



ADULTS AT RISK SAFEGUARDING POLICY

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Key Acronyms and Definitions

- **SARSAS:** Somerset and Avon Rape and Sexual Abuse Support
- **DSL:** Designated Safeguarding Lead
- **HoS:** Head of Services (DSL)
- **Safeguarding Champions:** Operational Service Managers
- **Team Members:** Staff, Volunteers and Trustees
- **LADO:** Local Authority Designated Officer

Policy Statement

SARSAS is committed to safeguarding and promoting the welfare of all adults at risk who use our services. We believe safeguarding is everyone's business. Safeguarding is a specific activity that is undertaken to protect specific children and adults at risk who are suffering, or are at risk of suffering, significant harm.

This document sets out SARSAS's overall approach to protecting adults at risk from abuse. It is supported by detailed procedures which describe how this policy is to be carried out by all team members to include staff, volunteers, and Trustees. This policy will be reviewed every two years.

Everyone who SARSAS works with will be informed of our policy statement as part of an explanation of the limits of confidentiality. A copy of this Policy and Procedure is made available as appropriate and is also available on SARSAS's website.

Confidentiality in this respect refers to the requirement not to share anything about a client without their consent to anyone outside of SARSAS. It is vital that information is shared with relevant individuals within the organisation so that the safest decisions are made.

What is safeguarding?

Safeguarding is defined as protecting an adult's right to live in safety, free from abuse and neglect. Adult safeguarding is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time ensuring the adult's wellbeing is promoted including having regard to their views, wishes, feelings and beliefs in deciding on any action. Professionals and other staff should not advocate 'safety' measures that do not take account of individual wellbeing.

The aims of adult safeguarding:

The aims are to:

- Stop abuse or neglect wherever possible
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Safeguard adults in a way that supports them in making choices and having control about how they want to live
- Promote an approach that concentrates on improving life for the adults concerned
- Raise public awareness so that communities, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect

- Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or wellbeing of an adult
- Address what has caused the abuse.

Adult safeguarding duties:

An 'Adult at risk' (previously known as 'Vulnerable Adult') who requires safeguarding is someone aged over 18 who:

- has needs for care and support (whether the local authority is meeting any of those needs),
- is experiencing, or is at risk of, abuse or neglect,
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect. (The Care Act 2014¹)

Examples of potential 'Care and Support' needs include (but are not limited to):

- People with learning, physical sensory and communication disabilities
- People with mental health needs
- People with drug or alcohol dependencies
- People with certain types of physical illness
- People with dementia
- People who are frail due to age or other factors
- People who are homeless

What is abuse?

The Care Act 2014 recognises 10 categories of abuse that may be experienced by adults:

- Physical abuse
- Domestic abuse

¹ <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

- Sexual abuse
- Psychological / emotional abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational or institutional abuse
- Neglect and acts of omission
- Self-neglect

See [Appendix 1](#) What is abuse? for detailed information on abuse types and indicators.

SARSAS actions

SARSAS will:

1. Ensure that all Team Members have a Disclosure Barring Service (DBS) checks relevant to level of client work that they undertake and are precluded from involvement in the organisation as appropriate. The appropriate level of DBS check is made for all other roles within SARSAS
2. Provide clear and detailed procedures on decision making, accountability and recording of adult safeguarding situations.
3. Provide thorough and effective training to staff and volunteers on adult protection policies and procedures. All new staff and volunteers will receive training within 6 weeks of taking up post. Subsequent training will be updated every three years.
4. Appoint a member of staff to be the Designated Safeguarding Lead (DSL) and Operational Managers to be Safeguarding Champions.
5. Provide regular and consistent supervision and support to staff and volunteers which focuses on the safety and welfare of clients.
6. Ensure that the organisation can learn from specific adult at risk safeguarding situations and review policy and procedures as a result if necessary.
7. Maintain a current knowledge of adults at risk safeguarding procedures nationally and within the Somerset and Avon area.

8. Review this Policy (and related Practice Guidance) as necessary, always following a serious incident and at least once a year, in line with Charity Commission Guidance².

SARSAS operates a confidential service but if it is assessed that an adult at risk is being harmed or likely to suffer significant harm, then confidentiality can be breached within procedural guidelines (see confidentiality policy). In this event, a Team Member is expected to discuss the action they propose to take with the client beforehand. If it is their considered assessment that discussing this with the client would place the person/adult at greater risk, then this should be discussed with the DSL.

If it is assessed that an adult in need of care or support is at risk of significant harm through abuse or neglect and the details of the adult are known, the designated local agency within Somerset and Avon should be contacted following discussion and agreement of any actions with the Safeguarding Champion. The DSL will be contacted and informed at the earliest opportunity.

No referrals will be made to external agencies in respect of suspected abuse of an adult without prior discussion and agreement of the Line Manager or the DSL. In an emergency situation the emergency services should be called immediately and the appropriate Manager or DSL informed as soon as possible.

All discussions about specific safeguarding situations need to be recorded (on Oasis) by the Team Member, regardless of the eventual action taken.

Role description: Designated Safeguarding Lead (DSL): Head of Services

Duties/responsibilities include:

- Being the main contact within SARSAS in relation to Child and Adult Safeguarding.
- Availability for SARSAS staff/volunteers, in absence of their line manager, to discuss Safeguarding concerns.
- Being named contact for Child and Adult Safeguarding Services.
- Ensuring that communication from Child and Adult Safeguarding through secure email is being monitored and disseminated internally as required.
- Ensuring Oasis notes are maintained and updated and tagged as Safeguarding cases.
- Discussing Safeguarding with safeguarding advisors from Safeguarding teams in local authorities.

² <https://www.gov.uk/guidance/safeguarding-duties-for-charity-trustees#policies-procedures-and-practices-you-need-to-have>

- Ensuring that all team meetings have Safeguarding as standing agenda item at team meetings and conducting reviews of Safeguarding cases noted.
- Oversight of SARSAS's Safeguarding Training and induction programme.
- Ensuring that Policies and Procedures relating to Safeguarding are up-to-date and reflect best practice and current guidelines.
- Ensuring staff receive supervision on a monthly basis and Safeguarding is reviewed at each meeting.
- Ensuring that Senior Leadership Team and CEO are kept informed of formal safeguarding referrals.
- Reporting safeguarding referrals and serious safeguarding incidents to SARSAS Trustees, Funders and Consortium Partners as appropriate.
- Ensure that appropriate disciplinary procedures, in accordance with SARSAS Capability Policy, are followed when it is identified that a member of staff is not applying this policy to a satisfactory standard and that any related current risks are safeguarded accordingly.

Not responsible for:

- Making all necessary Safeguarding referrals.

Role description: Safeguarding Champions - Operational Managers

Duties/responsibilities include:

- Being a main contact within SARSAS (and particularly for their direct reports) in relation to Child and Adult Safeguarding.
- Availability for SARSAS staff/volunteers, in absence of their line manager, to discuss Safeguarding concerns.
- Ensuring that the Oasis notes for their team are maintained and updated and tagged as Safeguarding cases.
- Ensuring that all team meetings have Safeguarding as standing agenda item at team meetings and conducting reviews of Safeguarding cases noted.
- Ensuring that all their team members have received relevant level of Safeguarding training.
- Ensuring staff receive supervision on a monthly basis and Safeguarding is reviewed at each meeting.
- Reporting safeguarding referrals and serious safeguarding incidents to DSL.

Not responsible for:

- Making all necessary Safeguarding referrals.

Arrangements during absence:

Planned absence: Team Members are informed as to which Manager/ Safeguarding Champion is the named DSL during the absence period.

Short-term unplanned absence: The role of Designated Safeguarding Lead is held by the CEO in the absence of the DSL.

Safeguarding procedures

This document sets out what action will be taken if it is suspected that an adult at risk is at risk of harm, through abuse or neglect.

General procedure

The DSL for SARSAS is the Head of Services (HoS).

No Team Member will be expected to make a decision regarding the safeguarding of adults alone. No volunteer should make a referral regarding an adult who may be at risk or break confidentiality without the agreement of their Team Leader/Manager.

Confidentiality in this respect refers to the requirement not to share anything about a client without their consent to anyone outside of SARSAS. It is vital that information is shared within the organisation so that the safest decisions are made.

Maintaining the confidentiality of those who use SARSAS is a vital part of the ethos of the organisation and generally, this can be assured. However, if a Team Member has a reason to believe that an adult may be at risk of harm, the responsibility to safeguard that adult overrides the right of a client or team member to confidentiality. Team Members **MUST** break confidentiality if necessary, in these circumstances.

If confidentiality cannot be maintained, the information will only be shared with relevant people.

Generally, SARSAS works on the basis of consent and attempts to work with clients to seek external support themselves. In many situations consent to take action to safeguard an adult can be sought from the client and will be given, but consent must not be sought if it may place someone at greater risk.

If a safeguarding concern is raised the team member should consult a Safeguarding Champion (ideally their line manager). DSL will be informed at the earliest opportunity. If they are not available the CEO will be consulted.

Safeguarding cases will be reviewed at least weekly, even if there are no updates to report. They will be discussed in team meetings and further actions recorded until the safeguarding concern reaches a satisfactory conclusion.

Breaching confidentiality

Unless it is an emergency, confidentiality will only be breached by a member of staff when authorised by the DSL (or CEO in the absence of DSL) This decision will be made in conjunction with the DSL if possible, within the required timescale.

Consulting the LADO

If SARSAS hear about a safeguarding concern that involves an adult who works with children or adults at risk the designated Local Authority Designated Officer (LADO) will be consulted as soon as practically possible.

Referral procedure

Safeguarding referrals can only be made where SARSAS has sufficient information about the client (one or more of the following: name, address, contact details, date of birth, parent/carer's name). The following procedures should be adhered to:

- A Team Member may be given direct information about an adult with care and support needs who is currently at risk of significant harm, or they may be given information which leads them to a professional judgement that an adult is being harmed or is at risk of harm.
- The Team Member with immediate concerns about safeguarding should consult with their Line Manager immediately. If their Line Manager is unavailable, they should consult the DSL. If possible, a discussion with the person who made the disclosure will then take place. If the person making a disclosure is an adult they will be strongly encouraged to contact Adult Social Care themselves (with support from SARSAS). If this is not completed within the agreed timeframe SARSAS will contact Adult Social Care. All discussions and subsequent decisions will be recorded on Oasis at the earliest possible opportunity, and within 24 hours. Where the adult is not at immediate risk the Line Manager/DSL will be consulted at the earliest possible opportunity (not more than 24 hours) and the procedures will be followed as above.
- **If there is consent** from the client to make a referral then this can be made immediately by telephone by the staff member or Manager and followed up in writing within 24 hours. Where a disclosure has been made to a volunteer the referral will be made by their Manger/Safeguarding Champion. Contact details referrals to the relevant services for each area are listed in Appendix 2 Making a Safeguarding Referral

- **If there is no consent** from the client to make a referral, the relevant Service Manager, HoS or DSL will make a decision about whether to break confidentiality and make a referral. The Team Member will either be present at the discussion meeting, or they will be informed of decisions within 24 hours. Details will be recorded in Oasis and a referral made as above.
- **In cases where there are no identifying details**, no referral can be made by SARSAS, but the client will be encouraged to make the referral themselves.

If gaining consent from a client may place a someone at greater risk of harm then this route is not an option and referrals should be made directly by the SARSAS Team Member involved and the client will not be informed.

Outcomes

The DSL will inform the Team Member of the outcome of the referral, and this will be communicated to the client if they are still in contact.

Situations where no referral is possible may still leave Team Members with uncomfortable feelings and these ideally should be discussed in person with the Team Manager or DSL and/or at Supervision Meetings.

Whistleblowing

Whistleblowing is the reporting of suspected wrongdoing or dangers in relation to our activities. This includes bribery, fraud or other criminal activity, miscarriages of justice, health and safety risks, damage to the environment and any breach of legal or professional obligations to the people who use our service, employees, or the wider community.

SARSAS aims to encourage and enable our staff and volunteers to raise their concerns and to do so without fear of victimisation or discrimination and will respond to all such concerns in accordance with our Whistleblowing Policy. Where a raised concern specifically relates to the safety of an adult at risk. the terms of this safeguarding policy and procedures will be applied.

Allegations made against SARSAS Team Members

If an allegation of abuse is made against a Team Member, the referral procedures above will be followed to safeguard the adult at risk.

If the information regarding risk to an adult relates to abuse by a member of SARSAS the DSL should immediately be informed in the first instance, or if the allegation concerns the DSL the Team Member speak directly to the Chair of the Board of Trustees. The Team Member should not discuss the allegations with other members of staff or volunteers. The DSL will ensure that the person reporting the allegation has appropriate practical and emotional support in place, signposting externally where appropriate.

The DSL will immediately consult the appropriate Local Authority Designated Officer (LADO) and follow actions as agreed.

The DSL and the Chair of the Board of Trustees will immediately inform the individual concerned that they are suspended from duties pending investigation. This is not an assumption of guilt but serves to allow the appropriate investigation to take place and protects the Team Member from further allegations.

The scope of the investigation will be determined by the nature of the concern and all investigations will be thorough and impartial.

Record keeping

Details of the initial safeguarding raised must be recorded on Oasis by the team member that identified the concern. All subsequent discussions, actions and decisions must be updated by the member of staff involved in that particular action. All records will be recorded at the earliest opportunity, and within 24 hours. These will be kept on the client's file on Oasis. If the risk or allegation concerns someone who is not a client, this information will be recorded by the DSL on their protected HR file.

In line with SARSAS's Record Keeping Guidance, all records must be:

1. Accurate to include

- The date/time of the disclosure.
- The date/time of the initial report.
- The name/contact details and role of the person to whom the concern was initially reported
- The names, and where relevant and legal, the contact details of all parties involved including witnesses.

2. Factual to include

- A clear factual report of the initial concern/disclosure. This will include what has been seen, heard or said. All reports must be recorded with the date and Team Member's name.
- A clear dated record of all further action taken.
- If relevant, the reasons why a concern was not referred to a statutory agency.

3. Separate opinion or judgement

- It is acceptable to have an informed opinion or judgement, but this must be clearly stated as opinion. Any interpretation or inference drawn from what was observed, said or alleged must be clearly recorded as such.

- Records must be written mindful that clients may request access to any records kept about them.

Record retention periods

All SARSAS records are kept in accordance with The General Data Protection Regulations 2018 (GDPR) as laid out in SARSAS Record Keeping Policy.

More specifically, and where necessary, decisions regarding case retention times for records relating to safeguarding concerns will be assessed appropriately (Appendix 3) If files are to be retained for longer than the minimum period specified, these will to be clearly marked and the reasons for the extension period clearly recorded.

Staff support

SARSAS recognises that the nature of working with trauma can impact staff vicariously and that this can be particularly relevant when working with safeguarding concerns. SARSAS will support staff who work both directly and indirectly with clients by

- Providing external and internal supervision in accordance with our supervision policy
- Providing regular debriefing and, where necessary and appropriate, offering additional external wellbeing support.
- Provide opportunities to share best practise and case review.

Crisis communications

SARSAS has defined hours of service which are limited to daytime office hours and helpline operating times. Staff are not available for response outside of their contracted working hours. Clients entering service are made aware of these limitations during their initial contacting.

Opening times will be clearly and accurately displayed on our website and social media pages. Where a social media platform offers a direct messaging service, an automated response will give details of our operating times, alternative emergency contact organisations/helplines and a reassurance that a response will be received during working hours.

Appendix 1: What is Abuse?

(This list is not exhaustive)

Physical Abuse	<ul style="list-style-type: none">• Hitting, slapping, punching, kicking, hair-pulling, biting, punching• Rough / inappropriate handling and other forms of assault that may not leave visible signs of injury, but may cause pain or discomfort• Biting, deliberate burns, scalding• Physical punishments / beating• Inappropriate or unlawful use of restraint• Making someone purposefully uncomfortable (e.g., opening a window and removing blankets)• Stabbing, strangulation, poisoning and wounding (breaking the skin) and other forms of assault that cause serious injuries or death• Involuntary isolation or confinement• Withholding, inappropriately altering or administering medication or other treatments• Forcible feeding or withholding food <p>Restricting movement (e.g., tying someone to a chair)</p>
Domestic Abuse	<p>The cross-government definition of domestic violence and abuse is: “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 sexual orientation.</p> <p>The abuse can encompass, but is not limited to:</p> <ul style="list-style-type: none">• psychological• physical• sexual• financial• emotional.

	<p>It also includes so called 'honour'-based violence, female genital mutilation and forced marriage.</p> <p>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.</p> <p>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.</p>
<p>Sexual Abuse³</p>	<ul style="list-style-type: none"> • Rape, sexual assault • Sexual harassment • Inappropriate looking or touching • Sexual teasing or innuendo • Sexual photography • Subjection to pornography or witnessing sexual acts • Indecent exposure • Sexual acts to which the adult has not consented or was pressured into consenting • Offensive or suggestive sexual language or action <p>It includes vaginal, oral or anal penetration and situations where the person causing harm touches the abused person's body (e.g., breasts, buttocks, genital area), exposes their genitals (possibly encouraging the abused person to touch them) or coerces the abused person into participating in or looking at pornographic videos or images.</p> <p>Denial of a sexual life to consenting adults is also considered abusive practice.</p> <p>Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other (e.g., day</p>

³ **Sexual Offences Act 2003**

<https://www.legislation.gov.uk/ukpga/2003/42/contents>

	centre worker/social worker/residential worker/health worker) may also constitute sexual abuse.
Psychological/ Emotional Abuse	<p>Psychological abuse is the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation.</p> <p>It includes preventing the adult from using services that would otherwise support them and enhance their lives. It also includes the intentional and/or unintentional withholding of information (e.g., information not being available in different formats/languages etc.).</p> <ul style="list-style-type: none"> • Use of threats or fear to override a person's wishes • Lack of privacy or choice • Denial of dignity • Deprivation of social contact or deliberate isolation • Being made to feel worthless • Threat(s) to withdraw care or support, or contact with friends • Humiliation, blaming • Use of coercion, control, harassment, verbal abuse • Treating an adult as if they were a child • Cyber bullying • Refusal to allow person to see others alone or to receive telephone calls / visits on their own • Removing mobility or communication aids, or intentionally leaving someone unattended when they ask for assistance • Preventing someone from meeting their religious or cultural needs • Preventing stimulation or meaningful occupation or activities
Financial or Material Abuse	<ul style="list-style-type: none"> • Theft, fraud, internet scamming

	<ul style="list-style-type: none"> • Coercion in relation to an adult's financial affairs or arrangements, including in connection with wills / property / inheritance / financial transactions • Misuse or misappropriation of property, possessions and/or benefits • Deceiving or manipulating a person out of money or property • Withholding or misusing money, property or possessions • Misuse of welfare benefits by others • Someone moving into a person's home and living rent-free without agreed financial arrangements • False representation, using another person's bank account, cards or documents • Exploitation of person's money or assets (e.g., unauthorised use of a car) Misuse of power of attorney, deputy, appointee ship or other legal authority
Modern Slavery	<ul style="list-style-type: none"> • Encompasses slavery, human trafficking, forced labour and domestic servitude • Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude, and inhumane treatment • A large number of active organised crime groups are involved in modern slavery, but it is also committed by individual opportunistic perpetrators • Someone is in slavery if they are: <ul style="list-style-type: none"> – Forced to work (through mental or physical threat) – Owned or controlled by an 'employer', usually through mental or physical abuse, or the threat of abuse – Dehumanised, treated as a commodity, or bought and sold as 'property' – Physically constrained or has restrictions on his or her freedom of movement.

	<p>Contemporary slavery takes various forms and affects people of all ages, genders and ethnicities.</p> <p>Human trafficking involves an act of recruiting, transporting, transferring, harbouring or receiving a person through a use of force, coercion or other means, for the purpose of exploiting them.</p>
Discriminatory Abuse	<ul style="list-style-type: none"> • Unequal treatment based on age, disability, gender identity marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as protected characteristics under the <u>Equality Act 2010</u>) • Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic • Denying access to communication aids, not allowing access to an interpreter, signer, or lip-reader • Harassment or deliberate exclusion on the grounds of a protected characteristic Sub-standard service provision relating to a protected characteristic
Organisational Abuse	<ul style="list-style-type: none"> • Run-down, over-crowded establishment • Authoritarian management or rigid regimes • Lack of leadership and supervision • Inadequate staff training and/or guidance • Insufficient staff or high turnover resulting in poor quality care • Abusive and disrespectful attitudes towards people using the service • Inappropriate use of restraints • Lack of respect for dignity and privacy • Failure to manage residents with abusive behaviour • Not providing adequate food and drink, or assistance with eating • Not offering choice or promoting independence • Misuse of medication

<p>Neglect and Acts of Omission</p>	<ul style="list-style-type: none"> • Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care • Failure to provide care in the way the person wants • Failure to allow choice and preventing people from making their own decisions • Failure to ensure appropriate privacy and dignity <p>Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within an adult's own home or within an institution. Repeated instances of poor care may be an indication of more serious problems.</p>
<p>Self-Neglect</p>	<ul style="list-style-type: none"> • Covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings • Includes behaviour such as hoarding • Inability (intentional or non-intentional) 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 sometimes to their community <p>A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.</p>

Appendix 2: Making a safeguarding referral - contact details

Bristol
Referral Report suspected abuse: safeguarding adults at risk - bristol.gov.uk Care Direct (Bristol Council) 01179 222 700 Out of Hours 01454 615 165
South Gloucestershire
(No online referral route) South Gloucestershire Council 01454 868 007 Out of Hours 01454 615 165
North Somerset
Adult Safeguarding Board Adult Safeguarding Board (nssab.co.uk) https://www.nssab.co.uk/sites/default/files/2021-03/NSSAB%20adult%20safeguarding%20concern%20referral%20form.docx North Somerset Council 01275 888 801 Out of Hours 01454 615 165
Somerset
Referral Somerset County Council Report an adult at risk (somerset.gov.uk) Email: adults@somerset.gov.uk Somerset County Council 03001 232 224 Out of Hours: 01823 368244

BAINES

[How to report abuse | Bath and North East Somerset](#)

Bath and North East Somerset Council 0300 247 0201

Out of Hours: 01454 615 165

Appendix 3 SARSAS guidance on retention periods

Type of Record	Retention
<p>All Adult welfare concerns</p> <p>For example, this would include concerns about physical, sexual, emotional abuse or neglect of an adult, disclosures from an adult about being abused or information from a third party which might suggest an adult is being abused; or concerns about another adult who uses SARSAS</p>	<p>The referral should be acknowledged in writing e.g., via secure email by Adult Social Care and added to the client file on OASIS.</p> <p>Records should be kept for 7 years after leaving SARSAS unless any of the exemptions apply (listed below*) or if SARSAS is required to comply with any other statutory requirements.</p>
<p>Concerns about people (paid and unpaid) who work with adults at risk Including: allegations, convictions, disciplinary action, inappropriate behaviour For</p> <p>example, where an employee has breached the Code of Conduct, a record of the behaviour, the action taken, and outcome should be recorded.</p>	<p>Personnel files and training records (Including disciplinary records and timesheets) - retain for 7 years after employment ceases. However, the records should be retained for a longer period if any of the following apply:</p> <ul style="list-style-type: none"> • There were concerns about the behaviour of an adult who was working with adults at risk where they behaved in a way that has harmed, or may have harmed, an adult at risk • The adult possibly committed a criminal offence against, or related to, an adult at risk • The adult behaved towards an adult at risk in a way that indicates they are unsuitable to work with adults at risk <p>In such circumstances, records should be retained at least until the adult reaches normal retirement age, or for 10 years if</p>

	that is longer.
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***Exceptions to the 7-year period will occur when records:**

- Need to be retained because the information in them is relevant to legal action that has been started.
- Are required to be kept longer by law.
- Are archived for historical purposes (e.g., where SARSAS was party to legal proceedings or involved in proceedings brought by a local authority).
- Relate to legal proceedings. It is best to seek legal advice about the retention period of records.
- Consist of a sample of records maintained for the purposes of research.
- Relate to individuals and providers of services who have, or whose staff, have been judged unsatisfactory.
- Are held in order to provide, for the subject, aspects of their personal history (e.g., where the adult at risk might seek access to the file at a later date and the information would not be available elsewhere).