Manna House

Counselling Service

Serving the Community

Manna House Counselling Service
(MHCS)

Safeguarding Policy

Date	01/12/23
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Next Review Date	30/11/24

This policy is drawn up and maintained in accordance with Association of Christians in Counselling (ACC) code of Ethics and Practice and is informed by policies and procedures from the Local Authority.

Key Contacts

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1. Purpose

1.1. The purpose of this document is to clearly outline to stakeholders and the public, MHCS protocols for recognising, responding to, recording, reporting and reviewing safeguarding concerns.

1.2. It aims to ensure that statutory and non-statutory guidance for safeguarding is adhered to by implementing the maximum protection from any kind of harm towards all MHCS beneficiaries, including children, young people and adults at risk.

1.3. MHCS is overseen by a board of trustees who are committed to taking reasonable steps to protect from harm all those involved with the charity, whether online or in person in accordance with the Charity Commission guidelines. The Lead Trustee provides an oversight of safeguarding on any incident investigation and reporting.

1.4. The Chief Executive Officer of MHCS has responsibility for ensuring this policy is put into practice by making sure staff and volunteers have sufficient information and that line managers are aware of their responsibilities.

2. Definition of Adult at Risk

2.1. An adult at Risk as defined in the Care Act 2014, as a person who is aged 18 years or over that has care and support needs and is unable to protect themselves from abuse, neglect, significant harm or exploitation. This policy is concerned mainly with the safeguarding of adults. Children remain the responsibility of their parents and/or guardians and are included in this policy under this provision.

3. Definition of Children & Young People

3.1. Any child or young person under 18 years old remains the responsibility of their parents or guardians. If there is any suspicion of safeguarding concerns in respect of these children or young people, those suspicions will be acted upon in the same way using these procedures.

3.2. MHCS has a duty of care to ensure the protection of all children and young people they are working with, from unnecessary risk and/or harm. The protection of children and young people is based on the principles outlined within the Children's Act 2004 and the United Nations Declaration on the Rights of the Child and Working Together 2018 Guidance.

4. Definition of abuse

4.1. Abuse is any action that violates a person's human or civil rights. It can take many forms and involve several factors (see Appendix I). It can occur anywhere, and the abuser could be a stranger, a carer, a family member, or someone else in a position of trust. This can be deliberate or unintentional.

4.2. MHCS will take all reasonable practical steps to protect children, young people and vulnerable adults from harm, discrimination, or degrading treatment.

5. Recognition of abuse

5.1. MHCS recognises that all people whatever their age, culture, physical or intellectual ability, mental well-being, gender, language, racial origin, religious belief and/or sexual identity have the right to protection from abuse. All suspicions and allegations of abuse will be taken seriously; and responded to swiftly and appropriately.

5.2. MHCS also recognises the risk around radicalisation and our responsibility to our clients, staff, volunteers, visitors and trustees to any of our premises in this regard.

6. Areas of responsibility

6.1. Safeguarding is everyone's responsibility. Children, young people and adults at risk who access MHCS have the right to be protected from abuse and neglect and this is the responsibility of all our staff, students, volunteers and trustees.

6.2. It is not always easy to recognise a situation where abuse may occur or has already taken place. MHCS acknowledges that staff, whether in a paid or voluntary capacity, are not experts at such recognition.

6.3. If any member of staff or volunteer believes that someone is at immediate risk of harm or abuse, or radicalisation, they must take immediate and reasonable steps to protect that person. Any disclosure pertaining to the parameters listed above will be taken seriously by MHCS and acted upon.

6.4. All counsellors, staff members and volunteers, are expected to report to and discuss any concerns with our Safeguarding Lead (SL) or Deputy Safeguarding Lead (DSL), without delay. The SL or DSL will escalate cases of 'significant risk' to the relevant authorities.

6.5. Our Safeguarding Lead will provide a report to our trustees' monthly meeting to review safeguarding activity, including volume of activity, location, trends, risks, and actions taken.

6.6. Our Safeguarding Lead has overall responsibility for all safeguarding matters. They will also be required to update the Chief Executive Officer (CEO) on any matters that are seen as complex or challenging. The CEO will brief the Chair of Trustees, as a matter of urgency, dependent on the level of seriousness of the concern.

