

1. Safeguarding Policy and Procedures for Mill End Community Trust

Purpose of this Statement	To detail the Safeguarding Policy & Procedures at MILL END COMMUNITY TRUST
Dated	September 2025
Contact	Jane Wray 07800563941 Designated Safeguarding Lead (DSL)

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Policy Control

This policy, together with its appendices, is based on the Trussell template Safeguarding Policy v 3.1 first published October 2021. This has been updated to incorporate useful feedback from food banks within the Trussell Food bank Network and in particular the work of Bradford North Foodbank.

2 INTRODUCTION

Safeguarding means protecting people's right to live safely, 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 or child's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

3 AIMS OF THE POLICY

This policy, taken together with HERTS COUNTY COUNCIL Multi-Agency Safeguarding Policies, represents commitment in working together to safeguard children and adults from abuse, neglect and exploitation. It clarifies the roles and responsibilities of any employees, trustees and volunteers in relation to developing their own awareness and skills as well as the policies and procedures that must be followed.

The policy outlines:

- The practice and procedure for representatives within MILL END COMMUNITY TRUST to contribute to the prevention of the abuse and neglect, and
- A clear framework for action including information sharing when abuse is suspected.

4 POLICY EQUALITIES STATEMENT

MILL END COMMUNITY TRUST is committed to practices that protect from harm regardless of a person's age, gender, disability, racial heritage, religious belief, sexual orientation or any other characteristic as covered by the Equality Act 2010.

5 SCOPE AND DEFINITIONS OF THE POLICY

Whose Business is Safeguarding?

Legislation establishes that safeguarding is everybody's business. This organisation recognises that we all play a key role in preventing, detecting, reporting and responding to abuse, neglect or exploitation.

5.1 Scope of Policy

The policy applies to activities delivered by MILL END COMMUNITY TRUST. Where MILL END COMMUNITY TRUST deliver any activities in partnership with another body this policy applies - unless a formal agreement exists that specifically details safeguarding arrangements and the roles and responsibilities of the parties to the agreement. Where a formal partnership exists, the trustees will review the partner's safeguarding policy and procedures at least annually and will ensure procedures meet the standards set out in this policy. The policy applies in respect of this organisation's responsibility towards the following groups of people:

- Children and young people - legally defined as any person under the age of 18. From this point the terms 'child' or 'children' will be used to refer to this group.
- An 'adult at risk of abuse or neglect with care and support needs' however for the purpose of this policy we will use the term 'vulnerable adult(s)' to refer to this group.
- Employees, trustees and volunteers who come into contact with children or vulnerable adults during the course of their work or volunteering responsibilities.
- Contractors when carrying out work on behalf of the organisation.

5.2 Definitions

Child Protection is defined as:

- Protecting individual children identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect or other identified risk factors such as parental Domestic Violence, substance misuse.

Safeguarding and promoting the welfare of children and young people is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's' health or development
- Ensuring that children are growing up and living in circumstances consistent with the provision of safe and effective care
- Ensuring safe and effective care, to enable children to have optimum life chances.

Adult Safeguarding is defined as:

- Protecting an adult's right to live in safety, free from abuse and neglect aiming to ensure that each adult is supported to maintain:
 - ✓ Wellbeing
 - ✓ Choice and control
 - ✓ Safety
 - ✓ Good health
 - ✓ Dignity and respect

5.3 Implementation

MILL END COMMUNITY TRUST is committed to developing and maintaining its capability to implement this policy and procedures. In order to do so the following will be in place:

- A clear line of accountability within the organisation for the safety and welfare of all children and adults.
- Access to relevant training and professional advice.
- Regular management reports to the trustees detailing how safeguarding risks are being addressed.
- Safeguarding procedures that deal effectively with any concerns of exploitation, abuse or neglect, including those caused through poor practice.
- A named person appointed as Designated Safeguarding Lead
- A named person appointed as Deputy Safeguarding Lead (collectively the DSLs)
- Arrangements to work effectively with other relevant organisations to safeguard and promote the welfare of children and adults, including arrangements for sharing information.
- Risk assessments that specifically include safeguarding.
- The organisation's policies and procedures are consistent with this Safeguarding policy.

6. LEGAL FRAMEWORK

MILL END COMMUNITY TRUST will work within the framework of legislation and guidance in relation to safeguarding and protection of children and vulnerable adults.

An index of key legislation is contained in Appendix 7.

All staff and volunteers will consider the following when raising a concern:

- Safeguarding adults is mainly aimed at individuals with care and support needs whose circumstances may put them at risk of abuse or neglect by others - due consideration must also be given to people who need to use a foodbank given the inherent vulnerability resulting from a person's immediate circumstances.

- Where safeguarding concerns are identified about children, the welfare of the child is paramount.
- Abuse is defined as a violation of an individual's human and civil rights; it may consist of a single act or repeated acts
- The nature and extent of the abuse including whether it is a criminal offence
- The impact of the abuse on the person and the physical and /or psychological harm being caused and whether the abuse is having an impact on other people
- Deprivation of liberties where people may be victims of exploitation and modern slavery, for example forced labour. Or where living in care homes, hospitals or other institutions and are looked after in a way that inappropriately restricts their freedom.

