

## Safeguarding adults and children policy

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<b>Contributor(s) and Job title(s)</b>	Sophie Hannon, Quality and Compliance Officer		
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## 1. Introduction, purpose, and aim

This document outlines our policy and commitment to safeguarding. The document is intended to serve as a guide for all operational staff working at the Hearing People and applies to anyone who is employed by or engaged by the organisation.

### Purpose

The purpose of this policy is to demonstrate how we meet the statutory duties for the safeguarding of Adults and Children that come in to contact with our services.

The document also provides guidance to all employees to identify, report and fulfill their responsibilities for the safeguarding of Adults and Children who come in to contact with our service. Furthermore, the document highlights the mandatory training requirements and frequency of training for all staff to ensure they have the tools to fulfill their safeguarding obligations.

This document also provides the framework for governance and procedures in managing concerns that have been raised and ensure they are acted upon appropriately by all stakeholders involved.

The Care Act 2014 and Children Act 1989 sets out the statutory requirements for local authorities, emergency services, health care professionals and other agencies to develop and implement effective safeguarding processes. It provides a legal framework for how health care providers should protect adults/children at risk of abuse or neglect.

### Aims of this policy

- To ensure all internal and external staff/stakeholders are aware of the processes to follow regarding safeguarding

## 2. Scope

This policy applies to all employees, agency workers, contractors, students, and volunteers representing the organisation in any capacity, including clinical and non-clinical roles. Commissioners, referrers or other health professionals who wish to have an insight of our safeguarding policy.

## 3. Responsibilities

- All staff have a responsibility to be aware of this policy, where to access the policy, and to follow the policy.
- The organisation is responsible to provide a safe and effective Audiology service that safeguard adults and children that come in to contact with our organisation.

### Designated Safeguarding leads (DSL)

#### 1. National Safeguarding Lead

Name           Nikhil Javarappa  
 Title            Head of Clinical Services and Governance  
 Number        0800 023 8000

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Email [nikhil.javarappa@thehearingpeople.co.uk](mailto:nikhil.javarappa@thehearingpeople.co.uk)

National Safeguarding Lead Roles:

- Overall oversight and responsibility for safeguarding
- Ensure safeguarding and monitoring systems are in place, and is integral to clinical governance and audit arrangements
- Ensure company is compliant with all legal and statutory requirements
- Oversee and review all safeguarding policies, procedures and training
- Be known to all staff with contact details
- Maintain training and certificates for safeguarding
- Ensure appropriate resources are funded to allow robust standards of Safeguarding across the organisation

## 2. National Safeguarding Deputy Lead and Lead for Non-Clinical Teams

Name Sophie Hannon

Title Quality and Compliance Officer

Number 0800 023 8000

Email [sophie.hannon@thehearingpeople.co.uk](mailto:sophie.hannon@thehearingpeople.co.uk)

National Safeguarding Deputy Lead Roles:

- To be known to all staff with contact details
- Readily accessible by phone by area leads but also be accessible to all staff in absence of area leads
- Ensure all policies and procedures for safeguarding are relevant, up to date and review with safeguarding national lead at least annually
- Lead for all non-clinical services (administration and office teams)
- Ensuring safeguarding is an integral component of recruitment and delivery of services
- Monitor and review all safeguarding concerns about the company activities, staff, locations or any other part of organisation.
- Ensure all contacts for local and national safeguarding teams are up to date
- Maintain training and certificates for safeguarding
- Ensure all national and local safeguarding concerns are reported to relevant authorities
- Liaise with any external agencies to strengthen safeguarding procedures/policies
- Review training policies annually and ensure they are fit for the roles within the organisation
- Ensure all data relating to safeguarding case is stored in accordance with data protection policy.
- Provide updates on safeguarding at monthly meetings
- Oversee all referrals with Local Area leads

## 3. Area Managers

### Safeguarding lead for North region

Name Jennifer Adams

Title Area Manager – North

Number 0800 023 8000

Email [jennifer.adams@thehearingpeople.co.uk](mailto:jennifer.adams@thehearingpeople.co.uk)

### Safeguarding lead for Devon region

Name Elisa Padoan

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Title Area Manager – Devon  
 Number 0800 023 8000  
 Email [elisa.padoan@thehearingpeople.co.uk](mailto:elisa.padoan@thehearingpeople.co.uk)