7. Receiving a Disclosure

7.1. Basic guidelines for dealing with disclosures:

- Remember that the person's welfare and interests must always be the paramount consideration.
- Listen carefully to what is being said.
- Do not ask leading questions and do let the person guide the conversation.

- Do not show shock at what you are hearing.
- Reassure the person that they have taken the right action in talking to you.
- Reflect what has been said to check your understanding.
- Do not promise to keep anything secret.
- Inform DSL or SL immediately or within one working day of receiving disclosure.
- Make a record of the disclosure using the incident report form.
- If required DSL or SL to complete Multi-Agency Safeguarding Hub (MASH) online Safeguarding Notification Form (SA1) or to contact MASH on 03001267000 to report to local authority.

8. Ability to give informed consent

8.1. Safeguarding decisions should take account of the ability to give informed consent and comply with the Mental Capacity Act 2005. If a person lacks the capacity to make informed decisions about maintaining their safety and they do not want any action to be taken, professionals have a duty to act in their best interest. A decision about whether to go ahead with a suggested course of action will need to be made by the SL or DSL.

8.2. It is important that, prior to making a referral to Adult Social Care or the police, timely consideration has been given to the ability of the person at risk to understand the concerns, and whether they have an ability to give consent to concerns being raised with other agencies.

8.3. It is always essential in safeguarding to consider whether the person at risk is able to give informed consent. If they can, their consent should be sought prior to making a referral. Where an adult at risk, with mental capacity, has decided that they do not want action to be taken and there are no public interest considerations, their wishes must be respected.

8.4. An allegation of abuse or neglect of a person at risk, who does not have capacity to consent on issues about their own safety, will always give rise to action under the Safeguarding Adults process and subsequent decisions made in their best interests will be made in line with the Mental Capacity Act 2005 and Mental Capacity Act Code. Section 44 of the Act makes it a specific criminal offence to wilfully ill-treat or neglect a person who lacks capacity. In such circumstance an alert to the Adult Social Care Department must be made.

8.5. When consent is withheld, or the person is not able to freely give their consent to information about their disclosure, there will need to be certain safety considerations. Consent can be overridden if there is any potential risk to children and/or adults with care and support needs involved, if there is an overriding public interest or a justification to disclose the information under (section 29(3) Data Protection Act 1998).

9. Raising concerns

9.1. A counsellor, staff member or volunteer will raise a concern by reporting immediately or within one working day of disclosure to the SL or DSL initially by telephone, see page 1 for contact details, and then by providing a detailed written account of what they have seen, observed, or heard using the safeguarding incident report form (see appendix III). Adult social care, MASH or the police may wish to speak to the Alerter at some point.

10. Recording

10.1. The keeping of accurate and prompt recording is fundamental to effective safeguarding and all staff and volunteers have a responsibility to ensure all concerns are recorded appropriately. This requires those who raise concerns to make a written record using the safeguarding incident report form (see appendix III) as soon as possible after raising the concern with our SL or DSL.

10.2. Records should be factual and clear and, where opinion is expressed, it should be recorded as such and distinguished from fact. When reporting a concern to the local authority, the SL or DSL will inform the local authority that a written record of the concern is available and will e-mail details of the concerns to the local authority.

10.3. All written records should be passed to the SL or DSL. If at any stage the SL or DSL, or the local authority, decide that no further action is to be taken, then the reason for this and the person who made the decision will be recorded.

10.4. Records will be stored securely in accordance with the General Data Protection Regulation 2018 (GDPR). They will be kept in a locked cabinet separate from general records in individual case files and only accessible to relevant counsellors, staff and volunteers. The records will be kept for as long as is deemed necessary by the local authority.

11. Confidentiality and storage of safeguarding concerns

11.1. The Service Manager/Administrator has responsibility to ensure all safeguarding concerns are recorded, monitored, and secured. MHCS are committed to confidentiality and have procedures in place to meet the General Data Protection Regulation 2018 (GDPR) including collecting only necessary personal information, secure storage of data and sharing only necessary information. Full details can be found in our data protection and confidentiality policy and procedures.

