

Mind Tower Hamlets, Newham and Redbridge Children and Adults at Risk Safeguarding Policy

Item	Detail
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Policy owner	Safeguarding Lead
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Supersedes	Previous Safeguarding Adults Policy and Procedure

1. Policy Statement

Mind in Tower Hamlets, Newham and Redbridge (MindTHNR) is committed to safeguarding and promoting the welfare of all adults and children who come into contact with our organisation.

MindTHNR staff and volunteers may encounter adults or children who are at risk. This may be through our work with adults in community or service delivery settings, or via the phone.

As professionals and employees of MindTHNR, there is an legal duty to safeguard adults who are at risk. There is also a need to consider the safety and welfare of any child for whom an adult at risk has responsibility. MindTHNR is committed to:

- Valuing, listening to and respecting adults at risk and children, as well as promoting their welfare and protection.
- The safe recruitment, supervision and training of all staff and volunteers working with MindTHNR

- Maintaining good links with the statutory safeguarding authorities and other organisations

MindTHNR aims to create a culture where safeguarding is everyone's responsibility. All staff, volunteers and trustees have a duty to act promptly on any concern, to listen carefully, and to take proportionate action to reduce risk.

MindTHNR supports the safeguarding principles set out within the Care and Support Statutory Guidance under the Care Act 2014. Safeguarding practice within the organisation is guided by the principles of empowerment, prevention, proportionality, protection, partnership and accountability.

MindTHNR is also committed to the principles of Making Safeguarding Personal. This means that safeguarding responses should be person centred, focused on wellbeing and safety, and wherever possible shaped around the views, wishes and outcomes identified by the adult at risk.

MindTHNR follows a clear safeguarding framework to support consistent practice:

- Recognise concerns
- Respond to immediate risk
- Report concerns promptly
- Record information accurately
- Refer to appropriate agencies where required
- Reflect and learn to improve practice

2. Scope

This policy applies to:

- All MindTHNR staff, volunteers, trustees, sessional workers, students and contractors
- All MindTHNR services and activities
- Adults with care and support needs, in line with the Care Act 2014
- Children and young people under 18, in line with the Children Act 1989 and 2004

Most MindTHNR services work with adults. One service operates in a school context. This policy therefore includes both adult safeguarding and child safeguarding responsibilities.

3. Legal and statutory framework

MindTHNR safeguarding practice is informed by:

- Care Act 2014
- Children Act 1989 and Children Act 2004

- [Working Together to Safeguard Children](#)
- Mental Capacity Act 2005
- Data Protection Act 2018 and UK GDPR
- Prevent Duty guidance
- [Mandatory Reporting of Female Genital Mutilation Guidance](#)

Staff and managers must be aware of and follow relevant local safeguarding partnership procedures and statutory guidance when responding to safeguarding concerns, including the [London Multi Agency Adult Safeguarding Policy, Practice Guidance and Procedures](#) for adult safeguarding matters.

4. Key Definitions

Safeguarding Adults refers to protecting an adult's right to live in safety, free from abuse, neglect, exploitation and harm. Under the Care Act 2014, safeguarding duties apply to adults who have care and support needs and may be unable to protect themselves from abuse or neglect.

Safeguarding Children refers to protecting children from maltreatment, preventing impairment of children's health or development, ensuring that children grow up with safe and effective care, and taking action to enable all children to have the best outcomes, in line with Working Together to Safeguard Children guidance.

Child protection is part of safeguarding and promoting the welfare of children. It refers to the activity undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

A safeguarding concern is any concern, suspicion or disclosure that a child or adult may be experiencing, or may be at risk of, abuse, neglect, exploitation, self neglect or significant harm.

5. Roles and Responsibilities

Designated Safeguarding Lead (DSL): Despina Bardosi, Director of Services

Deputy DSL: Brian Hanley, Head of Services

All staff and volunteers must:

- Be alert to safeguarding risks
- If necessary, act to secure the immediate safety and wellbeing of an adult or child about whom there is a concern
- Report concerns immediately to their line manager, unless their line manager is part of the concern
- Work with their line manager to determine the appropriate safeguarding response

- Where a safeguarding referral is required, complete the referral to external safeguarding agencies in line with organisational procedures, within the same working day
- Record concerns accurately on Views or other approved case management system within 24 hours
- Follow professional boundaries and safeguarding procedures

Managers' and team leaders' responsibilities:

- Receive and respond promptly to safeguarding concerns raised by clients, staff, volunteers or others
- Assess safeguarding concerns, consider the level of risk, and determine whether referral to external safeguarding agencies or other services is required
- Ensure that safeguarding referrals to Adult Social Care or Children's Social Care are completed promptly where required
- Ensure that concerns are also reported to Police, Prevent or other relevant agencies where appropriate
- Inform the DSL or Deputy DSL the same working day where a statutory safeguarding referral is made, where there is significant risk, or where advice is required
- Ensure safeguarding actions are completed, appropriately recorded, and followed up
- Follow up on referral outcomes and ensure these are recorded on the relevant system

Designated Safeguarding Lead and Deputy DSL must:

- Provide advice, support and professional challenge on safeguarding decisions
- Support managers and team leaders in assessing safeguarding risk and determining appropriate actions
- Maintain oversight of safeguarding activity, themes and patterns across services
- Review safeguarding records to ensure concerns are appropriately identified, recorded, followed up and closed appropriately
- Lead on serious incidents, safeguarding reviews and organisational learning
- Liaise with external safeguarding partners, local authorities, commissioners and regulatory bodies where required
- Provide oversight of safeguarding referrals and ensure safeguarding responses are timely, proportionate and defensible
- Report safeguarding themes, risks, learning and compliance matters to senior leadership and the Board
- Maintain up to date knowledge of safeguarding legislation, statutory guidance, policy developments and best practice relating to both adults and children, and share relevant learning across the organisation
- Support the development of safeguarding culture, professional curiosity and reflective practice across services

CEO responsibilities:

- Have overall responsibility for the operation and implementation of this policy
- Promote a positive safeguarding culture in which staff, volunteers and service users feel able to raise concerns
- Ensure that an annual review of organisational safeguarding risks is completed, including consideration of emerging safeguarding themes, service risks, and the effectiveness of safeguarding control measures
- Ensure that safeguarding policies, procedures and governance arrangements remain effective and are reviewed appropriately

People and Culture team responsibilities:

- Support safer recruitment processes, including oversight of DBS checks, references, onboarding checks and recruitment documentation
- Maintain safeguarding related workforce records, including training compliance and safer recruitment records
- Support the management of allegations, disciplinary processes and safeguarding related employment matters in partnership with the DSL and senior management
- Ensure safeguarding requirements are reflected within induction, onboarding and workforce processes
- Support organisational learning and improvement relating to safer recruitment and safeguarding workforce practices
- Escalate safeguarding workforce concerns where risks are identified

Trustees must:

- Provide strategic oversight and assurance that safeguarding systems are effective
- Receive regular safeguarding updates and challenge where appropriate
- Ensure safeguarding governance arrangements remain robust and that the organisation meets its safeguarding responsibilities
- Receive assurance regarding the organisation's annual safeguarding risk review and oversight of mitigating actions

5. Types of Abuse and Other Safeguarding Risks

Under the Care Act 2014 Care and Support Statutory Guidance, the following categories of abuse and neglect may affect adults with care and support needs:

- Physical abuse
- Sexual abuse
- Psychological or emotional abuse

- Neglect and acts of omission
- Financial or material abuse
- Discriminatory abuse
- Organisational abuse
- Self-neglect
- Modern Slavery
- Domestic abuse

These categories are not exhaustive and abuse or neglect may occur in other forms or contexts. Abuse can take place in any relationship and in many different contexts. It may occur in a person's home, in the community, within services, online, or within relationships of trust or dependence. Examples of contexts in which abuse may occur include:

- Forced marriage or honour based abuse
- Human trafficking and modern slavery
- Sexual exploitation or criminal exploitation
- County Lines exploitation
- Radicalisation and extremism
- Cuckooing/home takeover
- Hate crime
- Financial scams or fraud
- Cyberbullying, online harassment or digital exploitation

Under child protection legislation and statutory guidance including the Children Acts 1989 and 2004 and Working Together to Safeguard Children, the main categories of abuse relating to children are:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

Other safeguarding risks affecting children may include:

- Peer on peer abuse, including bullying or sexual harassment
- Child sexual exploitation or criminal exploitation
- Online abuse or grooming
- Female Genital Mutilation
- Forced marriage
- Radicalisation

Further descriptions and indicators of these forms of abuse and safeguarding risks are provided in **Appendix A**.

6. Reporting procedure and escalation pathway

Under no circumstances should a MindTHNR staff member or volunteer carry out their own investigation into an allegation or suspicion of abuse.

All safeguarding concerns must be acted on immediately.

Step 1: Identify and report

- If a staff member or volunteer identifies a safeguarding concern, it must be reported to their line manager immediately and within 1 hour.
- If their line manager is part of the concern, the concern should be reported to the DSL or CEO instead.
- Where there is immediate danger or risk of serious harm, emergency services must be contacted on 999 without delay.
- Unless required for the immediate safety of those involved, staff should avoid moving or disturbing anything that may later be required as evidence.
- If a staff member or volunteer becomes concerned about their own safety whilst working with an adult or child, they must inform their line manager or supervisor immediately.
- If the line manager is unavailable, the concern must be escalated to the DSL or Deputy DSL. If they are unavailable, escalate to another Head of Service. If unavailable, escalate to the CEO.
- Any concern involving an allegation about a staff member or volunteer must be escalated directly to the DSL or CEO.
- Any concern involving the CEO must be escalated to the Chair of Trustees.

When responding to a safeguarding disclosure or concern, staff and volunteers should remain calm, listen carefully, and take the information seriously. They should avoid asking leading questions or attempting to investigate the situation themselves. Clarification may be sought where necessary to understand immediate risk or the nature of the concern. Staff should reassure the person that they have done the right thing by speaking up and explain that information may need to be shared in order to keep people safe. A factual written record should be made as soon as possible, using the person's own words where appropriate.

Step 2: Line manager assessment and decision making

The line manager is responsible for reviewing the concern, assessing risk, and determining the appropriate course of action.

This may include providing support within the service, monitoring the situation, or making a referral to external safeguarding agencies.

Possible actions may include referral to:

- A GP
- A Mental Health Team
- Police
- Adult Social Care or Children’s Social Care
- Other specialist services, such as substance misuse or domestic abuse support

When considering whether an adult safeguarding referral may be required, staff and managers should be aware of the Section 42 Care Act criteria. A safeguarding duty may apply where an adult:

- has needs for care and support
- is experiencing, or is at risk of, abuse or neglect
- is unable to protect themselves from the abuse or neglect, or the risk of it, as a result of those care and support needs

MindTHNR staff and managers are not expected to make formal determinations about whether the Section 42 duty is fully met. Where there are concerns that the first two criteria may apply, advice should be sought from safeguarding partners or a referral should be considered so that Adult Social Care can determine the appropriate response.

Staff and managers should refer to **Appendix B** for guidance to support decision making about whether a concern should be monitored within the service or referred to external safeguarding partners.

Step 3: Safeguarding referral

- Where a safeguarding referral to Adult Social Care, Children’s Social Care, Police or Prevent is required, the referral will normally be completed by the staff member who identified the concern, **the same day**.
- The referral should be discussed with and approved by the line manager before submission wherever possible.
- In some circumstances the referral may be completed by the line manager, DSL or Deputy DSL, particularly where the situation is complex, urgent, or where additional oversight is required.

The organisation retains accountability for all safeguarding referrals.

The DSL or Deputy DSL must be informed the same working day where a statutory safeguarding referral is made.

Safeguarding referrals must not be delayed due to uncertainty, availability of managers, or internal discussions where there is a risk of harm.

Step 4: Recording and follow up

- All safeguarding concerns, actions and decisions must be recorded **within 24 hours** on Views or the approved alternative system.
- Line managers are responsible for ensuring that actions are followed up, and that outcomes of referrals or safeguarding actions are recorded.

Where appropriate and safe to do so, the adult, child or person raising the concern should be kept informed about safeguarding actions, decisions and next steps. Safeguarding responses should seek to understand the views, wishes and desired outcomes of the person affected, while recognising that there may be situations where information cannot be shared fully due to risk, confidentiality, or ongoing investigations by external agencies.

- The DSL maintains oversight of safeguarding activity and patterns across services.

If a staff member or volunteer believes that appropriate safeguarding action has not been taken, or disagrees with a decision, they have the right to escalate the concern to the DSL, CEO, Chair of Trustees, or directly to external safeguarding agencies such as Adult Social Care, Children's Social Care, Police, Prevent or the Local Authority Designated Officer (LADO), where appropriate. This should be done without delay where there is ongoing risk.

Where staff are working within partner organisations, they must follow the partner safeguarding procedures alongside MindTHNR procedures. Where there is any uncertainty, this must be discussed with the line manager or DSL.

A safeguarding flowchart is provided in **Appendix C**.

7. Managing concerns around People in a Position of Trust (PiPoT)

A person in a position of trust (PiPoT) is an employee, volunteer or student who works with adults with care and support needs. Where concerns are raised about a PiPoT, it is necessary for MindTHNR to assess any potential risk to the adult in question as well as other adults and to take the necessary steps to safeguard them.

If a concern is raised about a specific at risk adult being subject to abuse or neglect, MindTHNR will make a referral to the local Adults Social Care department. If a more general concern is raised about a PiPoT, MindTHNR will report this according to the Local Safeguarding Adults board's procedure. If the individual works with both adults and children, the Local Authority Designated Officer will also be informed.

MindTHNR will follow the relevant local Safeguarding Adults Board and Local Authority procedures relating to People in Positions of Trust (PiPoT).

8. Recording and Case Management

All safeguarding concerns must be recorded in full, clearly, factually and promptly.

- A safeguarding concern form must be completed **within 24 hours**
- Where a service does not yet have access to Views, an approved secure alternative recording system must be used
- The DSLs oversee safeguarding record quality and storage

9. Information Sharing, Consent and Confidentiality

MindTHNR recognises that timely and appropriate information sharing is an essential part of effective safeguarding practice. Information should be shared in a lawful, proportionate and necessary way to support the safety and wellbeing of adults and children.

Safeguarding information must be shared on a need to know basis and handled in line with the Data Protection Act 2018, UK GDPR, relevant safeguarding legislation and local safeguarding partnership procedures.

Staff and volunteers should be open and honest with adults, children and families about how information may be used and shared. Wherever possible, concerns and decisions about information sharing should involve the person affected.

For adults with capacity, staff should normally seek consent before sharing information or making a safeguarding referral. Safeguarding responses should reflect the principles of Making Safeguarding Personal and take account of the adult's views, wishes and desired outcomes wherever possible.

However, information may be shared without consent where there is a legal obligation, a vital risk to the person or others, a risk to children, concerns relating to a person in a position of trust, concerns involving staff or volunteers, prevention or detection of crime, wider public interest considerations, or where the adult lacks capacity to make the relevant decision.

For children, the welfare and safety of the child is the primary consideration. Information relating to child safeguarding concerns may be shared without consent where necessary to protect a child or another person from harm.

Staff and volunteers must not promise confidentiality in situations where safeguarding concerns are identified. Individuals should instead be informed that information will only be shared where necessary in order to protect safety and wellbeing.

Where there is uncertainty about information sharing, consent or confidentiality, advice should be sought from the line manager, DSL or Deputy DSL without delay.

10. Mental Capacity and Safeguarding

MindTHNR recognises that some adults involved in safeguarding concerns may have difficulties making specific decisions at specific times due to mental illness, learning disability, cognitive impairment, brain injury, substance use, distress or other factors affecting decision making.

Safeguarding practice involving adults must take account of the Mental Capacity Act 2005 and its principles. Staff should presume that an adult has capacity unless there is reason to believe otherwise.

Capacity is decision specific and may fluctuate over time. An adult may have capacity to make some decisions but not others.

Where there are concerns that an adult may lack capacity to make decisions relating to safeguarding, consent, safety or care arrangements, staff should seek advice from the line manager, DSL or relevant professionals without delay.

If an adult is assessed as lacking capacity to make a relevant safeguarding decision, actions and information sharing may still proceed where necessary in the person's best interests, to prevent harm, or to protect others.

Where possible, safeguarding responses should continue to involve the person, take account of their wishes and feelings, and use the least restrictive approach appropriate to the situation.

11. Digital and Online Safeguarding

MindTHNR recognises that safeguarding risks may arise online. Online concerns such as grooming, cyber bullying, exploitation and harmful content must be reported through the same safeguarding process.

MindTHNR is committed to maintaining the same high safeguarding standards in online environments as we do face-to-face. We will:

- Use only MindTHNR-approved communication platforms (e.g. Microsoft Teams, work emails) for engaging with children and adults at risk.
- Never use personal social media or mobile numbers for work-related contact with clients.
- Obtain parental/carer consent for any digital communication with under-18s.
- Ensure at least one other staff member is aware of any one-to-one virtual session.
- Keep brief records of all online sessions including date, time, and participants.

Staff and volunteers should speak with their manager should they require any further guidance around safeguarding when working virtually or remotely.

12. Training Requirements

- All staff and volunteers must complete safeguarding adults and children training (Level 2) within 2 weeks of starting.
- Managers should complete safeguarding training at Level 3.

- Heads of Service, the Director of Services and safeguarding leads must complete Designated Safeguarding Lead training, refreshed every 2 years.
- School based staff must complete safeguarding children Level 2 and Prevent.

The training pathway is in **Appendix D**.

13. Safer Recruitment

MindTHNR is committed to safer recruitment practices to ensure that all staff, volunteers and others working on behalf of the organisation are suitable to work with adults and children and do not pose a risk of harm.

Safer recruitment is a key safeguarding measure and is embedded throughout the recruitment, onboarding and supervision process.

MindTHNR will:

- Ensure that recruitment processes are robust, consistent and aligned with safeguarding responsibilities
- Carry out appropriate pre employment checks for all staff and volunteers, proportionate to the role, including identity verification, right to work checks, references, and Disclosure and Barring Service (DBS) checks where required
- Ensure that DBS checks are appropriate to the role and that individuals barred from working with at risk groups are not employed in regulated activity
- Require satisfactory references and completion of all pre-employment checks before individuals are deployed to client facing work
- Operate a formal pre deployment sign off process to ensure that all required safer recruitment checks, including DBS, references, identity verification and onboarding requirements, have been completed, reviewed and approved before an individual begins client facing work
- Where safeguarding concerns, criminal record information or recruitment risks are identified, a documented risk assessment and appropriate safeguarding oversight will be required before any appointment is confirmed.
- Ensure that all staff and volunteers receive safeguarding induction and understand their safeguarding responsibilities before working with service users
- Maintain oversight of safer recruitment through audit, training and governance processes
- Where staff or volunteers work within partnership services, ensure that safer recruitment arrangements are clarified and that safeguarding responsibilities are understood and aligned with partner organisations

- All staff involved in recruitment must complete safer recruitment training appropriate to their role.

Further detail on safer recruitment procedures, including roles and responsibilities, is set out in the organisation's Safer Recruitment Policy.

14. Critical Incidents

A critical incident is a serious event involving a service user, staff member or volunteer that results in, or has the potential to result in, significant harm, serious risk, or major organisational concern.

