Safeguarding Children and Adults at Risk Policy and Procedures

Protection reporting risk management and safer practice

Document control	Details
Organisation	Moment of Truth Well-being Group Ltd
Registered office	Bizspace, Amber Court, Newcastle Business Park, Newcastle, NE4 7YA
Document owner	Board of Directors
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Review	October 2027, or sooner after a serious incident, legal change or learning review

Policy statement

Moment of Truth Well-being Group Ltd is committed to safeguarding every child and adult who uses, visits, works with or is affected by our services. Safeguarding is everyone's responsibility. The welfare of the child is a primary consideration, and concerns about abuse, neglect, exploitation, self-harm, suicide, domestic abuse or unsafe care will be acted on promptly, proportionately and in partnership with statutory agencies.

This policy applies to directors, employees, counsellors, sessional workers, students, placement practitioners, volunteers, contractors, consultants and anyone acting on behalf of Moment of Truth Well-being Group Ltd. It covers face-to-face, telephone, online, outreach, group, school, workplace and community activity.

Immediate action

- If anyone is in immediate danger, a serious offence is occurring, or urgent medical help is needed, call 999.
- Do not wait for the Designated Safeguarding Lead before contacting emergency services or children's or adult social care where delay may increase risk.
- After urgent action, notify the Designated Safeguarding Lead as soon as safely possible and make a factual record.

Safeguarding leadership and reporting lines

Role	Named person or route	Responsibility
Board of Directors	Collectively responsible	Governance, resources, assurance, safer culture and external reporting where required.
Nominated Safeguarding Director	Sharon Boyd	Director-level oversight; receives concerns involving the DSL or another director and ensures independent escalation.
Designated Safeguarding Lead	Sharon Boyd	Operational safeguarding lead, consultation, referrals, records and agency liaison.
Deputy DSL	[INSERT NAME]	Acts when the DSL is unavailable or conflicted.
All workers and volunteers	Immediate report to DSL or Deputy	Recognise, respond, record and report; refer directly if necessary.
Concern about DSL or Director	Nominated Safeguarding Director or another unconflicted director	Must not be routed through the person concerned; obtain statutory or independent safeguarding advice as required.
Concern about Nominated Safeguarding Director	Another unconflicted director and statutory agency as required	Independent escalation, advice and recorded director action.

Key principles

- Listen to and respect the person; take account of communication needs, disability, neurodivergence, culture and protected characteristics.
- Act in the child's best interests and take a whole-family approach where adult difficulties affect children.
- Use professional curiosity; do not assume another professional has acted.
- Share relevant information lawfully when necessary to protect a child or adult at risk; consent is not required where seeking it would place someone at risk, cause delay or prejudice an investigation.
- Use the least intrusive proportionate response consistent with safety, while recognising that safeguarding overrides organisational reputation.
- Record decisions, reasons, consultation, dissent and follow-up.

Legal and statutory framework

This policy is written for work in England. Moment of Truth Well-being Group Ltd will also follow the local multi-agency arrangements and law applicable where a service is delivered elsewhere.

- Children Act 1989, including section 17 children in need and section 47 enquiries where there is reasonable cause to suspect significant harm.
- Children Act 2004, including duties and arrangements for agencies to work together to safeguard and promote children's welfare.
- Children and Social Work Act 2017 and local safeguarding partner arrangements.
- Working Together to Safeguard Children, current statutory guidance, and the Sunderland Safeguarding Children Partnership procedures and Threshold of Need.
- Care Act 2014, particularly sections 42 to 46, safeguarding duties and the principles of empowerment, prevention, proportionality, protection, partnership and accountability.
- Mental Capacity Act 2005 and associated Code of Practice, including decision-specific capacity and best-interests decision-making.
- Safeguarding Vulnerable Groups Act 2006 and Protection of Freedoms Act 2012 relating to regulated activity, barring and lawful DBS checks.
- Domestic Abuse Act 2021, including recognition that a child who sees, hears or experiences the effects of domestic abuse is a victim.
- Counter-Terrorism and Security Act 2015 and current Prevent and Channel guidance where applicable.
- Female Genital Mutilation Act 2003, Serious Crime Act 2015, Modern Slavery Act 2015, Sexual Offences Act 2003 and Forced Marriage (Civil Protection) Act 2007.
- Data Protection Act 2018 and UK GDPR; Human Rights Act 1998; Equality Act 2010; Public Interest Disclosure Act 1998.
- BACP Ethical Framework for the Counselling Professions 2018 until midday on 3 November 2026, and the BACP Ethical Framework 2026 thereafter, together with applicable professional registration and competence requirements.
- Relevant contractual, commissioner, insurer and professional-body safeguarding requirements, including duties to report serious incidents, allegations or regulatory concerns where applicable.