7 TYPES OF ABUSE

Eleven types of abuse are currently identified through legislation and UK guidance frameworks:

- Physical abuse – Involves any manner of causing physical harm to a child or vulnerable adult or fabricating symptoms of, or inducing illness in, a child or vulnerable adult, including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions, administering or allowing access to drugs or alcohol.
- Domestic abuse – including psychological, physical, sexual, financial, emotional abuse, so called 'honour' based violence.
- Sexual abuse – Sexual abuse involves forcing or enticing any child or vulnerable adult of whatever age to take part in any form of sexual activity, whether or not s/he is aware of what is happening; or behaving, or inducing a child/ vulnerable adult to behave, in sexually inappropriate ways - including rape, indecent exposure, sexual harassment, inappropriate looking and 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. This includes inappropriate sexual relationships with people in positions of power or influence. *The victim may have been sexually exploited even if the sexual activity appears consensual. Sexual exploitation does not always involve physical contact; it can also occur through the use of technology. Sexual abuse (and harassment) can be experienced and perpetrated by men, women and people of any gender identity or sexual orientation. It can be carried out by anyone of the same sex, a different sex or anyone of any gender identity.*
- Psychological abuse – the persistent emotional ill treatment of a child or vulnerable adult such as to cause severe and enduring effects on a child's emotional development including threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks. It is important to note that within faith communities a further aspect of psychological abuse is Spiritual abuse. This is where the abuse does damage to a vulnerable adult's or child's emerging faith and spirituality. The fact that the damage includes damage to the spiritual self is what makes it spiritual abuse and usually occurs within the context of wider abuse.
- Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, possessions or benefits.
- Modern slavery – encompasses slavery, human trafficking, criminal exploitation, forced labour and domestic servitude, where traffickers and slavers coerce, deceive and force individuals into a life of abuse, servitudes and inhumane treatment
- Discriminatory abuse - including forms of harassment, slurs, exclusion, or similar treatment. This includes discrimination on the grounds of a person's protected characteristics including; race, age, disability, gender, sexual orientation, political views, faith or religion (including where someone is discriminated against because they have no religion), as well as racist, sexist, homophobic or ageist comments.
- Organisational abuse - Including neglect and poor care practice within an institution or special care setting such as a hospital or care home, or where care is provided within their own home.
- Neglect and acts of omission Neglect involves the persistent failure to meet a child's or vulnerable adult's basic physical and/or psychological needs, likely to result in the serious impairment of the

person's health and development – these include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating, access to family and friends.

- Self-neglect - Self-neglect covers a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.
- Hate crime – a hate crime is any criminal offence that is motivated by hostility or prejudice based upon the victim's disability, race, religion or belief, sexual orientation, or transgender identity.

Further information on recognising the signs and symptoms of abuse can be found in Appendices 4 and 5.

Note – Abuse can be carried out by children and MILL END COMMUNITY TRUST recognises that if a child or children is or are causing harm to an adult with care and support needs, this should be dealt with under the Local Authority adult safeguarding policy and procedures but will also need to involve the Local Authority Children's Services.

8 INFORMATION SHARING AND CONSENT

MILL END COMMUNITY TRUST is committed to complying with UK General Data Protection Regulations and the Data Protection Act. Sharing the right information, at the right time, with the right people, is fundamental to good practice in safeguarding. MILL END COMMUNITY TRUST will share safeguarding information with the right people at the right time to:

- Prevent death or serious harm
- Coordinate effective and efficient responses
- Enable early interventions to prevent the escalation of risk
- Help families, children and vulnerable adults access the right kind of support to reduce risk and promote wellbeing
- Maintain and improve good practice in safeguarding
- Reveal patterns of abuse that were previously undetected and that could identify others at risk of abuse
- Identify low-level concerns that may reveal children or vulnerable adults at risk of abuse
- Help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour
- Reduce organisational risk and protect reputation

Wherever possible we will always seek the informed consent of the person(s) concerned before sharing their personal information. Obtaining informed consent to share information is best practice and is often key to ensuring any further support or action is successfully maintained, based on trust and transparency.

UK Law assumes that all people over the age of 16 have the ability to make their own decisions, unless it has been proved that they can't. The law gives people the right to make their own decisions even if others consider them to be unwise. The Law says that to make a decision a person needs to:

- Understand information
- Remember it for long enough
- Think about the information
- Communicate their decision

There are exceptions where seeking consent is not necessary. Exceptions - when seeking consent is not appropriate:

- Where you have a child protection concern, you must share information with the relevant agencies, even if you haven't been given consent. GDPR does not affect this principle.
- Where gaining consent would put the person at risk, or the organisation's volunteers and staff at further risk of significant harm.
- Where other people (especially children) may be placed at risk of harm from the person, group or agency suspected of causing the abuse.
- Where person at risk is assessed as not having the 'mental capacity' to make this decision, in this case appropriate representatives/advocates should be consulted; however, the Designated Safeguarding Lead will make the final decision.
- Where a crime has taken place and there is an overriding public duty for the police to investigate. If a person does not want you to contact the police and you are unsure, then seek the advice of the Designated Safeguarding Lead.

In making the decision whether to share information without consent consideration will therefore be given to the seriousness and pervasiveness of the abuse: the ability of the individual to make decisions; the effect of the abuse on the individual in question and on others; whether a criminal offence has occurred; and whether there is a need for others to know (e.g. to protect others who may not be involved in the immediate situation).

If the decision is made not to share information because consent has been withheld and the exceptions given above do not apply then the person will be advised of any actions they can take to protect themselves and signposted or supported to access other local advice and support services. They will also be made aware of the fact that they can change their minds at any point.

All information and concerns should be raised with the Designated Safeguarding Lead, their deputy, or if they are not available the Foodbank Manager who will then make the decision as to whether to share information with another agency including Thirtyone:Eight, social care or the police.

In the case of severe concerns where delay in contacting the Designated Safeguarding Lead could result in further harm the worker/volunteer should contact the relevant statutory authorities immediately and inform the Designated Safeguarding Lead as soon as possible afterwards. Decisions about sharing information (or not) will be clearly recorded with reasons clearly stated.

9 CONFIDENTIALITY AND RECORDING

Every effort should be made to ensure that confidentiality is maintained for all concerned both when an allegation is made and whilst it is being investigated. Confidentiality can only be broken and a concern shared when it is in the best interest of the child, vulnerable adult or in the public interest to do so – the circumstances for this are outlined in section 8 above.

All records will be written, stored and destroyed with due regard for confidentiality and in line with policy on MILL END COMMUNITY TRUST record keeping and in adherence with the Data Protection legislation. Staff and volunteers will be trained and supported to maintain and store accurate records.

Where incidents that have resulted in (or risk) significant harm to beneficiaries, the Designated Safeguarding Lead will communicate with Trustees who may be required to report the incident to the charities regulator as a Serious Incident Report.

10 PROCEDURE IF A MEMBER OF STAFF OR VOLUNTEER HAS A SAFEGUARDING CONCERN:

Read this section in conjunction with our safeguarding concern flowchart, to be found at Appendix 3.

All Staff or volunteers must raise their concerns with the Designated Safeguarding Lead, their deputy or if they are not available the Food bank Manager. If the subject of concern is a member of staff or volunteer see MILL END COMMUNITY TRUST Whistle Blowing Policy (Appendix 4). The Whistle Blowing Policy should be used when a member staff or volunteer has concerns about the conduct of a colleague in a position of trust within the organisation, which could be detrimental to the safety or wellbeing of adults and children.

Things to Remember

- All allegations/disclosures will be treated seriously - the safety of the vulnerable adult or child is paramount.
- Staff and volunteers should stay calm, listen and reassure the person they are concerned about that they are being listened to.
- Staff and volunteers should always demonstrate a sensitive approach.
- Staff and volunteers should be aware of the possibility of a police investigation, and are not to investigate any allegation themselves.
- Staff and volunteers will explain that they are required to share information with those people who need to know but not with other staff or volunteers. Absolute confidentiality cannot be promised.
- If there is immediate danger, or someone requires urgent medical attention, then the police or ambulance should be called immediately (on 999 or 112), and the Designated Safeguarding Lead informed as soon as possible.

10.1 Reporting Procedure

1. Any concerns should be reported immediately to the Designated Safeguarding Lead, their deputy or in their absence the Foodbank Manager who will decide whether to contact the Thirtyone: Eight helpline who can advise on appropriate next steps including whether to refer to statutory services.
2. A Safeguarding Concern Report Form (Appendix 2) will be completed by the employee/volunteer or by the Designated Safeguarding Lead using information relayed by the person reporting the concern. Information recorded on the form must:
 - a. Be accurate and factual – do not make subjective judgements or supposition.
 - b. Wherever possible include the actual words said by the child or vulnerable adult rather than an interpretation of what was said.
 - c. Record only specific facts relating to disclosure, dates, places etc. should be recorded accurately along with any details of the injuries or consequences i.e. where they are and what they looked like.
 - d. Consider if the incident also needs to be reported under Health and Safety Policy and Procedures.
3. Where necessary the Designated Safeguarding Lead will report the concern to Statutory Children's/Adults Social Care Services, providing a copy of the Safeguarding Concern Form, and where appropriate a chronology of events.
4. If a criminal offence has been committed, the Foodbank Manager or the Designated Safeguarding Lead will call the police and any other linked agencies as necessary.
5. Children's or Adult's Social Care may then take the lead on any investigation and inform other agencies, where appropriate.
6. The Designated Safeguarding Lead will provide any further information to statutory Services as required.
7. Completed *Safeguarding Concern Forms* will be kept centrally by the Safeguarding Leads, stored in a cabinet in a locked room at Rickmansworth Food Bank Office, Methodist Church, Berry Lane, with restricted access, away from other personal files. If completed Safeguarding Concern forms are stored electronically, they will be kept in a password protected folder with restricted access in line with this policy and the Data Protection Policy.

8. Where incidents that have resulted in (or risk) significant harm to beneficiaries, the Designated Safeguarding Lead will notify the Board of Trustees who may be required to be report the incident to the charities regulator as a *Serious Incident Report* (cf. *Section 11 - Monitoring*).

10.2 Domestic violence

1. Where a person visiting the foodbank reports an incident of domestic violence whilst a child or vulnerable adult is in the home, this must be treated as a disclosure of abuse and should be passed on to a Designated Safeguarding Lead with immediate effect using the procedures outlined above.
2. Where an incident of domestic violence is reported and there is no child or vulnerable adult present, foodbank staff and volunteers should as a minimum signpost the client to an appropriate agency but must not attempt to coerce them to contact the police unless the client wants and feels able to do so.
3. Where foodbank staff or volunteers witness an act of domestic violence, they must contact the police immediately.
4. For advice or information about anything relating to domestic violence the foodbank team should contact the National Domestic Violence Helpline: 0808 2000 247

11 MONITORING

Information about safeguarding cases and how they were dealt will be reviewed and reported on regularly to the Board of Trustees. Areas to focus on include:

- How quickly the concern was reported to the Safeguarding Lead
- Whether a concern was reported to statutory agencies
- How quickly a concern was made to the police/Children's/Adults Services (where relevant)
- Accuracy of information recorded
- The quality of the input into the safeguarding process (feedback from Police/Children's/Adults Services)
- Outcomes of safeguarding process
- Whether any incidents highlighted training issues or a need to amend in-house procedures
- Whether the incident should be notified to the charity regulator under Serious Incident Reporting procedures

Reports to trustees should focus on the issues and the organisation's response to an incident not the specific details of an individual case. Reports made to the trustees should be captured in a Safeguarding Incident Register. This is to enable the organisation to reflect on and improve its practice in developing an effective safeguarding culture.

The policy and procedure will be reviewed and audited regularly or if legislation changes.

11.1 Partnership Working

If working with other organisations in partnership to deliver activities, both organisations must be able to readily access their respective safeguarding policy and procedures. Reporting of concerns must take place as they occur where there is a specific risk to either partner's employees, volunteers, clients, or service provision. Other management information should be shared as part of regular reporting schedules but focus on the issues and the organisation's response to an incident not the specific details of the case, such as number of concerns and number reported to statutory agencies. Meetings should be scheduled at least quarterly between partners to discuss.

12 GOOD PRACTICE

12.1 Safer Recruitment of staff and volunteers

1. References will be taken up according to the guidelines below:
 - i. Employees: *Two references after acceptance of a provisional job offer which is subject to receipt of satisfactory references.*
 - ii. Volunteers applying for or appointed to leadership positions, and Signposters: *Two references at the time of application/appointment to be received before they start the role;*
 - iii. All other posts: *Two references to be obtained after successful completion of a four-session trial-period - during the trial period they will be subject to continuous supervision.*
2. In all cases at least one of the references should be from a recent past employer or from another organisation the person has volunteered with, if they have no recent employment history.
3. References should be provided in writing or transcribed where received verbally. MILL END COMMUNITY TRUST will make all reasonable efforts to ensure that references are bona-fide and will seek alternatives where in doubt.
4. All staff and volunteers have a duty to disclose any unspent convictions. Failing to do so may be regarded as gross misconduct or a breach of the volunteering agreement.
5. All staff and volunteers responsible for supervising vulnerable adults or children will undergo an enhanced criminal records check if their role falls within the eligibility guidelines (cf. Appendix 1 for links to guidance on eligibility).
6. Staff and volunteers without a criminal records check will not be permitted unsupervised access to vulnerable adults or children.
7. All criminal records check will be renewed every three years.

12.2 Training

1. All staff and volunteers will familiarise themselves with all MILL END COMMUNITY TRUST policies and procedures, including safeguarding, during induction.
2. All staff and volunteers will complete basic Safeguarding training every two years and other relevant training as required.

All trustees, volunteers and staff will be made aware of:

- The possibilities of abuse and neglect of children and vulnerable adults
- Local procedures and know the names and contact details of relevant local and national professionals and organisations (see Appendix 1).

All staff and volunteers, including trustees, will be required to undertake refresher safeguarding training at least biennially (every two years).

12.3 Supported Volunteers

1. All volunteers will be asked whether they have any specific or additional support needs, or other relevant information like unspent criminal convictions that indicates a need for additional support from MILL END COMMUNITY TRUST.
2. Where significant additional support needs are disclosed or identified the volunteer will be regarded as a supported volunteer.
3. Where MILL END COMMUNITY TRUST offers supported volunteering opportunities, including for young people or volunteers with additional needs, then the supervisor will be subject to an enhanced criminal records check.

4. Supported volunteering placements will be subject to individual assessment to ensure appropriate management and support for specific additional support needs identified.
5. All Supported volunteers will receive an individual support assessment which will be regularly reviewed with the volunteer coordinator or their supervisor.
6. MILL END COMMUNITY TRUST will ensure that all volunteers, including young people or volunteers with additional needs receive appropriate support to understand this safeguarding policy and know who to talk to if they feel unsafe.
7. If the volunteer is likely to struggle to absorb the information contained within this policy by reading it, the volunteer coordinator, supervisor or a Designated Safeguarding Lead will talk through the policy verbally.
8. MILL END COMMUNITY TRUST will produce an easy-read safeguarding reporting procedure, which can be printed out and given to staff and volunteers.

9. Safeguarding is discussed at regular team meetings and supervisors are encouraged to raise issues about their area of work and discuss them.
10. When facilitating supported volunteering, supervisors will observe for any situation or suggestion that a vulnerable adult or child is being either highly favoured or harshly treated, as these may be signs of abuse.
11. Our priority is protecting the welfare of all supported volunteers whether vulnerable-adults or children. Where possible, line managers should take opportunities to observe those vulnerable adults and children for whom they are responsible.

13 MANAGEMENT AND SUPERVISION

Unless expressly delegated to Managers or the Designated Safeguarding Lead, trustees are responsible for clarifying with staff and volunteers their roles and responsibilities regarding the safeguarding of children and vulnerable adults. Supervisors of staff and volunteers will monitor working practices and offer the opportunity to raise any concerns.

14 ROLES AND RESPONSIBILITIES

NAME	ROLE/RESPONSIBILITIES	CONTACT DETAILS
JANE WRAY	Designated Safeguarding Lead	07800 563941 j.wray@MECT.uk
SUSAN NOBLE	Deputy Safeguarding Lead	07753287617 s.noble@MECT.uk

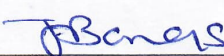
IRIS BANGS	Chair of Trustees	07763 185813 i.bangs@MECT.uk
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- The Designated Safeguarding Leads will never be related to each other.
- The Designated Safeguarding Leads will both hold a personal copy of this Policy.

For completion each time the policy is reviewed / edited:

Safeguarding Trustee	JANE WRAY
Monitoring of the procedures	DSL (Designated Safeguarding Lead)
Reporting To	MILL END COMMUNITY TRUST
Next Review Date	20/08/2026

This policy was approved by the Trustees:

Name: Iris BANGS	Signed: 
Position: Chair	Date: 13/10/2025

APPENDIX 1- KEY CONTACTS & FOODBANK VENUES

Our Key Contacts

Designated Safeguarding Lead-	Jane Wray	[07800 563941]
Deputy Designated Safeguarding Lead	Susan Noble	(07753 287617)
Manager	Iris Bangs	[07763 185813]
Thirtyone:eight Advice line	0303 003 11 11 (option 2)	

Social Services

Local Authority is Hertfordshire County Council	
Social Services – Office Hours	0300 123 4043 Monday to Friday- 8.30am-5.30pm Lines are closed on Sat, Sun and public holidays . an out of hours service is available for emergencies
Social Care Services Daytime Contact Numbers	Adult Access Point: 0300 1234042 24 hrs a day Children's Access Point: 0300 123 4043
Social Care Services Out-of-Hours Emergency Duty Team (EDT)	Adults 0300 1234042 Children: 0300 123 4043

Other National Advice Providers

- The Action Elder Abuse Confidential Free phone help Line - 0808 808 8141 - 9am-5pm
- ChildLine - 0800 1111
- NSPCC 24/7 Child Protection Helpline - 0808 800 5000 or help@nspcc.org
- National Domestic Violence Helpline – 0808 2000 247
- Samaritans – 116 123

If you think a crime has taken place...

- Local & Regional Police – Non-emergency number: 101
 - You will be directed to the correct team for your postcode area.

MILL END COMMUNITY TRUST operates from the following venues:

Foodbank Activity And operating times	Venue & Address	Contact Details and Safeguarding Lead
MILL END FOODBANK OPENING TIMES TUES 14.00-16.00 FRI 10-12 07716856892	THE MILL CAFÉ METHODIST CHURCH, BERRY LANE, MILL END WD3 7HU	DSL JANE WRAY 07800 563941 DSL SUSAN NOBLE 07753 287617
CROXLEY GREEN BAPTIST CHURCH OPENING TIMES MON 13.00.-15.00 CLOSED ON B 07716856892 CLOSED BANK HOLS	CROXLEY GREEN BAPTIST CHURCH 225 BALDWINS LANE CROXLEY GREEN WD3 3LH	AS ABOVE
ABBOTS LANGLEY OPENING TIMES MON 10.00-12.00 TUES 10.00-12.00 WED 10.00-12.00 THURS 10,00-12.00 FRI 10.00-12.00 07716856892	ST. LAWRENCE CHURCH OFFICES HIGH STREET ABBOTS LANGLEY WD5 0AS	AS ABOVE]
MAPLE CROSS DISTRIBUTION CENTRE OPENING TIMES WED 12.30-13.30 07716856892	THE PAVILLION 87 DENHAM WAY MAPLE CROSS WD3 9SL	AS ABOVE

Our Insurance Provider

Ansvar Insurance

Policy Number: ACY 6130141

Contact details 0345 60 20999 email: ansvar.insurance@ansvar.co.uk Website: ansvar.co.uk

Statutory Care regulator

Care Quality Commission

Helpline Tel: 03000 616161

The Regulation and Quality Improvement Authority

Helpline Tel: 028 9536 1990

Criminal Records Check

Disclosure and Barring Service

APPENDIX 2 (Confidential when complete)

RICKMANSWORTH FOODBANK SAFEGUARDING INCIDENT REPORTING FORM

Safeguarding Team: Jane Wray 07800 563941 j.wray@MECT.uk
Susan Noble 07753 287617 s.noble@MECT.uk

COMPLETE ALL 3 PAGES IF POSSIBLE

PERSON REPORTING THE INCIDENT

NAME:
ADDRESS:
PHONE NUMBER:
EMAIL:
ROLE IN FOODBANK

DETAILS OF CHILD/ADULT AT RISK YOU ARE CONCERNED ABOUT

NAME
DATE OF BIRTH/APPROXIMATE AGE:
ADDRESS:
PHONE NUMBER:
EMAIL:
DO THEY KNOW THAT YOU ARE SHARING CONCERNS ABOUT THEM?
IF NOT, PLEASE EXPLAIN WHY:

IF UNDER 18, PLEASE INCLUDE DETAILS OF THE PARENT OR CARER:

NAME:
ADDRESS
PHONE NUMBER:
EMAIL:
RELATIONSHIP TO THE CHILD/YOUNG PERSON:
DO THEY KNOW THAT YOU HAVE CONCERNS THAT YOU ARE SHARING?
IF NOT, PLEASE EXPLAIN WHY

DETAILS OF ALLEGED PERPETRATOR (if relevant)

NAME:
ADDRESS:

PHONE NUMBER:
EMAIL:
ARE THEY AN ADULT OR A CHILD (UNDER 18)?
RELATIONSHIP TO THE CHILD/ADULT AT RISK:
DOES THE CHILD/ADULT AT RISK LIVE WITH THE ALLEGED PERPETRATOR?

DETAILS OF INCIDENT OR CONCERN

- Remember to include WHO, WHAT, WHERE, WHEN
- Be clear whether this is something you have been told about or something that you have observed directly.
- Include names of anyone else that witnessed the incident or are aware of the concern.
- Refer to the Food Bank Safeguarding Policy if you are unsure what to include
- Record factual details about what was said/disclosed/heard, use their own words.

Have you contacted anyone else (social services, police, LADO or other).

Please give details of who and when below:

ORGANISATION:

NAME OF CONTACT:

DATE OF CONTACT:

This incident form (PLACED IN A SEALED ENVELOPE) should be passed to one of the DPSs or Iris Bangs within 24 hours of any incident or concern arising. Do not delay reporting your concerns to the DPS because you do not have all the information requested in this form. Where there is an immediate risk of harm, please call one of the DPS straight away and use this form to follow up on that call. Remember if they are not available call the police or social services; do not wait for the DPSs to be available.

Remember: treat this form confidentially. Do not discuss the contents of this form with anyone other than one/both of the DPSs.

Signed Date.....

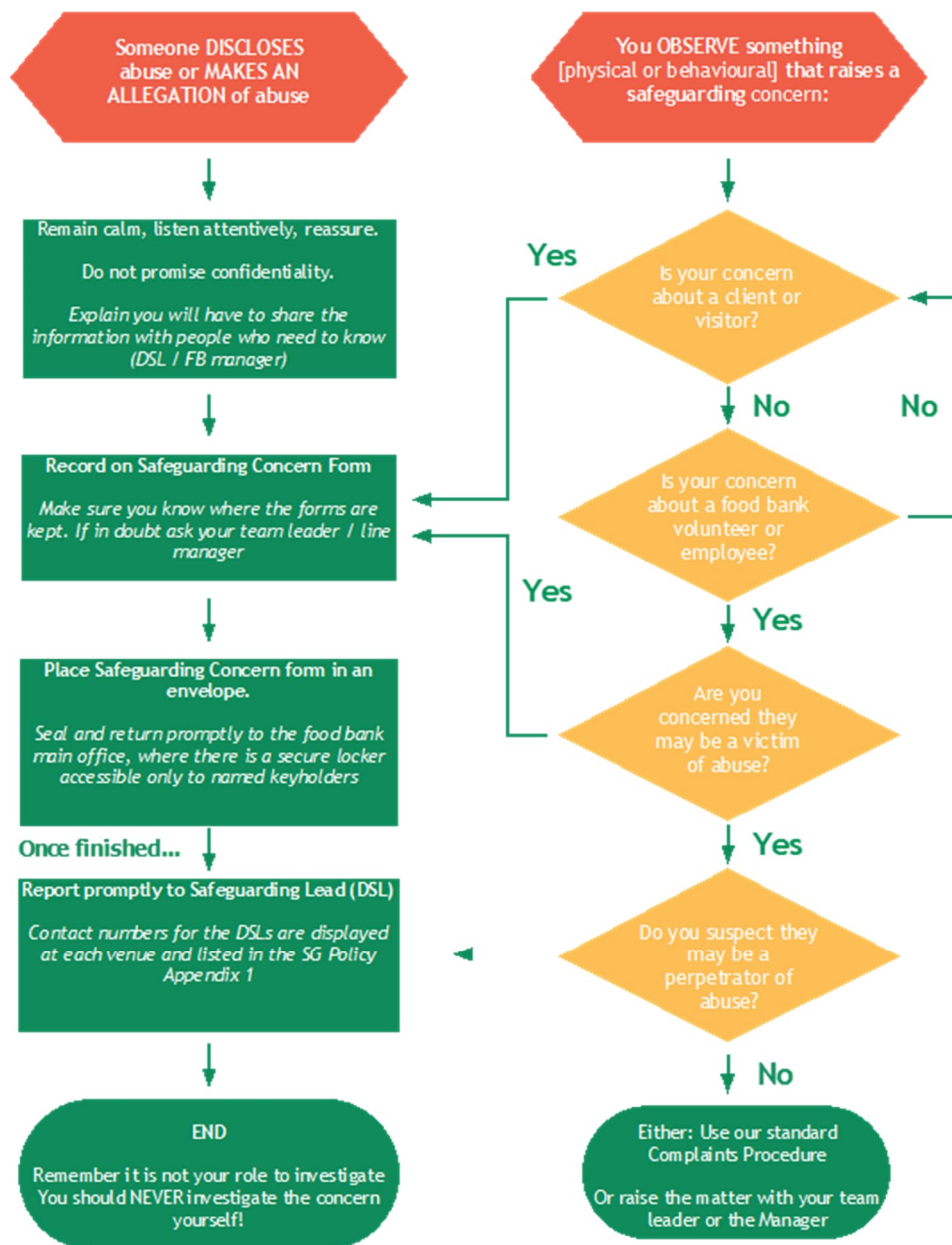
RESPONDING TO A COMPLETED INCIDENT REPORTING FORM

(Confidential when complete)

For the Designated Safeguarding Lead/s to complete	
Date and Time of Incident	
Name of Person who Completed the Incident form	
Passed to Designated Safeguarding Lead (name of)	
Method of communication	
Received by Designated Safeguarding Lead on (date)	
Type of risk/abuse identified or suspected <ul style="list-style-type: none"> • Self –neglect • Exploitation • Domestic violence • Modern slavery • Sexual abuse • Physical abuse 	<ul style="list-style-type: none"> • Emotional /psychological abuse • Discrimination • Neglect • Coercive controlling behaviour • grooming
Additional Actions	
Is a further Risk assessment needed for the FB to manage identified risk /concerns: Yes No	
Has the incident/concern been reported to Statuary care services? yes No	
Concerns shared with external agencies : NB if you have concerns for a person's immediate safety then contact the emergency services.	1. POLICE 2. SOCIAL CARE 3. ORIGINAL REFERRAL AGENCY 4. 31:8 5. TRUSSEL AREA MANAGER 6. OTHER (PLEASE SPECIFY)
SAFEGUARDING INCIDENT REGISTER UPDATED FOR THE CHARITY TRUSTEES/MANAGEMENT GROUP SEE APPENDIX 8 YES NO	

APPENDIX 3-SAFEGUARDING CONCERN FLOWCHART

Safeguarding Pocket Reference Guide



The following signs could be indicators that abuse has taken place but should be considered in context of the child's whole life.

Physical

- Injuries not consistent with the explanation given for them
- Injuries that occur in places not normally exposed to falls, rough games, etc
- Injuries that have not received medical attention
- Reluctance to change for, or participate in, games or swimming
- Repeated urinary infections or unexplained tummy pains
- Bruises on babies, bites, burns, fractures etc which do not have an accidental explanation*
- Cuts/scratches/substance abuse*

Sexual

- Any allegations made concerning sexual abuse
- Excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour
- Age-inappropriate sexual activity through words, play or drawing

Child who is sexually provocative or seductive with adults

- Inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations
- Eating disorders - anorexia, bulimia*

Emotional

- Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging.
- Depression, aggression, extreme anxiety.
- Nervousness, frozen watchfulness
- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults
- Attention-seeking behaviour
- Persistent tiredness
- Running away/stealing/lying

Neglect

- Under nourishment, failure to grow, constant hunger, stealing or gorging food, Untreated illnesses, inadequate care, etc

*These indicate the possibility that a child or young person is self-harming. Approximately 20,000 are treated in accident and emergency departments in the UK each year.

APPENDIX 5 - SIGNS AND SYMPTOMS OF ABUSE (ADULTS)

The following signs could be indicators that abuse has taken place but should be considered in context of the person's whole life.

Physical abuse

- History of unexplained falls, fractures, bruises, burns, minor injuries
- Signs of under or overuse of medication and/or medical problems left unattended
- Any injuries not consistent with the explanation given for them
- Bruising and discolouration - particularly if there is a lot of bruising of different ages and in places not normally exposed to falls, rough games etc
- Recurring injuries without plausible explanation
- Loss of hair, loss of weight and change of appetite
- Person flinches at physical contact &/or keeps fully covered, even in hot weather
- Person appears frightened or subdued in the presence of a particular person or people

Domestic violence

- Unexplained injuries or 'excuses' for marks or scars
- Coercive, controlling and/or threatening relationship including psychological, physical, sexual, financial, emotional abuse; so-called 'honour' based violence and Female Genital Mutilation

Sexual abuse

- Pregnancy in a woman who lacks mental capacity or is unable to consent to sexual intercourse
- Unexplained change in behaviour or sexually explicit behaviour
- Torn, stained or bloody underwear and/or unusual difficulty in walking or sitting
- Infections or sexually transmitted diseases
- Full or partial disclosures or hints of sexual abuse (that may be accompanied by some of the following additional symptoms):
 - Self-harming
 - Emotional distress
 - Mood changes
 - Disturbed sleep patterns
 - Psychological abuse
 - Alteration in psychological state e.g. withdrawn, agitated, anxious, tearful
 - Intimidated or subdued in the presence of a particular person
 - Fearful, flinching or frightened of making choices or expressing wishes
 - Unexplained paranoia
 - Changes in mood, attitude and behaviour, excessive fear or anxiety
 - Changes in sleep pattern or persistent tiredness
 - Loss of appetite
 - Helplessness or passivity
 - Confusion or disorientation
 - Implausible stories and attention seeking behaviour
 - Low self-esteem

Financial or material abuse

- Disparity between assets and living conditions
- Unexplained withdrawals from accounts or disappearance of financial documents or loss of money
- Sudden inability to pay bills, getting into debt
- Carers or professionals fail to account for expenses incurred on a person's behalf
- Recent changes of deeds or title to property
- Missing personal belongings
- Inappropriate granting and / or use of Power of Attorney

Modern slavery

- Physical appearance; unkempt, inappropriate clothing, malnourished

- Movement monitored, rarely alone, travel early or late at night to facilitate working hours.
- Few personal possessions or ID documents.
- Fear of seeking help or trusting people.

Discriminatory abuse

- Inappropriate remarks, comments or lack of respect
- Poor quality or avoidance care
- Low self-esteem
- Withdrawn
- Anger
- Person puts themselves down in terms of their gender identity or sexuality

Institutional Abuse

- Low self-esteem
- Withdrawn
- Anger
- Person puts themselves down in terms of their gender identity or sexuality
- No confidence in complaints procedures for staff or service users.
- Neglectful or poor professional practice.

Neglect and acts of omission

- Deteriorating despite apparent care
- Poor home conditions, clothing or care and support.
- Lack of medication or medical intervention

Self-neglect

- Hoarding inside or outside a property
- Neglecting personal hygiene or medical needs
- Person looking unkempt or dirty and has poor personal hygiene
- Person is malnourished, has sudden or continuous weight loss and is dehydrated – constant hunger, stealing or gorging on food
- Person is dressed inappropriately for the weather conditions
- Dirt, urine or faecal smells in a person's environment
- Home environment does not meet basic needs (for example not heating or lighting)
- Depression

APPENDIX 6- WHISTLE BLOWING

Safeguarding & whistle blowing

This appendix covers concerns that staff have about the conduct of individuals in a position of trust within the organisation, which could be detrimental to the safety or wellbeing of adults and children and where staff, for whatever reason, feel unable to raise them under the organisation's standard complaints

procedures. This procedure is also available to the organisation's volunteers (including foodbank volunteers) should they feel unable to raise a safeguarding concern using the channels outlined in this policy. It relates to raising concerns about:

- Unprofessional behaviour
- Bullying by staff
- Any form of abuse (physical, sexual, emotional or neglect)
- Name calling
- Personal contact with adults, children and young people which is contrary to the organisation's policies and codes of conduct
- Any form of racial abuse
- Inappropriate sexualised behaviour
- Knowledge about an individual's personal circumstances which may indicate they could be a risk to adults and/or children
- Persistent and enduring rumours including un-investigated historical rumours.

Where a person raising concerns is unable to raise the matter with either the Designated Safeguarding Lead, their deputy or the Foodbank Manager, then they can contact the Chair of Trustees who is responsible for the oversight of the Governance of the Charity. If the person raising the concern feels the Chair of Trustees has not appropriately addressed the concerns raised, then they can seek further recourse via the following means:

If it is felt there exists a significant risk of harm being caused to another person, then the person can raise their concerns directly with Hertfordshire County council social services or,

As a member of the Trussell Foodbank Network a person can also make a complaint about the foodbank's handling of the concern via the Trussell complaints procedure, details of which can be accessed from the Trussell website <https://www.trusselltrust.org/complaints-policy/>

APPENDIX 7 (I) - KEY LEGISLATION IN ENGLAND

Legal Framework Children and Young People:

- Children Acts 1989 and 2004

- Children and Young Persons Act 2008
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- Education Act 2002 and 2011
- Female Genital Mutilation Act 2003
- Children and Adoption Act 2008
- Apprenticeships, Skills, Children and Learning Act 2009
- The Children and Social Work Act 2017
- Working together to safeguard children 2006, 2015, 2018 and 2023

Legal Framework Vulnerable Adults

- Care Act 2014
- Mental Capacity Act (including DoLS) 2005
- Human Rights Act of 1998
- Care and Support Statutory Guidance 2014 – identified the following 6 principles that underpin all adult safeguarding work:
 - Empowerment – People being supported and encouraged to make their own decisions with informed consent
 - Prevention – It is better to take action before harm occurs
 - Proportion – The least intrusive response appropriate to the risk presented
 - Protection – Support and representation for those in greatest need
 - Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
 - Accountability – Accountability and transparency in delivering safeguarding

APPENDIX 8 – INCIDENT REPORT LOGS AND INCIDENT REPORTING TO TRUSTEES

The role of the DSLs (the Designated Safeguarding Lead and their Deputy) is to collate and clarify the precise details of the allegation or suspicion and pass this information on to statutory agencies, who have a legal duty to investigate.

The Designated Safeguarding Leads are also responsible for ensuring the organisation keeps appropriate records of any concerns, disclosures and investigations as part of ensuring the policy and procedure is fit for purpose and kept under continual review. The trustees will support the Safeguarding Lead/ Deputies in their role, and accept that any information they may have in their possession will be shared in a strictly limited way on a need to know basis.

Information about safeguarding cases and how they were dealt will be reviewed and reported on regularly to the Trustees. Areas of focus will include:

- How quickly a disclosure was reported to the Designated Safeguarding Lead
- Whether a disclosure was referred to statutory agencies
- Where relevant, following a disclosure, how quickly the referral was made to statutory services.
- The quality of the input into the safeguarding process (feedback from police/ Adults Services)
- Outcomes of the safeguarding process
- Whether incidents highlight any concerning trend or patterns, any training needs or failure in procedures that require review
- Whether the incident should be notified to the charity regulator under Serious Incident Reporting procedures

Reports to the Trustees focus on the issues and the organisation's response to an incident, not the specific details of an individual case. Safeguarding incidents and investigations will be captured in a Safeguarding Incident Register maintained by the Designated Safeguarding Lead. This is to enable the organisation to reflect on and improve its practice in developing an effective safeguarding culture.

Reporting to Trustees (to be completed in conjunction with appendix 8 p23)

	Comments/response/action
Incident date?	
Incident venue?	

How quickly was the incident reported to the SG Team?	
Who was the SG Officer for this incident?	
Was the concern reported to the Statutory Agencies?	
If it was, how quickly was the incident referred?	
Score the accuracy of the info in the SG Concern form (1 poor -5 excellent)	
Quality of input/feedback from statutory agency.	
Outcome of SG Process	
Does the incident highlight a need to amend in-house procedures?	
Is it a serious incident that needs reporting to the Charity Commission?	

Date.....

Completed by

.....