**Safeguarding lead for South region**

Name Mubashir Ali  
 Title Area Manager – South  
 Number 0800 023 8000  
 Email [mubashir.ali@thehearingpeople.co.uk](mailto:mubashir.ali@thehearingpeople.co.uk)

**Safeguarding lead for London and Norfolk**

Name Baljinder Lakhanpal  
 Title Area Manager – London, Norfolk, and Sussex  
 Number 0800 023 8000  
 Email [baljinder.lakhanpal@thehearingpeople.co.uk](mailto:baljinder.lakhanpal@thehearingpeople.co.uk)

**Regional Safeguarding Area Lead Roles:**

- To be known to all staff with contact details
- Readily accessible by phone by all staff working within the area
- Maintain training and certificates for safeguarding
- Ensure all staff have completed their relevant training
- Refer all concerns with the oversight of deputy or national lead
- Ensure all referrals are completed on the same day and in a timely manner
- Ensure all referrals are received by the appropriate authority in writing, within 24 hours
- Ensure all records are accurate and in chronological order in patient notes, if not related to a patient within the service, then a separate file must be created on server.

**Additional safeguarding contacts**

**PIPOT (Person in Position of Trust)**

Any individual in a position of trust with safeguarding responsibilities.  
 The nominated PIPOT for AS are the National Designated Safeguarding Leads: Nikhil Javarappa and Sophie Hannon.

**LADO (Local Authority Designated Officer)**

Specific safeguarding officer managing allegations against staff.  
 To find your local LADO, search for your town/city followed by "LADO". Here you will find contact details and further information.

**LSAB (Local Safeguarding Adults Board)**

A local partnership that ensures adults at risk of harm are safeguarded.  
 To find your local LSAB, search for your town/city followed by "LSAB". Here you will find contact details and further information.

**Children’s Social Care.** The local statutory authority service responsible for investigating concerns, assessing risk, and taking protective action for children at risk. To find your local Children’s Social Care department, contact the children’s social care team at their local council.

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**For immediate danger, call 999.  
If it's about a child, the NSPCC helpline (0808 800 5000).**

#### 4. Definitions

NHS            National Health Service  
GP             General Practitioner  
ENT            Ear Nose and Throat

#### Safeguarding

Is to protect Adults and Children’s right to live in safety, free from abuse and neglect. We are committed to working with people and other organisations to prevent and stop risks/experiences of neglect, abuse or lack of safety for Adults and Children that come in to contact with our services.

#### 5. Core policy content

##### **Safeguarding – What is it and how do I recognise a safeguarding concern?**

Safeguarding is to protect Adults and Children’s right to live in safety, free from abuse and neglect. It is the responsibility for all staff within the organisation to be vigilant and understand that they have a duty to identify, highlight and report cases where they suspect a safeguarding issue.

Abuse and neglect take many different forms and the organisation encourages all staff to speak to safeguarding leads for further advice if they have suspected a concern which they are unsure about. Abuse can include:

- Physical abuse – physical harm, bruising, injuries, assault, sexual, slapping or inappropriate physical touching
- Domestic abuse – psychological, physical, sexual, financial, emotional or honor-based violence
- Sexual abuse – rape, indecent exposure, sexual harassment, teasing and photography
- Psychological abuse – emotional, threats of abandonment, controlling, blaming, humiliation, withdrawal of services/networks
- Financial or material – theft, fraud, scamming and coercion.
- Modern slavery – slavery and human trafficking
- Discriminatory abuse – harassment, slurs, race, gender, gender identity, age, disability, sexual orientation or religion
- Organisational abuse – neglect, poor care practice (care homes/residential homes)
- Neglect and acts of omission – ignoring medical or care needs, failure to access educational services or withdrawing necessities of life
- Self-neglect – personal hygiene, hoarding and personal health
- Hate crimes – against specific social groups
- Radicalisation – prevent terrorism
- County lines and drugs
- Sexual exploitation
- Online abuse

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- FGM (female genital mutilation)
- Honour based violence
- Forced marriage

### **Safeguarding at The Hearing People**

As a community Audiology provider, the organisation predominantly encounters interaction with service users aged 18 or older (Adults). Children are allowed to enter our services as guests of adult service users.