11.2. Electronic records including email will be saved to the secure folder on OneDrive/ SharePoint/ Teams and reference made on the appropriate case management system. Paper records will be scanned and kept in the same way. Access to these records will be strictly limited on a need-to-know basis and controlled by our SL, DSL and CEO.

12. Raising an alert with adult social care, MASH or the police

12.1. Our SL or DSL will raise an alert with the Adult Social Care Department, MASH, 'Prevent' or the police if appropriate, which will require information to be shared. This should happen where appropriate within one working day of disclosure by telephone and followed up with completion of the online referral form. Our Safeguarding Lead or Deputy Safeguarding Lead will inform the Chief Executive Officer who will in turn brief and keep updated the Chair of Trustees as appropriate.

13. Raising an alert with Prevent

13.1. 'Prevent' is one part of the government's overall counter-terrorism strategy, CONTEST. The aim of 'Prevent' is to:

- tackle the ideological causes of terrorism
- intervene early to support people susceptible to radicalisation
- enable those who have already engaged in terrorism to disengage and rehabilitate

13.2. Our Safeguarding Lead or Deputy Safeguarding Lead will raise an alert with 'Prevent' if appropriate. Our Safeguarding Lead or Deputy Safeguarding Lead will inform the Chief Executive Officer who will in turn brief and keep updated the Chair of Trustees as appropriate.

13.3. The link for making a 'Prevent' referral is:
Making a referral to Prevent - GOV.UK (www.gov.uk)

14. Allegations against staff or volunteers

14.1. Although this is a sensitive and difficult issue, there may be circumstances where allegations are in respect of staff or volunteers. In this instance, those reporting should always consult the CEO, as well as the Safeguarding Lead or Deputy, and avoid discussions with colleagues as there is a need to protect the human rights of all concerned, including the individual against whom the allegation is made.

14.2. If the allegations relate to any of the safeguarding team the CEO must be informed, and not members of that team, and the CEO will act appropriately.

14.3. If the allegations relate to a member of staff or volunteer, a decision will need to be made as to whether they should remain in the workplace, or whether they should be suspended until the investigation is resolved. This is a decision for the CEO and board of trustees who will be immediately informed.

14.4. If the member of staff remains in the workplace, safeguards will be put in place to protect the member of staff and the person at risk involved. Our Safeguarding Lead or Deputy will keep both the member of staff, the person at risk and, if appropriate, any other professional involved up to date regarding timescales of meetings and the procedures being put in place.

14.5. If the CEO or trustees decides that suspension is necessary, then this will be done on full pay until the outcome of any investigations is known. Suspension should be considered without delay if it is indicated that:

- A staff member has behaved in a way that may have, or has, harmed a vulnerable adult.
- A staff member has possibly committed an offence against, or related, to a vulnerable person or child.
- A staff member has behaved towards a vulnerable person/child in a way which indicates they are now unsuitable to work with people at risk or children.
- The Adult Social Care Department, MASH or the police are advising suspension.

14.6. No formal internal inquiry can start until the police have concluded their processes. Agreement should be obtained in writing from the local authority that an internal inquiry can commence. At each stage, the CEO will keep the staff member and the person at risk updated following the agreement of the local authority.

15. Recruitment of staff and volunteers

15.1. Anyone may have the potential to abuse in some way and it is important that all reasonable steps are taken to ensure that unsuitable people are prevented from working with MHCS. It is essential that the same procedure is used consistently whether staff be paid or unpaid in part-time or full-time employment.

15.2. All potential volunteers and staff working for MHCS will complete an application form and provide an up-to-date CV. MHCS will obtain a satisfactory Disclosure and Barring Service (DBS) check at an appropriate level. Two references will be taken up and recorded.

15.3. MHCS have effective measures in place to ensure the confidentiality of information received in relation to applicants is treated in the strictest of confidence. All volunteers and employees will sign a declaration form to confirm they have read and understood the safeguarding and confidentiality policies.

16. Training and implementing safeguarding policy and procedures

16.1. The Safeguarding Lead or Deputy will ensure that staff, volunteers, and the public have access to the policy and procedures and an understanding that the charity has a duty to inform the Adult Social Care department, MASH, PREVENT or the Police if there are concerns about abuse.

