Mind Bearer Ltd.

Safeguarding Policy

Last Update: Monday, 20 July 2026

Scope: Mind Bearer Ltd.

Issued by: Practice Manager

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1. Document Control

Document Name	MB Safeguarding Policy
Document Owner	Practice Manager
Document Location	MB Policies Repository
Last Reviewed	29 April 2026
Next Review Date	29 April 2027
Version Released	V 1.0

Name	Date	Version	Approved By	Comments
Safeguarding	29 April 2026	V1.0	Richard Nettleship	Initial Version

2. Policy Statement

Mind Bearer Ltd is committed to safeguarding and promoting the welfare, dignity, rights and wellbeing of every person who accesses, delivers or is affected by its services.

We recognise that children, young people and adults at risk may experience abuse, neglect, exploitation or harm in any setting. Safeguarding is therefore the responsibility of everyone working for or on behalf of Mind Bearer.

Mind Bearer will:

- Provide services that are safe, person-centred, inclusive and trauma-informed
- Take all safeguarding concerns seriously
- Respond promptly and proportionately to disclosures, allegations and indicators of harm
- Place the welfare of children and adults at risk at the centre of safeguarding decisions
- Work with statutory agencies and other professionals where necessary
- Maintain clear professional boundaries
- Recruit and supervise staff, counsellors, trainees and volunteers safely
- Share information lawfully where this is necessary to protect a person from harm
- Ensure that nobody is disadvantaged because of age, disability, sex, race, religion, sexual orientation, gender reassignment, pregnancy, marriage, culture, language, immigration status or socioeconomic circumstances
- Promote a culture in which safeguarding concerns can be raised without fear of retaliation

This policy reflects the principles of relevant safeguarding legislation and statutory guidance in England. The government's current *Working Together to Safeguard Children* guidance applies to organisations and agencies with functions relating to children, including voluntary, private and faith-based organisations.

3. Purpose

The purpose of this policy is to:

1. Protect children, young people and adults at risk who receive Mind Bearer's services
2. Provide clear procedures for identifying, recording, reporting and escalating safeguarding concerns
3. Explain the responsibilities of everyone working for or representing Mind Bearer
4. Support safe and consistent decision-making
5. Ensure appropriate information sharing and multi-agency working
6. Establish arrangements for responding to allegations against staff, counsellors, trainees, volunteers or associates

7. Demonstrate Mind Bearer's commitment to lawful, ethical and accountable practice

This policy should be read alongside Mind Bearer's:

- Confidentiality and Privacy Policy
- Data Protection Policy
- Safer Recruitment Policy
- Professional Boundaries Policy
- Complaints Policy
- Whistleblowing Policy
- Equality, Diversity and Inclusion Policy
- Health and Safety Policy
- Lone Working Policy
- Online and Remote Working Policy
- Clinical Risk and Suicide/Self-Harm Procedure
- Code of Conduct
- Disciplinary Procedure

4. Scope

This policy applies to all Mind Bearer activities, including:

- Face-to-face counselling
- Online and telephone counselling
- Counselling involving children and young people
- Adult counselling
- Couple and relationship work
- Group work
- Workshops and training
- Clinical placements
- Trainee and associate counsellor arrangements
- Community outreach
- Partnership and commissioned services
- Home or community-based sessions
- Digital communications and social media
- Supervision and case consultation
- Any event or activity delivered in Mind Bearer's name

It applies regardless of whether an individual is paid, self-employed, contracted, on placement or volunteering.

5. Definitions

5.1. Child

For the purposes of this policy, a child is anyone under the age of 18.

5.2. Safeguarding children

Safeguarding children includes:

- Protecting children from maltreatment
- Preventing impairment of their physical or mental health or development
- Ensuring children grow up in circumstances consistent with safe and effective care
- Promoting the upbringing of children by their families where this is safe
- Taking action to enable children to have the best outcomes

5.3. Adult at risk

An adult at risk is a person aged 18 or over who:

- Has needs for care and support, whether or not those needs are being met
- Is experiencing, or is at risk of, abuse or neglect
- Is unable to protect themselves from the abuse, neglect or associated risk because of those needs

The Care Act framework places wellbeing, protection from abuse and neglect, the person's wishes and participation at the centre of adult safeguarding practice.