All staff must be vigilant for safeguarding concerns during all aspects of our service offerings:

- Assessment/Fittings appointments – patients attending our services as new patients
- Service Appointments – patients attending our services frequently and repeatedly for assistance (trends noticed)
- During interaction over the phone/emails/texts
- During home visits
- Lack of communication/interaction with clients

All clinicians must have access to patient GP referrals to ensure they have the relevant clinical history before consultations.

### **Training**

All staff must read this policy and acknowledge understanding, annually or when prompted following an update. All records of staff training are logged in our training matrix, and monitored by the Quality and Compliance Officer.

### **All staff**

Safeguarding related e-learning modules which all staff must complete are listed below:

- Safeguarding Adults – Level 1
- Safeguarding Children – Level 1
- Domestic Violence and Abuse (DVA)
- Mental Capacity Act and Safeguarding
- Preventing Radicalisation - Basic Prevent Awareness
- The Oliver McGowan Mandatory Training on Learning Disability and Autism

### **Clinical staff**

In addition to the courses listed above, all clinical staff must complete the following modules:

- Assessing Mental Capacity
- Safeguarding Adults – Level 1
- Safeguarding Adults – Level 2
- Safeguarding Adults – Level 3
- Safeguarding Children – Level 1
- Safeguarding Children – Level 2
- Safeguarding Children – Level 3

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The above training courses will supplement this policy to empower all staff to identify highlight and report safeguarding concerns.

Safeguarding training will be also be provided during monthly clinical lead meetings. This will include details of audits completed by the organisation.

### Supervision

Our Safeguarding Supervision Strategy is in place to ensure that all our staff receive supportive and professional supervision. Support and supervision takes place in the form of meetings led by the Executive lead for safeguarding, and the Operational Safeguarding Lead via Teams on a monthly basis.

### Recruitment checks

- All staff undergo a DBS check prior to their start date
- International staff undergo a police check prior to their start date

### Principles of Safeguarding

The Department of Health (2011) have agreed best practice principles for safeguarding adults that should be utilised to provide a benchmark for achieving good outcomes for patients.

#### Principle 1 - Empowerment

Individuals are encouraged to make their own choices and give informed consent. Adults should be in control of their care and their consent is needed for decisions and actions designed to protect them. Clear justification must be made and documented where action is taken without consent such as lack of capacity or other legal or public interest justification. Where a person is not able to control the decision, they should still be included in decisions to the extent that they are able. Decisions made must respect the person’s age, culture, beliefs and lifestyle.

#### Principle 2 - Protection

Support and representation for those in greatest need  
 All staff have a duty to support all patients to protect themselves. Staff have a positive obligation to take additional measures for patients who may be less able to protect themselves.

#### Principle 3 - Prevention

Prevention of harm or abuse is a primary goal  
 Prevention involves helping the person to reduce risks of harm and abuse that are unacceptable to them. Prevention also involves reducing risks of neglect and abuse occurring within health services.

#### Principle 4 - Proportionality

Proportionality and least intrusive response appropriate to the risk presented  
 Responses to harm and abuse should reflect the nature and seriousness of the concern. Responses must be the least restrictive of the person’s rights and take account of the person’s age, culture, wishes, lifestyle and beliefs. Proportionality also relates to managing concerns in the most effective and efficient way.

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### Principle 5 - Partnerships

Local solutions through services working with their communities

Safeguarding adults will be most effective where citizens, services and communities work collaboratively to prevent, identify and respond to harm and abuse. The skills of the multiagency team should be utilised when safeguarding adults with care and support needs.

### Principle 6 - Accountability

Accountability and transparency in delivering safeguarding

Services are accountable to patients, public and to their governing bodies. Working in partnerships also entails being open and transparent with partner agencies about how safeguarding responsibilities are being met.

### Making Safeguarding Personal

In addition to these principles, Making Safeguarding Personal is about engaging with people to understand what outcomes they wish to achieve from a safeguarding response, by seeking to achieve a personalised approach to safeguarding, where safeguarding is done in partnership with someone and not 'done to them'. The aim is to focus practice on achieving an improvement to people's circumstances which is meaningful to them and their own wishes and preferences should be acted on as far as possible, in keeping with the principles set out in 'Making Safeguarding Personal'.