16.2. This will be achieved by publishing the policy and procedures on OneDrive/SharePoint/Teams, MHCS's website and on the notice board at all our centres. All staff and volunteers, as part of their inductions, will be asked to confirm

in writing that they have read and understood our safeguarding policy and procedures.

16.3. This safeguarding policy will be updated immediately if there is a need to make changes, (for example change of named staff), and will be reviewed on an annual basis.

16.4. MHCS will ensure that all staff and volunteers have access to training and/or awareness sessions as appropriate to their role and responsibilities. This will include training on the recognition of abuse and neglect and how to respond to such concerns.

16.5. Staff and volunteers have a duty to ensure they are informed and/or trained to an appropriate level. All volunteers and employees will attend MHCS approved safeguarding training to level 2 updated every 3 years. SL, DSL and CEO training to Level 3. Safeguarding will be discussed at each monthly team meeting.

17. Preventive Measures

- Treat everyone with respect and dignity and treat all people equally.
- Respect the right to personal privacy of a vulnerable adult.
- Professional boundaries, professional relationship
- Act in an appropriate way and use appropriate language.
- Encourage others to challenge any attitudes or behaviours they do not like.
- Consideration about physical contact
- Don’t trivialise abuse.
- Speak to someone if you have any concerns.

18. Lone working procedures

18.1. MHCS takes the safety of its staff and volunteers seriously. We have a policy and procedure for lone working - at no point should any member of staff or volunteer be alone in the building with a client.

18.2. There will always be at least two members of staff, or one member of staff and a volunteer present at any MHCS venue at any time when a client is present.

Appendix I – DEFINITIONS

Forms of Abuse

It must be recognised that the list below is not exhaustive and the presence of one or more of the indicators is not proof that abuse is actually taking place. Some forms of abuse will overlap with others; the category of abuse is not as relevant as the abuse itself. It is not the responsibility of those working in MHCS to decide that abuse is occurring, but it is our responsibility to act on any concerns.

1. Physical abuse

The deliberate hurting or injuring of someone. This may be by hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating or other physical harm.

Indicators: Physical marks may be noticed or clothing such as scarves or glasses may be used to attempt to conceal injuries. No explanation for injuries or inconsistency with the account of what happened. There may be bruising, cuts, welts, burns or loss of hair in clumps. Behaviour may be subdued in the presence of a particular person. They may also fail to seek medical treatment or change GP frequently.

2. Domestic abuse

Victims of domestic abuse may show signs of physical injuries, excuses for frequent injuries, stress, anxiety, or depression, missed appointments, personality changes, being jumpy or nervous. Domestic abuse is not just physical; people may be controlled, manipulated, and be made to endure the other forms of abuse also mentioned in this document.

Indicators: Their perpetrator may bring them to appointment and wait for them. They may receive excessive phone calls or texts.

3. Sexual abuse

Sexual abuse is rape, attempted rape or sexual assault, Inappropriate touch anywhere, any sexual activity that the person lacks the capacity to consent to, Inappropriate looking, sexual teasing or innuendo or sexual harassment, sexual photography or forced use of pornography or witnessing of sexual acts or Indecent exposure.

Indicators: They may self-harm, experience anxiety and or depression and act worried or nervous. There may be evidence of physical injuries.

4. Psychological or emotional abuse

Enforced social isolation – prevention of access to services, educational and social opportunities and seeing friends, minimising hurt or experience, preventing the expression of choice and opinion, intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse, addressing someone in a patronising or infantilising way, threats of harm or abandonment.

Indicators: The person may have become withdrawn. Their mental health may deteriorate. They may experience low self-esteem. There may be false claims, by someone involved with the person, to attract unnecessary treatment.

5. Financial or material abuse

Theft of money or possessions, fraud, preventing a person from accessing their own money or benefits, using another person's bank account, cards, or documents, moving into a person’s home and living rent free without agreement or under duress, unauthorised use of a car.

Indicators: Missing personal possessions, unexplained lack of money, rent arrears and eviction notices.