Examples of critical incidents may include:

- Serious safeguarding incidents involving abuse or neglect
- Death or serious injury of a service user during service involvement
- Suicide or suspected suicide of a service user
- Serious self-harm requiring emergency intervention
- Serious violence or assault involving staff, volunteers or service users
- Allegations of serious misconduct involving staff or volunteers
- Major safeguarding failures or situations that may require notification to regulators or commissioners

Serious incidents affecting service users, staff or volunteers must be reported immediately to the DSL.

The DSL will determine whether the situation should be managed as a critical incident and what immediate safeguarding actions are required, with oversight from the CEO where appropriate.

All critical incidents must be documented using the organisation's incident reporting process.

A lead will be identified to coordinate the response to each critical incident, ensuring actions are implemented and communication is clear.

Critical incidents will normally be reviewed **within 48 hours** and followed by a structured debrief within 10 working days to identify learning and improve safeguarding practice.

Where required, critical incidents will be reported to relevant safeguarding partners, commissioners, regulators or the Charity Commission in line with legal and contractual obligations.

Critical incidents will be managed using a trauma informed approach, ensuring that responses prioritise safety, emotional wellbeing, clear communication, and support for both staff and service users.

Support will be offered to staff and service users affected by the incident, including check ins, supervision, and access to additional support where required.

Full procedure and report form are in **Appendix E**.

15. Managing Allegations against Staff or Volunteers

As a charity working with adults at risk and children, MindTHNR has a duty to respond appropriately to any allegation, concern or suspicion that a member of staff or volunteer may have:

- Harmed an adult or child at risk
- Placed an adult or child at risk of harm
- Behaved, either in work or out of work, in a way that indicates they may be unsuitable to work with adults at risk or children.

This duty applies whether or not the allegation is substantiated. All allegations must be taken seriously and reported immediately to the DSL or CEO. Immediate steps will be taken to ensure the safety of service users and others where required.

MindTHNR has a duty to inform relevant statutory and regulatory bodies where appropriate. This may include Adult Social Care, Children's Social Care, Police, the Local Authority Designated Officer (LADO), commissioners, or the Disclosure and Barring Service (DBS).

The DSL will contact the LADO without delay in any case involving an allegation against a staff member or volunteer working with children, in order to agree next steps and determine who will lead the investigation. This may be the LADO, MindTHNR, or a partner organisation such as the NHS. Where MindTHNR leads the investigation, we will liaise closely with the LADO throughout.

Where required, MindTHNR will make referrals to external regulatory bodies, including the Disclosure and Barring Service, in line with legal duties.

Suspension is not an automatic response but may be considered where necessary to protect service users, staff, or the integrity of an investigation. Allegations may be substantiated, unsubstantiated, unfounded or inconclusive. Regardless of outcome, decisions, actions and learning will be clearly recorded, and safeguarding risk will be reviewed.

Whistleblowing:

MindTHNR encourages a culture where staff and volunteers feel able to raise concerns about poor practice or safeguarding risks. Concerns about safeguarding practice, decision making, or the behaviour of colleagues should be raised with the DSL, CEO, or through the organisation's whistleblowing procedures. Staff may also report concerns directly to external agencies where appropriate.

All concerns will be taken seriously and responded to appropriately.

16. Review and Learning

MindTHNR will review safeguarding concerns to improve practice.

This policy is reviewed annually and after serious incidents.

Where appropriate, feedback and learning from people affected by safeguarding processes may also be considered as part of service improvement and organisational learning.

Appendices

Appendix A - Types of Abuse and Safeguarding Risks

Appendix B - Safeguarding Decision Making and Referral Considerations

Appendix C - Safeguarding Flowchart

Appendix D - Safeguarding Training Pathway

Appendix E - Critical Incident Procedure and Form

Appendix A - Types of Abuse and Other Safeguarding Risks

Safeguarding concerns may involve abuse, neglect or exploitation. Abuse may consist of a single act or repeated acts and may be intentional or unintentional. It may occur in any setting, including a person's home, community, workplace, online, or within an organisational environment.

The following descriptions provide further information about the types of abuse and safeguarding risks referred to in Section 6 of this policy.

A1. Abuse and Neglect Affecting Adults

Under the Care Act 2014 Care and Support Statutory Guidance, adults with care and support needs may experience the following categories of abuse and neglect.

Physical abuse

Physical abuse includes assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions. Indicators may include unexplained injuries, repeated bruising, burns, fractures, or fear of particular individuals.

Sexual abuse

Sexual abuse includes rape, sexual assault, sexual harassment, inappropriate touching, sexual exploitation, or any sexual activity that a person has not consented to or cannot consent to. Sexual abuse may also occur online or through digital communication.

Psychological or emotional abuse

Psychological abuse includes threats, humiliation, intimidation, coercion, controlling behaviour, isolation, verbal abuse, harassment, or persistent criticism that undermines confidence and wellbeing.

Neglect and acts of omission

Neglect includes failing to provide adequate food, shelter, supervision, medical care, or emotional support. Acts of omission may include ignoring medical needs, withholding access to services, or failing to protect someone from harm.

Financial or material abuse

Financial abuse includes theft, fraud, exploitation, misuse of benefits, pressure around money, coercion relating to property or finances, or restricting access to personal funds.