5.4. Abuse

Abuse may consist of a single act, repeated acts, patterns of behaviour, omissions, neglect or organisational practices. It may occur in person or through digital technology and may be deliberate, reckless or caused by a failure to act.

6. Forms of Abuse and Harm

Mind Bearer recognises the following forms of abuse and safeguarding risk.

6.1. Children and young people

- Physical abuse
- Emotional or psychological abuse
- Sexual abuse
- Neglect

- Domestic abuse
- Child sexual exploitation
- Child criminal exploitation
- County lines exploitation
- Trafficking and modern slavery
- Online abuse and grooming
- Bullying and cyberbullying
- Harmful sexual behaviour
- Forced marriage
- Female genital mutilation
- Honour-based abuse
- Radicalisation
- Fabricated or induced illness
- Abuse linked to faith or belief
- Peer-on-peer or child-on-child abuse
- Serious youth violence
- Parental substance misuse
- Parental mental ill-health where it affects the child's safety
- Exposure to suicide, self-harm or severe family conflict
- Risk arising from homelessness, missing episodes or unsafe caregiving

6.2. Adults at risk

- Physical abuse
- Sexual abuse
- Psychological or emotional abuse
- Financial or material abuse
- Domestic abuse
- Coercive and controlling behaviour
- Neglect and acts of omission
- Discriminatory abuse
- Organisational or institutional abuse
- Modern slavery and trafficking
- Self-neglect
- Exploitation by family members, carers, professionals or others
- Online, telephone or financial scams
- Forced marriage
- Honour-based abuse
- Abuse connected with disability, mental health needs, cognitive impairment, age or dependency

6.3. Contextual safeguarding

Mind Bearer recognises that harm may occur outside the family home, including in:

- Schools and colleges
- Peer groups
- Relationships
- Neighbourhoods
- Workplaces
- Care environments
- Criminal networks
- Online spaces

7. Safeguarding Principles

Mind Bearer will apply the following principles.

7.1. Welfare and safety

The immediate safety and welfare of the person will be the first consideration.

7.2. Person-centred practice

Adults will be involved in decisions about them wherever possible. Their wishes, desired outcomes, beliefs, culture and communication requirements will be considered.

7.3. The voice of the child

Children and young people will be listened to and taken seriously. Their views will be considered in accordance with their age, development and understanding.

7.4. Prevention

Staff will act early where there are signs that a person may be at risk.

7.5. Proportionality

The response will be proportionate to the level and nature of the risk.

7.6. Partnership

Mind Bearer will cooperate with local authorities, police, health services, education providers, commissioners and other relevant agencies.

7.7. Accountability

Decisions, actions, consultations and referrals will be clearly recorded.

7.8. Equality and accessibility

Reasonable adjustments will be made so that people can understand, participate in and access safeguarding processes.

7.9. Professional curiosity

Staff must respectfully explore inconsistencies, unexplained injuries, changes in behaviour, controlling relationships, repeated missed appointments and other indicators of possible harm.

7.10. Least restrictive response

Where adults are concerned, action should interfere with their rights and freedoms only to the extent necessary to manage the identified risk.

8. Roles and Responsibilities

8.1. Directors and senior management

The directors and senior management of Mind Bearer are responsible for:

- Approving this policy
- Maintaining organisational oversight of safeguarding
- Appointing a suitably trained designated safeguarding lead
- Ensuring adequate resources for safeguarding
- Establishing safer recruitment and disciplinary arrangements
- Reviewing safeguarding data and learning
- Ensuring appropriate insurance and contractual provisions
- Notifying regulators, commissioners, insurers or professional bodies where required

8.2. Designated Safeguarding Lead

The Designated Safeguarding Lead, or DSL, is:

Name: Richard Nettleship
Telephone: 07594 493 508
Email: richard@mindbearer.com

The Deputy Designated Safeguarding Lead is:

Name: Nina Nilson
Telephone: 07599 947 830
Email: nina@mindbearer.com

The DSL is responsible for:

- Receiving and reviewing safeguarding concerns
- Supporting staff to assess immediate risk
- Making or coordinating referrals
- Liaising with children's social care, adult social care, police and other agencies
- Maintaining secure safeguarding records
- Advising on confidentiality and information sharing
- Monitoring patterns and repeat concerns
- Managing allegations against people working for mind bearer
- Ensuring safeguarding training is completed
- Reporting themes and assurance information to senior management
- Reviewing this policy and associated procedures

The DSL does not replace the responsibility of individual practitioners to act where someone is in immediate danger.

8.3. Counsellors, staff, trainees and volunteers

Everyone covered by this policy must:

- Complete required safeguarding training
- Remain alert to signs of abuse, neglect, exploitation and risk
- Know the limits of confidentiality
- Listen to and take concerns seriously
- Take immediate action in an emergency
- Report concerns to the dsl without avoidable delay
- Create timely, factual and accurate records
- Cooperate with safeguarding enquiries
- Maintain professional boundaries
- Avoid investigating allegations themselves

8.4. Clinical supervisors

Clinical supervisors must:

- Promote safe and ethical practice
- Explore risk and safeguarding issues within supervision
- Ensure safeguarding concerns are escalated rather than contained solely within supervision
- Support practitioners with professional decision-making

- Report concerns directly to the DSL where necessary

Supervision must never delay an urgent safeguarding referral.

9. Recognising a Safeguarding Concern

A concern may arise through:

- A direct disclosure
- Observed injuries or behaviour
- Information from a parent, carer, professional or third party
- A concerning message, email or online interaction
- Unexplained changes in presentation
- Repeated missed appointments
- Signs of fear, control, intimidation or dependency
- Unsafe home or relationship circumstances
- Suicidal intent or serious self-harm
- Disclosure of risk to another person
- Concerns about a practitioner's behaviour
- Boundary violations
- Inappropriate sexualised conduct
- Misuse of personal information
- Information revealed during counselling, training, assessment or supervision

A practitioner does not need proof before raising a concern. A reasonable concern that a person may be at risk is sufficient to trigger consultation with the DSL.

10. Responding to a Disclosure

When a child or adult discloses abuse or harm, the practitioner should:

1. Remain calm
2. Listen carefully
3. Take the disclosure seriously
4. Avoid expressing shock, disbelief or blame
5. Allow the person to speak in their own words
6. Ask only necessary, open and non-leading questions
7. Avoid investigating or repeatedly questioning the person
8. Explain that the information may need to be shared to keep them or another person safe
9. Establish whether there is immediate danger
10. Record the disclosure as soon as possible

11. Report it promptly to the DSL

Appropriate phrases may include:

- “Thank you for telling me.”
- “I am taking what you have said seriously.”
- “This is not your fault.”
- “I cannot promise to keep this completely secret.”
- “I may need to speak to someone whose job is to help keep you safe.”

Practitioners must not:

- Promise absolute confidentiality
- Confront the alleged perpetrator
- Conduct their own investigation
- Ask the person to repeat the account unnecessarily
- Contact family members where doing so could increase risk
- Delay action until the next supervision session

11. Immediate Danger and Emergencies

Where there is an immediate risk to life, serious injury or an ongoing crime:

- Call **999**
- Request police, ambulance or other emergency assistance
- Take reasonable steps to remain with or maintain contact with the person where safe
- Do not place yourself or others at unnecessary risk
- Preserve relevant evidence
- Inform the dsl as soon as practicable
- Make a full written record

Where urgent medical help is required but the situation is not immediately life-threatening, contact the appropriate urgent healthcare service.

A safeguarding referral must not be delayed because the DSL is unavailable. The practitioner should contact the relevant statutory service directly and then inform the DSL.

12. Safeguarding Reporting Procedure

Step 1: Make the situation safe

Address immediate safety and medical needs.

Step 2: Listen and clarify minimally

Obtain only the information required to understand the immediate concern.

Step 3: Inform the DSL

Raise the concern on the same working day wherever possible.

Step 4: Record the concern

Complete the safeguarding concern record promptly.

Step 5: Assess and decide

The DSL will consider:

- The nature and seriousness of the concern
- Immediate and future risk
- Whether a child or adult at risk is involved
- Whether other people may be at risk
- The person's wishes and capacity
- The need for emergency services
- Whether consent should be sought
- Previous concerns or patterns
- Local safeguarding thresholds
- Whether a statutory referral is required

Step 6: Refer or consult

The DSL or practitioner will contact the relevant agency, which may include:

- Children's social care
- Adult social care
- The local multi-agency safeguarding hub
- Police
- NHS services
- The local authority designated officer
- The disclosure and barring service
- A professional membership body
- A commissioner or contract safeguarding lead
- Another relevant safeguarding partner

Step 7: Follow up

Mind Bearer will:

- Confirm that the referral was received
- Respond to requests for information
- Attend meetings where appropriate
- Continue to monitor risk
- Update the safeguarding record
- Escalate concerns where the response appears inadequate and risk remains

13. Consent and Information Sharing

Mind Bearer will normally explain:

- What information needs to be shared
- Why it needs to be shared
- With whom it will be shared
- What may happen next

Consent should be sought where it is safe, appropriate and practicable to do so.

However, consent is not always required before sharing safeguarding information. Information may be shared without consent where there is a lawful basis and where sharing is necessary and proportionate, including where:

- A child is suffering or may be at risk of significant harm
- An adult is at risk of serious abuse or neglect
- Another person may be at risk
- There is an immediate risk to life
- A serious crime may have been committed
- Seeking consent could increase danger
- Seeking consent could lead to evidence being destroyed
- The person lacks capacity to make the relevant decision
- Coercion or control affects the person's ability to decide freely
- There is a legal, regulatory or contractual obligation to disclose

Government information-sharing guidance supports lawful and proportionate sharing where safeguarding concerns arise and makes clear that data protection law is not a barrier to appropriate safeguarding action.

Only relevant and necessary information will be shared. The decision to share or not share information, together with the reasons, must be recorded.

14. Mental Capacity and Adult Safeguarding

Adults must be presumed to have capacity unless it is established otherwise.

A person must not be treated as unable to decide merely because they make a decision that others consider unwise.

Where there is concern about capacity, the practitioner must consider whether the person can:

- Understand the relevant information
- Retain that information long enough to decide
- Use or weigh the information
- Communicate their decision

Any formal capacity decision must be specific to the decision and the time at which it is made.

Where an adult lacks capacity, actions taken on their behalf must:

- Be in their best interests
- Consider their past and present wishes
- Involve them as far as possible
- Consult relevant others where appropriate
- Be the least restrictive available option

Capacity concerns should be discussed promptly with the DSL and, where necessary, referred to an appropriately qualified statutory or healthcare professional.

15. Children and Young People

When working with a child or young person, Mind Bearer will:

- Clearly explain confidentiality and its limits
- Use language appropriate to the child's age and understanding
- Consider the child's competence and ability to consent
- Involve parents or carers where appropriate and safe
- Avoid involving a parent or carer where doing so may place the child at greater risk
- Listen to the child's wishes and feelings
- Establish emergency and parental contact details
- Agree procedures for online sessions and failed contact
- Maintain appropriate boundaries
- Avoid private or unapproved digital communication channels
- Refer concerns in accordance with local children's safeguarding arrangements

A child's welfare takes priority where there is a conflict between maintaining confidentiality and protecting the child from harm.

16. Self-Harm, Suicide and Serious Mental Health Risk

Thoughts of self-harm or suicide do not automatically constitute abuse, but they require careful clinical risk assessment and may create a safeguarding concern.

Practitioners must consider:

- Current thoughts and intent
- Plans, preparation and access to means
- Previous attempts or self-harm
- Immediacy and severity
- Protective factors
- Substance use
- Psychosis, severe distress or impaired judgement
- Risk to dependants or others
- Whether a child is affected by the adult's presentation
- The availability of support

Where there is imminent or serious risk, confidentiality may be overridden to protect life. This may involve contacting emergency services, a GP, crisis service, parent, carer or trusted contact.

All actions and clinical reasoning must be recorded.

17. Domestic Abuse and Coercive Control

Mind Bearer will respond sensitively to domestic abuse, recognising that victims may experience fear, isolation, financial control, monitoring, threats or barriers to leaving.

Practitioners should:

- Speak with the person privately where possible
- Avoid joint safety planning with the alleged perpetrator
- Consider risks associated with phone, email and digital monitoring
- Establish safe methods and times for contact
- Assess risk to children and other household members
- Avoid leaving messages that may increase danger
- Discuss specialist domestic abuse support
- Consider the need for statutory referral
- Record the person's words and identified risks accurately

Couples counselling must not continue where the format creates or increases an unmanaged risk of coercion, retaliation or harm.

18. Online and Remote Safeguarding

For online and telephone services, practitioners must:

- Confirm the client's identity where appropriate
- Know the client's location at the start of sessions where risk indicates this is necessary
- Hold an emergency contact where appropriate
- Establish what will happen if the connection is lost during a crisis
- Use approved secure systems
- Work from a confidential environment
- Check that the client can speak privately
- Remain alert to someone else controlling or monitoring the session
- Avoid recording sessions unless formally authorised and consented to
- Maintain professional digital boundaries
- Follow the same safeguarding procedures as for face-to-face work

Where a client is located outside England, the practitioner should establish relevant local emergency and safeguarding contacts.

19. Professional Boundaries and Conduct

Those working for Mind Bearer must not:

- Enter into exploitative, sexual or inappropriate relationships with clients
- Use their position for personal, emotional, financial or professional gain
- Accept inappropriate gifts or loans
- Lend money to or borrow money from clients
- Communicate through unauthorised personal social media accounts
- Share personal contact information without a legitimate professional reason
- Transport or visit clients outside agreed arrangements
- Photograph or record clients without written authorisation
- Engage in discriminatory, humiliating, threatening or abusive behaviour
- Work while impaired by alcohol, drugs, illness or other factors that make practice unsafe

Any concern about professional conduct must be reported to the DSL or a director.

20. Safer Recruitment

Mind Bearer will use proportionate safer recruitment processes, including:

- Clear role descriptions

- Safeguarding statements in recruitment materials
- Application and employment history checks
- Identity verification
- Qualification and professional registration checks
- References
- Exploration of gaps or inconsistencies
- Safeguarding-focused interview questions
- Right-to-work checks
- Criminal record checks at the appropriate lawful level
- Barred-list checks where the role is eligible
- Professional indemnity checks for associates
- Induction and probation arrangements
- Ongoing monitoring of suitability

DBS information will be handled securely and fairly in accordance with the DBS Code of Practice.

A DBS certificate is one element of safer recruitment and does not replace supervision, professional judgement or ongoing safeguarding oversight.

21. Allegations Against Staff, Counsellors or Volunteers

An allegation or concern may arise where a person working for Mind Bearer has:

- Harmed or may have harmed a child or adult at risk
- Committed or may have committed a criminal offence
- Behaved in a way that suggests they may pose a risk
- Breached professional boundaries
- Exploited a client
- Behaved in a way that indicates they may be unsuitable to work with vulnerable people
- Failed to act on a safeguarding concern

The concern must be reported immediately to the DSL.

Where the allegation concerns the DSL, it must be reported to:

Director/Alternative Safeguarding Contact: Appendix 1 – Internal Contacts

Mind Bearer will:

1. Take immediate steps to protect service users
2. Avoid conducting an internal investigation before consulting relevant authorities
3. Contact the local authority designated officer where the concern relates to a person working with children

4. Contact adult safeguarding services or police where appropriate
5. Consider suspension, restriction or alternative duties as a neutral protective measure
6. Preserve evidence and records
7. Maintain appropriate confidentiality
8. Provide support to those affected
9. Follow disciplinary and contractual procedures
10. Make referrals to the DBS where the legal criteria are met
11. Notify professional bodies, commissioners or regulators where required

Resignation, termination of a placement or ending a contract will not prevent Mind Bearer from completing safeguarding actions or making required referrals.

22. Whistleblowing

Anyone who believes that:

- A safeguarding concern has been ignored
- Unsafe practice is being concealed
- Records have been falsified
- A manager has failed to act
- A colleague poses a risk
- Organisational practice is placing people in danger

must raise the concern under Mind Bearer's Whistleblowing Policy.

No person will be subjected to detrimental treatment for raising a genuine safeguarding concern in good faith.

Where internal reporting is inappropriate or ineffective, concerns may be raised with the relevant local authority, police, commissioner, professional body, regulator or prescribed external authority.

23. Recording and Record Keeping

Safeguarding records must be:

- Created as soon as possible
- Factual, clear and legible
- Dated and timed
- Attributed to the person making the record
- Written using the person's own words where relevant
- Explicit about observations, professional opinions and third-party information
- Clear about decisions and reasons

- Updated with actions, referrals and outcomes
- Stored securely with restricted access

Records should include:

- The person's details
- The date, time and location of the concern
- The nature of the concern
- What was seen, heard or disclosed
- Immediate action taken
- People consulted
- Consent sought or obtained
- Information shared
- Referrals made
- Reasons for decisions
- Follow-up action
- The name of the person completing the record

Safeguarding records should be kept separately from general administrative records where practicable, with an appropriate cross-reference in the clinical record.

Records will be retained in accordance with Mind Bearer's retention schedule, legal obligations, insurer requirements and applicable professional guidance.

24. Training and Competence

All personnel will receive safeguarding information during induction.

Training will be proportionate to the role and may include:

- Safeguarding children
- Safeguarding adults
- Recognising abuse and neglect
- Responding to disclosures
- Domestic abuse
- Self-harm and suicide risk
- Mental capacity
- Information sharing
- Online safeguarding
- Professional boundaries
- Safer recruitment
- Equality and cultural competence
- Record keeping

- Local referral arrangements

Training will be refreshed regularly and whenever significant legislation, guidance, risks or organisational arrangements change.

The DSL and deputy DSL will complete enhanced role-specific training and maintain current knowledge of local safeguarding pathways.

25. Supervision and Staff Support

Safeguarding practice will be supported through:

- Regular clinical supervision
- Management supervision
- Access to the DSL
- Case consultation
- Reflective practice
- Debriefing after serious incidents
- Workload monitoring
- Wellbeing support

Safeguarding decisions remain organisational decisions and must not be left solely to an individual trainee, volunteer or practitioner.

26. Equality, Diversity and Inclusion

Mind Bearer recognises that abuse may be hidden or overlooked because of assumptions about age, disability, gender, race, culture, religion, sexuality, communication or family circumstances.

Safeguarding arrangements will therefore include:

- Interpreters where required
- Accessible information
- Communication aids
- Reasonable adjustments
- Sensitivity to cultural and religious context without excusing harm
- Awareness of discrimination and hate crime
- Recognition of barriers faced by LGBTQ+ people
- Recognition of risks affecting migrants and people with insecure status
- Avoidance of assumptions about capacity
- Active inclusion of the person’s views

Children and adults must not be asked to rely on an alleged perpetrator to interpret for them.

27. Partnership and Commissioned Services

Where Mind Bearer works with another organisation, safeguarding responsibilities will be set out in writing.

Agreements should cover:

- Named safeguarding contacts
- Referral pathways
- Responsibility for responding to incidents
- Information-sharing arrangements
- Staff vetting and training
- Record ownership
- Escalation procedures
- Notification requirements
- Management of allegations

Mind Bearer will not assume that another organisation has acted unless confirmation has been obtained.

28. Learning From Incidents

Following a significant safeguarding incident, Mind Bearer may undertake a review to identify:

- What happened
- Whether procedures were followed
- Whether risks were recognised promptly
- The quality of decision-making and recording
- Whether information was shared appropriately
- Any training or supervision needs
- Organisational or systemic weaknesses
- Actions required to prevent recurrence

Reviews will focus on learning and improvement while preserving accountability.

29. Monitoring and Governance

The DSL will provide periodic safeguarding assurance information to senior management, including anonymised information about:

- The number and type of concerns
- Referrals and outcomes
- Response times
- Allegations against personnel
- Training completion
- Recurring risks or themes
- Record quality
- Supervision issues
- Complaints and whistleblowing
- Policy compliance
- Improvement actions

Personal information will not be included in governance reports unless this is necessary and lawful.

30. Breaches of This Policy

Failure to follow this policy may result in:

- Additional training or supervision
- Restriction of duties
- Suspension
- Disciplinary action
- Termination of employment, placement or contract
- Referral to a professional body
- Referral to the DBS
- Notification to a commissioner or regulator
- Referral to police or statutory safeguarding services

31. Policy Review

This policy will be reviewed:

- At least annually
- Following a serious safeguarding incident
- Following significant changes to legislation or statutory guidance
- Following learning from a complaint, allegation or review
- When mind bearer introduces a new service or client group
- Where monitoring indicates that procedures are not effective

Appendix 1: Safeguarding Contact Details

Internal contacts

Designated Safeguarding Lead:
Name: Richard Nettleship
Telephone: 07594 493 508
Email: richard@mindbearer.com

Deputy Designated Safeguarding Lead:
Name: Nina Nilson
Telephone: 07599 947 830
Email: nina@mindbearer.com

Director responsible for safeguarding:
Name: Richard Nettleship
Telephone: 07594 493 508
Email: richard@mindbearer.com

External contacts

Emergency services: 999
Police non-emergency: 101
Local children's social care/MASH: 0300 470 9100 / 01483 517 898
Local adult safeguarding team: 0300 200 1005 / 01483 517 898
Local Authority Designated Officer: 0300 123 1650 / 01483 517 898
NHS urgent mental health/crisis service: 111
Commissioner safeguarding contact: 0800 528 0731

Local contact information must be reviewed at least every six months.

Appendix 2: Safeguarding Concern Record

Person completing the record:	
Role:	
Date and time of record:	
Name of person at risk:	
Date of birth or approximate age:	
Contact details:	
Date, time and location of incident or disclosure:	
Nature of concern:	Insert factual account

Exact words used by the person, where relevant:	
Visible injuries, behaviour or observations:	
Immediate risks identified:	
Immediate action taken:	
Was consent sought?	Yes/No/Not appropriate
Person's views and desired outcome:	
DSL informed:	Name, date and time
External agencies contacted:	
Information shared:	
Decision and reasons:	
Further actions and responsible person:	
Follow-up date:	
Signature:	

Appendix 3: Safeguarding Decision Checklist

Before closing or transferring a concern, confirm that:

Description	Check
Immediate safety has been addressed	
The person's voice has been recorded	
Relevant risks to other people have been considered	
The DSL has been informed	
Consent and capacity have been considered	
The decision to share or not share information has been recorded	
The appropriate statutory agency has been contacted where required	
Receipt of any referral has been confirmed	
Relevant clinical and safeguarding records have been updated	
Follow-up responsibility is clear	
Any organisational learning has been identified	