### How to raise a concern?

Any member of staff can raise a concern and follow the below guidance. All staff should contact the DSL for their relevant area for support when required. All DSLs can assist with concerns across the whole organisation and if a designated lead is not available or the concern involves this individual then please contact another lead within the organisation.

Each concern may bring about different approaches and challenges but the following provides a framework to manage a safeguarding concern.

#### Raising a concern:

- Assess the urgency of the concern, including the presenting level of risk to the person involved.
- Listen very carefully to what you are being told or pay attention to what you are witnessing. Ask questions for clarifications only. Do not promise confidentiality but reassure the person at risk that they will be kept safe.
- Wherever possible, ensure to gain consent from the person regarding a safeguarding referral, if the person lacks capacity to consent then seek guidance from the Mental Capacity Act and Deprivation of Liberty Safeguarding Policy, or a safeguarding lead.
- Determine the views of the person about your proposed intervention. The person may not wish to proceed with intervention but in certain cases (criminal offences) you have duty of care to inform. In these cases, the person can later chose not proceed with charges after speaking to the police.
- Listen carefully to what you are being told and keep the person at the centre of this referral processed. Ensure that you involve them in the decision making and what their desired outcomes may be.

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- Record any key statements about the concerns raised or what you have heard, with a sign and date of statement if possible
- Do not ask probing or detailed questions. If in any doubt and a criminal offence has been committed then contact the police to ensure any evidence is not destroyed.
- Reassure the person by telling them they have done the correct thing and you will treat the information seriously.
- Explain that you will need to share this information with the safeguarding lead and they may involve other agencies to help the person.
- Explain the likely next steps. Social services, police or any other agencies that may look in to this case.
- If after assessing the situation, the vulnerable person is in immediate danger then you must call 999 and report this as an emergency.
- Once the appointment, incident or concerned person leaves, you must immediately call the safeguarding lead for your area or the next available safeguarding lead. The safeguarding lead will help complete the referral form (See [Appendix 2 - Internal Safeguarding Form 1.2](#))
- All referrals must be sent to the local authorities safeguarding team within whose geographical boundaries the patient lives within.
- Local Authority online referrals forms and internal referral forms must be completed on the day of concern.
- Please seek guidance from the safeguarding team on where to find details of local authority forms and further information

### Flowchart

**Staff member is informed of, or has concerns of, a safeguarding issue**



**Respond**

Stay calm and listen carefully to what is being disclosed  
Be sure to make notes and use their words as much as possible



**Record**

Complete an Internal Safeguarding Form 1.2 (Appendix 2)



**Report**

Report to the DSL immediately, providing as much information as you can



**Review**

The DSL would then provide support and monitoring

### Safeguarding children

At AS we are committed to safeguarding and promoting the welfare of all children and young people who come into contact with our services. This applies to all children, including those in care. Whilst we do not run paediatric clinics, children may on occasion accompany a parent, relative, or legal guardian for their appointment.

Staff are advised to contact the safeguarding lead if they have any safeguarding concerns regarding children and young people.

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If cases such as forced marriage, honour based violence, and female genital mutilation (FGM) are brought to our attention, the safeguarding lead would contact the appropriate local authorities including Children Social Care if necessary.

For additional guidance there are direct links to government support here:

[Forced marriage - GOV.UK](#)

[HMCTS safeguarding policy - GOV.UK](#)

[Female genital mutilation: help and advice - GOV.UK](#)

Flowchart

**Staff member is informed of, or has concerns of, a safeguarding issue concerning a child**



**Respond**

Stay calm and listen carefully to what is being disclosed  
Be sure to make notes and use their words as much as possible



**Report**

Report to the DSL immediately, providing as much information as you can



**Review**

The DSL would then provide support and monitoring

- If there is a risk of significant harm or an ongoing concern, then Children’s Social Care must be contacted
- A risk assessment will be carried out to protect the child, staff, and service

**Additional guidance and signposting**

**Domestic abuse**

Staff who are informed or, or have concerns of domestic abuse cases, must report these concerns in line with our Domestic Abuse and Violence policy.

**Whistleblowing**

Staff who have concerns about wrongdoing, or unsafe practices are encouraged to report them in line with our Whistleblowing policy.

**Allegations against staff**

Any concerns or allegations that a staff member may have harmed, or pose a risk to, adults or children, must be reported immediately, in line with our Allegations against staff policy.