Definitions

Term	Meaning
Child	Anyone under 18.
Adult at risk	An adult aged 18 or over who has needs for care and support, is experiencing or at risk of abuse or neglect, and because of those needs is unable to protect themselves from the abuse or neglect or its risk.
Safeguarding children	Protecting children from maltreatment; preventing impairment of health or development; ensuring safe and effective care; and taking action so children have the best outcomes.
Significant harm	The statutory threshold that may trigger section 47 enquiries. Harm includes ill-treatment or impairment of health or development.
Early Help	Co-ordinated support as soon as problems emerge, before needs escalate. It is not a substitute for a statutory referral where significant harm is suspected.

Term	Meaning
Abuse and neglect	Includes physical, emotional and sexual abuse; neglect; domestic abuse; exploitation; discriminatory, organisational, financial or material abuse; modern slavery; self-neglect; online abuse; harmful practices and radicalisation.

Recognising concerns

- Disclosure or allegation; unexplained injury; fear, withdrawal, distress or marked behavioural change.
- Poor hygiene, hunger, unsafe accommodation, inadequate supervision, missed health care or persistent non-attendance.
- Sexualised behaviour, exploitation, grooming, coercion, trafficking, county lines, forced marriage, FGM or honour-based abuse.
- Domestic abuse, parental mental ill-health, substance misuse, suicidal behaviour or family crisis affecting a child's care or safety.
- Financial abuse, neglect, coercive control, self-neglect, organisational abuse or misuse of medication affecting an adult at risk.
- Online grooming, sextortion, harmful content, cyber abuse, extremist influence or unsafe professional boundaries.
- A pattern of low-level concerns that becomes significant when viewed together.

Responding to a disclosure

1. Stay calm, listen and take the person seriously.
2. Do not promise secrecy. Explain that information will be shared only with people who need it to help keep them safe.
3. Do not investigate, confront the alleged perpetrator or ask leading questions. Use only open prompts needed to clarify immediate safety.
4. Check immediate danger, injuries, medical needs, access to children or adults at risk, and whether the alleged perpetrator is present.
5. Call 999 where urgent. Preserve evidence and do not ask the person to repeat the account unnecessarily.
6. Record the person's own words, date, time, location, observations, questions asked, actions and people informed. Sign and date the record.
7. Report immediately to the DSL or Deputy. If unavailable, conflicted, or action is not taken and risk remains, refer directly to the appropriate statutory service and inform an unconflicted director.

Safeguarding decision and referral thresholds

Level	Indicators	Required response
Emergency	Immediate threat to life or serious injury; suicide attempt in progress; child left without safe care; alleged perpetrator present and dangerous; serious crime occurring.	Call 999. Arrange safe supervision. Contact children's or adult social care. Notify DSL and record.
Child protection	Reasonable cause to suspect a child is suffering or likely to suffer significant harm, including serious neglect, abuse, exploitation, or severe parental crisis creating danger.	Refer promptly to Children's Safeguarding. Do not seek consent where this could increase risk or delay protection. Follow up in writing and escalate if no safe response.
Child in need or Early Help	Needs are emerging or multiple and cannot be met by universal services; parenting capacity, mental health, housing, domestic abuse or other pressures are affecting the child, but immediate significant harm is not indicated.	Discuss with family where safe. Seek consent for Early Help and co-ordinate support. If consent is refused, reconsider risk and whether statutory referral or lawful information sharing is required.
Adult safeguarding	Care and support needs plus abuse or neglect or risk, and the adult is unable to protect themselves because of those needs.	Refer to Adult Social Care under local procedures. Consider capacity, wishes and advocacy, but act without consent where lawfully necessary to protect the person or others.
Welfare or clinical concern	No safeguarding threshold identified, but distress, risk or unmet health/social need exists.	Safety plan, clinical escalation, GP/crisis service or signposting; review and document. Escalate if risk changes.

Parental suicidal thoughts and child safeguarding pathway

A parent's suicidal thoughts do not automatically mean children's social care must be contacted. The decision must be based on the child's safety, the parent's presentation, the credibility and immediacy of the suicide risk, supervision and protective factors. However, a child must never be treated as the parent's safety plan or left responsible for monitoring the parent.

Mandatory whole-family questions

- Are there children, unborn children or dependent adults in the household or expected to arrive? What are their ages and additional needs?
- Where are the children now, who is supervising them, and is that adult safe, sober, capable and aware of the risk?
- Has the parent made an attempt, formed a plan, obtained means, written messages, chosen a place or time, or said the child may find them?
- Could a child witness an attempt, discover the parent after injury or death, access medication, weapons or other means, or be left alone?
- Is the parent the sole or main carer? Is there a safe adult who can take over immediately and remain for as long as needed?
- Are there domestic abuse, substance use, psychosis, severe depression, recent loss, relationship breakdown, financial stress, previous attempts or escalating behaviours?

- Can the parent engage with emergency or crisis support and agree to a practical plan that does not rely on a child?
- What has the child seen, heard or been told, and what support does the child need now?

Action thresholds for parental suicidality

Risk position	Child safeguarding action
Immediate or high risk	Call 999 or urgent mental-health services. Ensure children are with a safe adult and cannot access means or the scene. Make a same-day referral to Children's Safeguarding where children may be without safe care, may witness or discover the parent, are being used to prevent suicide, or significant harm is suspected. Do not leave the parent alone if safe to remain.
Elevated or uncertain risk	Consult the DSL immediately and seek same-day advice from Children's Safeguarding. Arrange adult mental-health assessment and a written family safety plan. A referral is indicated where protective care cannot be verified, the parent disengages, risk fluctuates rapidly, or cumulative concerns affect parenting capacity.
Lower immediate risk with reliable protection	Complete a documented suicide and whole-family risk assessment. Support GP or mental-health contact, agree means restriction and adult supervision as appropriate, identify who will care for the child if risk rises, and review promptly. Consider Early Help with informed consent where the family needs co-ordinated support.
Refusal of help or consent	Consent is not a barrier to emergency action or proportionate information sharing where a child may be at risk. Record the legal and safeguarding rationale, what was shared, with whom and why.

Family safety plan requirements

- Named safe adult responsible for each child; contact details and confirmation they have accepted responsibility.
- Separation of children from medicines, weapons, ligatures, toxic substances, vehicles or locations identified in the plan.
- Emergency contacts: 999 for immediate danger, NHS 111 option 2 for urgent mental-health support where locally available, GP or crisis team, and children's social care.
- A plan for school collection, overnight care, pets, transport and essential medication if the parent is taken to hospital.
- Age-appropriate reassurance for the child without making the child responsible or disclosing unnecessary detail.
- Time and person responsible for review, and clear triggers for escalation.

Safeguarding safety checklist

Check	Yes No or Unknown	Action or evidence
Immediate danger or urgent medical need assessed		
Child or adult's current location and safety confirmed		
Safe supervising adult identified and verified		
Alleged perpetrator's access considered		
Injuries, evidence and crime considerations addressed		
Suicide, self-harm, domestic abuse and substance risks considered		
Children or dependants of an adult client identified		
Risk that a child could witness or discover harm assessed		
Communication, disability, capacity and advocacy needs considered		
Consent discussed where safe and appropriate		
Decision about Early Help, social care, police or health referral recorded		
DSL or alternative escalation route notified		
Referral acknowledged and outcome followed up		
Safety plan and review time agreed		
Factual record completed, signed, dated and stored securely		

Reporting and escalation flow

1. Worker identifies a concern, disclosure or pattern.
2. Make the person safe. Call 999 if immediate danger or urgent medical help is required.
3. Report to DSL immediately and complete a factual safeguarding record before the end of the working day.
4. DSL decides and records: emergency response; referral to Children's Safeguarding or Adult Social Care; LADO consultation; police; Prevent; Early Help; clinical support; or monitored welfare plan.
5. Confirm that the referral has been received, record the name of the person spoken to and the advice given.
6. If statutory services do not respond and risk remains, escalate through the agency manager or local safeguarding partnership procedure. Professional disagreement must not delay protection.
7. The DSL reports themes and assurance to the directors without unnecessary personal data. Serious incidents are considered for reporting to commissioners, insurers, the ICO, DBS, professional bodies or other regulators where applicable.

Local and national contacts

Service	Contact
Emergency services	999; Police non-emergency 101
Together for Children Children's Safeguarding	0191 520 5560 during published working hours; Out of Hours 0191 520 5552. Use the current Together for Children professional referral route.
Sunderland Safeguarding Children Partnership	www.safeguardingchildrensunderland.com
Early Help Advice and Allocations	0191 561 4084; use the current Together for Children Early Help route.
Sunderland Adult Social Care and Safeguarding	0191 520 5552; professionals should use the current Sunderland safeguarding portal.
LADO or Designated Officer	Use the current Together for Children Designated Officer referral route for allegations involving a person who works or volunteers with children.
NSPCC helpline	0808 800 5000
Childline	0800 1111
NHS urgent mental-health support	NHS 111 and select the mental-health option where available; 999 for immediate danger.

Allegations and low level concerns about workers

- Any concern that a worker has harmed or may have harmed a child, committed an offence against a child, behaved in a way indicating risk, or may be unsuitable to work with children must be reported immediately to the DSL and organisational lead.
- The LADO or Designated Officer must be consulted without conducting an internal investigation first. Police or social care referrals may also be required.
- Concerns about adults at risk are referred under adult safeguarding procedures and, where relevant, to police, DBS, a professional regulator, commissioner or funder.
- Low-level concerns and boundary breaches are recorded and reviewed for patterns. They are not dismissed because no single event meets an allegation threshold.
- Suspension is a neutral risk-management measure, not an automatic response. Decisions must be proportionate, confidential and informed by statutory advice.

Safer recruitment and practice

- Role descriptions, applications, identity and right-to-work checks, references, qualification and professional registration checks, employment history scrutiny and lawful DBS or barred-list checks.
- A code of conduct, induction, probation, safeguarding and Prevent learning, supervision and annual refreshers appropriate to role.
- No lone or private communication outside agreed systems; approved devices and channels; professional boundaries in transport, gifts, social media, photography, touch and home visits.
- Risk assessments for venues, activities, online work, groups, lone working and people with additional needs.
- Whistleblowing routes and protection from detriment for good-faith concerns.

Information sharing and records

- Record facts, the person's words, observations, decisions, rationale, advice, referrals and outcome. Separate fact from opinion.
- Tacklit is the authorised clinical case-management system for Moment of Truth Well-being Group Ltd. Safeguarding concerns and actions must be recorded promptly using restricted role-based access or a separately secured safeguarding record where access to ordinary case notes would be unnecessarily broad. Personal devices, private messaging accounts and unapproved storage must not be used.
- Share only relevant and proportionate information with those who need it. Be open with the person unless doing so may increase risk or prejudice action.
- Data protection law permits necessary safeguarding sharing. The absence of consent does not prevent sharing where there is a lawful basis and safety requires it.
- Retention and disposal follow the organisation's retention schedule, contractual duties, limitation considerations and statutory guidance. Records connected to allegations must not be destroyed merely because a person leaves.

Training assurance and review

- All personnel receive safeguarding induction before unsupervised practice and refreshers appropriate to role. DSL and deputies complete advanced multi-agency training and maintain current local knowledge.
- Directors receive safeguarding governance training. The directors review safeguarding activity, referrals, allegations, training, audit findings and organisational learning at least annually.
- This policy is reviewed annually and after a serious incident, safeguarding review, complaint, audit finding or legal or local-procedure change.

Safeguarding concern record

Field	Record
Person at risk	Name, date of birth or age, address, contact, communication and accessibility needs
Children or dependants	Names, ages, locations, school or setting, current carer
Date time and place	
Concern or disclosure	Use exact words where possible; include observations and source
Immediate safety and medical action	
Suicide and whole-family risks	Plan, intent, means, timeframe, attempts, sole-carer status, likelihood child may witness or discover harm, safe adult
Consent and information sharing	What was explained; consent or reason for sharing without consent
People contacted	DSL, emergency service, social care, police, LADO, health, Prevent or Early Help; time, name and advice
Decision and rationale	Threshold, protective factors, professional judgement and any dissent
Follow-up and review	Named person and deadline
Completed by	Name, role, signature and date

Approval record

Name	Role	Signature	Date
[INSERT]	Director		
[INSERT]	Designated Safeguarding Lead		

Authoritative references

- Department for Education, Working Together to Safeguard Children, current edition: gov.uk/government/publications/working-together-to-safeguard-children--2
- Department for Education, Information Sharing Advice for Safeguarding Practitioners: gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice
- Information Commissioner's Office, data sharing and safeguarding guidance: ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/data-sharing
- Care and Support Statutory Guidance: gov.uk/government/publications/care-act-statutory-guidance
- Together for Children and Sunderland Safeguarding Children Partnership current referral and threshold procedures.