Oxford Triratna
Adult Safeguarding policy 2026

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Our values
This policy is an expression of the first ethical precept taught by the Buddha: to protect living beings from harm. It is based on law and good practice in England and Wales.

Our charity is part of Triratna, a worldwide network of friends in the Buddhist life. This is for many of us a source of great richness, support and strength. However, it also carries a risk that we may fail to notice, question or act on behaviours of concern, out of naivety, loyalty to friends or lack of awareness, or an assumption that "it couldn't happen here" or "they would never do a thing like that."

The purpose of this policy
This policy is for Friends, Mitras and Order members involved in Oxford Triratna activities (and those of any outreach groups run by this charity) as employees, volunteers, leaders or teachers.

It aims to provide

- Protection for all adults attending our charity's activities, including those who may be at risk of harm or have care and support needs, and
- Protection for Friends, Mitras and Order members working with them.

It sets out

- information and practices contributing to the prevention of harm to adults.
- what to do if harm is suspected.

Our responsibilities and those responsible for carrying them out
As the trustees of Oxford Triratna we wish all adults who come into contact with our charity in any way to flourish through their engagement with the Buddha, Dharma and Sangha.

We recognise an ethical duty to prevent or address harm to all adults in the course of our activities, including adults who may be at risk of harm or have care and support needs, as set out by the Charity Commission in its latest guidance:
https://www.gov.uk/guidance/safeguarding-duties-for-charity-trustees

The types of harm we have a duty to prevent and address are listed in Appendix 1; they apply by law to the care of adults who are deemed formally vulnerable or 'at risk'. However, this list also provides a guide as to the types of harm we must be alert to prevent or address in the case of *all* adults.

Although we do not run activities specifically for those with identifiable vulnerabilities such as those who are carers, or who live with mental illness or addiction we recognise that people who may be vulnerable in these ways do attend our events and take part in the life of our sangha.

Prajnaketu is our Safeguarding Lead. They are responsible for co-ordinating the Safeguarding of children and adults in all our activities. (See also our Safeguarding Adults policy.)

Sthiradeva is our Safeguarding trustee. They are responsible for making sure Safeguarding is taken seriously by the trustees and is a standing item on the agenda at every trustee meeting, ensuring the trustees comply with their Safeguarding obligations as required by the Charity Commission.

Who is an adult?
For the purposes of this policy an "adult" is a person who has passed their 18th birthday regardless of the legal age of majority in any jurisdiction.

Who is an adult who is vulnerable or "at risk"?
The UK Care Act 2014 defines such a person as "any person who is aged 18 years or over and at risk of abuse or neglect because of their needs for care and or support"; ie, they need care and support (whether or not the local authority is meeting any of those needs); and
"Is experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of, abuse or neglect".

Adults who may be formally ‘at risk’ may also include those who

- have dementia
- have learning disabilities
- have mental health problems
- have drug, alcohol or substance dependency
- have physical or sensory disabilities
- are suffering from bereavement, grief and/or loss
- through age or illness are dependent on other people to help them
- live with domestic abuse
- are homeless
- are refugees or asylum seekers or
- for any reason may be considered not to have ‘mental capacity’. (See below.)

Whether or not a person is “vulnerable” or “at risk” in these cases will vary according to circumstances, and it should be noted that a person with a physical disability is not necessarily at risk, though they could be. Each case must be judged on its own merits.

Definitions of abuse in adults
See appendix 1.
Signs of abuse in adults
See appendix 2.
What is ‘mental capacity’?
See appendix 3.

Vulnerability can be variable
Vulnerability and resilience can vary throughout a person’s life. Many people who are generally emotionally and psychologically stable in most aspects of their lives and would not be formally classified as vulnerable or ‘at risk’ may on occasion may find themselves in a more vulnerable position, e.g. after a bereavement, serious illness, or breakdown of a relationship. They may be new to the practice of meditation and their practice may make them more sensitive.

For example, we will bear in mind that a person who is emotionally vulnerable for any reason may not be able to make balanced decisions regarding giving money or becoming more involved with Triratna, or entering into intimate relationships, whether friendship or relationships which are more romantic or sexual in nature. We will take great care to help each other avoid exploiting people in such everyday situations of vulnerability.

Protecting those with psychological disorders
We are aware that those attending our centre and activities include adults experiencing psychological disorders ranging from mild to severe.

We recognise that as Buddhists we do not have the professional skills to diagnose or help people with psychological disorders and that they may not be helped solely by the kindness of Buddhists. In such cases we may need to advise them to seek professional help.

We are aware that for people with serious psychological disorders traditional Buddhist practices involving recognition of the illusion of self, or even meditation in general, could be dangerous. And if we are aware that someone has had psychotic episodes, we ask them whether their psychiatrist or professional involved in their care has contraindicated meditation. We may need to encourage them in traditional Buddhist practices involving the calming of body and mind, or to avoid meditation – altogether, or during periods of relapse.

Where we believe a person to be **at risk of** self harm or suicide we will encourage them to contact their GP, mental health team or to go to the accident and emergency department of the local hospital. If necessary we will make the contact on their behalf, with their permission. We will consult with Triratna's ECA Safeguarding Consultant if necessary: safeguarding@triratna.community or with external advisers such as Thirtyone:eight.

Where we consider there is **immediate danger** of a person harming themselves or others we will contact emergency services**,** without their permission if necessary.

Protecting those with psychological disorders - online
Buddhism and meditation are increasingly taught using online media. In person, it is *relatively* easy to notice where a person may have compromised mental health; online it is much more difficult.

We recognise that among those seeking *individual* online guidance from members of the Triratna Buddhist Order there may be some reporting meditation experiences which are an indication of serious psychological disorder.

In engaging in *individual* guidance online by email, blog, social media or text we will take great care at the start to establish with local Order members the identity, location and suitability of the participant, and which local Order members are available locally to support them *in person* and gaining permission to contact those Order members if we believe they are at risk. (This does not apply where the participant is an Order member and therefore well known to us.)

Responding to children online
See Oxford Triratna *Child Protection Policy 2024.)*

DBS checks /security checks

The rules about eligibility for DBS checks are complex. If in any doubt about the requirements for DBS checks our Safeguarding Lead will check with external Safeguarding experts such as Thirtyone:eight (www.thirtyoneeight.org) to ensure that anyone required to have a DBS check has been checked, and to the correct level. Thirtyone:eight provide an advice line and online DBS service.

However, we note that DBS certificates

a) apply to roles rather than persons and are not transferrable from another role elsewhere.

b) should be less than **three** years old.

c) the Charity Commission states that wherever an employee, volunteer or trustee is eligible for a DBS check a DBS check should be carried out.

d) We are free to request these of any such person, but if it is impracticable to DBS check all of them we may focus on obtaining checks for those with responsibilities which render them *likely to be seen by others* as holding some degree of authority; for example:

- our Chair and trustees
- those working with our charity's money and finances
- our Safeguarding Lead
- those who teach or lead and those who support them
-

e) Where any volunteer or staff member is not DBS checked we will ensure that other Safeguarding measures are in place, for example:

- they have had Safeguarding training
- have read our Safeguarding policies and Child Protection Code of Conduct, had an opportunity to discuss them with the Safeguarding Lead and
- have signed a document recording that they have read and agree to abide by them.
- They are supervised by those who are DBS checked.

f) **DBS for working with adults at risk** The core team (Mitras or Order members, paid or voluntary) directly responsible for any activity or event specifically intended and advertised for adults likely to be more vulnerable to influence, exploitation or mistreatment must have an Enhanced DBS check with a check of Barred Registers.

At present we do not run any such activities but will keep this under review in case this should change.
We will require anyone helping with such activities (paid or voluntary) who has not been DBS checked to be supervised at all times by someone who is DBS checked.

D) **DBS checks for addiction recovery meetings** However, it has been agreed with the DBS Service by the 12-Step Movement that no DBS checks are needed for 12-Step meetings. This applies only to meetings run formally as 12-Step meetings, because they are co-facilitated by the participants and have no leadership. Where 12-Step meetings take place on our premises we will take care to clarify that Mitras and Order members taking part in such meetings are not seen as leading and do not behave as such and that these meetings are self-help groups held on our premises but not part of our programme of activities.

DBS checks may be required for those leading 8-Step meetings or other recovery programmes which are not part of the 12-Step Movement, and which are run as part of our programme of activities.

DBS checks are not required for those running general activities which adults with mental health difficulties or in addiction recovery (for example) may happen to attend.

Managing those who pose a risk to others
There may be cases where it is known that a person attending our activities may pose a risk to others (for example, a person who is known to have a previous criminal conviction for sexual or other violent offences, who is on the UK Sex Offender Register, or someone who is under investigation for possible sexual or other violent offences).

Such a person will be asked by the Safeguarding Lead to agree a behaviour contract setting out the terms of their continued participation in our activities within agreed boundaries and based on a formal risk assessment. This should be provided by the person's probation/police supervising Lead or other external professional, or an Order member with professional experience in risk assessment. If necessary our Safeguarding Lead will consult with Thirtyone:eight and/or ask the ECA Safeguarding Lead to put us in touch with a professionally qualified Order member.

(See the document 'Managing those who pose a risk 2024'.)

Where it is felt that the charity does not have the resources to manage this relationship safely, we reserve the right to ask the person not to attend our activities.

We will consult with Triratna's ECA Safeguarding Consultant if necessary: safeguarding@triratna.community or with external advisers such as Thirtyone:eight.

Our Safeguarding responsibility to our landlord
Oxford Triratna rents/uses premises belonging to The Fellowship of Reconciliation. As is good practice we have shown them our Safeguarding policies and will share them again each time the policies are updated.

What is 'abuse'?
'Abuse' is not a legal term, but covers a number of ways in which a person may be deliberately harmed (legally or illegally), usually by someone who is in a position of power, trust or authority over them, or *who may be perceived by that person to be in a position of power, trust or authority over them;* for example by a Friend, Mitra or Order member who is helping to run Oxford Triratna activities for those newer to such activities. The harm may be physical, psychological or emotional, or it may exploit the vulnerability of the person in more subtle ways.

However, harm can also occur less consciously, through naivety, idealism or lack of awareness.

Types of abuse
See Appendix 1.
Signs of abuse
See Appendix 2.

If you have a concern
All allegations or suspicions should be taken seriously and reported to our Safeguarding Lead:
Prajnaketu otbcsafeguarding@protonmail.com

If a person over 18 alleges abuse

We understand that we need to

- stay calm.
- listen patiently.
- reassure the person they are doing the right thing by speaking up.
- clarify issues of confidentiality early on. We will make it clear we may have to discuss their concerns with others, on a strictly need-to-know basis, if at all possible with their permission. (See below.)
- explain what we are going to do.
- write a factual account of what we have seen and heard, immediately.

We will do our best to avoid

- appearing shocked, horrified, disgusted or angry.
- pressing the individual for details.
- making comments or judgments other than to show concern. Our responsibility is to take them seriously, not to decide whether what they are saying is true.
- promising to keep secrets.
- confronting any alleged perpetrator.
- risking contaminating the evidence by investigating matters ourselves.

What we will do next

- We understand that our first concern must be the safety and wellbeing of this person and that we must not be distracted from this by loyalty to the person who has been accused or a desire to maintain the good name of Triratna or our charity.

- If the person receiving the disclosure is not our Safeguarding Lead, they must tell the Safeguarding Lead *only*, who will co-ordinate the handling of the matter on behalf of the charity's trustees. However, if the Safeguarding Lead is not immediately available the matter should be communicated to the Chair of the charity or the Safeguarding trustee.

- We understand that every person has a legal right to privacy under the International Convention on Human Rights and data protection legislation; therefore if possible we need to get the person's consent to share the information they have given us, within the limits described here and below.

- If the adult alleging abuse is not formally vulnerable or 'at risk' and their complaint may be criminal, it is up to them to report to the police if they wish to; though we will offer them help and support to do this.

- If the person is formally vulnerable or 'at risk' we may report on their behalf, though with their permission *if possible.*

- Whether or not formally vulnerable or 'at risk', if the person may be in immediate danger the Safeguarding Lead, Chair, Safeguarding trustee or person receiving the disclosure will phone social services or police straight away. A telephone referral will be confirmed in writing within 24 hours.

  If necessary, our Safeguarding Lead will contact Triratna's ECA Safeguarding Consultant for advice: safeguarding@triratna.community

- It may be necessary, and therefore legally 'reasonable', to pass on information without the adult's consent if they may be at immediate risk of harm once they leave your company and/or a crime has been or is about to be committed; also if what is disclosed indicates that there is also a risk of harm to a child.

- The person receiving the disclosure will make detailed factual notes about the conversation/concern/incident as soon as possible, including time, date and location, and pass them to the charity's Safeguarding Lead. (See 'Secure, confidential record-keeping' below.) As far as possible what the person has said should be recorded in their own words, as these could be used in court.

- We understand that no sangha member should attempt to investigate a criminal allegation, that this is the job of the police and that to attempt this could prejudice a court case and put the parties in danger.

- In England and Wales we understand that we may need to make a Serious Incident Report to the Charity Commission: https://www.gov.uk/guidance/how-to-report-a-serious-incident-in-your-charity. The Charity Commission have stated that it is always better to report than not.

- UK charities insured by the Buddhist Insurance Scheme should report to the broker, Clive Adams. (See page 1.)

*NB These last two points involve reporting briefly the **type** of incident/concern and what is being done to address it. They should not include any personal details identifying those involved.*

We will consult with Triratna's ECA Safeguarding Consultant if necessary: safeguarding@triratna.community or with external advisers such as Thirtyone:eight.

Who else needs to know?

We understand that confidentiality, sharing information only on a need-to-know basis, is very important. Under data protection legislation nobody has a right to know about a case – except, for Safeguarding purposes, those in a position to prevent further harm, and our Chair, who holds ultimate responsibility for the governance of the charity. For example, where there is a criminal allegation against a Mitra it could be justifiable for the Safeguarding Lead, Safeguarding trustee, Chair and Mitra convenor to know about it.

This is not a matter of concealment but is intended to protect all concerned from further harm. It will also protect our sangha from fear, rumour and disharmony which will make it much harder to deal with the matter effectively without causing further harm.

Secure, confidential record-keeping
We understand our responsibility for secure and careful record-keeping. Our Safeguarding Lead will keep a detailed log of all Safeguarding-related incidents as well as conversations, actions and the reasoning behind them. These should not be kept on any computer, but on an external hard drive or memory stick. To guard against loss in case the files, hard drive or memory stick become corrupted these will be backed up to another hard drive or memory stick and/or printed off. Any memory sticks, hard drives and paper copies will be stored in a locked cabinet, box or drawer accessible only to the Safeguarding Lead and one or two others approved by our trustees, eg the Chair and Safeguarding trustee.

We also understand that under data protection law we need to word our records in a form we would be happy for the subjects to read if they ask to, as is their legal right. This means notes should be factual and respectful, free of interpretations and value-judgements.

Keeping confidential records
We understand that because many abuse cases come to light 30 or more years later we should keep our records for up to 50 years. This is important in order to address historical cases effectively but also for insurance purposes.

If our charity closes down, we will give our records to another Triratna Buddhist centre/charity to keep with their own confidential Safeguarding logs.

Reviewing our policies annually
This document was adopted by the trustees of Oxford Triratna as recorded in the minutes of

This document will be reviewed and updated by our Safeguarding Lead and trustees on or before 1st February 2026

Oxford Triratna
Chair: Prajnaketu

Safeguarding Lead Prajnaketu

Date 5th December 2025

This Oxford Triratna *Adult Safeguarding policy is to be read in conjunction with the*

Oxford Triratna *Child Protection Policy 2024*
Oxford Triratna *Child Protection Code of Conduct 2024*
Oxford Triratna *Ethical Guidelines 2024*
Caring for Teenagers in Triratna 2024
Managing Those who Pose a Risk 2024

Online Safety in Triratna 2024
Safeguarding and Data Protection 2024

https://thebuddhistcentre.com/search/node/safeguarding

Appendix 1
Definitions of abuse in adults

In the UK we have a legal duty to prevent or address the following types of harm to adults who may be vulnerable or 'at risk'.

The list below also provides a guide as to the types of harm we should be alert to prevent or address in the case of all adults, as does the list at this link, from the Charity Commission for England and Wales https://www.gov.uk/guidance/safeguarding-duties-for-charity-trustees

As defined in the UK Care Act 2014, Safeguarding duties apply to an adult who is defined as vulnerable or 'at risk' because they

- have need for care and support (whether or not the local authority is meeting any of those needs) and;
- are experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called 'honour-based' violence.

Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Psychological abuse – including emotional abuse, 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.

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, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender, gender identity, age, disability, sexual orientation or religion.

Organisational abuse – including neglect and poor care practice within an Institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Self-neglect – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Incidents of abuse may be one-off or multiple, and affect one person or more.

Appendix 2
Signs of abuse in adults

Physical abuse

- History of unexplained falls, fractures, bruises, burns, minor injuries.
- Signs of under or over use 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
- 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:
- 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 carer
- 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 of, care
- Low self-esteem

- Withdrawn
- Anger
- Person puts themselves down in terms of their gender or sexuality
- Abuse may be observed in conversations or reports by the person of how they perceive themselves

Institutional Abuse

- Low self-esteem
- Withdrawn
- Anger
- Person puts themselves down in terms of their gender or sexuality
- Abuse may be observed in conversations or reports by the person of how they
- perceive themselves
- 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
- Home environment does not meet basic needs (for example heating or lighting)
- Depression

Appendix 3
What is 'mental capacity'?
Whether a person has mental capacity is a matter of specialist assessment by social and mental health services. However, it may be useful to know something about it.

Mental capacity is the ability to make a particular decision. An adult *may* be at risk if they are unable to make a decision due to illness, disability, poor mental health, dementia, a learning disability or something else that may impair their judgment.

A person may be deemed to be 'without capacity' if they cannot:

- understand a decision
- retain information
- weigh up information
- communicate their decision

About matters such as

- finance
- social care
- medical treatment