Discriminatory abuse

Discriminatory abuse includes harassment or unequal treatment based on protected characteristics such as race, disability, age, gender, sexual orientation, religion or belief.

Organisational or institutional abuse

Organisational abuse occurs when poor practice within an organisation results in neglect, lack of dignity, unsafe care, inappropriate boundaries, or failure to respond appropriately to safeguarding concerns.

Domestic abuse

Domestic abuse includes physical, emotional, sexual, psychological or financial abuse within an intimate or family relationship. It may involve violence, intimidation, isolation, stalking, or controlling or coercive behaviour.

Modern slavery

Modern slavery includes human trafficking, forced labour, domestic servitude, and exploitation where individuals are coerced, controlled or threatened.

Self neglect

Self neglect occurs where a person fails to care for their own personal hygiene, health, nutrition or living environment, or declines necessary care or treatment, placing themselves at serious risk.

A2. Abuse affecting Children

Under child protection legislation and statutory guidance including the Children Acts 1989 and 2004 and Working Together to Safeguard Children, the main categories of abuse relating to children are:

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or otherwise causing physical harm to a child.

Emotional abuse

Emotional abuse involves persistent emotional maltreatment such as humiliation, rejection, threats, bullying or exposure to domestic abuse that harms a child's emotional development.

Sexual abuse

Sexual abuse involves forcing or enticing a child to take part in sexual activities. This may involve physical contact or non contact activities such as exploitation, grooming or exposure to sexual images.

Neglect

Neglect involves the persistent failure to meet a child's basic physical or psychological needs, including food, shelter, supervision, healthcare or emotional care.

A3. Other Safeguarding Risks and Contexts

In addition to the abuse categories above, safeguarding concerns may arise in a range of contexts.

Exploitation

Exploitation occurs where an individual or group takes advantage of a person's vulnerability for personal gain. This may include sexual exploitation, criminal exploitation, financial exploitation, or coercion into illegal activity.

Female Genital Mutilation, Forced marriage and Honour based abuse

MindTHNR recognises that harmful practices such as Female Genital Mutilation (FGM), forced marriage, and so called honour based abuse are serious safeguarding concerns. These practices may involve coercion, control, family violence, or wider community pressure and can affect both children and adults.

Any disclosure or suspicion of these practices must be treated as a serious safeguarding concern and responded to in line with this policy and relevant statutory guidance. Where the mandatory reporting duty for Female Genital Mutilation applies, regulated professionals must ensure that reports are made to Police in accordance with legal requirements

Radicalisation and extremism

Radicalisation refers to the process by which a person may come to support terrorism or extremist ideologies. Concerns must be reported through safeguarding pathways and may involve referral through Prevent processes.

Extremism is defined in the 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 different faiths and beliefs.

Peer on peer abuse

Peer abuse includes bullying, harassment, sexual violence, initiation rituals, or coercion between individuals of a similar age or status. This is particularly relevant in youth or school based settings.

Online and digital harm

Online safeguarding risks include grooming, cyber bullying, harassment, coercion, exposure to harmful content, exploitation through social media, and non consensual sharing of images.

Online spaces may also be used to encourage self harm, suicide, exploitation, grooming, or coercive control.

Mental health related safeguarding risks

MindTHNR recognises that safeguarding concerns may arise where a person is experiencing acute distress, suicidal ideation, suicide attempts, or self harm.

In adult services, these experiences do not automatically require an adult safeguarding referral. Immediate clinical, crisis or emergency responses may still be required.

Safeguarding action may be appropriate where there are concerns about abuse, neglect, self neglect, exploitation, coercion, impaired capacity, inability to protect oneself due to care and support needs, or where other people, including children, may also be at risk.

Staff must consider both safeguarding responsibilities and wider risk management responsibilities, including risk assessment, safety planning, mental health support and emergency response procedures where appropriate.

Where services involve children or young people, self-harm, suicidal ideation, or significant mental health distress should always prompt safeguarding consideration. Staff must discuss concerns with their line manager and follow safeguarding procedures where a child or young person may be at risk of harm.

Staff must also remain alert to situations where the circumstances of an adult service user may affect the safety or wellbeing of a child, including where children are present in the household or may be indirectly affected by abuse, neglect, exploitation, domestic abuse, or severe mental distress.

Appendix B – Safeguarding Decision Making and Referral Considerations

This appendix is intended to support professional decision making and does not replace safeguarding judgement, consultation or statutory guidance.

Examples below are illustrative only. Similar concerns may require different responses depending on the level of risk, vulnerability, care and support needs, presence of coercion or abuse, impact on others, and wider safeguarding context.

Staff and managers should consider whether concerns may meet the Section 42 Care Act criteria or require referral to Children’s Social Care, Police, Prevent or other agencies.

Where there is uncertainty, advice should be sought from the DSL or safeguarding partners.

Concern or Presentation	Possible Considerations	Possible Actions
Early self neglect concerns, such as deteriorating hygiene, poor nutrition or unsafe living conditions	Severity and escalation of risk, isolation, care and support needs, physical or mental health, capacity, ability to engage with support	Internal support, wellbeing planning, risk assessment, increased monitoring, safeguarding consultation or referral where appropriate
Repeated missed appointments or disengagement	Deteriorating mental health, exploitation, coercion, self neglect, barriers to engagement, increased vulnerability	Welfare checks, engagement planning, review of risk, consultation with safeguarding leads or partner agencies
Loneliness, isolation or withdrawal from support networks	Increased vulnerability to abuse, deterioration in wellbeing, self neglect, dependency on others	Support planning, signposting, monitoring, safeguarding consultation if concerns escalate

Financial concerns, including pressure to lend money or concerns about benefits or debt	Coercion, exploitation, dependency, scams, financial abuse, impact on daily living	Advice and support, documentation, safeguarding consultation or referral where abuse or exploitation is suspected
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Concerns about coercive or controlling behaviour within a relationship	Escalation risk, domestic abuse indicators, dependency, isolation, threats, impact on children or others	Domestic abuse support, safeguarding consultation, referral where risk indicates
Emerging concerns about exploitation or risky peer relationships	Criminal exploitation, sexual exploitation, County Lines involvement, grooming, online exploitation	Risk assessment, contextual safeguarding consideration, safeguarding referral where appropriate
Online boundary concerns, suspicious messaging or online harassment	Grooming, exploitation, coercion, sexual abuse, risks to children or at risk adults	Advice and safety planning, safeguarding consultation, Police involvement where necessary
Disclosure of historical abuse	Current emotional impact, ongoing contact with alleged perpetrator, risks to others, unresolved trauma	Emotional support, safeguarding consultation, referral where ongoing risks to others may exist
Low level harassment or discriminatory behaviour	Pattern of behaviour, escalation risk, hate crime considerations, emotional impact, wider safeguarding concerns	Support, recording, management action, safeguarding consultation where appropriate
Acute distress, suicidal ideation or self harm	Immediate safety, abuse, neglect, exploitation, self neglect, capacity concerns, risks to others or children	Crisis response, safety planning, mental health support, safeguarding consultation where indicated
Concerns involving children connected to adult services	Exposure to domestic abuse, neglect, parental mental health, substance misuse, exploitation or unsafe environments	Discussion with manager, consideration of child safeguarding referral, consultation with DSL
Allegations or concerns involving staff or volunteers	Position of trust, professional boundaries, risks to service users, organisational reputation, potential criminal conduct	Immediate escalation to DSL or CEO, safeguarding and HR procedures, referral to external agencies where appropriate

Concerns where there is immediate danger, serious harm or significant abuse	Immediate risk to safety, inability to protect self, serious neglect, physical or sexual abuse, exploitation or criminal activity	Immediate emergency response, referral to Adult Social Care or Children's Social Care, Police involvement, escalation to DSL without delay
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Staff and managers should remember that the decision about whether the legal Section 42 safeguarding duty is met ultimately sits with Adult Social Care. Where safeguarding concerns suggest that the criteria may apply, advice should be sought or a referral considered.

Appendix C Safeguarding Flowchart

This flowchart explains what to do if you are worried about the safety or welfare of an adult, child or young person. All staff, volunteers and contractors must follow these steps.

Identify a concern: If you see, hear or receive information that someone may be at risk of abuse, neglect, exploitation or harm, treat it as a safeguarding concern and act immediately.

Immediate danger: If anyone is in immediate danger or needs urgent medical help, call emergency services on 999 straight away, then inform your manager and the DSL as soon as possible.

Report to Line Manager: Report all safeguarding concerns to your line manager immediately and within 1 hour. Volunteers should report to their named supervisor or service manager.

Line manager escalation: Line Managers must take immediate safety steps, ensure the concern is recorded, and assess the appropriate response. Where a safeguarding referral to external agencies is required, the referral will normally be completed by the staff member who identified the concern, with oversight and approval from the line manager. The DSL or Deputy DSL must be informed the same working day where a statutory safeguarding referral is made or where advice is required.

Recording: All safeguarding concerns and actions must be recorded within 24 hours on Views where available, or on an approved secure alternative system where Views is not yet in place.

Follow up and outcomes: Line Managers and the DSL must ensure actions are completed, outcomes of any referrals are followed up, and final decisions and learning are recorded on Views or the approved alternative system.

Appendix D - Safeguarding Training Pathway

MindTHNR is committed to ensuring that all staff, volunteers and trustees have the knowledge and confidence to recognise safeguarding concerns and take appropriate action.

Safeguarding training is mandatory and must be completed in line with role responsibilities.

1. Induction training (within first 2 weeks, refreshes annually)

All staff, volunteers, sessional workers and contractors must complete:

- Safeguarding Adults awareness training (Level 2 minimum)
- Safeguarding Children awareness training (Level 2 minimum)
- Introduction to professional boundaries and confidentiality
- Reporting and escalation procedures, including the role of the DSL
- Basic information sharing, confidentiality, GDPR and cyber security awareness principles
- Staff must also be introduced to safeguarding recording systems and procedures, including Views where applicable.

School-based staff and those who line manage school-based staff must also:

- Complete Prevent Duty training
- Compete peer on peer abuse and contextual safeguarding awareness training
- Become aware and follow school specific safeguarding expectations and referral route
- Read and follow the relevant sections of the government's Keeping Children Safe in Education (KCSIE) guidance.

2. Managers and team leads (within 12 months, refreshes annually)

Managers who supervise frontline delivery staff must complete additional safeguarding training at Level 3.

This training should include:

- Applying thresholds and professional judgement
- Managing safeguarding concerns within services
- Escalating safeguarding concerns appropriately
- Supporting staff through supervision and debrief
- Recording and quality assurance expectations

Managers are not expected to hold full DSL responsibilities, but must have sufficient training to respond safely and confidently.

3. Designated Safeguarding Leads (DSL and Deputy DSL)

The DSL and Deputy DSL must complete specialist Designated Safeguarding Lead training, refreshed annually.

This includes:

- Multi agency safeguarding procedures
- Statutory referral decision making
- Managing allegations against staff
- Serious incident oversight and learning reviews
- Safeguarding governance and organisational accountability

4. Additional specialist training (as required)

MindTHNR may require additional safeguarding related training depending on role and service context, such as:

- Suicide prevention and self-harm response
- Domestic abuse
- Modern slavery and trafficking awareness
- Mental Capacity Act and consent
- Trauma informed safeguarding practice

5. Trustee safeguarding training

All Trustees must complete safeguarding awareness training upon appointment and refresh this at least every two years.

Trustees will also receive an annual safeguarding update covering safeguarding trends, serious incidents, policy changes, and compliance with training and recording requirements.

The Board is responsible for ensuring that safeguarding governance arrangements are robust, that appropriate challenge and oversight are in place, and that the organisation meets its legal and regulatory safeguarding duties.

6. Recording and monitoring of training

MindTHNR will maintain a central training record. Managers are responsible for ensuring staff complete required training within agreed timescales. Safeguarding training compliance will be reviewed through supervision, appraisal, audits and governance reporting.

Appendix E - Critical Incident response procedure and Report Form

The response to a critical incident will include:

- Immediate response to ensure safety and stabilisation
- Short term response to provide support and maintain service continuity
- Follow up response to review, learn and support recovery

Support will be offered to staff and service users affected by the incident, including check ins, supervision, and access to additional support where required.

1. Critical Incident response procedure

Step 1: Immediate safety

Ensure the immediate safety of the individual involved and anyone else present. Where there is immediate risk of serious harm, contact emergency services on 999.

Step 2: Notify management

Inform the line manager and the DSL immediately. The DSL will determine whether the situation should be managed as a critical incident. The CEO will be informed and will provide organisational oversight where appropriate.

Step 3: Immediate safeguarding action

Take any necessary safeguarding actions to reduce risk. This may include contacting Adult Social Care, Children's Social Care, Police, health services, or other relevant safeguarding partners.

Step 4: Record the incident

The incident must be recorded as soon as possible using the organisation's incident reporting process. Safeguarding information must also be recorded on Views or the approved alternative system.

Step 5: Coordination and management

The DSL will coordinate the organisational response, liaise with safeguarding partners where necessary, and ensure appropriate actions are taken.

Step 6: Review and learning

Critical incidents will normally be reviewed within 48 hours and followed by a structured debrief within 10 working days. The aim of the review is to identify learning, improve practice, and reduce the likelihood of similar incidents occurring.

Where required, critical incidents may also be reported to relevant safeguarding partners, commissioners, regulators, or the Charity Commission.

2. Critical Incident Report Form

The following information should be recorded for all critical incidents.

Incident reference number:
Date and time of incident:
Date and time reported:
Name of staff member reporting:
Service or team:
Location of incident:
Names and roles of people involved (service user, staff, volunteer):
Brief description of the incident: (Provide a factual account of what happened. Avoid opinions or assumptions.)
Immediate actions taken: Include actions taken to ensure safety and any emergency response.
Agencies contacted: <input type="checkbox"/> Police <input type="checkbox"/> Ambulance or health services <input type="checkbox"/> Adult Social Care <input type="checkbox"/> Children's Social Care <input type="checkbox"/> Other services (please specify):
Safeguarding concerns identified (Provide details of any abuse, neglect, or safeguarding risks identified.)

Has this individual previously been involved in safeguarding concerns or related incidents?
Yes / No / Unknown

If yes, briefly describe the previous concerns and provide relevant dates or reference numbers:

Actions taken following the incident:
(Describe actions taken by staff, managers or safeguarding leads.)

Is the incident considered a critical incident?
Yes / No

Decision made by (DSL or authorised manager):

Date of decision:

Follow up actions required:

Person responsible for follow up:

Timescale for follow up:

Outcome of incident review:

Learning identified:

Date of review or debrief:

Review led by:

End of Policy