6. Modern slavery

Human trafficking, forced labour, domestic servitude, sexual exploitation, forced criminality, being forced to work to pay off debts that realistically they never will be able to.

Indicators: They may be dropped off and collected, there may be another person always present posing as a member of the family, lack of ID.

7. Discriminatory abuse

Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010)

Indicators: 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.

8. Organisational abuse

Run-down or overcrowded premises, authoritarian management, lack of leadership and supervision, insufficient staff or high turnover resulting in poor quality, abusive and disrespectful attitudes towards service users, volunteers or staff, lack of respect for dignity and privacy, failure to manage service users with abusive behaviour, not offering choice or promoting independence, not taking account of individuals' cultural, religious or ethnic needs, failure to respond to abuse appropriately, failure to respond to complaints.

Indicators: Service users reluctant to use the service MHCS provides, dirty and unkempt environment, poor morale among staff and volunteers, lack of people willing to volunteer, high staff and volunteer turnover. Poor record-keeping and missing documents. Poor confidentiality. Lack of management overview and support.

9. Neglect, acts of omission

Failure to provide or allow access to food, shelter, clothing, heating, personal or medical care, or providing care in a way that the person dislikes. Not taking account of individuals' cultural, religious, ethnic, educational, social, or recreational needs. Ignoring or isolating the person. Preventing the person from making their own decisions. Failure to ensure privacy and dignity.

Indicators: Inadequate or dirty clothing, poor physical condition or personal hygiene, bad odour, untreated injuries and medical problems, poor living conditions. Uncharacteristic failure to engage.

10. Self-neglect

Lack of self-care to an extent that it threatens personal health and safety. Neglecting to care for one's personal hygiene, health, or surroundings. Inability to avoid self-harm. Failure to seek help or access services to meet health and social care needs. Inability or unwillingness to manage one's personal affairs.

Indicators: Self-harm marks or scars. Very poor personal hygiene. Unkempt appearance. Lack of essential food, clothing, or shelter. Living in squalid or unsanitary conditions. Neglecting household maintenance. Hoarding. Collecting many animals in inappropriate conditions. Non-compliance with health or care services. Inability or unwillingness to take medication or treat illness or injury.

11. Honour based violence

Honour based violence is when family members or acquaintances 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. This includes forced marriage.

Indicators: Disclosure and self-identification of victims and survivors.

12. Forced marriage

Forced marriage is a marriage in which one or more of the parties is married against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or another third party in finding and choosing a spouse.

Indicators: Disclosure and self-identification of victims and survivors.

13. Female genital mutilation (FGM)

A procedure where the female genitals are deliberately cut, injured, or changed, but there's no medical reason for this to be done. It is also known as female circumcision, sunna, gudniin, halalays, tahur, megrez and khitan, among others. Young girls are often taken abroad in the summer holidays for this. Countries affected are Benin, Ghana, Kenya, Iraq, Niger, Togo, Burkina Faso, and Tanzania.

Indicators: Disclosure and self-identification of victims and survivors.

14. Cyber abuse

Cyber abuse is behaviour that uses technology to threaten, intimidate, harass, or humiliate someone — with the intent to hurt them socially, psychologically or even physically. It can take place on social media, through online chat and messaging services, text, messages, emails, on message boards and in online forums that allow people to publicly comment.

Indicators: The person may have become withdrawn, especially after looking at their phone or computer. Their mental health may deteriorate. They may experience low self-esteem.

15. Spiritual abuse

A form of emotional and psychological abuse characterised by a systematic pattern of coercive and controlling behaviour in a religious context. Spiritual abuse can have a deeply damaging impact on those who experience it.

Indicators: Fear of disobeying a religious leader. Disclosure.

16. Radicalisation

The government's Prevent Duty Guidance defines radicalisation as "the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups". This also applies to animal rights groups.

Indicators: There may be a change in the person’s clothing choices. They may talk about a new religion or new way of eating such as veganism.

17. County lines

County lines are a network between an urban centre and county location where drugs are sold, often over a mobile phone. Children and vulnerable people are used to transport drugs, cash or even weapons. It can involve intimidation, blackmail, and serious violence.