- Staff must report allegations against a colleague immediately to:
  - HR Manager, or Freedom to Speak up Guardian
  - DSL
  - Line Manager
- The DSL will assess the allegation and, if appropriate, notify the LADO

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- All records must be kept confidential and securely stored
- If the the staff member were to resign from post during the investigation, the process would still continue
- Follow-up actions could include an internal investigation, disciplinary procedures, and liaising with external multi-agency partners

#### Positions of Trust & LADO

- The **PIPOT (Persons in Positions of Trust)** framework ensures staff and volunteers are held accountable. The nominated PIPOT for AS are Nikhil Javarappa and Sophie Hannon.
- The **LADO (Local Authority Designated Officer)** must be contacted for any allegation where a child may be at risk. To find contact details for your local LADO, search for your town/city followed by “LADO”.
- **Children’s Social Care.** The local statutory authority service responsible for investigating concerns, assessing risk, and taking protective action for children at risk. They would be informed as necessary for any allegation involving potential harm to a child.

#### Prevent

AS acknowledges its duty regarding radicalisation and extremism under the Counter-Terrorism and Security Act 2015. Prevent is part of our wider safeguarding responsibilities and applies to all staff, regardless of role or level of patient contact.

#### Staff Responsibilities

- Understand how to identify signs that an adult or child may be vulnerable to radicalisation, such as:
  - Isolation or withdrawal
  - Expression of extremist views or support for extremist groups
  - Sudden change in behaviour or ideology
- Respond to concerns in the same way as any safeguarding issue
- Report Prevent-related concerns to the DSL immediately
- Do not investigate or challenge the individual’s views directly.

#### Referral Process

Following a review by the DSL, where appropriate, a referral would be made to the Channel Panel via local safeguarding procedures. To contact the Channel panel or discuss concerns about potential radicalisation, call the police Prevent advice line on 0800 011 3764 or visit the ACT Early website.

#### Training

All staff are required to complete NHS e-learning Preventing Radicalisation - Basic Prevent Awareness, and refresh this every 2 years.

#### Modern Slavery and Ethical Practice

We have zero tolerance for modern slavery, human trafficking, or any form of forced labour, and we comply with the Modern Slavery Act 2015. All employees are expected to support this commitment by following our policies, completing

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relevant training, and report any suspicions or concerns immediately.

### Engagement with external agencies

We work closely with external agencies to form part of a patient’s health and social care network. Organisations include:

- GPs and ENT Doctors
- Other Audiological services
- Social services
- Social care services (Care homes and district nurses)
- Local Authorities

Audiology needs may play a role in a person’s safeguarding. All staff must work with multi-disciplinary agencies and follow ‘Urgent Referral/Care’ guidelines when contacted by social services/GPs or other health professionals in relation to a patients need for Audiology intervention.

All staff must consider the seven golden rules for sharing information:

- Data protection laws are not barriers
- Be open and honest
- Seek advice from other practitioners
- Share with informed consent
- Consider safety and wellbeing
- Necessary, proportionate, relevant, adequate, accurate, timely and secure
- Keep a record of your decision and the reasons for it

### Confidentiality

Staff must respect confidentiality, sharing safeguarding concerns on a need-to-know basis with:

- the DSL as highlighted in [Designated Safeguarding leads \(DSL\)](#)
- also [Additional safeguarding contacts](#)
- relevant authorities, or
- other professionals involved

Complete confidentiality cannot be promised if it would put someone at risk. Information must be shared appropriately and in accordance with the law to ensure timely and effective safeguarding responses.. Records must be accurate, factual, and stored securely in line with data protection requirements.

## 6. Learnings

We are committed to learning from the outcomes received in relation to this policy, to work towards improving the service we provide.

An audit will be completed monthly, by the Safeguarding team.

The purpose of this audit is to ensure we:

- Review all safeguarding reports

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- Identify trends within the service model
- Highlight system or human failures
- Provide training to staff or to reflect and make changes to our service delivery model

The audit will be used by service management to create an outcome report with an action log. The action log will highlight findings that require further training or changes in our service model and detail the plan and timescale of this process.

## Audit outcome report and training

### Report

- The outcome report and findings will be presented during staff meetings
- This will include patterns/trends, and how we can learn and change our service to improve the quality of our care
- In such instances there may be a change required in the clinical or non-clinical operations of the service, and this will be reflected in the respective policies
- The outcome report information may be used to share findings with commissioners of services

### Training

- In some cases, following an investigation, there may be immediate changes required to the service provision and this information will be sent out via secured email to all staff
- This will be included in the monthly outcome report and highlighted again in the monthly meetings
- We are committed to providing ongoing training to staff
- The audit outcome report and action log will be used to identify areas where training may be required
- Training will be provided during monthly staff meetings and in some instances external online or classroom courses may be offered

## 7. Effectiveness Criteria

To evidence compliance with this policy, the following elements will be monitored.

What areas need to be monitored?	How will this be evidenced?	Where will this be reported and by whom?
The document has been formatted to the agreed document template	Reviewing the policy	Document master list, Quality and Compliance Officer
The supporting references are listed and/or hyperlinked	'References' section	Document master list, Document owner
Designated safeguarding leads' contact details are provided	Within the policy	Document owner
All staff have received safeguarding training (induction and refresher)	Staff training log	Quality and Compliance Officer checks the log monthly
Clear reporting pathway is established and	Correct steps followed by staff when reporting	Safeguarding log Safeguarding leads

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What areas need to be monitored?	How will this be evidenced?	Where will this be reported and by whom?
understood		

## 8. References

### Associated company documents

Whistleblowing policy  
Safeguarding log  
Training and supervision policy  
Modern Slavery Statement

### External references

- Care Act 2014
- Domestic Abuse Act 2021
- Deprivation of Liberty Safeguards (DoLS)
- NICE Quality Standard QS116: Domestic Violence and Abuse
- NHS England Safeguarding Policy
- Working Together to Safeguard Children (HM Government)
- Information Sharing: Advice for practitioners providing safeguarding services (HM Government, 2018)
- NHS National Domestic Abuse Pathway
- Equality Act 2010
- Human Rights Act 1998
- General Data Protection Regulation (UK GDPR) and Data Protection Act 2018

### Useful contacts

- Refuge – [www.refuge.org.uk](http://www.refuge.org.uk)
- National Domestic Abuse Helpline – 0808 2000 247
- NSPCC Helpline: 0808 800 5000

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Approved by: Deep Patel	Page 16 of 20

## Appendix 1 – Equality impact assessment

Who might the policy have a 'differential' effect on, considering the "protected characteristics" below? (By differential we mean having a noticeably more positive or negative impact on a particular group e.g. it may be more beneficial for women than for men)

Equality Groups	Positive	Negative	Neutral
Race	X		
Gender	X		
Disability	X		
Sexual orientation	X		
Religion or belief	X		
Age	X		
Gender reassignment	X		
Marriage and civil partnership			X
Pregnancy and maternity	X		
Notes			

## Appendix 2 - Internal Safeguarding Form 1.2

Details of Concerned Person	
Service or department	
Name	
Job Title/Role:	
Contact email	
Contact number(s)	
The Person at Risk's Details	
Name of the adult at risk (including any names known)	
Date of birth	
Address	
Name of parent or carer if applicable and contact details	
Any special needs known	<i>Including medical/disability/language/etc.</i>
Name and details of any other adults at risk or	<i>If relevant to the concern</i>

children (under 18 years of age) in the family or setting	
Has the adult's consent been sought? (If not, why not?)	
<b>Details of the Concern</b>	
Date and time of concern	
Details and nature of concern	<i>Including any witnesses</i>
<b>Details of Actions Taken/to be Taken (to be completed by the Area Lead or Deputy for Safeguarding)</b>	
Actions taken so far	
Actions to be taken	<i>Detail any actions that are to be taken, along with date/time, timescales and the full names and job roles of those who will be taking the action(s).</i>
Name of agency contact(s), addresses and phone numbers/e-mails:	<i>If you have dealt with any agency (i.e. Police/Social services/etc.), record the name, agency, job role and contact details of the person(s) you have dealt with.</i>
<b>Signed</b>	
To be completed by the concerned person	
Signature:	
Print Name:	
Job Title/Role:	
Date:	Time:
To be completed by the Area Lead or Deputy for Safeguarding:	

Action taken:	
Decision Made:	
Signature:	
Print Name:	
Job Title/Role:	
Date:	Time: