Waterloo Community Counselling
Safeguarding Children and Adults at Risk Policy

1. Policy Statement

WCC is committed to providing a safe environment for its employees, contractors, volunteers and service users. As an organisation that may work with adults at risk or indirectly with children at risk (WCC works with adults aged 18 and over), we recognise we have a duty of care, thus WCC takes the risk of abuse seriously and is committed to protecting adults and children at risk and to preventing abuse. All employees, workers, self-employed contractors, trainees and volunteers in whatever setting or role, will take necessary action to report an incident to the named Safeguarding contacts when a concern arises and take appropriate action to prevent further abuse.

This policy outlines the steps WCC will make to safeguard an adult or child at risk. This policy sets out the roles and responsibilities of WCC in working together with other professionals and agencies in promoting the adult or child's welfare and safeguarding them from abuse and neglect.

WCC will ensure that decisions made will allow adults at risk to make their own choices and include them in any decision making. The Care Act 2014 places the person and their individual well-being at the heart of safeguarding. This is called 'making safeguarding personal' and is about helping adults look at what would be a good outcome for them.

There are cases however when WCC will have to take action to report safeguarding concerns despite a client's wish that this does not occur.

WCC will involve clients in safeguarding decisions and explain what information will be shared, with whom and why, wherever it is safe and appropriate to do so. Where informing the client would increase risk to them or another person, prejudice an investigation, or be otherwise inappropriate under applicable safeguarding guidance, the reasons for delaying or withholding notification must be recorded and reviewed with the Safeguarding Lead.

This policy is intended to support staff and volunteers working within WCC to understand their role and responsibilities in safeguarding adults and children. All staff and volunteers are expected to follow this policy.

The key objectives of this policy are for all employees and volunteers of WCC to:

- have an overview of adult and child safeguarding
- be clear about their responsibility to safeguard adults and children
- ensure the necessary actions are taken where an adult with care and support needs is deemed to be at risk

Care and support includes practical, financial and emotional support for adults who need help to manage their lives and remain independent. This policy is based on the Care Act 2014, current Care and Support statutory guidance and London safeguarding adults

procedures. It also takes account of the Children Acts 1989 and 2004, Working Together to Safeguard Children 2026, the Mental Capacity Act 2005 and its Code of Practice, the Domestic Abuse Act 2021, the Human Rights Act 1998, applicable data protection law and Charity Commission safeguarding guidance.

2. Scope of Policy

This policy covers the responsibilities of staff, freelance counsellors and supervisors, trainees, volunteers and trustees in relation to the protection of children and adults at risk. If any member of staff, volunteer or trustee is suspected of harassing another person within the organisation, then the Disciplinary Procedure should be followed as set out in the WCC Discipline & Conduct Policy. Safeguarding concerns must also be reported through this policy; disciplinary or complaints processes must not delay protective action or external referrals.

3. Safeguarding adults

'Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.'

Care and Support Statutory Guidance, Department of Health, updated February 2017statutory guidance chapter 14.

All adults should be able to live free from fear and harm. But some may find it hard to get the help and support they need to stop abuse.

An adult may be unable to protect themselves from harm or exploitation due to many reasons, including their mental or physical incapacity, sensory loss or physical or learning disabilities. This could be an adult who is usually able to protect themselves from harm but maybe unable to do so because of an accident, disability, frailty, addiction or illness.

The Care Act 2014 makes it clear that safeguarding decisions must be based on an individual's circumstances and the available evidence, rather than assumptions about their characteristics, diagnosis or identity. Having a mental health condition or other care and support needs does not, by itself, mean that someone is experiencing abuse or neglect. Equally, the presence of a diagnosis should not lead to assumptions that a person is unable to make decisions or protect themselves. The Care Act 2014 Section 42 enquiry duty applies where a local authority has reasonable cause to suspect that someone is an 'adult at risk'. An adult at risk is someone who:

- has needs for care and support (whether or not the local authority is meeting any of those needs), and
- is experiencing, or at risk of, abuse or neglect, and

- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

What types of harm can adults experience?

The Statutory Guidance to the Care Act 2014 identifies 10 categories of harm:

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.

Modern Slavery

This encompasses slavery, human trafficking, forced labour and domestic servitude.

Domestic Abuse

This includes psychological, physical, sexual, financial and emotional abuse perpetrated by anyone within a person's family. It also includes so called 'honour' based violence.

Domestic abuse can occur between people aged 16 or over who are personally connected, including current or former partners and family members. It includes physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, and psychological or emotional abuse. Abuse may continue after separation and may include stalking, harassment and technology-facilitated monitoring or control. So-called honour-based abuse, forced marriage and female genital mutilation must also be recognised and addressed through appropriate safeguarding routes. Children who see, hear or experience the effects of domestic abuse, and are related to either person as defined in the Domestic Abuse Act 2021, are recognised as victims in their own right.

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.

Organisational

This includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, 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.

Physical

This includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

Sexual

This includes 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.

Financial or material

This includes 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.

Neglect/ and Acts of omission

This includes ignoring medical or physical care needs, failing 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.

Emotional or psychological

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.

Online abuse and abuse involving technology

Adults can experience bullying, harassment, threats, hate abuse, stalking, grooming, exploitation, scams and sexual abuse online, including the non-consensual sharing of intimate images or threats to share them. Abuse may occur through social media, messaging, email, gaming, video calls or connected devices, including monitoring of accounts, communications or location.

Online abuse may overlap with the statutory categories above; it is not an additional eleventh Care Act category. Practitioners will consider immediate and continuing risks, safe methods of contact and whether another person can access the client's device or accounts. Relevant evidence should be recorded securely without unnecessarily copying or circulating harmful material. Staff must not conduct their own investigation or ask clients to take steps that may increase danger.

However, you should keep an open mind about what constitutes abuse or neglect as it can take many forms and the circumstances of the individual case should always be considered.

For more information, read section 14.17 of the Care and Support Statutory Guidance.

What are the possible signs of abuse?

Possible signs of abuse and or neglect include:

- Depression, self-harm or suicide attempts
- Difficulty making friends
- Fear or anxiety
- The person looks dirty or is not dressed properly,
- The person never seems to have money,
- The person has an injury that is difficult to explain (such as bruises, finger marks, 'non-accidental' injury, neck, shoulders, chest and arms),
- The person has signs of a pressure ulcer,
- The person is experiencing insomnia
- The person seems frightened, or frightened of physical contact.
- Inappropriate sexual awareness or sexually explicit behaviour
- The person is withdrawn, changes in behaviour

You should ask the person if you are unsure about their well-being as there may be other explanations to the above presentation.

Who abuses and neglects adults?

Abuse can happen anywhere, even in somebody's own home. Most often abuse takes place by others who are in a position of trust and power. It can take place whether an adult lives alone or with others. Anyone can carry out abuse or neglect, including:

- partners;
- other family members;
- neighbours;
- friends;
- acquaintances;
- local residents;
- people who deliberately exploit adults they perceive as vulnerable to abuse;
- paid staff or professionals; and
- volunteers and strangers

4. Safeguarding children

We believe that:

- children and young people should never experience abuse of any kind
- we have a responsibility to promote the welfare of all children and young people, to keep them safe and to practice in a way that protects them.

We recognise that:

- the welfare of the child is paramount;
- all children, regardless of age, disability, gender reassignment, race, religion or

belief, sex, or sexual orientation have a right to equal protection from all types of harm or abuse;
- some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues;
- working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

Although WCC provides counselling to adults aged 18 and over, information arising in this work may indicate that a child needs help or protection. Practitioners will consider the child's daily experience, including supervision, emotional safety, exposure to abuse and any caring responsibilities. They will distinguish information reported by an adult from information obtained directly from or about the child, and identify gaps requiring clarification through appropriate agencies. WCC will not undertake an independent child protection investigation.

Parental mental ill health does not by itself establish that a child is at risk. Assessment should consider its actual impact, alongside domestic abuse, substance use, isolation, housing insecurity and protective support. Where a parent or carer expresses suicidal intent or threats to others, practitioners will consider possible implications for children and other dependants and take appropriate urgent action.

What types of abuse can children experience?

Physical Abuse

Physical abuse involves the deliberate infliction of physical harm on a child. It may include hitting, shaking, throwing, poisoning, burning, scalding, drowning or suffocating, or otherwise causing physical injury. Harm may be caused by parents, caregivers, other adults, or other children.

Sexual Abuse

Sexual abuse occurs when an adult uses a child for sexual purposes or involves a child in sexual acts. It also includes when a child who is older or more powerful uses another child for sexual gratification or excitement.

Emotional Abuse

When a parent or caregiver harms a child's mental and social development, or causes severe emotional harm, it is considered emotional abuse. While a single incident may be abuse, most often emotional abuse is a pattern of behaviour that causes damage over time.

Child Neglect

Child neglect is when a parent or caregiver does not give the care, supervision, affection and support needed for a child's health, safety and well-being. Child neglect includes:

- Physical neglect and inadequate supervision
- Emotional neglect
- Medical neglect
- Educational neglect

Online abuse

Online abuse is any type of abuse that happens on takes place or is facilitated through the internet, through social media, messaging, online gaming or mobile phones. Children and young people may be the victims of online devices. It includes grooming, sexual abuse, sexual and exploitation or emotional abuse. They also may be exposed to sexting, online misrepresentation, harassment, bullying and cyberbullying, threats, including pressure to create or share sexual images. Online and offline harm may occur together.

5. Preventing harm and promoting safe practice

Think Family

WCC will consider the family and wider networks of an adult client when assessing and reviewing safeguarding concerns. This includes children, unborn babies where relevant, dependent adults, caring responsibilities, significant relationships and people identified by the client as family or sources of support. Practitioners will consider both protective relationships and relationships that may involve harm, coercion or exploitation.

At assessment and when concerns or circumstances change, practitioners will explore relevant caring responsibilities, who may be affected, and what support is available. They will record relevant information and identify what remains unknown. Family involvement will be considered with the client and assessed for safety, consent and confidentiality. Family members must not be assumed to be safe contacts or expected to provide care. Interpreting for safeguarding discussions should be independent and appropriate to the client's language and communication needs.

Domestic abuse and access to support

Practitioners will establish safe methods and times for contact and consider risks before involving relatives or other services. Responses should take account of racism, disability, sexuality, language and immigration-related barriers, including no recourse to public funds. Where appropriate, clients should be supported to access specialist domestic abuse and community-led services. Practitioners must not assume that a survivor can safely leave an abusive relationship or contact a service without assistance.

Young adults and transitional safeguarding

WCC recognises that harm, trauma and exploitation can continue into early adulthood. When working with young adults, practitioners will consider developmental needs, previous service involvement and risks arising from relationships, peers, community settings or online activity. They will support continuity with appropriate services and safe networks, within WCC's remit. Turning 18 does not itself resolve safeguarding concerns.

Adult safeguarding duties remain subject to the Care Act criteria; where these are not met, consider other appropriate prevention, support and referral routes.

Supporting engagement

Practitioners should use respectful, collaborative conversations, reflective listening and exploration of the person's priorities and ambivalence to support engagement. Acceptance of a person does not mean agreement with harmful behaviour. Engagement work must proceed alongside necessary safeguarding action.

6. Safeguarding contacts

The Safeguarding Lead for WCC is Rotimi Akinsete, Clinical Services Manager.
Rotimi Akinsete can be contacted on 020 7202 9422 (direct line) or 07985563338 (out of hours). His email address is rotimi.akinsete@waterloocc.co.uk

The Deputy Safeguarding Lead is:
Margaret Mykura, Assistant Clinical Services Manager
margaret.mykura@waterloocc.co.uk, 020 7928 3462
Alternative designated safeguarding contacts are:

Marisa Matos, Centre Manager
marisa.matos@waterloocc.co.uk, 020 7928 3462

Miriam Philip, CEO
miriam.philip@waterloocc.co.uk, 020 7928 3462

The lead trustee for safeguarding is:
Laura Phillips
Laura.Phillips@waterloocc.co.uk

All staff and volunteers should contact Rotimi Akinsete or Margaret Mykura, or one of the alternative safeguarding contacts, with any concerns/queries they have in regard to safeguarding adults and children. They will be asked to record the details of their concern using a WCC Safeguarding Form (see appendix) which will be uploaded onto Lamplight.

Rotimi Akinsete will be responsible for making decisions about notifying adult/child social services if required and consider alternative actions, where necessary. In his absence this responsibility is delegated to Margaret Mykura.

If the lead and deputy are unavailable, contact an alternative designated safeguarding contact. Where waiting would leave someone unsafe, contact the relevant local authority safeguarding service or emergency services directly and notify WCC as soon as possible. Staff must not assume that a named person or a published mobile number guarantees continuous availability. Use the current WCC cover arrangements and the external routes in section 11.

Rotimi Akinsete will ensure that the safeguarding policy and procedures are in place and up to date. He will ensure a safe environment is promoted for staff and volunteers and adults accessing the service. He will ensure that he himself and all relevant staff are up to date with their safeguarding adults and children training.

7. Responding to a safeguarding concern
Staff and volunteers at WCC who have any adult or child safeguarding concerns should:

Respond
Listen calmly, take the person seriously and respond sensitively. Reassure them that they have done the right thing in speaking up. Never promise absolute confidentiality; explain that relevant information may need to be shared to help keep them or another person safe.

Assess immediate safety and take urgent protective action where necessary. Dial 999 where someone is in immediate danger or needs emergency medical attention. Do not delay urgent action while seeking consent, completing a form or waiting for internal consultation.

Obtain only the brief information needed to understand the concern and immediate risk. Avoid leading questions and do not conduct your own investigation. Record the person's words as accurately as possible and distinguish facts, reported information and professional judgement.

Explore the adult's wishes and preferred outcomes and involve them wherever safe and appropriate. A refusal of consent does not automatically prevent a lawful safeguarding disclosure. Follow section 9 and record the reasons and legal basis for decisions.

Report
Report to the designated safeguarding leads outlined above.

Refer
In making a decision about whether or not to refer, the designated safeguarding lead should take into account:

- the adult's wishes and preferred outcome
- whether the adult has mental capacity to make an informed decision about their own safety and what support they need to participate
- the safety or wellbeing of children or other adults
- whether there is a person in a position of trust involved
- whether a crime has been committed

This should inform the decision whether to notify the concern to any of the following people:

- the police if a crime has been committed and/or
- the local authority's Access & Advice Team (part of adult social services) or Children's Social Care Team for possible safeguarding investigation

relevant regulatory bodies (such as the Care Quality Commission, Ofsted, Charity Commission)
- service commissioning teams
- family members or other support people, only where involvement is safe, appropriate and supported by consent or another identified lawful basis

The designated safeguarding lead should decide whether to take action:

- Immediately, where the concern is urgent and serious and action is needed to protect the immediate safety and welfare of the adult (and any other person/child at risk)
- Within the same working day for any other concerns

Practitioners will presume capacity and take practicable steps to support the person to make the relevant decision. A diagnosis, communication difficulty, refusal of support or apparently unwise decision does not by itself establish a lack of capacity. Any capacity assessment must concern an identified decision at the time it needs to be made and follow the Mental Capacity Act 2005. Where assessment is beyond the practitioner's competence, advice and appropriate assessment must be sought without delaying necessary emergency action.
Where the person lacks capacity for the particular decision, the relevant decision-maker must follow the statutory best interests process, consider the person's wishes, feelings, beliefs and values, and consider less restrictive options. Family members do not acquire decision-making authority merely through being "next of kin". Any claimed legal authority must be checked. Coercion or undue influence should be considered separately and discussed with the Safeguarding Lead.

Record

- Details of the incident will be recorded by the safeguarding lead on WCC's database, Lamplight, and any WCC Safeguarding Forms (Appendix 1 and 2) uploaded.
- As far as possible, records should be written contemporaneously, dated and signed.
- Records about safeguarding concerns will be kept confidential and in a location where the alleged abuser will not have access to the record. Access will not be given to any unauthorised personnel for accessing confidential information including the sharing of passwords (see WCC GDPR statement).

The designated safeguarding lead will keep a record of the reasons for referring the concern or reasons for not referring.

The record must identify the person responsible for each agreed action, the timescale and the next review date. Follow up external referrals to establish receipt and the expected response. If concerns persist or a response is inadequate, use the relevant safeguarding partnership escalation procedure. A referral alone does not establish that the person is safe.

Incidents of abuse may be one-off or multiple and may affect one person or more. Staff and volunteers should look beyond single incidents to identify patterns of harm. Accurate recording of information will also assist in recognising any patterns.

8. Roles responsibilities and clinical governance
WCC will use safer recruitment and obtain DBS checks at the appropriate level for each eligible role, including an enhanced check where the role is legally eligible. Any barred-list check must also meet the relevant eligibility requirements. Recruitment checks do not replace supervision or continuing safeguarding responsibilities.

All staff, management, freelance contractors, trustees and volunteers at WCC are expected to report any concerns to the designated safeguarding lead. If the allegation is against one of WCC's staff, contractors, volunteers, or trustees, seek advice from WCC's safeguarding lead, Rotimi Akinsete. If the allegation is against the safeguarding lead, seek advice from WCC's CEO or the local Authority Access and Advice team (part of adult social services). If the allegation is against WCC's CEO, seek advice from WCC's Chair of Trustees or the local Authority Access and Advice team.

The designated safeguarding lead should be responsible for providing acknowledgement of the referral and brief feedback to the person raising the original concern. Feedback should be given in a way that will not make the situation worse or breach the Data Protection Act. If the police are involved, they should be consulted prior to giving feedback to the referrer to ensure any criminal investigation is not affected.
The local authority will decide on who will lead on a safeguarding enquiry should it progress to that stage. WCC will not conduct its own safeguarding enquiry unless instructed to do so by the local authority.

Anyone who remains concerned about the safeguarding response must raise this promptly with the lead, deputy or an alternative safeguarding contact. If the concern relates to one of these people, use the alternative route in this section. Where necessary, seek advice or make a referral directly to the relevant statutory safeguarding service. The Complaints and Whistle-blowing Policies remain available, but must not delay action to protect someone at risk.

WCC is committed to ensuring that staff, freelance contractors, trainees and volunteers who in good faith whistle-blow in the public interest, will be protected from reprisals and victimisation (see WCC Whistle-blowing Policy).

The CSM will report safeguarding themes, significant risks and organisational learning to the Clinical Sub-Committee. Trustees will receive proportionate assurance reporting, normally at their regular meetings. Serious or urgent concerns requiring trustee oversight must be escalated promptly rather than held until a scheduled meeting. The CEO and trustees will consider any reporting obligations to the Charity Commission or other relevant body.

Case Review and Risk Management Group
The Case Review and Risk Management Group (CRRMG) provides additional

organisational oversight for complex, high-risk or multi-agency cases, including significant safeguarding concerns. It complements clinical supervision and day-to-day case management, supporting coordinated action and organisational learning. Cases are referred through the Clinical Services Manager or Assistant Clinical Services Manager in accordance with the CRRMG Terms of Reference and referral pathway.
Urgent safeguarding action and external referrals must not wait for supervision, a CRRMG meeting or committee approval. The Safeguarding Lead or deputy retains responsibility for safeguarding decisions within their role. CRRMG will agree and record actions, identify a Case Coordinator where appropriate, and specify who is responsible for each action and when it will be reviewed. The CSM will report themes and learning to the Clinical Sub-Committee, with proportionate assurance reporting to trustees.

9. Confidentiality consent and information sharing
At the outset of therapy, counsellors must explain the limits of counselling confidentiality in clear and accessible language. This includes the role of supervision and safeguarding consultation, circumstances in which information may need to be shared without consent to protect a child or an adult at risk, and disclosures required or justified by another lawful basis. Check the client's understanding, record the explanation and revisit it where circumstances change.

WCC will respect confidentiality and share relevant safeguarding information lawfully, securely and in a necessary and proportionate way. Information sharing is not limited to emergencies or immediate harm. Practitioners will seek safeguarding advice promptly where information may help prevent abuse or neglect, identify emerging need or protect a child or adult at risk.

The person's wishes and consent should be considered, but absence or refusal of consent does not automatically prevent a lawful safeguarding disclosure. The Safeguarding Lead or deputy will identify and record the applicable legal basis, including the relevant special category data condition where required, and address confidentiality obligations. The record must state what was shared or withheld, with whom, why, when, and whether the person was informed. Share relevant information rather than whole counselling records unless disclosure of those records is necessary and justified.

Where a child is concerned, staff will follow current statutory guidance and local procedures. Seeking consent or obtaining internal approval must not delay necessary protection. If the lead and deputy are unavailable, staff must use the alternative safeguarding or emergency route and record their actions.

Clients must be involved in decisions about information sharing wherever safe and appropriate. Explain what will be shared, with whom and why. Where notification is delayed or withheld because it would increase risk, prejudice an investigation or be otherwise inappropriate under applicable guidance, record and review the reasons. Never promise absolute confidentiality.

Safeguarding records, including completed forms and decision records, will be held securely on Lamplight with access limited to authorised staff who need the information

for their role. Any paper records or temporary copies must be protected and transferred or disposed of securely. Staff must not share passwords or use personal accounts or devices contrary to WCC's information security arrangements.

WCC will explain to clients how safeguarding information is stored, who may access it, how long it is retained and how it is securely disposed of, in accordance with its privacy notice and documented retention arrangements. Retention must be justified, reviewed and no longer than necessary for the recorded purpose and applicable obligations.

Relevant records must be preserved where required for an active safeguarding enquiry, investigation, complaint, legal claim or other lawful hold. At the end of the retention period, authorised staff will arrange secure deletion or confidential destruction and record disposal. Access requests will be managed under WCC's Confidentiality and Access to Records Policy and applicable data protection law, including protection of third-party information.

WCC will follow current information-sharing guidance and local safeguarding procedures. The CEO and Safeguarding Lead will establish whether section 16LA of the Children Act 2004 applies to any WCC service arrangements and ensure the relevant duties are followed. Where that duty does not apply, necessary and proportionate safeguarding disclosures must still be considered under an appropriate legal basis. The statutory duty must not be assumed to apply to every charity or every recipient.

10. Training awareness and supervision

WCC ensures that all staff, freelance contractors, and volunteers have completed basic awareness training (at least Level 2 Safeguarding) on safeguarding adults and children as they may come across adults and children at risk, and that this is refreshed at least every 3 years. Senior staff and supervisors must complete Level 3 training. Adults we work with may report things of concern to staff, freelancer counsellors, trainees or volunteers who should be equipped with the basic knowledge around safeguarding adults and children and be confident to identify that abuse is taking place and action is required. All staff, freelancers counsellors and supervisors, trainees and volunteers should be clear about the core values of WCC and commitment to safeguarding adults and children.

Training needs within the organisation will be reviewed annually by the WCC Management team and Board of Trustees. A record of all staff and trainee training undertaken will be maintained by the named responsible persons (Clinical Services Manager, CEO, and Operations Manager).

Training and supervision will address Think Family, children connected to adult clients, domestic abuse and coercive control, online abuse, mental capacity, information sharing and transitional safeguarding as relevant to the role. Training compliance, expiry dates and renewal reminders will be monitored through WCC's training record. Any gap must be brought to the responsible manager for action.

11. Prevent

Radicalisation and extremism of adults or young people is a form of emotional/psychological exploitation. Radicalisation can take place through direct personal contact, or indirectly through social media.

If staff are concerned that anyone is at risk of being radicalised and drawn into terrorism, they should treat it in the same way as any other safeguarding concern.

For information about prevent see:
https://www.gov.uk/government/publications/prevent-duty- guidance

12. External safeguarding contacts
In an emergency call 999. For non-emergency police advice call 101. Use the relevant safeguarding service for the person's area; seek advice if responsibility is unclear. An unanswered internal contact must not prevent urgent external action. Local details below were checked against official council or safeguarding partnership pages on 22 October 2026 and should be rechecked before use if a service cannot be reached.

Lambeth adults: Adult Social Care 020 7926 5555, including out of hours. Follow the adult safeguarding options or use the council's online safeguarding concern form.

Lambeth children: Integrated Referral Hub 020 7926 3100, Monday to Friday 9am to 5pm. Outside office hours call 020 7926 5555. Use the current professional referral route published by Lambeth Council.

Southwark children: MASH 020 7525 1921, Monday to Friday 9am to 5pm; out of hours 020 7525 5000; MASH@southwark.gov.uk.

Southwark adults with physical or sensory disabilities and adults over 65: 020 7525 3324; OPPDContactteam@southwark.gov.uk.

Southwark adults with mental health concerns: 020 7525 0088; MHContact@southwark.gov.uk.

Southwark adults with a learning disability: 020 7525 2333; LearningDisabilitiesDuty@southwark.gov.uk. For other or unclear adult pathways, use Southwark's current safeguarding contact directory. Where immediate danger exists, call 999.

Current referral forms, local routes and contacts are available through the official links below.
Lambeth adult safeguarding
Lambeth child safeguarding
Southwark safeguarding directory
Find another council child safeguarding service

13. Related policies legislation and guidance
WCC Clinical Risk Assessment and Management Policy and Procedure; CRRMG Terms of

Reference and Referral Pathway; Confidentiality and Access to Records Policy; GDPR statement and privacy notice; records retention arrangements; Discipline and Conduct Policy; Complaints Procedure; Whistle-blowing Policy; and relevant safer recruitment and information security procedures.
The statutory and practice framework includes the Care Act 2014 and current Care and Support statutory guidance; Children Acts 1989 and 2004; Mental Capacity Act 2005 and its Code of Practice; Domestic Abuse Act 2021 and statutory guidance; Human Rights Act 1998; Equality Act 2010; UK GDPR and Data Protection Act 2018 as amended; current London safeguarding procedures; and Charity Commission safeguarding guidance.
Working Together to Safeguard Children 2026
Information sharing to safeguard children and young people September 2026
Mental Capacity Act Code of Practice
Domestic Abuse Act statutory guidance

14. Monitoring and policy review
The Board of Trustees will review this policy annually.
The Safeguarding Lead will coordinate interim updates where legislation, guidance, staffing or service arrangements change, or where learning identifies a weakness. Changes affecting practice must be communicated to staff and reflected in training, forms and procedures.

Previous trustee approval: 14 October 2025. Amended draft submitted for the November 2026 Board meeting.

Approval date: 3rd November 2026
Next review: November 2027, or sooner if required.

Signed following approval: Miriam Philip
Date: 3rd November 2026
Role: CEO

Appendix 1 Safeguarding report forms

Safeguarding adults report form
To be completed as fully as possible if you have concerns regarding an adult.

Complete this form promptly and share it securely with the Safeguarding Lead or deputy. Do not delay urgent protective action while completing it. Explain the concern and the need to share information with the adult wherever safe and appropriate. Support their participation. The completed form and subsequent decisions must be stored securely on Lamplight in accordance with section 9. Use continuation sheets where necessary.

Section 1 – Details of adult you have concerns about	
Client reference no.	
Service	MECS / LCS
Date of Birth/ Age (if known)	
Contact number	
Emergency or support contact if known. Is contact safe and appropriate? Record consent or another identified lawful basis.	
Section 2 – Details of the person completing this form (your details)	
Name	
Role	Counsellor / Supervisor / Admin team
Contact phone number(s)	
Email address	
Supervisor or line manager	
Section 3 – Details of concern	
Please explain why you are concerned. Please give details about what you have seen/been told/other that makes you believe the adult is at risk of harm or is being abused or neglected (please include any dates/times/evidence from records/photos etc.)	
Section 4 – Details of the person thought to be causing harm (if known)	

Name	
Address	
Date of Birth/Age	
Relationship/connection to adult	
Role in organisation (if applicable)	
Do they have contact with other adults at risk in another capacity? E.g. in their work/family/as a volunteer	

Section 5 - Have you discussed your concerns with the client? What are their views, What have they stated about what they want to happen and what outcomes they want? Record communication support, the particular capacity decision if relevant, assessment or advice obtained, and the person's priorities.

Section 5A – Reasons for not discussing with the client
Explain why discussion was unsafe or could not take place. Record communication support and attempts to involve the person. Apparent incapacity or difficulty communicating must not automatically exclude participation.

Section 6 – Risk to others Include children, unborn babies where relevant, dependants, caring responsibilities and other people potentially affected. Record protective support and information not yet known.
Are any other adults at risk Yes/No/Not known – delete as appropriate If yes please fill in another form with the relevant details and cross-reference this report

Are any children at risk Yes/No/Not known Delete as appropriate If yes please fill in a safeguarding children referral form and attach to this.
Section 7 – What action have you taken if any /agreed with the client to reduce the risks?

Section 8: Other agencies contacted	Who contacted/reference number/contact details/advice gained/action being taken
Please state any other agencies contacted (e.g. police, ambulance, GP, adult social care, or any organisation or professional) including who, when and why:	

Section 9: Contact with your supervisor
Have you communicated with your supervisor about this issue, when, and what was the advice given?

Section 10: Contact within WCC
Who else has been informed of this issue within WCC and what was the reason for information sharing?

Consultation with WCC Safeguarding Lead and/or designated safeguarding contact (please give details below)	Dates, times, email/call/in-person

Completed Form copied to Safeguarding Lead:
Signed:
Date:

OFFICE USE ONLY
Section 11 – Sharing the concerns (To be completed by Safeguarding Lead and/or designated safeguarding contact)
Details of your contact with the client at risk of harm. Have they consented to information being shared outside of WCC? Record the person's wishes, what was shared or withheld, with whom, when, the lawful basis and reasons, and any reasons for not informing them.
Details of contact with the Local Authority Safeguarding Team/MASH where the client lives – advice can be still sought without giving personal details if you do not have consent for a referral.Record contact with the relevant local authority safeguarding team, advice received, referral date, reference and acknowledgement. Anonymous advice may be sought where appropriate, but lack of consent must not delay a necessary lawful safeguarding disclosure. Record the legal basis, relevant data protection condition, reasons and whether the person was informed.
Details of any other agencies contacted:
Details of the outcome of this concern: Include actions, responsible people, deadlines, external response, CRRMG involvement where relevant, next review date, outcome and closure rationale.

Safeguarding children report form

To be completed as fully as possible if you have concerns regarding a child or young person connected to a WCC client.

Use this form for a child or young person connected to a WCC client. Do not delay urgent protective action while completing it. Involve the client wherever safe and appropriate, without increasing risk to the child or others. Record the source of information about the child and any gaps in what is known. Store the completed form and decisions securely on Lamplight in accordance with section 9. Use continuation sheets where necessary.

Section 1 – Details of the client related to the child or young person	
Client reference no.	
Service	MECS / LCS
Contact number	

Relationship to child	Parent/carer/other (please state)
Section 2 – Details of the child or young person you have concerns about	
Name	
Date of birth / age	
Address	
Relationship to client	
Section 3 – Details of the person completing this form (your details)	
Name	
Role	Counsellor / Supervisor / Admin team
Contact phone number(s)	
Email address	
Supervisor or line manager	
Section 4 – Details of concern Include the child's daily experience, source of information, protective factors and cumulative concerns.	
Please explain why you are concerned. Please give details about what you have seen/been told/other that makes you believe there is a child or young person at risk of harm or being abused or neglected (include dates/times/evidence from records/photos etc.)	
Date/ Time	What happened
Section 5 – Details of the person thought to be causing harm (if known)	
Name	

Address	
Date of Birth/Age	
Relationship/connection to child	
Do they have contact with other children or adults at risk in another capacity? E.g. in their work/family/as a volunteer	
Section 6 - Have you discussed your concerns with the client? What are their views? What have they stated about what they want to happen and what outcomes they want? Record communication support, the particular capacity decision if relevant, assessment or advice obtained, and the person's priorities.	
Section 6A – Reasons for not discussing with the client	
Explain why discussion was unsafe or could not take place. Record communication support and attempts to involve the person. Apparent incapacity or difficulty communicating must not automatically exclude participation.	
Section 7 – Risk to others Include children, unborn babies where relevant, dependants, caring responsibilities and other people potentially affected. Record protective support and information not yet known.	
Are any other children at risk	
Section 8: Action taken / who has been contacted	
Contact with your supervisor	
Have you communicated with your supervisor about this issue, when, and what was the advice given?	

Contact within WCC	
Who else has been informed of this issue within WCC and what was the reason for information sharing?	
Consultation with WCC Safeguarding Lead and/or designated safeguarding contact (please give details below)	Dates, times, email/call/in-person
Other agencies contacted	Who contacted/reference number/contact details/advice gained/action being taken
Completed Form copied to Safeguarding Lead:	
Signed:	
Date:	

OFFICE USE ONLY
Section 9 – Sharing the concerns (To be completed by Safeguarding Lead and/or designated safeguarding contact)
Details of your contact with the client connected to the child/young person. Have they consented to information being shared outside of WCC? Record the person's wishes, what was shared or withheld, with whom, when, the lawful basis and reasons, and any reasons for not informing them.
Record contact with the relevant local authority safeguarding team, advice received, referral date, reference and acknowledgement. Anonymous advice may be sought where appropriate, but lack of consent must not delay a necessary lawful safeguarding disclosure. Record the legal basis, relevant data protection condition, reasons and whether the person was informed.

Details of any other agencies contacted:
Details of the outcome of this concern: Include actions, responsible people, deadlines, external response, CRRMG involvement where relevant, next review date, outcome and closure rationale.

Appendix 2 Information and specialist support

Use specialist services alongside the safeguarding routes in section 11. These services do not replace emergency action or statutory referrals. Check current opening hours, eligibility and accessibility on the provider's website. Establish a safe way for the client to access support, including whether devices or communications are monitored.

Lambeth Safeguarding Adults Board

Local procedures and learning resources. Provider website

Southwark Safeguarding Partnership

Local procedures, training and referral contacts. Provider website

Hourglass

Support concerning abuse of older people. Helpline 0808 808 8141. Provider website

Ann Craft Trust

Adult safeguarding guidance and training. Provider website

National Domestic Abuse Helpline

Freephone 0808 2000 247, available 24 hours. Provider website

Men's Advice Line

Support for male domestic abuse survivors and those supporting them. Freephone 0808 801 0327. Provider website

Galop

Support for LGBT+ people experiencing abuse or violence. Helpline 0800 999 5428. Provider website

NSPCC

Advice about concerns for a child. Helpline 0808 800 5000; check current hours before calling. Provider website

Rape Crisis England and Wales

Sexual violence information and support. Provider website

Respond

Support relating to trauma, abuse and learning disabilities or autism. Provider website

Salvation Army modern slavery support

Routes to specialist support for adult survivors of modern slavery. Provider website

Stop Hate UK

Support and information about hate crime. Provider website

Suzy Lamplugh Trust

Personal safety and stalking information. Provider website

Victim Support

Support for people affected by crime. Provider website

Women's Aid

Domestic abuse information and support directories. Provider website

Conference learning

This review draws on the supplied Think Family presentations on parental mental health, the Mental Capacity Act, domestic abuse and motivational interviewing, and the Southwark transitional safeguarding presentation. The learning is incorporated within WCC's adult counselling remit and does not replace legislation, statutory guidance or professional judgement.

Amendment record for the November 2026 Board

Amendments cover adult online abuse, responding to disclosures, counselling confidentiality and records, Think Family, domestic abuse, transitional safeguarding and CRRMG oversight. Guidance, contact routes and forms have been updated. Existing training levels are retained. Approval is pending.