

S.H.E UK

Controlled Document

Document Name: Safeguarding Adults and Children Combined Policy

Document Reference Number:	Pol 1
Document Version Number	3
Approved by Board of Trustees on:	30th June 2026
Review Schedule	Annually
Next review due	June 2027
Owner (Responsibility)	Lisa Lenton, CEO
Pass amendments to:	Board of Trustees
Revision History	See Appendix
Document Location	SharePoint

Document Description

This policy refers to the safeguarding of adults and children whether they are clients of S.H.E. UK or not. In the delivery of our services, we may become privy to information that represents a safeguarding concern. This policy sets out how S.H.E. UK recognises, responds to and manages contextual and ongoing safeguarding risks affecting adult survivors of childhood sexual abuse.

This policy and procedure also defines our approach to ensuring safeguarding is carried out to a high standard and that all involved from client to team members and the safeguarding lead receive appropriate support during the process.

This Safeguarding policy also includes managing risk from staff and/or volunteers as we are committed as an organisation to prevent harm and promote well-being of Adults at Risk and Children.

This policy supersedes previous S.H.E. UK individual Safeguarding adults and Safeguarding children's policies and combines these into one policy, notwithstanding the nuances between safeguarding approaches for children and adults.

Implementation & Quality Assurance

Implementation is immediate and this Policy shall stay in force until any alterations are formally agreed.

The Policy will be reviewed every year by the Board of Trustees, sooner if legislation, best practice or other circumstances indicate this is necessary.

All aspects of this Policy shall be open to review at any time. If you have any comments or suggestions on the content of this policy please contact Jane Bellamy, jane.bellamy@she-uk.org.uk or at S.H.E UK, 1 Byron Street, Mansfield, Notts, NG18 5NX, Tel: 01623 622 916



Safeguarding Adults and Children

1. Introduction

S.H.E. UK provides support to those who are adults (aged 18 years and over). S.H.E. UK recognises that adult survivors of childhood sexual abuse may continue to experience harm, risk, and vulnerability across a range of environments, including relationships, communities, services and online spaces.

We recognise that we may also encounter child safeguarding concerns in the course of working with those adults, and that children and young people may experience harm in a range of settings beyond their families, including peer groups, schools, neighbourhoods and online spaces.

We are committed to identifying, assessing and responding to contextual safeguarding risks in order to promote safety and wellbeing.

We acknowledge that risks may not be confined to current family environments and may instead relate to:

- Non-recent abuse and its long-term impact
- Current relationships and power dynamics
- Community, social and online environments
- Re-exposure to abuse, exploitation or coercion

1.1 The aim of this policy is to establish a S.H.E. UK approach to the protection of adults and children, in order to:

- Identify adults and children who are suffering or likely to suffer harm.

- Protect children and young people - who do not directly receive S.H.E. UK's services - from harm, when they are under the age of 18.
- Ensure appropriate action to preserve the safety of these people at S.H.E. UK and elsewhere.
- Manage risks posed by staff or volunteers.
- Ensure there is a listening and safeguarding culture across the organisation to prevent harm and promote wellbeing.

1.2 This policy is to be read in conjunction with our Safer Recruitment, Confidentiality; Anti-Bullying; Code of conduct; Disciplinary; Equality & Diversity, Whistleblowing, and Supervision policies plus the S.H.E. UK Staff Handbook.

1.3 This policy and our procedures are underpinned by legislation – please refer to relevant adult and children safeguarding law and statutory guidance, as per appendix two.

2. Scope

2.1 This policy applies to all staff – whether they are paid, volunteers, Trustees or trainee therapists (please note all are referred to as 'staff' throughout this document) - as well as visitors and contractors working in S.H.E. UK locations and off-site, or with our service users/clients in placements with other agencies or employers. We support the ethos that safeguarding is everyone's responsibility.

2.2 The policy and procedures regards safeguarding adults and children will be made available to staff as a part of their induction to the organisation, with updates shared with an expectation that it will be read, understood and applied. Staff will be required to sign a record sheet to confirm this and have an opportunity to discuss any questions they may have. As this policy is updated annually, all staff will receive an updated copy of it and training once reviewed/updated.

2.3 This policy and procedure will be accessible via our website to the public and Partner agencies. We will provide a copy of this policy as a part of any contractual requirements with funders also, as requested.

2.4 This policy/procedure applies to all adults and staff regardless of age, gender, race, disability, religion or belief, sexual orientation, gender reassignment, marital status, or pregnancy/maternity status – in line with the protected characteristics within the Equality Act 2010. The welfare of children and adults is paramount in all the work we do and in all decisions we make. We have a low tolerance for harassment and discrimination due to any other difference therefore, this policy applies to all differences not just those protected by law.

2.5 There are certain differences in relation to safeguarding children and adults that also apply in this policy. S.H.E. UK recognises some children are additionally vulnerable because of the impact of previous experiences, their level of

dependency, communication needs or other vulnerabilities such as increased vulnerabilities of unborn and pre-verbal/pre-mobile babies, children with disabilities, looked after children/care experienced children, black and ethnic minority people including refugees and asylum-seeking people, children who are socially excluded e.g. due to poverty.

- 2.6** This policy applies to all work being undertaken at S.H.E. UK, and includes face to face, online and telephone work.
- 2.7** This policy covers observation of abuse, allegation, or suspicion of abuse or an expression of concern about abuse. This policy covers all categories of harm. We recognise there are different ways in which people are harmed and there are differing levels of harm also, including those that meet the threshold for referral and prevention/early help. This may include both adults and children.
- 2.8** We also recognise the 'think family' approach – although we work primarily with adults, we still consider the safeguarding needs of children.

3. Definition of terms

- 3.1** To assist working through and understanding this policy several key definitions need to be explained:
 - 3.1.1** **Adult** - is a person aged 18 or over who may not be an 'adult at risk' but nevertheless may have needs which include for safeguarding support. This document refers to 'adults' who may be defined as an 'adult at risk' as per the legal definition.
 - 3.1.2** **Adult at risk** - is defined in the statutory guidance as a person who is aged 18 or over who has care and support needs, regardless of whether they are being met, is experiencing or is at risk of abuse or neglect and because of their needs, is unable to protect themselves.
 - 3.1.3** **Abuse** is a violation of an individual's human and civil rights by another person or persons. See section 5 for further explanations.
 - 3.1.4** **Adult safeguarding** is protecting a person's right to live in safety, free from abuse and neglect.
 - 3.1.5** **Children** A child is any person under the age of 18 years. A child may be considered vulnerable or at risk due to abuse, neglect, exploitation, disability, family circumstances, online harms or other safeguarding concerns.
 - 3.1.6** **Children safeguarding** is protecting a child and/or young person's right to live in safety, free from abuse and neglect.
 - 3.1.7** **Capacity** refers to the ability to make a decision at a particular time, for example when someone has mental ill-health or may have a learning disability. The

starting assumption must always be that a person has the capacity to make a decision unless it can be established that they lack capacity (MCA 2005).

3.1.8 People who cause harm can be friends or family, as well as acquaintances or strangers.

3.1.9 Low level concerns – these refer to situations where a staff member may have acted inconsistently with the staff code of conduct (including conduct outside of work) but are not serious enough to consider a referral to the Local Authority, the Police or the Disclosure and Barring Service.

3.2 Contextual Safeguarding – recognises:

- Experiences of harm in childhood can create ongoing vulnerability in adulthood
- Risk may arise through environments, relationships, and social contexts beyond immediate personal circumstances
- Survivors may encounter re-traumatisation, exploitation, or coercion in settings such as intimate relationships, peer groups, workplaces, or digital spaces

4. Types of Abuse and Neglect - Definitions from the Care Act 2014 (applicable to Adults)

4.1 This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour or issue which could give rise to a safeguarding concern. Some of these forms of abuse (e.g. sexual and financial) can occur face to face and online using technology.

4.1.1 Sexual Abuse – including but limited to - rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

4.1.2 Physical Abuse – includes but not limited to hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

4.1.3 Domestic Abuse – including psychological, physical, sexual, financial and emotional abuse. It also includes so called 'honour' based violence. (So-called honour-based abuse can take a variety of forms, forced marriage, honour killings, abandonment, breast flattening, and other forms of domestic abuse perpetrated in a perceived defence of 'honour'.)

4.1.4 Emotional or Psychological Abuse – this includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

4.1.5 Neglect – including ignoring medical or physical care needs, failure to provide access to appropriate health social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

4.1.6 Self-neglect – this covers a wide range of behaviour: neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

4.1.7 Financial or Material Abuse – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

4.1.8 Modern Slavery – 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.

4.1.9 Discriminatory – discrimination is abuse which centres on a difference or perceived difference particularly with respect to race, gender or disability or any of the protected characteristics of the Equality Act.

4.1.10 Organisational Abuse – including neglect and poor care practice within an organisation or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

4.2 Not included in the Care Act 2014 but also relevant:

4.2.1 Online harm – online harm can take many forms including:

- Content which could be words, images or video which is inappropriate, illegal or harmful. This could include pornography, illegal sexual images, fake news, racism, hateful comments directed at a particular group, misogyny, self-harm, suicide, radicalisation and extremism.
- Contact with others when interacting online. This could include bullying, grooming, exploitation for sexual, criminal, financial or other reasons.
- Conduct, such as witnessing the bullying, abuse or exploitation, receiving or being pressured to share sexual content with others.
Commerce including pressure to gamble online, inappropriate advertising, phishing or financial scams.

AI-generated harms – also includes:

- AI-generated sexual imagery
- Deepfake abuse
- AI-enabled grooming
- Sextortion
- Cyberflashing
- Online misogyny and extremist misogynistic communities
- Incel-related radicalisation
- Online coercive control

- 4.2.2 Radicalisation** - the aim of radicalisation is to attract people to an ideology, inspire new recruits and embed their extreme views. This may be direct through a relationship, or through social media. Radicalisation also relates strongly to other forms of harm such as violence, sexual abuse, gang affiliation/hazing and may lead to extremist activities.
- 4.2.3 Female Genital Mutilation (FGM)** - is 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 illegal in the UK to perform FGM or assist another party to perform genital mutilation. It's also known as female circumcision or cutting, and by other terms, such as sunna, gudniin, halalays, tahur, megrez and khitan, among others. This practice is illegal under UK Law.
- 4.2.4 Grooming** - Grooming is when someone builds a relationship, trust and emotional connection with a person so they can manipulate, exploit and abuse them. Adults, such as family members, carers, professionals can also be groomed in order to access an adult or child for the purpose of abuse.
- 4.2.5 Criminal exploitation** – is a less well-known type of modern slavery and human trafficking. Victims can be forced to undertake illegal activity by highly organised gangs etc. This can take many forms including forced begging, shoplifting, cannabis cultivation, drug dealing and financial exploitation (including unlawful receipt of benefits).
- 4.2.6 Violence against women and girls (VAWG)** – (including but not limited to):
- Sexual harassment
 - Public sexual harassment
 - Domestic abuse including coercive control
 - Stalking
 - Image-based abuse
 - Intimate image abuse ("revenge pornography")
 - Misogyny that contributes to abuse, exploitation, coercion, violence or harassment
 - Abuse linked to prostitution and sexual exploitation
- 4.2.7 Types of risks relevant to adult survivors:**
Risks may include (but are not limited to):
- Sexual exploitation or coercion in adulthood
 - Re-traumatisation through relationships or environments
 - Peer or community-based abuse
 - Online exploitation, grooming, or harassment
 - Substance misuse linked to coping strategies
 - Mental health crises, including self-harm or suicidality
 - Revictimisation patterns linked to past trauma
 - Targeting by perpetrators who exploit known vulnerabilities

4.3 Definitions from the Childrens Act 1989 Under Section 105 of the Children Act 1989, any person under 18 is legally defined simply as a "child". The Act does not create separate statutory tiers or different thresholds of "significant harm" for younger children versus older youth under 18. The same legal standard applies to anyone under adulthood.:

- **Physical abuse** is when someone inflicts pain or injury to a child. It could also be giving a child harmful substance such as drugs, alcohol, or poison.
- **Sexual abuse** is when a child is pressured, forced, or tricked into taking part in any kind of sexual activity.
- **Emotional abuse** is when a parent or carer behaves in a way that is likely to seriously affect the child's emotional development. It could be from constant rejection, continual or severe criticism and witnessing domestic abuse.
- **Neglect** involves continuous failure to meet a child's basic needs. For example: not taking a child to see a doctor when they need to go; not giving the child enough to eat or drink; not ensuring the child receives an education; not keeping the child clean. Neglect could also refer to parents who are struggling with their mental health meaning they are not coping with everyday tasks and caring responsibilities, or the parent is involved in domestic abuse or substance misuse, or the parent is homeless or in extreme poverty.

4.4 Contextual and Trauma-Informed Practice

All safeguarding practice within S.H.E. UK must be both contextually aware and trauma informed.

Staff must:

- Recognise the ongoing impact of childhood sexual abuse
- Understand that behaviour may be a response to trauma
- Avoid victim-blaming or judgemental responses
- Consider environmental, relational and psychological factors
- Apply professional curiosity

5. Signs and indicators of abuse and neglect

5.1 Abuse can take place in any context and by individuals in various contexts who may intend to cause harm. Whilst all adults and children deemed at risk are vulnerable, some people are additionally vulnerable to being targeted, e.g. people with disabilities, people with lived experience of care, some black and ethnic minority people who have experience of racism/exclusion. People who set out to harm others are more likely to target those who are already vulnerable.

There are many signs and indicators that may suggest someone is being abused or neglected, these include but are not limited to:

- **Physical signs** – such as bruises, burns, cuts, fractures, over-medicated.
- **Behavioural signs** – such as isolation, going missing, use of drugs, spending excessive time alone or online, self-harming.

- **Illnesses and unexplained injury** – sexually transmitted diseases, no explanation given for injury. This also includes infections, dental decay, untreated illnesses.
- **Emotional signs** – depression, anxiety, flinching. They may have a fear of a particular group or individual. This also includes self-harm, suicidal ideation, mental health difficulties.

Changes to behaviour - e.g. a change in the behaviour or confidence of a person. Person is not attending / no longer enjoying their sessions / absent from work, college / goes missing from home / attends sessions in distress / is engaged in risk-taking behaviours linked to trauma responses.

- **Environmental signs** –, e.g., not having enough money, or food, materials related to abuse, torn clothing, unkempt appearance becoming in debt even though they receive finances, having multiple phones, having sudden or unexplained access to money, drugs, or luxury items inconsistent with their financial situation.
- **Relationship signs** - having groups of friends that are new, being in the 'power' or control of another person/s. Experiences of coercion, control or dependency in relationships. Patterns of returning to unsafe individuals or environments.

S.H.E. UK recognises that harm may occur outside the home including online, within peer groups, educational settings, workplaces and communities. Risks in these contexts will be considered as part of safeguarding assessment and decision-making.

5.2 Recognising abuse at S.H.E. UK – there are many ways the abuse/neglect of an adults may become evident. Although there are many, here are some examples to help staff recognise these:

- service user tells of current abuse they are experiencing
- service user tells of non-recent or historic abuse they have experienced.
- The health or behaviour of the service user leaves you with concerns about how they may be caring for their dependents.
- service user indicates they have caused harm to someone else.
- member of staff is experiencing harm at home.
- member of staff has breached code of conduct and caused harm to a service user.
- it emerges that a member of staff has a criminal record not previously disclosed.
- Service user appears guarded or hesitant when discussing someone else.
- Service user talks about lending money to someone and stating they didn't have a choice.
- Service user states they feel they may be being groomed or exploited.
- Changes in emotional wellbeing, behaviour or engagement.
- Experiences of coercion, control or dependency in relationships.
- Disclosure of unsafe or exploitative situations.
- Patterns of returning to unsafe individuals or environments.
- Increased isolation, distress or withdrawal.
- Risk-taking behaviours linked to trauma responses.
- Online vulnerability or unsafe digital interactions.
- Repeated crises or safeguarding concerns.

All staff need to be continually vigilant and actively listen to service users.

6. Accountability

6.1 Roles and responsibilities

Below is an outline of the roles and responsibilities of each Safeguarding role at S.H.E. UK. All contact details are listed in appendix 1.

- **Designated Safeguarding Officer – DSO** – The DSO at S.H.E UK is the Operations Manager. In the absence of the DSO (for example they are not at work), we have a Deputy Designated Safeguarding Officer (DDSO). The DSO role is to ensure staff are aware of the policy and procedure, to provide staff support in case of safeguarding concerns and to ensure procedures are followed when it comes to dealing with and reporting a safeguarding concern. They also ensure that service users know who they can talk to should they have any concerns they need to share. The DSO will be responsible for making the decision regarding the management of the case on behalf of S.H.E. UK.
- **Designated Safeguarding Lead – DSL** – The DSL role is fulfilled by the CEO. The purpose of the DSL role is to resource and oversee safeguarding across the organisation, set the policy and procedural direction, review trends, understand data and performance in safeguarding and report to the board. The DSL promotes a safeguarding culture across the organisation. A safeguarding concern is only raised directly to the CEO when it concerns an allegation or low-level concerns over a staff member or in the case when the DSO or Deputy DSO is unavailable.
- **Designated Safeguarding Trustee Lead** – This role is responsible for the governance of safeguarding including ensuring that S.H.E. UK is legally compliant and delivering services safely on behalf of the Board of Trustees. They also support the DSL to do their role.
- **All staff** (paid and unpaid) working within S.H.E. UK are responsible for the operation of this policy and have a duty to report any concern, allegation, or suspicion of abuse, to the Designated Safeguarding Officer (or a DDSO in the absence of the DSO). This must be done immediately after the disclosure/allegation/suspicion arises.

