use the premises for drug dealing (behaving like a cuckoo)
Domestic abuse (DA)	Any incident or pattern of incidents of controlling, coercive, 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. The abuse can encompass, but is not limited to, psychological, physical, sexual, financial, emotional. Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.
Domestic violence (DV)	See domestic abuse definition above
Female Genital Mutilation (FGM)	'Female genital mutilation comprises all procedures involving partial or total removal of the external genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways' (WHO 2015). It is also known as female genital cutting and female circumcision and is usually carried out on young girls. It is illegal in England and Wales and when carried out on a girl under 18 constitutes child abuse.
Forced marriage	Forced marriage is a term used to describe a marriage in which one or both of the parties is married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse.
Hate Crime	Hate crimes or hate incidents refer to any incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability. It should be noted that this definition is based on



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	<p>the perception of the victim or a third party witnessing the incident. The crime/incident can be committed against a person or property.</p> <p>A victim does not have to be a member of the group at which the hostility is targeted - what matters is what the perpetrator says/does (they may believe the person they are targeting belongs to a particular group).</p> <p>'Targeted harassment' is any unwanted conduct, violence, harassment, or abuse targeted at a person because of their age, disability, gender, race, religion or belief, sexual orientation, transgender status or a combination of these characteristics.</p>
Human Trafficking	<p>This is one form of modern slavery. Human trafficking is the action or practice of illegally transporting people from one country or area to another, typically for the purposes of forced labour or commercial sexual exploitation or organ removal. The transportation is achieved by means of the <i>threat or use</i> 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 control over the other person.</p>
'Honour'-based violence	<p>Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community.</p> <p>It is often linked to family members or acquaintances who mistakenly believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture.</p> <p>Women and girls are the most common victims of honour based violence but it can also affect men and boys. Crimes of 'honour' do not always include violence. Crimes committed in the name of 'honour' might include domestic abuse, threats of violence, sexual or psychological abuse, forced marriage, being held against your will or taken somewhere you don't want to go, assault.</p> <p>Concerns about honour based violence should be reported to the police (whether or not safeguarding concerns are raised with the local authority).</p>
Mate Crime	<p><i>Mate Crime</i> occurs when a person is harmed or taken advantage of by someone they thought was their friend. The perpetrator may befriend a vulnerable person with the intention of then exploiting the person financially, physically, psychologically and/or sexually.</p> <p>Surveys indicate that people with disabilities can often become the targets of this form of exploitation.</p>
Prevent	<p>Prevent is a key part of the Government's Counter Terrorist Strategy. Its aim is to stop people becoming terrorists or supporting terrorism, with a focus on early intervention to divert people away from being drawn into terrorist activity. Vulnerable adults may be particularly at risk of being targeted for radicalisation.</p> <p>'Channel' is the name of the process of identifying and referring a person for early intervention and support. It uses existing collaboration between local authorities, statutory partners, the police and the local community to identify people at risk of being drawn into terrorism, assess the risk and develop the most appropriate support plan for the individuals concerned. This could include access to services such as health and education, specialist mentoring and diversionary activities.</p> <p>For further information see: https://www.gov.uk/government/policies/protecting-the-uk-against-terrorism/supporting-pages/prevent</p>



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<p>Self-neglect</p>	<p>The inability (intentional or unintentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the individual and potentially to their community. An individual may be considered as self-neglecting and therefore maybe at risk of harm where they are:</p> <ul style="list-style-type: none"> • Either unable, or unwilling to provide adequate care for themselves. • Unable to obtain necessary care to meet their needs. • Unable to make reasonable or informed decisions because of their state of mental health, or because they have a learning disability or an acquired brain injury. • Unable to protect themselves adequately against potential exploitation or abuse. • Refusing essential support without which their health and safety needs cannot be met, and the individual does not have the insight to recognise this. <p>Concerns about self-neglect are raised as a safeguarding concern, but 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.</p>
<p>Other processes, tools and services (in alphabetical order)</p>	
<p>Continuum of Need</p>	<p>The ‘Continuum of need’ is a tool to enable practitioners working with children and young people to understand the level of need and risk, agree what, if any, support/intervention is required and establish a common language for these issues across agencies. The continuum sets out a range of need and risk issues and guides practitioners to make good judgements of which of the four levels of intervention may be required for each child.</p>
<p>DASH RIC</p>	<p>Domestic Abuse Stalking and Harassment and ‘Honour’ Based Violence Risk Indicator Checklist. A set of questions used to elicit risk information from victims of domestic abuse to enable professionals to assess the risk of serious harm or death using their professional judgement, or (less accurately) by seeing whether the total number of ‘yes’ responses to the questions is 14 or more.</p>
<p>Early Help</p>	<p>Every local authority area should have an early help strategy to ensure that problems for children and families are identified early, and responded to effectively as soon as possible. The aim is to ensure problems do not escalate to become more acute, and more costly, to the detriment of children and families, by investing in effective community services and multi-agency coordination.</p>
<p>Multi Agency Public Protection Arrangements (MAPPA)</p>	<p>The purpose of the MAPPA framework is to reduce the risks posed by sexual and violent offenders in order to protect the public, including previous victims, from serious harm. The responsible authority (i.e. the police, prison and probation services) has a duty to ensure that MAPPA is established in each of their geographic areas to ensure the risk assessment and management of all identified MAPPA offenders (primarily violent offenders on licence or mental health orders and all registered sex offenders). The police, prison and probation services have a clear statutory duty to share information for MAPPA purposes.</p>
<p>Multi Agency Risk Assessment Conference (MARAC)</p>	<p>MARAC is a regular meeting of agencies to share information about people who are assessed as being at high risk of serious harm or death as a result of domestic abuse (domestic violence). The conference develops an action plan to improve the safety of the person(s) at risk. The meeting involves representatives of local police, probation,</p>



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	<p>health, children and adults safeguarding, housing practitioners, substance misuse services, independent domestic violence advisers (IDVAs) and other specialists from the statutory and voluntary sectors. The referral criteria for MARAC are:</p> <ul style="list-style-type: none">• A professional judgement (usually based upon information gleaned using the DASH Risk Indicator Checklist) that there is a high risk of serious harm• 'Yes' responses to 14 or more questions within the DASH Risk Indicator Checklist• Potential escalation of abuse (three or more incidents of abuse within the past 6 months)• A significant incident of abuse experienced by an adult who has been discussed at a MARAC in the last twelve months
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