Indicators: Disclosure and self-identification of victims and survivors. New and expensive belongings/clothing.

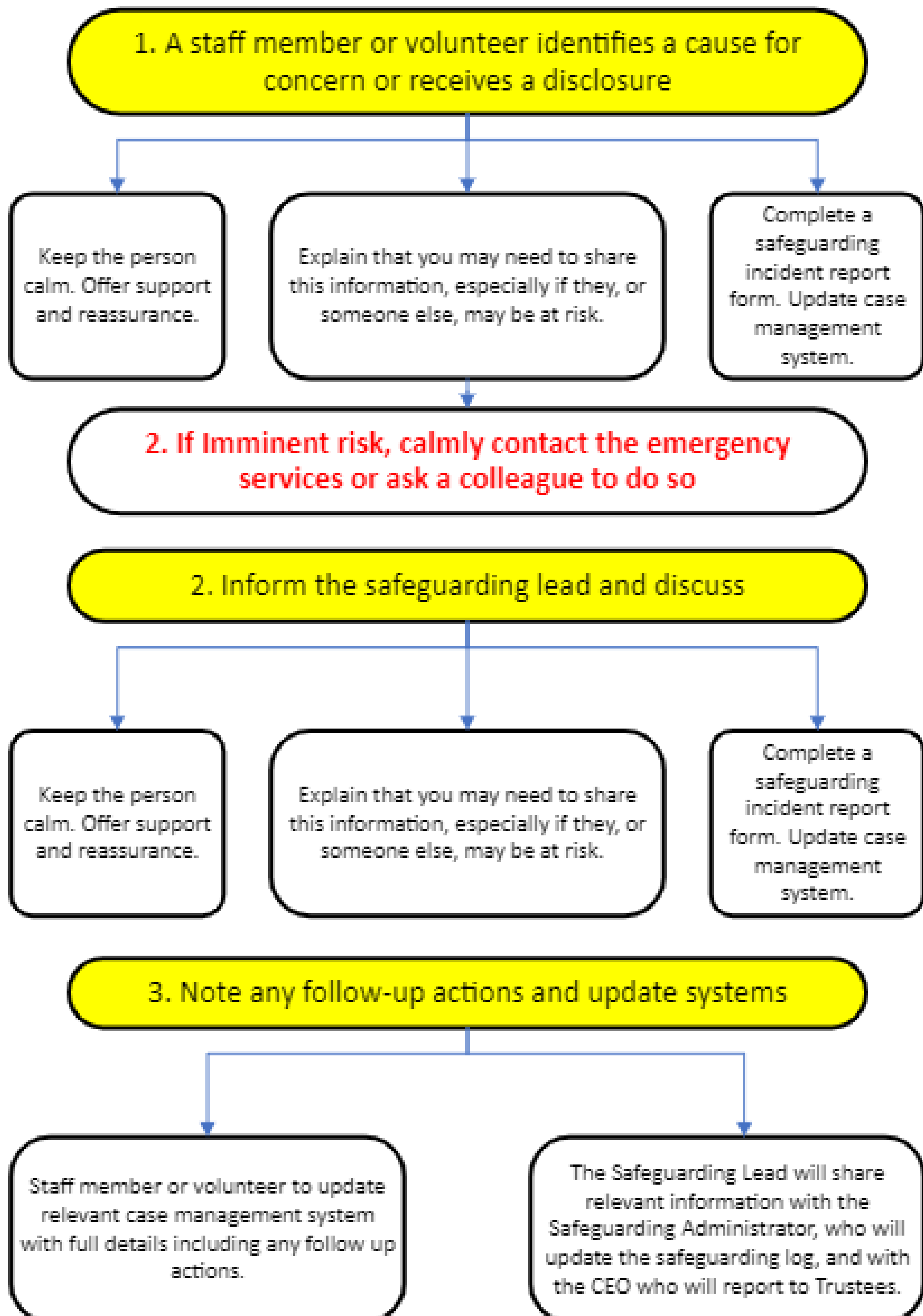
18. Cuckooing

Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation such as to deal, store or take drugs.

Indicators: Disclosure and self-identification of victims and survivors.