6.2 Dealing with a concern.

If an adult raises a concern with you that may relate to abuse or possible abuse, you should:

- Listen, do not interrupt.
- You **MUST NOT** promise them that you will keep the matter confidential. Explain to him/her/them that you must report the matter to the Designated Safeguarding Officer, as this is your duty. If a child or adult tells you that they are

experiencing abuse reassure them they've done the right thing in telling you and the abuse is not their fault.

- Staff are expected to exercise professional curiosity where information provided appears inconsistent, where there are indicators of hidden harm, or where further exploration is required to understand risk.
- Once the individual has finished speaking, it may be necessary to ask questions.
- Only ask questions up until it is clear to you what actions you may need to take next. You are **not** conducting an investigation; you must only establish the key facts.
- Only ask non-leading questions. E.g. if a person tells you they have been hurt, ask "How did you get hurt?" rather than "Did someone hit you?" the latter which presumes an answer.

If you are concerned someone is **in immediate danger**, contact the police straight away by calling 999 and inform the Designated Safeguarding Officer as soon as possible.

The concern and action taken needs to be recorded on the **incident report form** (appendix 4).

PLEASE NOTE: If the person is distressed and you are unable to stay with them, contact an appropriate member of staff to stay with the individual, until the Designated Safeguarding Officer arrives.

6.2.1 For non-emergency safeguarding concerns, speak to your Designated Safeguarding Officer about your concern **within 24 hours**. This should be done as soon as possible and on the same day that you identify the concern. Be mindful of the need to manage confidentiality at all times, this information must only be shared with the Designated Safeguarding Officer and others on a need-to-know basis.

It is important to act on all concerns without delay and to report them in accordance with this procedure. The Designated Safeguarding Officer will make decisions about the next steps and may seek advice from others including external agencies.

6.2.2 Applicable to adults only - We will ensure that the person is part of the decision-making process in line with 'Making Safeguarding Personal' – this is on the premise of having conversations with people about how we might respond in safeguarding situations to enhance involvement of the person – working alongside a person as an expert in their own lives notwithstanding our duty of care. The Designated Safeguarding Officer will ensure that the safeguarding concern has been discussed with the client (where it is safe to do so) to obtain their view of what they would like to happen and tell them of our duty to pass on our concerns if this is required. The Designated Safeguarding Officer will clarify matters regarding consent to share information have been addressed properly.

The consent of the abused person should be sought before a referral to the Local Authority Safeguarding Team (L.A.S.T.) is made.

However, there may be circumstances where consent may not be sought or there is a need to overrule their wishes.

For example:

- If the person is not able to make an informed choice or where this is uncertain.
- If the adult or others affected by the situation are in a life-threatening situation.
- If they or other people are otherwise at risk.
- If a crime has been committed.
- **A child (aged under 18) is at risk.**
- If the person causing or alleged to be causing the harm is a member of staff or providing care in another setting.

Any decision to overrule the wishes of the abused person should be recorded on the incident Form, with the reasons for such a decision, and a copy should be kept in the S.H.E UK Safeguarding File, held on SharePoint, password protected and accessed only by those who have authorised access. This will be explained to the person.

6.2.3 The Designated Safeguarding Officer will make decisions accordingly within 24 hours of the concern being alerted to them.

The Designated Safeguarding Officer may make any of these decisions:

- There is no further action to take. This is because there are no safeguarding concerns.
- The threshold has not been met to refer onwards, or the service user does not give consent to refer but does have needs. S.H.E. UK will continue to provide support, and this may involve signposting to other sources of help including helplines, counselling or other avenues of external support. It may involve ongoing monitoring and support for the person by S.H.E. UK.
- Referral is made to other agencies with informed consent of the service user.
- Referral is made to Local Authority Adult Social Services or Police if there is reasonable cause to suspect that the person has experienced or is at risk of abuse or neglect or are serious concerns about the wellbeing of the person.
- Refer to the Police or other Emergency Services if there is an emergency requiring immediate action.
- Information sharing with other agencies should be in line with the principles set out in this policy and procedure.

Where an onward referral is needed, it must be made by the Designated Safeguarding Officer using the procedures and forms as set out by the Local Authority Adult Social Care. Having made the referral, there may need to be on going work required by the Designated Safeguarding Officer, including providing further reports or attendance at meetings, in line with the multi-agency procedures.

If a referral is not accepted or there are delays, the Designated Safeguarding Officer should be advised by the Local Authority and given reasons for these decisions. If the Designated Safeguarding Officer remains concerned, they should be proactive in pursuing further discussions with the Local Authority and consider escalating their concerns through the appropriate Local Authority's safeguarding partnership procedure.

The Designated Safeguarding Officer also will debrief with staff and to offer support and supervision during and after any safeguarding incident. The Designated Safeguarding Lead should also be advised. Trustees are advised as a part of the recording and monitoring protocols as set with the DSL.

The Designated Safeguarding Officer will make a judgment as to whether a safeguarding referral to the Local Authority Safeguarding Team (L.A.S.T.) is appropriate. If there is doubt, then advice must be sought from L.A.S.T. – NB - there may be different departments for adults and children.

If there is any disagreement between staff and the Designated Safeguarding Officer about the decision, then it is to be taken that the matter must be referred to the Designated Safeguarding Lead to make a decision.

If the DSO and DSL do not agree that a safeguarding referral must be made, the staff member may make a referral themselves but must inform the DSO and DSL that they have done so.

We expect this to be the case in exceptional circumstances, as the safeguarding ethos, culture and policy within S.H.E. UK should offer clear direction and decision making. The staff member may need to attend meetings/remain involved.

It is not our responsibility to decide whether someone has been abused or to undertake enquiries into abuse, but we are responsible for responding to and reporting concerns.

6.2.4 The Designated Safeguarding Officer (or DDSO only in the DSO's absence) has a duty to make a referral to the relevant Local Authority Safeguarding Team (L.A.S.T.) or Multidisciplinary Agency Safeguarding Hub (M.A.S.H.) whenever an allegation, disclosure or suspicion of abuse or an expression of concern about abuse is made.

6.2.5 In cases where the abused person wishes to self-refer to the Local Authority, the matter must still be referred to the Designated Safeguarding Officer who should refer the matter to the L.A.S.T. accordingly regardless of the individual's decision to self-refer. Notwithstanding paragraph 6.2.2, which refers to seeking consent/overriding the need for consent.

6.2.6 The welfare of the person concerned, including the welfare of any other adult or children who may be at risk, must always take precedence over confidentiality. Therefore, these procedures must be followed, irrespective of any request to maintain confidentiality, as long as those thresholds above have been met.

6.2.7 There is a flowchart at the end of this document outlining key elements of the above.

6.3 The Board of Trustees will be provided with a summary of all incidents at each Board meeting to enable them to have oversight of the number and nature of incidents, referral outcomes, learning themes. In addition, staff safeguarding training compliance will be reported on.

6.4 Recording – all staff must complete an incident form (appendix 4) detailing the concern which should then be forwarded to the DSO. Record all relevant details on the safeguarding recording form (see appendix 5) and all subsequent actions and decisions must be recorded.

- Note anything about the person which is connected i.e. any visible injuries including the position and description, the demeanour of the person i.e. crying, withdrawn. These should also be recorded immediately afterwards.
- Take care to distinguish between fact, observation, allegation and opinion. It is important that the information you have is accurate, even if you do not have every piece of information, it is still important to capture in a report.
- There is an expectation to record **contextual and relational information**.
- Indicate where records are kept, and their security (Safeguarding records are password protected and only accessible by the DSL, DSO and DDSO) In the event, an allegation is against a staff member or DSL those records will be restricted accordingly to maintain confidentiality.

7 Procedure for managing allegations against staff*

*'Staff' includes trustees, staff and volunteers, partners, contractors, visitors.

This procedure is relevant where there are safeguarding concerns about a member of staff. Staff should raise any concerns, including low level concerns, about the behaviour of colleagues and S.H.E. UK will fully support anyone who in good faith, reports that a colleague may pose risk to a child or adult.

Safeguarding concerns can include where a staff member may have:

- i. behaved in a way that has – or may have - harmed a child or an adult; behaved in a way that could lead to a child or an adult being harmed.
- ii. possibly committed or is planning to commit a criminal act towards a child or an adult.
- iii. behaved toward a child or an adult in such a way that it indicates that they could pose a risk of harm to service users.
- iv. behaved in a way that indicates they may be unsuitable to work with service users, whether this has occurred whilst working at S.H.E. UK or elsewhere, including online.

Safeguarding concerns about a staff member may arise for example through an allegation being made about them; a complaint; a breach of code of conduct or engaging in poor working practices; information in a Disclosure and Barring List (DBS) check; online behaviour; historical concerns coming to light, or concerns raised by another organisation.

It is important that all allegations and concerns are taken seriously and will not be ignored or downplayed. They will be properly addressed in line with this procedure and outcomes recorded. Reports must be made immediately or as soon as possible after the concern comes to light and within the day.

7.1 Responding to a safeguarding concern about staff - Where there are safeguarding concerns about staff, including concerns about poor working practices, follow the steps below. Refer to the flowchart for Managing Allegations against Staff (Appendix 6) and the Safeguarding Reporting form (Appendix 4).

Concerns must be reported **the same day** to the **Designated Safeguarding Lead (DSL)** (not the DSO or DDSO). If the DSL is unavailable, report to the **Chair of Trustees**.

It is not necessary for you to be completely certain, and it is expected that you notify any concerns that may impact on the wellbeing of service users. Do **not** alert the subject of the allegation. The DSL will advise the DST of the allegation. If the allegation is about the DSL, notify the Chair of Trustees and they will lead the investigation following the steps below.

7.2 Record all relevant details on the Safeguarding Incident Form (Appendix 4) and forward to the DSL. The DSL will ensure that all subsequent actions and decisions are recorded.

Examples (limited) include:

- concerns relating to inappropriate relationships between members of staff and service users, such as:
 - having a sexual relationship with service user if in a position of trust even if the relationship appears consensual.
 - the sending of inappropriate text/e-mail messages or images, providing gifts, socialising.
 - Possession of indecent photographs/pseudo-photographs of service users
- Historical concerns.
- Concerns at home relating to perpetrating domestic abuse, child abuse or online harm.

7.3 Steps the DSL may take:

The DSL will follow this procedure, dealing with matters quickly, fairly and consistently so that individuals are safeguarded, any evidence is secured, and the staff member who is subject of the allegation is supported. This may involve working with others, both internally (including Trustees and HR) as well as external agencies (e.g. Police, Local Authority, LADO in respect of a child, DBS).

There may be up to five strands in the management of any safeguarding allegation and any or all of them may be required depending on the circumstances.

1. A police investigation if a criminal offence may have been committed.
2. Refer to the Local Authority Designated Offer in children's cases or Adult Social Services for advice.
3. Make a safeguarding referral, following up in writing where there are safeguarding concerns.
4. The S.H.E. UK's internal process including considerations about disciplinary action.
5. Referral to the Disclosure & Barring Service and/or referral to a professional registration body for professional misconduct

6. Report to the commissioners/funders
7. Serious incident report to the Charity Commission, if appropriate.

An initial plan for the enquiry with proposed actions and timescales must be confirmed within one working day by the DSL. Consideration should be given to these areas:

- which of the strands of inquiry (see above list) are thought to be required at this stage. This may change as the enquiry progresses.
- if any action is required to safeguard service users, staff, the building, services, records or equipment from the subject of the allegation.
- what other information or advice is required, how it will be sought, when, from whom.
- what information to share with the subject of the allegation and with any other agency (if they work elsewhere); any arrangements to support the person; decisions about suspension or altering duties of person subject to allegation.
- what information to share, and when, with other staff; managing speculation, managing media interest if it should arise.
- if criteria is met for a serious incident report being made to the Charity Commission.
- Suspension, altered duties, and support for accused staff.
- Internal/external communications plan.

Liaise with the Local Authority Designated Officer – LADO (children only) - The LADO role exists to support agencies when there are allegations against staff, the LADO responsibility is only for children; for matters relating to staff working with adults, contact Adults Social Care. The LADO is responsible for providing advice to organisations about allegations against staff and overseeing individual cases and monitoring their progress.

Where there are concerns about staff who work with children (see above note about eligibility), the LADO must be contacted within one working day. If the threshold for the LADO is met, then they are involved until conclusion of the inquiry and will oversee that relevant reports and lines of inquiry are undertaken.

A police investigation if a criminal offence may have been committed

A Police report is made where there has been a crime or a crime is suspected.

Enquiries by social care about adult or child safeguarding

Follow the 'Managing safeguarding concerns about service users' procedure above to make referrals about adult and child safeguarding.

The S.H.E. UK's internal process

Internal enquiries must be taken without delay and involve support from a HR professional. Enquiries should be concluded, even if the person concerned refuses to cooperate, resigns or otherwise stops providing their services or the person is deceased. Conclusions may fall into these areas:

- Substantiated: there is sufficient evidence to say the allegation is true.
- Malicious: evidence disproves the allegation which was made maliciously.
- False: evidence disproves the allegation, but it was not made to deceive.
- Unsubstantiated: insufficient evidence to either prove or disprove the allegation.

- Unfounded: there is no evidence or proper basis which supports the allegation being made.

Thereafter decisions must be made about outcomes in relation to the staff member. Compromise, settlement or non-disclosure agreements must never be used in these cases.

S.H.E. UK has a duty to refer to DBS any person engaged to work in regulated activity where the allegation has been substantiated and where we withdraw permission for them to work in regulated activity. The duty remains even where we would have taken this action, but the person was re-deployed, dismissed, resigned, retired, or left.

Details of malicious allegations should be removed from personnel records. For all other allegations, records are kept on the personnel file of the person until the accused has reached normal pension age or for 10 years from the date of the allegation if that is longer.

7.4 There is flowchart at the end of this document outlining key elements of the above.

7.5 Support for you (the reporting staff member): Being party to something which gives you cause for concern about an individual's welfare is often distressing especially if you are not sure what to do with your concerns. Please note the DSO and DDSO's will provide support to you. In addition, many staff have access to clinical supervision, and the availability of peer support. The topic of safeguarding (reported concerns, training and queries) will be discussed during every staff supervision session.

8. Safeguarding Learning and development for staff.

- 8.1** During the induction period for new staff, volunteers and Trustees, they will receive the safeguarding policy and procedure for their familiarisation **before** they start working with clients – usually in the first week of their employment. In addition, their Line manager will go through this with them as soon as they have read it, to answer any questions. Trustees will receive a copy of the policy and have the opportunity to discuss governance arrangements with the Designated Safeguarding Trustee in the first month of joining the Board.
- 8.2** All S.H.E. UK staff (paid and unpaid) will be provided with Safeguarding learning and development opportunities both internally and externally. Internal opportunities will include reflective safeguarding discussions, peer learning and themed staff meetings taking place periodically throughout the year as well as refresher training every year.
- 8.3** All Designated Safeguarding Officers, DDSO, DSL, including those who may in certain circumstances be required to perform this function, must be provided with appropriate staff development by attending training regularly – every two years as a minimum.
- 8.4** All trustees will undertake safeguarding at governance level upon joining the board and this will be refreshed every year.

8.5 Records will be kept of all attendance at training and learning and development opportunities for all staff and Trustees.

8.6 Safeguarding practice will be continuously reviewed through:

- Case reviews and reflective practice
- Analysis of trends and patterns
- Service user feedback where appropriate

9. Partnership Working

S.H.E. UK acknowledges effective safeguarding requires collaboration with external agencies, including Local Authority Adult Safeguarding Teams (as mentioned above), as well as:

- Mental health services
- Domestic abuse services
- Police and criminal justice agencies
- Specialist sexual violence services

S.H.E. UK will work in partnership to ensure coordinated, effective responses. See appendix 3 for details.

Appendix 1

- Designated Safeguarding Officer and Deputy DSO.
 - a. DSO - Rachael Cumberland, Operations Manager
 - b. DDSO - Ben Roper – Qualified Therapist
- Designated Safeguarding Lead – CEO – Lisa Lenton
- Chair of the Board of Trustees (and Designated Trustee Lead)– Reena Pastakia

Appendix 2

Legislation and Government Initiatives

Sexual Offences Act 2003

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

The Sexual Offences Act introduced a number of new offences concerning vulnerable adults and children. www.opsi.gov.uk

Mental Capacity Act 2005

<http://www.legislation.gov.uk/ukpga/2005/9/introduction>

Its general principle is that everybody has capacity unless it is proved otherwise, that they should be supported to make their own decisions, that anything done for or on behalf of people without capacity must be in their best interests and there should be least restrictive intervention. www.dca.gov.uk

Deprivation of Liberty Safeguards

[Deprivation of liberty safeguards: resources - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Introduced into the Mental Capacity Act 2005 and came into force in April 2009. Designed to provide appropriate safeguards for vulnerable people who have a mental disorder and lack

the capacity to consent to the arrangements made for their care or treatment, and who may be deprived of their liberty in their best interests in order to protect them from harm.

The Care Act 2014 – statutory guidance

<http://www.legislation.gov.uk/ukpga/2014/23/introduction/enacted>

The Care Act introduces new responsibilities for local authorities. It also has major implications for adult care and support providers, people who use services, carers and advocates. It replaces No Secrets and puts adult safeguarding on a statutory footing.

Care and Support Statutory Guidance

[Care and support statutory guidance - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/270272/care-and-support-statutory-guidance.pdf)

Making Safeguarding Personal

<https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal#:~:text=%20Making%20Safeguarding%20Personal%20%201%20Implementing%20MSP,in%20the%20context%20of%20Making%20Safeguarding...%20More%20>

Making Safeguarding Personal (MSP) is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them. It is a shift from a process supported by conversations to a series of conversations supported by a process.

Case studies explaining this approach can be found here - [Making Safeguarding Personal 2018/19 case studies \(local.gov.uk\)](https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal#:~:text=%20Making%20Safeguarding%20Personal%20%201%20Implementing%20MSP,in%20the%20context%20of%20Making%20Safeguarding...%20More%20)

Think Family

[Think Family - NHS Safeguarding](https://www.nhs.uk/healthcareprofessionals/working-together-to-safeguard-children-2023/)

Children Act 1989

<https://www.legislation.gov.uk/ukpga/1989/41/contents>

The Children Act 1989 provides the overarching legal umbrella of 'ill-treatment and impairment of health or development'. Modern statutory frameworks (such as Working Together to Safeguard Children) interpret this law to explicitly include modern safeguarding threats like CCE, CSE, County Lines, child-on-child abuse, harmful sexual behavior, online exploitation, and educational neglect.

Children Act 2004

<https://www.legislation.gov.uk/ukpga/2004/31/contents>

The Children Act 2004 is a development from the 1989 Act. It reinforced that all people and organisations working with children have a responsibility to help safeguard children and promote their welfare.

Working together to safeguard children 2023 (updated in 2026)

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

The Department for Education published a new edition of the statutory guidance Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children (Department for Education, 2018)

The guidance sets out what organisations in England must do to safeguard all children and young people under the age of 18. It was updated in 2023 and 2026.

Disclosure & Barring Service 2013

<https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

Criminal record checks: guidance for employers - How employers or organisations can request criminal records checks on potential employees from the Disclosure and Barring Service (DBS). www.gov.uk/dbs-update-service

Safeguarding Vulnerable Groups Act 2006

<http://www.legislation.gov.uk/ukpga/2006/47/contents>

Introduced the new Vetting and Barring Scheme and the role of the Independent Safeguarding Authority. The Act places a statutory duty on all those working with vulnerable groups to register and undergo an advanced vetting process with criminal sanctions for non-compliance. www.opsi.gov.uk

Appendix 3

In an emergency call 999.

Safeguarding links – Local and National

Nottinghamshire

Safeguarding Nottinghamshire

[Safeguarding adults - Multi-Agency Safeguarding Hub \(MASH\) | Nottinghamshire County Council](#) - telephone: 0300 500 80 90

Nottinghamshire MASH consultation line for professionals: 0115 977 4247

<https://www.nottinghamshire.gov.uk/care/childrens-social-care/nottinghamshire-children-and-families-alliance/pathway-to-provision/multi-agency-safeguarding-hub-mash>

Adult Social care – Nottinghamshire

[Adult social care | Nottinghamshire County Council](#)

Nottinghamshire Children’s social care

[Children's social care | Nottinghamshire County Council](#)

Children’s and adolescent mental health

[Child and Adolescent Mental Health Services \(CAMHS\) | Nottinghamshire Healthcare NHS Foundation Trust](#)

Nottingham City

Safeguarding – Nottingham City

[Adult Safeguarding - Nottingham City Council](#)

Adult social care – Nottingham city

[Adult Social Care - Nottingham City Council](#)

Nottingham City Children’s social care

[Children and Families - Nottingham City Council](#)

Nottingham early help

[Homepage | Early Help Nottingham](#)

Derbyshire

Adult social care – Derbyshire

[Adult care services - Derbyshire County Council](#)

Derbyshire Safeguarding

[Home - Derbyshire Safeguarding Adults Board \(derbyshiresab.org.uk\)](#)

Derbyshire Children’s social care

[Children and family services - Derbyshire County Council](#)

Derbyshire early help

[Early Help \(ddscp.org.uk\)](#)

Support websites

Self-harm support – 11 – 18 year olds

[Information for 11-18 year olds on coping with self-harm - Mind](#)

Sexual Assault Referral Centre (SARC) – Topaz centre

[Home - Topaz Centre](#)

Suicide and self-harm support

[People That Self Harm - Harmless](#)

[National Suicide Prevention Helpline Uk » Home \(spuk.org.uk\)](#)

[Samaritans | Every life lost to suicide is a tragedy | Here to listen](#)

Mental Health

[Help in a crisis | Nottinghamshire Healthcare NHS Foundation Trust](#)

[Protecting and improving your mental wellbeing | Nottinghamshire County Council](#)

[Mental Health Services in Nottingham - Nottingham City Council](#)

[Derby & Derbyshire - Emotional Health & Wellbeing](#)

[\(derbyandderbyshireemotionalhealthandwellbeing.uk\)](#)

Domestic abuse services

[Nottinghamshire Womens Aid - Nottinghamshire Women's Aid \(nottswa.org\)](#)

[Refuge, the largest UK domestic abuse organisation for women](#)
[ManKind Initiative - Supporting Male Victims of Domestic Abuse](#)

FGM Support services

[Mojatufoundation.org – Transforming communities through training, media, community engagement and health initiatives, especially tackling female genital mutilation](#)

Radicalisation

[Prevent Duty - Nottingham City Council](#)
[ACT Early | Prevent radicalisation](#)
[Prevent | Nottinghamshire Police](#)

Police

[Home | Nottinghamshire Police](#)

Disability support

[Integrated children’s disability service \(ICDS\) | Nottinghamshire County Council](#)
[Special educational needs and disabilities \(SEND\) | Nottinghamshire County Council](#)

National

NHS mental health services - [Mental health services - NHS \(www.nhs.uk\)](#)
MIND - [Home - Mind](#)
[Where to get urgent help for mental health - NHS \(www.nhs.uk\)](#)
NSPCC - [NSPCC | The UK children's charity | NSPCC Helpline 0808 800 5000](#)

Appendix 4 - Reporting template:

Appendix 4

S.H.E. UK Safeguarding Incident Report Form

To be completed as soon as possible following a safeguarding incident and within 24 hours. Copies of this form can be found on SharePoint. Alternatively, hard copies of this form are available in the main office on the first floor, or in the folder located in each therapy room.

Section one – Initial information	
Date of report:	
Time of report:	
Form completed by (Full name):	

Role (e.g. support worker, therapist etc.):	
Contact details (phone/email):	

Section two – Person at risk			
Full name of person at risk:			
Who is at risk? Tick one	ADULT <input type="checkbox"/>	CHILD <input type="checkbox"/>	
Date of Birth:		Age:	
Gender:	Ethnicity:	Nationality:	Religion:
Contact details:			
Address:			

Section three – Consent:	
Is the person named above aware that information is being passed on?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have they consented to information being passed on?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If this is a child, have parents consented to information being passed on?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please write what has been discussed with the client about information sharing:	

Section four – Incident details	
Date and time of incident:	
Location of incident (if applicable):	
How did the concern come to your attention (e.g. disclosure, observation etc):	

<p>Details of incident (where appropriate include: What was said, what you observed, any physical or behavioural signs):</p> <p><i>(Ensure to distinguish between fact/observation/allegation/opinion)</i></p>	
<p>Are there any known risks to others? If yes, please provide details:</p>	
<p>Immediate Action taken: (e.g. emergency services contacted/DSO's informed) (Please include time and dates)</p>	

<p>Section five – Details of the person/s that the concern or allegation is against (if applicable):</p>	
<p>Full Name:</p>	
<p>Role or Relationship to the alleged victim</p>	
<p>Age/Date of Birth</p>	
<p>Address:</p>	
<p>Telephone Number:</p>	

<p>For reporting staff member:</p>	
<p>Signed:</p>	

Date:	
-------	--

Section Five – For Designated Safeguarding Officer/lead only:	
Date/time report received:	
DSO Name:	
Action taken:	
Referrals made to external agencies? (if so, who and when)	
Outcome:	
Signed:	

Email this completed form ASAP to Rachael Cumberland – Rachael.cumberland@she-uk.org.uk
Telephone: 07899 993023

If Rachael is unavailable, please contact:

[Ben Roper – ben.roper@she-uk.org.uk](mailto:ben.roper@she-uk.org.uk) Telephone **07950 757658**

If none are available, please contact Lisa Lenton – lisa.lenton@she-uk.org.uk Telephone: **07399 073396.**

Appendix 5

Revision date	Summary of Changes	Other Comments
16.07.24	Introduction of combined safeguarding policy for adults and children – superseding previous standalone policies (number 8 & 32)	

25.06.25	Updated Designated Safeguarding Trustee details, reworded some areas to make reading easier – no contextual change to content however. Redesigned incident form now in use.	
30.06.2025	Reviewed and updated with contextual safeguarding information.	



Safeguarding concern - adult & child

Complete Incident Form, share with DSO

Contact police/ambulance in an emergency
Inform Designated Safeguarding Officer (DSO) immediately

DSO decides on next steps (case specific) within 24 hours.

DSO may:

- Seek further information and examine previous records;
- Seek advice from others;
- Clarify information sharing and consent to share; Speak with the child, adult at risk and/or family members

Complete Incident Form

No further action

Continue to provide early help & support to adult or child and/or signposts to other agencies

Make referral to other agencies for support, having sought informed consent

DSO makes a safeguarding referral to L.A.S.T or Police, following it up in writing.

In an emergency situation, contact emergency services - call 999.

All steps are recorded on an ongoing basis.



Safeguarding concern - managing allegations against staff or volunteer who has:

- Behaved in a way that has harmed an adult or child, or that could lead to harm
- Possibly committed a criminal act to an adult or child
- Behaved in a way that indicates they could pose a risk of harm
- Behaves in a way that indicates they may be unsuitable to work with users of our service whether this has occurred whilst working at S.H.E UK or elsewhere, including online.

Contact police/ambulance in an emergency

Inform Designated Safeguarding Lead (DSL) immediately

Complete Incident Form. Inform Designated Safeguarding Lead (DSL).
Inform Chair of Trustees if concern is about the DSL

DSL decides on next steps (case specific) within 24 hours. DSL may:

- Seek further information and examine previous records;
- Seek advice from others e.g. Local Authority, LADO, Police, DBS;
- Speak with staff, volunteers and/or service users.

These steps apply for current staff/volunteers as well as those who have left.

Undertake internal investigation in relation to employment or volunteering at S.H.E UK

Refer to Local Authority Designated Officer (LADO) (in children's cases) or Adult Services for advice.

Make a safeguarding referral, followed up in writing where there are safeguarding concerns for child or adult at risk.

Report to Police

Report to DBS, commissioners or others (e.g. Charity Commission)

All steps are recorded on an ongoing basis.