Policy / document Name:	Safeguarding Vulnerable Adults Policy and Procedures		
Category:		**Review date:**	January 2026
Board signoff:		**Next Review:**	January 2027

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POLICY

1. SCOPE

1.1 This policy applies to:

(a) Employees, volunteers, Trustees, and Directors (hereafter referred to as "Colleagues") of Lifeline Harrogate Ltd (hereafter referred to as "Lifeline Harrogate"); and

(b) All other persons supporting, providing or delivering services for or on behalf of Lifeline Harrogate (hereafter referred to as "Partner Organisations").

1.2 This policy is to be read, in conjunction with Lifeline Harrogate's Grievance (contract of employment), Disciplinary (contract of employment), Equality, diversity and inclusion, Data Protection, Whistleblowing, Health & Safety, IT (including social media) policies.

1.3 Colleagues are expected to comply with this policy at all times. Failure to comply may be detrimental to Vulnerable Adults (here after, "VA"); it may also result in legal liability for Lifeline Harrogate and/or have a detrimental impact on Lifeline Harrogate's reputation. Additionally, if you are working under a

contract of employment, this policy forms part of the contract of employment and any breach of the policy, including falling below the standards set out below, will be a potential ground for dismissal. If you are not working under a contract of employment (for example, you are a volunteer or trustee), a breach of the policy (including falling below the standards set out below) may mean that we have to ask you to cease being a volunteer or trustee.

2. PURPOSE

2.1 This policy sets out Lifeline Harrogate's commitment to ensuring that VA who use our services are protected and to provide all Colleagues with the overarching principles that guide our approach to safeguarding.

2.2 Colleagues should understand the procedures for recognising, responding to and referring any concerns, allegations or disclosures of harm or abuse in accordance with the Procedures.

For the avoidance of any possible doubt Lifeline Harrogate does not work with children as our eligibility criteria is only to house adults over the aged of 18...Lifeline Harrogate does not allow any visitors in our properties, including therefore children

3. DEFINITION OF TERMS

3.1 Vulnerable Adult or Adult at Risk – The term 'vulnerable adult' or 'adult at risk' applies to any person aged 18 or over who is or may be in need of *care and support or supervision* (e.g. health care, relevant personal care or social care, social emotional mental health support – in the case of Lifeline Harrogate most likely that involving social emotional mental health support) and is experiencing or is at risk of abuse or neglect and as a result of this is unable to protect themselves from either the risk or experience of neglect or abuse.

3.2 Volunteers – Anyone volunteering for Lifeline Harrogate, regardless of their role, including trustees

3.3 Safeguarding - In relation to vulnerable adults, it means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse and neglect whilst at the same time making sure that the adult's wellbeing is promoted.

3.4 Abuse and neglect are forms of **maltreatment** of a vulnerable adult, whether they are aware of the abuse or not. Somebody may abuse or neglect a vulnerable adult by inflicting harm, or by failing to act to prevent harm. Abuse

of vulnerable adults can vary from treating someone with disrespect in a way which significantly affects the person's quality of life, to causing actual physical suffering. Abuse can be a single or repeated act or omission, which causes harm or distress. **Abuse can be physical, financial, discriminatory, due to neglect or omission, psychological, sexual, organisational or as a result of self-neglect, modern slavery, domestic violence.** See Appendix 1 for more information and for potential indicators of abuse.

3.5 Regulated Activity - Any frequency (even a one-off occurrence) of one of the following activities is regulated activity relating to an adult:

- Providing healthcare;
- Providing personal care;
- Providing social work;
- Assistance with general household matters;
- Assistance in the conduct of a person's own affairs;
- Conveying; and
- Day to day management or supervision of regulated activity.

4. GENERAL PRINCIPLES

4.1 All VA have the right to be protected from abuse regardless of their age, gender, disability, culture, language, racial origin, religious beliefs, sexual identity, personality or lifestyle.

4.2 Lifeline Harrogate recognises the importance of its work with VA and its responsibility to protect and safeguard their welfare.

4.3 As one of its major activities Lifeline Harrogate seeks to serve the needs of VA promoting holistic development. In doing so, Lifeline Harrogate takes seriously the welfare of all VA who come onto its premises or who are involved in any of our activities.

4.4 We aim to ensure that all VA are welcomed into a safe, caring, environment with a happy, encouraging and friendly atmosphere.

4.5 It is the responsibility of everyone covered under the scope of this policy to protect and safeguard VA and to report any concerns, allegations or disclosures of abuse in accordance with the Procedures.

4.6 Lifeline Harrogate recognises its responsibility to implement appropriate and comprehensive policies and procedures for safeguarding and to review them regularly, which are designed to recognise, respond and refer such abuse.

4.7 We are committed to supporting, resourcing and training those who work with VA and to provide ongoing support and supervision, including support for Colleagues in reporting any concerns, allegations or disclosure of abuse.

4.8 We are committed to checking the suitability of all those who work with VA and anyone else covered under the scope of this policy.

4.9 Lifeline Harrogate is committed to maintaining good links with the statutory safeguarding authorities.

5. OUR COMMITMENT

5.1 Lifeline Harrogate seeks to keep VA safe by:

(a) Treating them as we would like to be treated and taking steps to ensure they understand how to raise a concern;

(b) Providing Lifeline Harrogate with a comprehensive safeguarding strategy and a comprehensive portfolio of policies and procedures (including a Feedback & Concerns (Residents) Complaints Policy and Procedure and Whistleblowing policy) and reviewing them regularly;

(c) Appointing a Designated Safeguarding Officer (DSO) and a Lead Board member for safeguarding;

(d) Operating safe recruitment procedures, ensuring all necessary checks are made;

(e) Ensuring that positions are risk assessed to identify the levels of Disclosure and Barring Service (DBS) Check required;

(f) Ensuring that Lifeline Harrogate has policies and systems in place for the recording and storing of information professionally and securely;

(g) Ensuring that there is a consistent and effective response to any concerns, allegations or disclosures of abuse which are raised in accordance with the Procedures;

(h) Providing effective management for Colleagues through supervision, support, training and supporting Colleagues in reporting and investigating any concerns, allegations or disclosures of abuse;

(i) Ensuring Colleagues have a knowledge and understanding about VA protection and that they receive appropriate training on adhering to Lifeline Harrogate's policies and procedures;

(j) Enabling all covered under the scope to follow best practice in preventing abuse from occurring within our Organisation;

(k) Sharing information about safeguarding and good practice with colleagues;

(l) Using our safeguarding procedures to share concerns and relevant information with agencies who need to know, parents, families and carers appropriately. Consent to share information will be sought however in accordance with safeguarding procedure, consent is not

essential if staff have a significant safeguarding concern and feel that a VA is at risk of harm (see also Information Sharing policy);

(m) Ensuring that we provide a safe physical environment for staff and volunteers, by applying health and safety (see our Health and Safety policy) measures in accordance with the law and regulatory guidance.

6. RESPONSIBILITIES

6.1 It is the responsibility of the Board of Trustees to ensure that there is a robust policy and procedure for safeguarding, to monitor safeguarding issues at each Board meeting and to make Serious Incident Reports to the Charity Commission.

6.2 The DSO and Lead Board member for safeguarding are responsible for reviewing the policy at least annually for formal approval by the Board of Trustees.

6.3 DSO are responsible for ensuring that Colleagues are aware of and comply with the Safeguarding Policy and Procedure and that they receive training appropriate to their role.

6.4 It is the responsibility of all Colleagues to be familiar with the Safeguarding Policy and Procedure, to re-read it annually and to be aware of other policies and procedures including in relation to Whistleblowing and Data Protection.

6.5 It is the responsibility of all Colleagues to promote the wellbeing of the VA with whom they work.

6.6 It is the responsibility of all Colleagues who work with Partner Organisations, contractors and volunteers to ensure that they agree to comply with the Safeguarding Policy and Procedure.

6.7 It is the responsibility of all Colleagues who receive an allegation or disclosure of abuse from any source, or who suspect abuse to report their concerns to the DSO using the **Cause for Concern form at Appendix 2**. In the situation where an allegation or suspicion of abuse involves or implicates the DSO they should inform the **Lead Board member for Safeguarding** or the **Chair of the Board** if the concern relates to the Lead Board member for Safeguarding.

6.8 The DSO receiving allegations is responsible for referring the concerns to the appropriate bodies, maintaining confidential records and reporting matters to the trustees so that they may consider whether to make a Serious Incident Report to the Charity Commission.

6.9 In the case of allegations relating to Colleagues it is the responsibility of the DSO to liaise with the Local Authority Designated Officer (LADO) or the Local Adult Social Care office before progressing the issue.

6.10 It is the responsibility of the DSO to make any required referrals to the Disclosure and Barring Service (DBS).

7. CONTACT DETAILS

7.1 If required, referrals to external agencies will be made by the DSO or Manager. Such referrals should be made as soon as possible once a concern has been received and certainly no more than 24 hours later. Referrals should be made using the appropriate referral form, using the information collated on the Cause for Concern form.

7.2 Concerns regarding any of our Colleagues must be dealt with by the DSO. See section 10.2 of the Safeguarding Procedures.

Key Contact Details:

Position / agency	Contact	Relevant Contact Details
Designated Safeguarding Officer	CEO – Carl Good	carl@lifelineharrogate.co.uk 07801 695105
Lead Board member for safeguarding	Thierry Lusandu	Thierry Lusandu lusandu37@gmail.com
Chair of the Board	Roger Elliott	07720 805175
Customer Service Centre NYC (Adult)	0300 1312131 - inside and outside of office hours.	
Adults safeguarding referral	www.northyorks.gov.uk/safeguarding-vulnerable-adults	
Allegations against staff	Phone the NYC Customer Contact centre to identify the LADO or designated staff member for adult safeguarding allegations concerning staff members.	

8. POLICY MONITORING AND REVIEW

This policy will be reviewed annually by the Designated Safeguarding Officer and Lead Board member for safeguarding. This review will include:

- Annual review of cases and trends
- Training check

- Review and learning identified from any cases discussed in the previous year

A report will be seen by the Board.

A safeguarding overview will be shared by the DSO at each Board meeting.

PROCEDURES

9. COLLEAGUES

9.1 Recruitment and Vetting

(a) It is a criminal offence to allow someone to work with VA if they are barred from doing so.

(b) during recruitment all applicants will be required to complete a criminal record declaration and two references will be taken up and verified.

(d) Where the activity of the role is classed as "regulated activity" Lifeline Harrogate is required to request a Disclosure and Barring Service (DBS) check (i.e. basic, standard or enhanced with or without a check of the barred list), a check will be undertaken at the appropriate level.

(e) As appropriate, DBS disclosures/checks of the DBS Update Service will be repeated during employment. For those working directly with VA this will be on at least a 3 yearly basis. Refusal to comply could be grounds for dismissal for gross misconduct.

(f) Regular discussions in supervision will be used to check with a staff member their ongoing suitability to continue working with VA.

9.2 Induction and training

All Colleagues will receive basic training in safeguarding VA, identifying and responding to evidence or suspicions of abuse. This training is included in the induction process for all Colleagues and is then supplemented by further training and individual supervision for those working with VA. Ongoing safeguarding training will be provided throughout employment as appropriate to the role. Our benchmark qualification will be with High-Speed Training **'Introduction to Safeguarding Adults (Level 1)'** and this will need to be renewed every 2 years.
Volunteers will receive training appropriate to their role.
Trustees will all undertake a basic safeguarding training session.

9.3 Barring and Criminal Offences

(a) Employees who, whilst employed with us, become barred from working with vulnerable adults must inform the DSO immediately so that

appropriate action (which may include redeployment or dismissal) can be taken. Failure to inform will result in dismissal.

(b) If an employee is facing criminal charges or is convicted of a criminal offence they must inform the DSO (and complete a Declaration of Criminal Background form) so that appropriate action (which may include redeployment or dismissal) can be taken. Failure to inform will result in dismissal.

10. ALLEGATIONS / SUSPICIONS OF ABUSE

10.1 Referrals about a current situation

(a) A vulnerable adult, member of staff, volunteer, relative or member of the public may disclose to a Colleague information about an incident or incidents that could be construed as **abuse**. Colleagues must:

- Find an appropriate and early opportunity to explain that it is likely that the information will be shared with others. Do not promise to keep secrets even if the VA says that they will 'only tell' if it is a secret. If the VA decides not to tell you further information in case you tell others, you must record that s/he wanted to make a disclosure so that the DSO can follow up as necessary (which may include notifying the relevant agencies that an individual may be at risk);
- Listen to and record exactly what is said;
- Ask questions only to seek clarification and make sure they are not leading questions. Do not attempt to 'interview' a vulnerable adult as this is a highly sensitive and specialised area and you may inadvertently do more harm than good;
- Explain what will happen next and who will be told;
- Ask if the person is injured in case immediate medical treatment is required. If emergency medical treatment is required, call an ambulance and while you are waiting for it to arrive, get help from your first aider. If the VA is in immediate danger, remain with him/her and call the police, or if the VA is elsewhere, contact the police and explain the situation;
- Every allegation must be recorded using the **Cause for Concern Form** at Appendix 2 and reported to a DSO, whether or not the staff member/volunteer hearing the allegation believes it is well founded. See the Guidance for dealing with a Disclosure at Appendix 3

(b) If a Colleague believes that a vulnerable adult has injuries or requires medical attention they should be supported in gaining access to emergency treatment. The clinical staff should be informed of the

nature of the suspicions about the source of the injury so that they can take steps to ensure that potential evidence is not destroyed or compromised.

(c) If a Colleague suspects abuse, it is their responsibility to report their concerns to a DSO. They should give as much detail as possible about the nature of their concerns and the time, place, content and nature of any discussions with anyone else involved.

(d) Grounds for suspecting that abuse is occurring may also be based on personal knowledge of the vulnerable adult and observations of changes in their mood, behaviour or personal presentation, as well as evidence of injury or disclosure. These indicators should be reported to the DSO and recorded in detail.

(e) The Cause for Concern form in Appendix 2 should be used to record all information.

(e) The DSO will review the full details of the situation and make further enquiries if necessary to ensure that the vulnerable adult is protected from any further harm while the appropriate authorities are informed. Where risk of harm is suspected, the DSO will take further steps to protect that vulnerable adult from further harm.

(g) The DSO in discussion with Colleagues (the person reporting, the Lead Board member for safeguarding, specialist staff at the NYC Customer Contact Centre, other professionals) will refer the case using the appropriate referral forms using the Adults Safeguarding Board procedures (links in section 7.2 Contacts)

10.2 Concerns regarding employees or volunteers

(a) If any concerns or allegations relate to a Colleague, the DSO must be informed immediately, and they will consult the LADO or Local Adult Social Care office prior to any action and before the Colleague is informed. This is to ensure that child/vulnerable adult protection processes and any criminal investigations are not compromised.

(b) If an allegation is received out of office hours that requires immediate attention, then the DSO should consult the Contact Centre.

(c) An allegation against a Colleague could come from a number of sources including a report from a vulnerable adult, a concern from a colleague or a complaint by a carer. It may also arise from the volunteer's/employee's life outside work.

(d) When informed of a concern or allegation, the DSO must not investigate the matter or speak to the vulnerable adult, volunteer, employee, witness etc. They must obtain written details of the concern/allegation, signed and dated by the person receiving or making the allegation; approve and date the written details and record

any additional information. The LADO or Local Adult Social Care office must then be contacted and the allegations discussed with them. The LADO or Local Adult Social Care office and the DSO will consider how much information can be shared with the Colleague, whether a police investigation may be required, whether the VA needs additional support, if anyone else needs to be informed and what the next steps will be.

(e) Where, as a result of investigation, a Colleague is permanently removed from regulated activity through dismissal or permanent transfer (or would have if the person had not left, resigned, retired or been made redundant), the DSO must refer to the DBS if he/she believes that the Colleague, in summary, has engaged in conduct (including by omission):

- which endangers or is likely to endanger a vulnerable adult
- which if repeated against or in relation to a vulnerable adult would endanger or be likely to endanger the vulnerable adult
- which involves sexual material relating to children (including possession of such material)
- which involves sexually explicit images depicting violence against a person (including possession of such images)
- which is of a sexual nature involving a child; or
- has harmed a child or vulnerable adult (e.g. there has been no relevant conduct but a risk of harm to a child or vulnerable adult exists); or
- has been cautioned or convicted of an automatic barring offence.

(f) For further information please see: DBS guidance about making referrals

(g) We want to encourage staff and volunteers to feel confident about raising concerns about the actions and attitudes of colleagues and want to create an atmosphere of transparency, openness, shared good practice and professionalism. If a concern is raised but the individual does not believe it is being dealt with appropriately then the individual should speak to the DSO and, if still not satisfied, could use our Whistleblowing Procedure or contact the LADO or Local Adult Social Care office directly.

(h) Where a concern involves the Designated Safeguarding Officer then the concern must be taken to the lead board member for safeguarding or to the chair of trustees.

10.3 Historic abuse

(a) It is not unusual for people to disclose experiences of physical, sexual and / or emotional abuse and / or neglect only when they reach

adulthood. We of course take that very seriously. However, if the vulnerable adult is not in danger, and this happened in their past, then we would be more likely to consider the nature of the disclosure as being one of openness and honesty, rather than a desire to make this something that would need to be escalated. The HSO, volunteer or staff member would disclose to the SHM that this form of information has been disclosed, and would make a contact log entry to this effect. We would respect that the information has been given to us, with no anticipation of it being taken further, if that was the case

(b) Our response to allegations by an adult of abuse experienced as a child must of course be of as high a standard as a response to current abuse because:

- It may be the case that a person who abused a child/ren in the past will have continued and may still be doing so;
- Criminal prosecution may be possible if sufficient evidence can be carefully collated.

(c) When an adult discloses childhood abuse, the Colleague would ask the resident if they felt that person was a danger to others. If that was not the case, and they did not want it to be disclosed, then we would respect their desire for that to remain confidential as much as we would be able. If possible, the Colleague should establish if the adult has any knowledge of the alleged abuser's recent or current whereabouts and contact with children, and whether they thought they were a current perpetrator, or still capable of that action. The Colleague should refer the allegation to the CEO to decide if it should be taken further. A log would be made in the Safeguarding log of the CEO's decision as DSO as to whether to take that disclosure any further.

11. DISCLOSURE REVIEWS

Copies of all Referral Forms will be retained securely and in compliance with the Data Protection Act 1998/General Data Protection Regulations. Safeguarding activity will be reviewed quarterly by the DSO to check the policy is being followed correctly, to identify any areas of practice improvement and/or training needs for staff, and to monitor the outcomes of concerns raised. The DSO will report to the Board of Trustees.

12. GOOD PRACTICE WITH VULNERABLE ADULTS

12.1 When working with VA you should act as an ambassador for Lifeline Harrogate and embody our core values of love, honesty, grace, forgiveness and responsibility in all that you do. We aim to create an atmosphere of professionalism, support, caring and transparency where good practice can

be shared and concerns raised and resolved. This also applies to staff who have moved on from their role with the organisation.

12.2 Colleagues must:

(a) Maintain professionalism in their conversations and conduct at all times;
(b) Maintain appropriate dress and personal appearance when working with VA;
(d) Not disclose their home address or personal phone numbers or allow access to their personal social networking sites, online messaging systems etc.;
(e) Never start a personal relationship with a vulnerable adult receiving our services. In posts working directly with VA any potential relationship with an individual who has previously accessed our provisions should be discussed with the DSO and formally declared. In the interests of transparency, pre-existing relationships must be declared to the DSO.
(f) You should treat all VA with appropriate love and concern befitting their age and always be sure to be mindful of your own language, tone of voice, body language and dress;
(g) You should never encourage the use of alcohol, drugs or tobacco or the watching/playing of violent films, games etc. and you must never smoke or drink alcohol in front of the vulnerable adults in your care
(f) You should always declare any unwanted contact from a VA

12.3 Colleagues working with VA should never:

(a) Engage in any of the following: -
- Participation in sexually provocative games
- Inappropriate and intrusive touching of any form
- Any scapegoating, intimidating, ridiculing or rejecting of a VA

(b) Invade the privacy of VA when they are showering or toileting.
(c) Make sexually suggestive comments to or about a VA, even in 'fun'.
(d) Let VA involve you in excessive attention seeking, especially that which is overtly sexual or physical in nature.
(e) Invite a vulnerable adult to your home or communicate with them via personal social media / online messaging sites.
(f) Use corporal, physical, verbal or psychological punishment in dealing with VA.

13. PLANNING

13.1 Colleagues may transport Vulnerable Adults for appointments or outings. In these instances, there will be appropriate procedures covering these events and a comprehensive risk assessment will be in place. If Colleagues use their own cars to transport Vulnerable Adults, they must have business insurance and must use the lone working procedures which describe how a Colleague must contact / check in with their Colleagues or Duty contact.

14. THE USE OF ANY DEVICES THAT CAN TAKE PICTURES OR VIDEO MATERIAL

14.1 Please remember that only Lifeline Harrogate's social media team (Georgie and Carl Good) are authorised to publish photos, images or moving images on behalf of the Organisation.

14.2 When taking still or moving images the following key principles should be remembered:

(a) Vulnerable adults have a right to decide whether images are to be taken, and how those images may be used. Each resident will sign a consent form for these to be used if that is the case.

(c) Care must be taken to ensure that images are not sexual or exploitative in nature, nor open to obvious misinterpretation and misuse.

(d) All images of vulnerable adults will be securely stored and in the case of images used on web-sites, particular care will be taken to ensure that no identifying details facilitate contact with a vulnerable adult by a potential abuser.

(e) If the Organisation uses external photographers they will be advised of our safeguarding and other pertinent polices and will sign to acknowledge that they have read, understand and will abide by them.

14.3 If spectators or visitors are intending to photograph or video at an event/activity, they must be told of our expectations and wherever possible written notices to this effect will be displayed. Any concerns regarding inappropriate or intrusive photography / filming should be reported to the event / activity manager / co-ordinator immediately and dealt with in the same manner as any other safeguarding concern.

14.4 Colleagues may be allowed to take photographs of VA on their own phone or camera but this is only with the express prior permission of the CEO

15. THE ROLE OF THE DESIGNATED SAFEGUARDING OFFICER

15.1 The DSO will be appointed from within the Organisation and will be responsible for overseeing the Safeguarding Policy and the way it is put into practice. He will be responsible for ensuring Vulnerable Adult issues are reported to the relevant authorities and for maintaining a proper record of any referral, complaint or concern.

15.2 The DSO will be the CEO with appropriate experience and training in safeguarding procedures and in working with VA. The DSO has a key duty to take lead responsibility for raising awareness with the staff on issues relating to the welfare of VA and the promotion of a safe environment for VA within the Organisation.

15.3 The appointed person(s) will be ratified by the Board. The DSO will be accountable to the Board. He will be trained in vulnerable adult issues and inter-agency working and will be required to keep up to date with developments in safeguarding issues.

15.4 The DSO shall ensure that his/her contact details shall be displayed in all appropriate operational sites of the Organisation.

15.5 If the DSO is unavailable then contact should be made to the lead board members for safeguarding via the staff team.

16. EXTERNAL AGENCIES / CONTACTS

16.1 Please see section 7 of the policy for the contact details of the Organisation's key contacts

16.2 In an emergency and/or in the event that the DSO is unavailable then a referral can be made to or advice sought from:
(a) The NYC Customer Contact Centre - 01609 780780
(b) Police – 999 or 101

16.3 The NYC Customer Contact Centre (or appropriate LA) team should be contacted for advice and guidance in relation to safeguarding.

16.4 These procedures are to be read in conjunction with the following policy and procedures:

Safeguarding Policy, Grievance (contract of employment), Disciplinary (contract of employment),, Equality Diversity & Inclusion – for residents, Data Protection, Whistleblowing, Health & Safety, IT including Social Media

APPENDIX 1

Definition and Signs and Indicators of Abuse

Adults	
Physical	Physical abuse is the deliberate infliction of pain, physical harm or injury and includes withholding or misuse of medication. Indicators include: • Injuries not consistent with falls or offered explanations • Unexplained loss of hair in clumps • Cuts that are not likely to be explained by self-injury • Finger-marks • Flinching or evidence of pain/ discomfort during normal activity
Psychological	Psychological abuse is any pattern of behaviour by another that results in harm and may include insults, humiliation, ridicule, bullying, threats, enforced isolation, interference in relationships and contact between consenting adults, coercion, lack of privacy or choice, denial of dignity. Indicators include: • Signs of strain within a relationship and/ or tension when a particular person is present • Indicators that an individual acts differently when a third person is present than at other times • Suggestions of refusal to allow a choice e.g. to eat or not eat more or less of particular foods, to dress according to preference • Signs of withdrawal or fear or other changes to emotional state • Signs of unexplained sleep or weight loss
Sexual	Sexual Abuse is any sexual activity involving but carried out without the informed consent of an adult at risk. Sexual abuse may include sexual intercourse, inappropriate touching, offensive or suggestive language, 'voyeuristic' behaviour and exposure to the suggestive or sexually explicit activities of others, including films, photographs, images etc. Indicators include: • Unexplained bruising around or bleeding from the genital area; • Stained or bloody underclothing • Unexplained difficulties in walking • Reluctance of the person to be alone with an individual known to them • Unusual and inappropriate sexualised language
Financial or material abuse	Financial abuse is the misappropriation of funds (savings or income) or property of an adult at risk. This may include exploitation, theft or fraudulent use of money, misuse of

	property or possessions and incurring financial liabilities on behalf of an adult at risk without their consent.
Neglect or acts of Omission	Neglect may be deliberate or by default where the abuser is not able to provide the care and support needed or may not recognise the need for the care and support to be given. The abuser may also be neglecting themselves. Indicators include: • Persistent hunger and / or weight loss • Poor hygiene • Dress inappropriate to weather or activities • Denial of religious or cultural needs • Physical problems and medical needs that are not attended to • Physical problems
Discriminatory	When the adult at risk is harassed or discriminated against because of their age, race, gender, sexuality, religion, disability, culture etc Indicators include: • Signs of strain within a relationship and/ or tension when a particular person is present • Signs of withdrawal or fear or other changes to emotional state • Unexplained outbursts • Out of character discriminatory language, behaviour
Organisational	Where neglect and poor professional practice impact on care. It can occur when poor communication, systems, practice and norms mean the care received is below that what should be expected. Indicators include: • Medication errors • Poor record keeping • Complaints from service users and their family • Loss of personal possessions / clothing • Controlling relationships between staff and service users
Self-Neglect	Where the adult at risk is neglecting to care for their own personal hygiene, health or surroundings Indicators include: • Hoarding • Poor personal hygiene • Unexplained weight loss • Wearing the same clothes for a number of days • Physical problems and medical needs that are not attended to
Modern Slavery	Includes forced labour, debt bondage, sexual exploitation, criminal exploitation and domestic servitude Indicators include: • Not being allowed to travel alone or make decisions • Lack of personal possessions

	• Reluctance to seek help • Poor levels of nourishment, dress and energy
Domestic Violence	Includes controlling, coercive or threatening behaviour and / or violence between people who are or have been intimate partners or family members Indicators include: • 'Honour' based violence • Female genital mutilation (FGM) • Forced marriage • Signs of strain within a relationship and/ or tension when a particular person is present • Signs of withdrawal or fear or other changes to emotional state

APPENDIX 2

Cause for Concern form – Lifeline Harrogate internal recording form for any issues or incidents involving abuse or safeguarding concerns.

Safeguarding and Adult Protection
Cause for Concern Form

Part 1 – to be completed by the staff member reporting the concern

General Information	
Date form Completed	
Name of Staff Member completing form	
Staff member contact details	
Information about the person about whom there is a concern	
Name of Adult	
Address	
Contact Numbers	
If different from above, details about the vulnerable adult	
Name of Adult	
Address	
Contact Numbers	

If reporting a concern on behalf of someone else please provide details of that person

Supporting Information (known family, current situation, known history of abuse, and any associated risks, known support workers and contact details)

Details of the Incident / Cause for Concern: (Type of abuse, nature of disclosure, level of risk, any known issues e.g. additional needs, drug use, DV etc.)

Action Taken: (Discussion with client, information requested, advice taken, contacts made, referrals etc.)

Checklist:		
Local recording process followed	**Yes**	**No**
How recorded:		
Is it recorded on the safeguarding log in Box?		
Does information need to be passed to another agency?	**Yes**	**No**
Person understands information is being passed on?	**Yes**	**No**
Reported to Designated person	**Yes**	**No**
Designated Person name		
Signed by Keyworker		

Part 2 – To be completed by the Designated Person

Designated Person Action Taken: (Discussions with staff member, information requested, advice taken, contacts made, referrals to whom and when, agreed next steps, immediate action needed or taken, etc.)

Checklist:		
Was advice sought from other services (Adult Social Care, Police, other agencies)	**Yes**	**No**
Advice given:		
Actions required:		
Review of risk assessments required:		
Designated Person Signature:		

Part 3 – Ongoing records and action:

Ongoing record to be reported and recorded in caseload review or supervision, or where appropriate:	
Reasons concern closed:	
Date cause for concern closed:	
Learning to be reported / action following on from concern:	
Signature of staff member:	
Signature of Designated Person:	

APPENDIX 3

Guidance for dealing with a disclosure about a current concern

General Points:

- Show acceptance / belief of what the vulnerable adult says (however unlikely the story may sound)
- Keep calm
- Look at the vulnerable adult directly
- Tell the vulnerable adult you will need to let someone else know within Lifeline Harrogate – don't promise confidentiality
- Even when vulnerable adult has broken a rule e.g. used the internet when told not to, they are not to blame for the abuse
- Be aware that the vulnerable adult may have been threatened or bribed not to tell
- Never push for information. If the vulnerable adult decides not to tell you, then accept that and let them know you are always ready to listen and respond immediately

Helpful things you may say or show:

- I believe you (or showing acceptance of what the vulnerable adult says)
- Thank you for telling me
- I will help you
- I may have to take this further as I am concerned about you / about other people.

Don't

- Say "Why didn't you tell anyone before?"
- Say "I can't believe it"
- Say "Are you sure this is true?"
- Ask "Why? How? When? Who? Where?"
- Make false promises
- Probe or ask questions other than to clarify points made
- Never make statements such as "I am shocked, don't tell anyone else"
- Say you won't tell anyone else

Appendix 4:

Prevent Procedures

Purpose:

As part of its wider safeguarding responsibilities, Lifeline Harrogate has a duty under the Counter-Terrorism and Security Act 2015 to seek to keep people free from radicalisation and to prevent them from being drawn into terrorism (the 'Prevent' duty). We follow the Government's guidance and advice on how to identify potential risks, and how to build resilience to radicalisation and the ability to challenge extremist views by promoting the fundamental British values of democracy, the rule of law, individual liberty, and mutual respect and tolerance for those with different faiths and beliefs.

Principles:

- Preventing people from being drawn into terrorism, extremism and radicalised ideology has never been more important. As a provider for people, particularly young people, from diverse, and socially and economically disadvantaged areas it is essential that the Charity is involved in the Prevent Strategy.

- The Charity will promote and reinforce values of openness and respect, tolerance, cohesion and equality (all fundamentally Christian values) of opportunity and treatment by:
    - creating space for free and open debate; and by listening, valuing and respecting everyone's voice.
    - engage in by playing a full and active role in wider engagement in society
    - making sure that the Charity is free from bullying, harassment and discrimination
    - providing support for those involved in our work who may be at risk by providing appropriate sources of advice and guidance
    - making sure that staff and learners are aware of their roles and responsibilities in preventing violent extremism
    - promoting Christian values which are the bed-rock of British values

Definitions:

- Extremism is defined in the 2011 Prevent strategy as vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of difference faiths and beliefs. The definition in HM Government Prevent Duty Guidance includes

calls for the death of members of our armed forces, whether in this country or overseas.

- Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

- Some possible signs of radicalisation include:
    - increasingly extreme views about another section of society or government policy
    - downloading, viewing or sharing extremist propaganda from the internet
    - becoming withdrawn and/or increasingly intolerant of more moderate views
    - changes in appearance or health (including mental health) and becoming isolated from family, friends, peers or social groups
    - expressions of a desire/intent to take part in or support extremist activity

- Terrorism is defined in the Terrorism Act 2000 (TACT 2000) as an action that endangers or causes serious violence to a person / people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.

- British values are defined as democracy, the rule of law, individual liberty and mutual respect. Again, these are all fundamentally based upon Christian values that we are all made in the image of God. As a Christian charity this is the basis of how we treat people.

Procedure:

We will follow our Safeguarding Policy and Procedures when we have concerns about those who are involved with Lifeline Harrogate.

Further information about Prevent locally can be found here:
http://www.nypartnerships.org.uk/prevent

Lifeline Harrogate Limited will revise and review this policy regularly.
Approved at Trustees meeting on 19th January 2026
Review date: January 2027

Signature (on behalf of the Trustees):
Date:

This policy and procedure has been read and signed by:

Name	Team/Volunteer Role	Date
Roger Elliott	Chair of Trustees	07/01/2026
Luke Salmons	Senior HSO	27/01/2026
Stuart Edwards	HSO	
Dagmar Truman	HSO	04/02/26
Misha Droniuk	HSO	28/1/26
Rosie Wood	HSO	29/1/26.
Ruth Skaife-Clarke	Admin and Fund-raising officer	10/2/26
Carl Good	CEO	07/01/26