Appendix II – PROCEDURE FLOWCHART

Do not gossip about confidential information



Appendix III – SAFEGUARDING INCIDENT REPORT FORM

This form is to be used to record basic information in the light of an allegation, suspicion, or disclosure of a potential safeguarding concern. Completing this record should not stand in the way of contacting Police or Social Services in the event of an emergency or urgent safeguarding incident.

Do not discuss this incident with anyone other than those who need to know.

SAFEGUARDING INCIDENT REPORT FORM

Do not discuss this incident with anyone other than those who need to know.

Information of the person completing this incident report form:

Session date:

Name:	
Role:	
Contact details:	

Date and time of completing this form.

Name of the person that made disclosure:

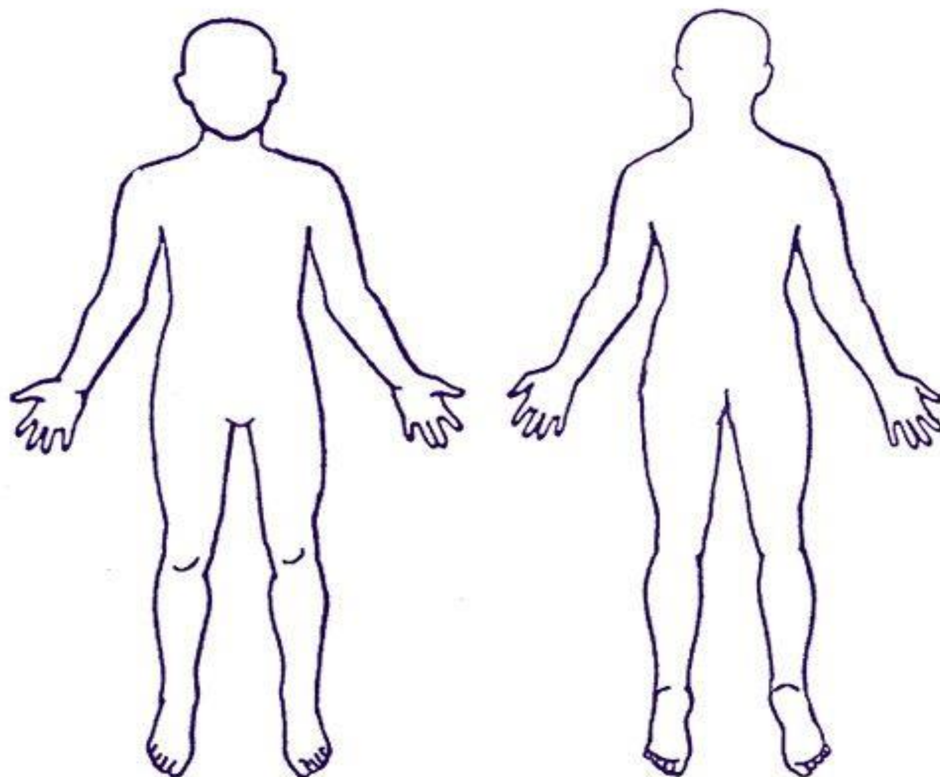
Date of birth:

Address:

Telephone number:

Please select the type of injury disclosed and use the body map included to record the location, size and number of injuries that may have been caused as a result of abuse or inappropriate care.

☐ scalds/burns ☐ Cuts/wounds ☐ Bruises ☐ Other (specify)



Date and time of the incident:

Please give an account of your concerns and why you are concerned – do not lead or investigate – just record what you see or hear. Continue on another sheet if required.

Any other relevant information:
Has consent to share information been gained? ☐ Yes ☐ No If marked 'No' please explain below why this is the case:
Are any other agencies aware and, if so, which ones? Name: Date: Contact Details:
Any further action taken to manage risk with client? (Safety plan/ Signposting/ Referral)
Who have you informed of this disclosure? Name: Date: Contact Details: Name: Date: Contact Details:

Appendix IV – SAFEGUARDING LEAD INCIDENT REPORT FORM

This form is to be used to record basic information in the light of an allegation, suspicion, or disclosure of a potential safeguarding concern. Completing this record should not stand in the way of contacting Police or Social Services in the event of an emergency or urgent safeguarding incident.

Do not discuss this incident with anyone other than those who need to know.

SAFEGUARDING LEAD INCIDENT REPORT FORM

Do not discuss this incident with anyone other than those who need to know.

<table>
<tr><th colspan="2">To be completed by the Safeguarding Lead or Deputy</th></tr>
<tr><td colspan="2">Reported to Safeguarding Lead or Deputy Safeguarding Lead

Name:

Date: Time:</td></tr>
<tr><td colspan="2">Action taken:

External agencies contacted:</td></tr>
<tr><td>Police - 999</td><td>☐ Yes ☐ No</td></tr>
<tr><td>Police – 101</td><td>☐ Yes ☐ No</td></tr>
<tr><td>Adult Safeguarding Team</td><td>☐ Yes ☐ No</td></tr>
<tr><td>Multi-Agency Safeguarding Hub (MASH)</td><td>☐ Yes ☐ No</td></tr>
<tr><td>Social services</td><td>☐ Yes ☐ No</td></tr>
<tr><td>Probation</td><td>☐ Yes ☐ No</td></tr>
<tr><td>Designated Officer (Formerly LADO)</td><td>☐ Yes ☐ No</td></tr>
<tr><td colspan="2">Name and contact information:

Details of advice received:</td></tr>
</table>

Result:
Follow Up Actions: Updated client risk assessment:

Appendix V – COUNSELLING SAFETY PLAN

This safety plan is a written set of instructions that serves as a crisis-prevention plan to minimise risk from potential harm. It is a step-by-step guide to help lead a person experiencing distress to safety. Below are examples of when safety plans can be used.

1. **Self-Harm.** An individual may use a safety plan to help prevent themselves from causing injury to themselves by identifying triggers and providing distractions and coping skills before a crisis emerges.
2. **Suicidal Ideation.** A safety plan can be used to identify both personal and professional supports to reach out to when in crisis and create an environment that aims to eliminate danger.
3. **Substance Abuse.** A safety plan can be used to encourage harm-reduction or as a reminder to contact your sponsor or attend a support group meeting before a crisis emerges.
4. **Anger Management.** A safety plan can be used to prevent a person from experiencing an outburst by identifying triggers and providing distractions and coping skills before a crisis emerges.
5. **Domestic Violence.** A safety plan is a form of protection a survivor can use to prepare on what to do during or in-between abusive incidents to keep them and their children safe.
6. **Psychological crisis.** This safety plan can be used to identify warning signs such as worsening symptoms like psychosis and ways to manage this safely by having a plan of whom to contact and when refer the client along with a list of medication.
7. **Warning Signs:** These warning signs can be emotional or physical changes, such as feeling a hot sensation or shakiness. They can also be situational triggers, such as being spoken to in an inappropriate tone, experiencing or witnessing unfair treatment, or walking past a place that brings up negative emotions or memories.
8. **Coping Strategies:** You might utilize mindfulness exercises, such as Anxiety 5, 4, 3, 2, 1, S.T.O.P or therapeutic journalling. Other coping strategies may include breathwork, or any form of physical activity that can be done independently.
9. **Distractions:** These can be people and places that you are grateful for, or which evoke fond memories. A **gratitude jar** is a good way to collect prompts for this!
10. **Support network:** List three people you can ask for help, along with their contact information. These should be positive, supportive people who are readily accessible to you.
11. **Professional or agency contacts:** These can include your GP, social worker or listed psychiatric consultant. As well as helplines such as the National Suicide Prevention Helpline (0800 689 5652) or Samaritans(dial: 116 123) are especially important to include.
12. **Safe Space**: Make your environment safe by removing any items that could potentially cause harm, i.e. objects used to self-harm or certain quantities of alcohol, substances, or toxins. Where can you go to minimise risk?

Client Code:	Counsellor:

Risk Factors:

☐ Suicide ideation ☐ Self-Harm ☐ Substance abuse ☐ Anger management
☐ Domestic violence ☐ Psychological Crisis ☐ Other (please specify)

Severity:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Mild Moderate Severe

Warning Signs:

Coping Strategies:

Distractions:

Support Network:

Professionals Contact:

Safe Space: