

Safeguarding Adults Policy and Procedure

Tower Hamlets Friends & Neighbours

Document control

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Designated Safeguarding Lead	Rita Chadha, Chief Executive
Board Trustee Safeguarding Lead	Chair of Trustees

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1. Purpose and scope

The purpose of this policy is to:

- ensure that any safeguarding concerns or issues identified or shared with Tower Hamlets Friends & Neighbours (THFN) staff and/or volunteers are appropriately and promptly addressed;
- ensure that staff and volunteers are aware of their roles and responsibilities in relation to safeguarding adults at risk;
- set out how THFN will work in partnership with Tower Hamlets Council and other agencies to safeguard adults at risk, in line with the London Multi-Agency Adult Safeguarding Policy, Practice Guidance and Procedures (November 2025); and
- reflect current legislative requirements including the Care Act 2014, the Mental Health Act 2025, the Domestic Abuse Act 2021, and associated statutory guidance.

THFN works with adults at risk and recognises that:

- adults at risk can be vulnerable to mistreatment and abuse;
- the abuse of adults at risk constitutes a clear infringement of their rights; and
- THFN is committed to protecting adults at risk through a Making Safeguarding Personal approach that is person-led and outcome-focused.

This document outlines the practice and procedures for paid staff and volunteers in THFN to contribute to the prevention of abuse of adults at risk and to respond promptly when abuse is suspected. THFN works closely with the London Borough of Tower Hamlets Council and this safeguarding policy is compatible with and links to the London Multi-Agency Adult Safeguarding Policy, Practice Guidance and Procedures (November 2025) and Tower Hamlets local safeguarding procedures.

These procedures have been developed in line with best practice guidance including:

- the Care Act 2014 and the Care and Support Statutory Guidance;
- the London Multi-Agency Adult Safeguarding Policy, Practice Guidance and Procedures (November 2025);
- the Mental Health Act 2025;
- the Domestic Abuse Act 2021;
- the Mental Capacity Act 2005;
- the Data Protection Act 2018 and UK GDPR;
- the Equality Act 2010;
- Making Safeguarding Personal guidance (LGA/ADASS); and
- the National Competence Framework for Safeguarding Adults.

2. Safeguarding principles

THFN's safeguarding practice is underpinned by the six key principles of safeguarding set out in the Care Act 2014 statutory guidance, which apply to all sectors and settings.

Principle	What it means in practice
Empowerment	People are supported and encouraged to make their own decisions and give informed consent. "I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."
Prevention	It is better to take action before harm occurs. "I receive clear and simple information about what abuse is, how to recognise the signs, and what I can do to seek help."
Proportionality	The least intrusive response appropriate to the risk presented. "I am sure that the professionals will work in my interest and they will only get involved as much as is necessary."
Protection	Support and representation for those in greatest need. "I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."
Partnership	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary."
Accountability	Accountability and transparency in delivering safeguarding. "I understand the role of everyone involved in my life and so do they."

3. Who is an adult at risk?

Section 42 of the Care Act 2014 defines an adult at risk as anyone aged 18 or over who:

- has needs for care and support (whether or not the local authority is meeting any of those needs);
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect himself, herself, or themselves against the abuse or neglect or the risk of it.

All three conditions must be met for section 42 safeguarding duties to apply. However, where these criteria are not met but there are still concerns, THFN may still take action to support the individual and will consider whether other enquiries are appropriate.

4. What is meant by abuse of adults at risk?

“Abuse is the violation of an individual’s human and civil rights by any other person or persons.”
(Care Act 2014 Statutory Guidance)

The Care Act 2014 and the London Multi-Agency Adult Safeguarding Policy identify the following categories of abuse and neglect. Multiple forms of abuse may occur simultaneously, and any of these types may result from deliberate intent, targeting, negligence, or ignorance.

Category	What it includes
Physical abuse	Hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.
Sexual abuse	Rape and sexual assault or sexual acts to which the adult has not consented, or could not consent, or was pressured into consenting.
Psychological / emotional abuse	Threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation, or withdrawal from services or supportive networks.
Financial or material abuse	Theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits. This includes online fraud, scams, and coercion in relation to financial affairs.
Neglect and acts of omission	Ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition, and heating.
Discriminatory abuse	Racism, sexism, abuse based on a person’s disability, age, sexual orientation, gender identity, religion or belief, and other forms of harassment, slurs or similar treatment.

Category	What it includes
Domestic abuse	As defined by the Domestic Abuse Act 2021, this includes psychological, physical, sexual, financial, and emotional abuse, as well as controlling and coercive behaviour, and so-called “honour”-based violence. The Act recognises that children who see, hear, or experience the effects of domestic abuse are also victims.
Modern slavery	Slavery, human trafficking, forced labour, and domestic servitude. Traffickers and slave masters use whatever means at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude, and inhumane treatment.
Organisational abuse	Neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in one’s own home. This may range from one-off incidents to ongoing ill-treatment, and can arise through neglect or poor professional practice as a result of the structure, policies, processes, and practices within an organisation.
Self-neglect	A wide range of behaviour including neglecting to care for one’s personal hygiene, health or surroundings, and includes behaviour such as hoarding. Self-neglect may not necessarily prompt a section 42 enquiry but may require a multi-agency response.

5. Making Safeguarding Personal

THFN is committed to the Making Safeguarding Personal (MSP) approach, which is embedded in the Care Act 2014 statutory guidance and reinforced in the London Multi-Agency Adult Safeguarding Policy (November 2025). MSP means that safeguarding should be person-led and outcome-focused. It involves engaging the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice, and control, as well as improving quality of life, wellbeing, and safety.

Key elements of this approach include:

- asking the adult what outcomes they want from the safeguarding process;
- ensuring these outcomes directly inform what happens;
- ascertaining the views and wishes of the adult at risk wherever possible;
- providing accessible information about safeguarding and available support; and
- measuring success by whether the person’s desired outcomes have been achieved.

6. Rights and responsibilities

6.1 Responsibilities of THFN

- To ensure designated safeguarding leads take responsibility for safeguarding adults who engage with THFN.
- To ensure staff and volunteers understand the Safeguarding Adults policy and their responsibilities relating to safeguarding adults and the escalation process.
- To ensure staff and volunteers are adequately trained.
- To notify the appropriate agencies if abuse is identified or suspected.
- To support and where possible secure the safety of individuals, and ensure that all referrals to services have full information in relation to identified risk and vulnerability.
- To carry out DBS checks on volunteers and staff who have access to or work with adults at risk.
- To ensure safeguarding practice is trauma-informed, culturally sensitive, and person-centred.
- To cooperate fully with the Tower Hamlets Safeguarding Adults Board and multi-agency partners.

6.2 Responsibilities of THFN staff and volunteers

- To understand and adhere to the Safeguarding Adults policy and procedures.
- To take appropriate action in line with the policy and procedures.
- To complete safeguarding training as required, including refresher training.
- To declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct, possibly resulting in dismissal.

6.3 Rights of adults at risk

- To be made aware of this policy.
- To have alleged incidents recognised and taken seriously.
- To receive fair and respectful treatment throughout.
- To be involved in any process as appropriate, in line with Making Safeguarding Personal.
- To receive information about the outcome.
- To be supported by an advocate where they have substantial difficulty being involved in the safeguarding process.

All those making a complaint or allegation or expressing concern, whether they be staff, volunteers, service users, carers, or members of the general public, should be reassured that:

- they will be taken seriously;

- their comments will usually be treated confidentially, but their concerns will be shared if they or others are at significant risk;
- if service users, they will be given immediate protection from the risk of reprisals or intimidation;
- if staff, they will be given support and afforded protection if necessary, e.g. under whistleblowing legislation;
- they will be dealt with in a fair and equitable manner; and
- they will be kept informed of action that has been taken and its outcome.

7. Internal procedures relating to working with adults at risk

7.1 Recruitment of staff and volunteers

Recruitment will follow THFN's Recruitment Policy, including obtaining DBS Disclosures at Enhanced Level with Adults Barred List checks for all posts working with adults at risk. The first five competencies of the National Competence Framework for Safeguarding Adults apply to all staff and volunteers (see Appendix 1).

7.2 Training

Training will follow THFN's Training Policy and will include familiarisation and training in the application of the Safeguarding Adults policy and procedures. All THFN employees and active volunteers will undertake refresher Safeguarding Adults training every two years. Training will cover:

- recognising types and signs of abuse and neglect;
- the six safeguarding principles and Making Safeguarding Personal;
- how to respond to and report concerns;
- mental capacity and consent;
- domestic abuse awareness, including coercive and controlling behaviour;
- modern slavery awareness; and
- self-neglect and hoarding.

7.3 Safeguarding leads

THFN will seek to keep adults at risk safe by appointing safeguarding leads.

Role	Postholder
Designated Safeguarding Lead	Chief Executive — Rita Chadha
Board of Trustee Safeguarding Lead	Trustee — Chair

7.4 Management and supervision

The line manager of each member of staff or volunteer will take responsibility for clarifying with the staff member or volunteer their roles and responsibilities regarding their relationships with adults at risk, and ensure this is monitored through supervision.

7.5 Record-keeping

There should be a written record of any concerns, which will be kept in accordance with THFN's Data Protection and Confidentiality Policy and in compliance with the Data Protection Act 2018 and UK GDPR. See section 11 for the content of records to be kept.

8. Identification of abuse

Any listing of indicators of abuse could not be exhaustive, and the indicators do not necessarily mean that abuse is occurring, though they may give cause for concern and highlight the need for further assessment.

It is worth noting that some ageing processes can cause changes which are hard to distinguish from some aspects of physical assault — for example, skin bruising can occur very easily due to fragility of blood vessels.

Staff and volunteers should remain alert to potential indicators of abuse and adopt an approach of professional curiosity — looking beyond the surface of a situation to understand what may be happening in a person's life.

9. What to do

The first priority should always be to ensure the safety and protection of the adult(s) at risk. It is the responsibility of all staff and volunteers to act on any suspicion or evidence of abuse or neglect, and to pass on their concerns to their line manager and/or to the police or Tower Hamlets Connect as appropriate.

- In situations of immediate danger, take urgent action by calling the relevant emergency services (e.g. police 999, ambulance, GP). Act to keep the person safe if possible. If a crime has occurred, be aware of the need to preserve evidence.
- Remember to have regard to your own safety. Leave the situation if it is not safe for you. Do not confront an alleged perpetrator.
- Listen to the adult at risk, and offer necessary support and reassurance.
- Clarify issues of confidentiality early on. Staff or volunteers must make it clear that they will have to discuss the concerns with their supervisor.

- Wherever possible, involve the person at risk in decisions affecting them. If possible or practical, talk to them about their need for support and get their consent to raise a safeguarding concern. This is central to the Making Safeguarding Personal approach.
- Where an adult at risk expresses a wish for concerns not to be pursued, this should be respected wherever possible. However, decisions must have regard to the level of risk to the individual and others, and their capacity to understand the decision in question.
- In some circumstances, the adult at risk's wishes may be overridden in favour of considerations of safety. Decisions to override wishes should, if possible, be the product of discussion with appropriate line management.
- Clearly record what you have witnessed or been told, and record your responses and any actions taken. This should be signed and dated. Volunteers will be supported by staff and/or a lead volunteer to record the concern.
- Report concerns to the appropriate designated safeguarding lead at the earliest opportunity within the same day.
- If a safeguarding lead is not available, or if the concern is about the line manager or a safeguarding lead, report directly as appropriate to the Chief Executive or to the Chair. If no appropriate manager is available, report your concerns directly to Tower Hamlets Connect.

Protection of adults at risk under the care of other organisations

The registered manager of a care home or the senior nurse at a hospital setting should be informed of a concern as soon as possible. If the concern is about that person, their line manager should be informed. Where the safeguarding lead has a concern about someone who is employed in a care setting such as a registered care home or social care provider, they should also inform the Care Quality Commission (CQC) on 03000 616 161.

Care must be taken to preserve evidence if a crime may have been committed.

9.1 Do's and don'ts

Do	Do not
• Stay calm • Listen patiently • Reassure the person • Explain what you are going to do • Report to the relevant manager • Write a factual account of what you have seen and been told, using the person's own words, as soon as possible after the incident (maximum period: the same day)	• Appear shocked, horrified, disgusted or angry • Press the individual for details • Make comments or judgements • Promise to keep secrets • Confront the alleged abuser • Risk contaminating evidence

10. What happens next

The safeguarding lead will raise a referral by reporting the alleged abuse to Tower Hamlets Connect within 24 hours of the alleged abuse being reported or witnessed. In the event of an emergency, the safeguarding lead will raise the alert or referral to the police. In the absence of a designated safeguarding lead, the line manager will raise the referral.

A safeguarding concern can be raised by:

- telephoning Tower Hamlets Connect on 0300 303 6070 (9am–5pm);
- emailing a safeguarding alert form to enquiry@towerhamletsconnect.org; or
- completing the online safeguarding alert form on the Tower Hamlets Council website.

Whenever possible, consent to make a referral should be gained from an adult at risk who has capacity. However, everyone who works with adults has a duty to share their anxieties or suspicions, even if the adult at risk asks them not to. It is always good practice to inform the adult concerned of this duty.

11. Information to be recorded

Where there is easily accessible information to confirm that the alleged abuse could have taken place, this should be gathered by the referrer and shared with Tower Hamlets Connect and/or (if a crime is suspected) the police.

A report should be completed by the safeguarding lead(s) in liaison with the member of staff or volunteer who has reported the concern, within the same day the abuse is alleged or witnessed.

The report should include:

- adult at risk: situation, family or significant other people, mental capacity, disability or sensory impairment, their view of the situation, and agencies in contact with them;
- alleged abuse: incidents or reasons causing concern, and degree of immediate danger;
- alleged perpetrator(s): their relationship to the adult at risk, their mental capacity, disability or sensory impairment, their whereabouts and likelihood of contact or risk to other people, and agencies in contact with them;
- referrer's judgement of the situation: action already taken, any immediate action the referrer thinks should be taken, and perceived risk to others;
- other agencies already involved;
- information about past incidents or concerns from internal records; and
- the desired outcomes of the adult at risk, in line with Making Safeguarding Personal.

Both the staff member or volunteer who reported the concern and the safeguarding lead(s) should sign and date the report. A copy of the report will be kept with the adult at risk's personal file and in the Safeguarding Adults file.

This is primarily a paper exercise and should not involve conducting interviews.

THFN's policies and procedures relating to Data Protection and Confidentiality, Whistleblowing, and Disciplinary procedures should also be noted in relation to this policy.

12. Follow-up

Once a referral has been made to Tower Hamlets Connect, THFN will cooperate fully with the investigation in accordance with the London Multi-Agency Adult Safeguarding Policy, Practice Guidance and Procedures (November 2025). Support should be given as appropriate to the adult at risk and to the member of staff or volunteer who raised the concern.

13. Mental capacity

The Mental Capacity Act 2005 provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. THFN staff and volunteers should be aware that:

- a person must be assumed to have capacity unless it is established that they lack capacity;
- a person is not to be treated as unable to make a decision unless all practicable steps to help them do so have been taken without success;
- a person is not to be treated as unable to make a decision merely because they make an unwise decision;
- any act done or decision made for or on behalf of a person who lacks capacity must be done in their best interests; and
- before any act is done or decision is made, regard must be had to whether the purpose can be achieved in a way that is less restrictive of the person's rights and freedom of action.

Where there are concerns about a person's capacity to make decisions about their safety, THFN will seek appropriate professional advice and support.

14. Mental Health Act 2025

The Mental Health Act 2025, which received Royal Assent on 18 December 2025, reforms and updates the Mental Health Act 1983. While most provisions are being implemented in stages over the coming years, THFN staff and volunteers should be aware of the key reforms.

Strengthened patient rights: the Act empowers patients with greater autonomy and control over their treatment, including new provisions for advance choice documents and nominated persons.

Reformed detention criteria: detention will only be lawful where there is a demonstrable risk of serious harm to the individual or others.

Removal of police stations and prisons as places of safety: there is a clear expectation that places of safety should be health-based settings.

Reduced use of the Act for people with learning disabilities and autistic people: the Act limits detention for individuals whose primary needs relate to a learning disability or autism, unless there is a co-occurring mental health condition requiring treatment.

THFN will ensure that training is updated as the Act's provisions come into force and new Codes of Practice are published. Staff and volunteers should be alert to the safeguarding needs of individuals who may be subject to the Mental Health Act.

15. Contacts

To report possible abuse taking place:

If someone is in immediate danger, call 999.

Service	Contact details
Tower Hamlets Connect (Safeguarding Adults hotline)	Phone: 0300 303 6070 (9am–5pm) Email: enquiry@towerhamletsconnect.org
Emergency Duty Team (out of hours)	Phone: 020 7364 4079 (5pm–9am and weekends) Alternative: 020 7364 5606
Police	Emergency: 999 Non-emergency: 101
Care Quality Commission	Phone: 03000 616 161 Email: enquiries@cqc.org.uk
Action on Elder Abuse	Helpline: 080 8808 8141 or 020 8835 9280 (Mon–Fri 9am–5pm)
Hourglass (formerly Action on Elder Abuse)	Helpline: 0808 808 8141

Service	Contact details
Voice UK (supporting people with learning disabilities)	Helpline: 0808 802 8686 (Mon–Fri 9am–5pm)
Modern Slavery Helpline	Phone: 08000 121 700
National Domestic Abuse Helpline	Phone: 0808 2000 247 (24 hours)
Tower Hamlets High Risk Panel	Email: highrisk.panel@towerhamlets.gov.uk

16. Related policies

This policy should be read in conjunction with the following THFN policies:

- Data Protection and Confidentiality Policy;
- Whistleblowing Policy;
- Disciplinary Policy;
- Recruitment Policy;
- Training Policy;
- Equity and Belonging Policy;
- Health and Safety Policy;
- Complaints Policy; and
- Artificial Intelligence (AI) Use Policy.

Appendix 1: Safeguarding competency framework

Minimum requirements for Safeguarding Adults learning competencies

Target group: all staff and volunteers who may have direct or indirect contact with adults who may be at risk of abuse. This includes all staff within health and social care settings, and all staff in universal and/or community-based services.

Competencies may be met by any combination of: standard induction processes, taught courses (multi-agency or single agency), e-learning, reading of information, fact sheets or workbooks, and face-to-face discussions.

The opportunity for a face-to-face discussion following any learning and development should be available to staff, through existing supervision or one-to-one processes. This provides an opportunity for staff to reflect on any learning undertaken and to demonstrate their understanding. This discussion must be recorded.

Staff and volunteers at all levels should be able to demonstrate competence in the following.

1. Understanding the definition of an adult who may be “at risk”, as defined by the Care Act 2014 and the London Multi-Agency Adult Safeguarding Policy

- Show clear understanding of the meaning of “adult at risk” as defined in relevant policy guidance.
- Demonstrate an understanding of the factors that might increase risk of abuse.

2. Understanding the types and signs of abuse, as defined by the Care Act 2014

- Show understanding of what constitutes “abuse”.
- Describe the different forms of abuse and how to recognise indicators or signs of them.
- Show understanding of what constitutes “harm”.
- Show understanding of what constitutes restraint and restrictions.
- Demonstrate awareness of domestic abuse, including coercive and controlling behaviour as defined in the Domestic Abuse Act 2021.

3. Understanding the importance of whistleblowing procedures

- Understand how to whistleblow using related policies and procedures.
- Have awareness of, and confidence to use, the whistleblowing policy and procedures when required.

4. Understanding the importance of creating a safe environment in order to minimise the risk of abuse and harm

- Work in a manner that seeks to reduce the risk of abuse.
- Know how to ensure the individual is safe when the risk of abuse is high.

- Have knowledge of resilience factors and how these might interact with safeguarding.
- Work to empower service users and carers to reduce the risk of abuse.
- Have knowledge of a clear complaints procedure, and be able to raise awareness of it with service users.
- Apply the six safeguarding principles in day-to-day practice.

5. Understanding their role as defined within the multi-agency and internal policy and procedure, including how to report concerns of abuse (including historical abuse) using appropriate systems

- Show clear understanding of their role in identifying and reporting concerns regarding adult abuse.
- Show understanding of their organisation's policy and procedures, and how to access them.
- Show understanding of the London Multi-Agency Adult Safeguarding Policy and Procedures, and how to access them.
- Understand the Making Safeguarding Personal approach and how to apply it in practice.
- Treat reports seriously.

Appendix 2: Legislative framework

This policy is informed by, and should be read in conjunction with, the following legislation and guidance:

- Care Act 2014 — sections 42–47 (safeguarding adults);
- Care and Support Statutory Guidance (updated);
- Mental Capacity Act 2005;
- Mental Health Act 2025 (Royal Assent 18 December 2025);
- Domestic Abuse Act 2021;
- Modern Slavery Act 2015;
- Equality Act 2010;
- Data Protection Act 2018 and UK GDPR;
- Human Rights Act 1998;
- Public Interest Disclosure Act 1998 (whistleblowing);
- London Multi-Agency Adult Safeguarding Policy, Practice Guidance and Procedures (November 2025);
- Making Safeguarding Personal guidance (LGA/ADASS);
- National Competence Framework for Safeguarding Adults; and
- Safeguarding Adults: Roles and Competencies for Health Care Staff (Intercollegiate Document).

Note: the government has announced a consultation on the implementation of Liberty Protection Safeguards (LPS), expected in 2026. THFN will update this policy as necessary when LPS guidance is published.

Approval

This policy was approved by the Board of Trustees of Tower Hamlets Friends & Neighbours.

Signed: (Chair of Trustees)

Name: Anne Worlledge

Date: 23.03.2026