ADULT SAFEGUARDING POLICY AND PROCEDURE

Background

KidsAid believes it is always unacceptable for an adult at risk to experience abuse of any kind and recognises its responsibility to safeguard and promote the welfare, safety, and dignity of all adults at risk who engage with its services. This commitment is underpinned by safeguarding practices that aim to protect individuals from harm, abuse, neglect, and exploitation.

This policy should be read in conjunction with KidsAid's Child Protection and Safeguarding Policy and Procedure.

Principles

- Safeguarding adults at risk is everyone's responsibility.
- Adults at risk have the right to live free from abuse, neglect, exploitation, discrimination, and coercion.
- Safeguarding practice must promote dignity, wellbeing, choice, inclusion, and proportionality.
- KidsAid is committed to safer recruitment and safer working practices to reduce the risk of harm.
- KidsAid will ensure personnel receive safeguarding training appropriate to their role and responsibilities.
- Concerns about harm, abuse, neglect, or exploitation must be reported promptly and managed in line with safeguarding procedures.
- Information will be shared appropriately and proportionately in accordance with safeguarding duties, confidentiality requirements, and data protection legislation.
- Safeguarding responses will be trauma-informed, recognising the impact of trauma on behaviour, communication, memory, engagement, and decision-making.
- KidsAid will work collaboratively with partner agencies and statutory services to safeguard adults at risk.
- Safeguarding practice will be monitored through supervision, reporting, audit, learning, and review processes to support continuous improvement.

Purpose

This policy demonstrates KidsAid's commitment to meet its legal obligations and reassure people who use the service, members of the public, staff, and partners that:

- KidsAid has appropriate policies and procedures to protect and safeguard adults at risk and respond to safeguarding concerns.

- Make it clear to the staff, volunteers, and trustees by providing guidance on the procedures that they should adopt if they suspect an adult is at risk and may be experiencing harm or be at risk of harm to keep them safe.
- Concerns can be raised through an established procedure to enable the best outcome for adults at risk.

- There is a high-quality recording and effective monitoring system in place.

- Trustees, staff, volunteers, and partners have received the appropriate training in line with the intercollegiate safeguarding competency guidance.

Policy Statement

KidsAid is committed to safeguarding and promoting the welfare of adults at risk who engage with its services.

KidsAid recognises its responsibility to take all reasonable steps to protect adults at risk from abuse, neglect, exploitation, and coercion, and to promote a safe, respectful, and supportive environment for all service users.

All safeguarding concerns will be taken seriously and responded to promptly, sensitively, and in accordance with statutory guidance and local Safeguarding Adults Board procedures.

KidsAid is committed to safer recruitment practices, maintaining a strong safeguarding culture, and ensuring that all personnel understand and fulfil their safeguarding responsibilities.

KidsAid will not tolerate harassment, victimisation, or retaliation against any individual who raises a safeguarding concern in good faith.

This policy is informed by relevant legislation, statutory guidance, and best practice in safeguarding adults in England.

Aims of the Policy

- To promote and respect the rights, wishes, feelings, dignity, and privacy of adults at risk by actively listening and taking proportionate action to reduce risk of harm.
- To prevent abuse, neglect, and exploitation through safe practice, ensuring a safe and supportive environment that reduces the likelihood of harm or allegations.
- To ensure Trustees, staff, therapists, and volunteers understand and follow KidsAid's Safeguarding Policy, Codes of Conduct, and related procedures.
- To promote awareness of safeguarding responsibilities under relevant legislation and guidance, including but not limited to: the Care Act 2014, the Domestic Abuse Act 2021, the Mental Capacity Act 2005, and relevant safeguarding adult guidance and local Safeguarding Adults Board procedures.
- To ensure partner agencies, contractors, and freelancers have appropriate safeguarding arrangements in place proportionate to their role and level of contact with adults at risk.
- To ensure concerns, allegations, and incidents are responded to appropriately, including the use of

internal procedures and, where necessary, disciplinary processes.
- To ensure clear safeguarding procedures are in place, promoted, and implemented in line with local Safeguarding Adults Board multi-agency procedures.
- To ensure appropriate information sharing with relevant agencies to safeguard adults at risk, while respecting confidentiality and data protection requirements, and involving individuals and carers where appropriate and safe to do so.

To achieve these aims, KidsAid will:

- Ensure all Trustees, staff, therapists, and volunteers receive safeguarding adults training appropriate to their role, refreshed at least annually, and updated promptly in response to changes in legislation, guidance, or internal procedures.
- Respond promptly and appropriately to all safeguarding concerns involving adults at risk.
- Maintain and implement clear procedures for recording, managing, and responding to safeguarding concerns, incidents, and accidents.
- Ensure all safeguarding concerns or allegations are recorded and referred to the relevant Local Authority Safeguarding Adults Board processes or Multi-Agency Safeguarding Hub (where applicable), in line with local procedures.
- Promote the safety, wellbeing, dignity, and autonomy of adults at risk in the planning and delivery of all services.
- Maintain safe working practices at all times to reduce risk of harm to adults at risk who access KidsAid services or come into contact with Trustees, staff, volunteers, and partner agencies.

Scope and Definitions

This Adult Safeguarding Policy applies to all individuals involved in the delivery, governance, or support of KidsAid services for adults at risk. This includes members of the Board of Trustees, employees, therapists, volunteers, contractors, and partner agencies. All personnel are required to maintain safe working practices and actively promote a safeguarding culture at all times when working with, supporting, or coming into contact with adults at risk.

For the purposes of this policy, the term “personnel” is used to provide clarity and consistency across all roles within KidsAid.

“Personnel” refers to any individual acting on behalf of KidsAid in any capacity, whether paid or unpaid, including trustees, the CEO, members of the Senior Leadership Team, managers, employees, therapists, volunteers, contractors, agency workers, students, and any other person engaged by or representing KidsAid.

An Adult at Risk is defined under the Care Act 2014 as an adult who:

- Has care and support needs (whether or not those needs are being met).
- Is experiencing, or is at risk of, abuse or neglect.
- As a result of those care and support needs, is unable to protect themselves from the risk or experience of abuse or neglect.

The term “adult at risk” is used in this policy to refer to any adult who meets the above criteria, including where vulnerability may be temporary or situational.
The term “adults” includes all individuals aged 18 and over.

Within the context of this policy:

- Safeguarding refers to the responsibility to protect an adult’s right to live in safety, free from abuse and neglect, and to promote their wellbeing.
- Adult Protection refers to action taken where an adult at risk is experiencing, or is at risk of, abuse or neglect.

1. Safer Recruitment and DBS Checks

Criminal record disclosures (Disclosure and Barring Service – DBS checks) are undertaken for all KidsAid personnel as part of the safer recruitment process.

A DBS check provides a snapshot of an individual’s criminal record status at the time the certificate is issued. It does not guarantee that an individual has no relevant convictions or concerns beyond that date.

Risk assessments are undertaken for all KidsAid roles and job descriptions to determine the level of contact with adults at risk, including whether the role involves regular and/or substantial unsupervised contact. The appropriate level of DBS check is applied in line with the identified level of risk, relevant legislation, and statutory guidance.

All applicants are required to complete a standard application form as part of the recruitment process. This enables KidsAid to obtain relevant information about an applicant’s qualifications, employment history, skills, and experience, and to assess their suitability for the role applied for.

Where applicants are shortlisted for interview, structured values-based or behaviourally focused interview questions are used to explore applicants’ attitudes, values, and motivations in relation to working with adults at risk. These approaches support the identification of individuals who are suitable to work in roles involving contact with vulnerable adults.

When roles are advertised, applicants are informed where an enhanced DBS check is required. Where appropriate, successful applicants may be required to subscribe to the DBS Update Service to enable ongoing status checks. This helps ensure that any relevant changes to an individual’s criminal record status can be monitored in line with safeguarding requirements.

Further information about the Disclosure and Barring Service can be found on the official DBS website.

2. Recognising Abuse and Safeguarding Concerns

Adult safeguarding concerns can be complex and are not always easy to identify, even for experienced practitioners. All personnel must remain alert to potential indicators of abuse or neglect and understand their responsibility to act on any concern; however small it may seem.

Personnel working for KidsAid (whether in a paid or voluntary capacity) are not expected to be experts in identifying abuse. However, they do have a responsibility to act if they have concerns about the behaviour of any individual towards an adult at risk.

Any concerns must be reported without delay to the Designated Safeguarding Lead (DSL) or Designated Safeguarding Officer(s) (DSO(s)).

2.1 Definitions of Abuse and Safeguarding Risks

Abuse and neglect can take many forms and may consist of a single act or repeated acts. Abuse may be deliberate, unintentional, or result from neglect, poor practice, coercion, or exploitation. It may occur in person, online, within relationships, or within organisational or care settings.

This policy recognises the following categories of abuse:

- Physical abuse.
- Emotional or psychological abuse.
- Sexual abuse.
- Neglect and acts of omission.
- Financial or material abuse.
- Discriminatory abuse.
- Organisational or institutional abuse.
- Modern slavery.
- Self-neglect.
- Personal exploitation or violation of rights.
- Cyber abuse and online harm.
- Radicalisation and extremism.

While self-harm and suicidal ideation do not in themselves constitute abuse, they may indicate significant risk, vulnerability, neglect, exploitation, domestic abuse, trauma, or deteriorating mental health and should be assessed within safeguarding and risk management procedures where appropriate.

Online and digital safeguarding risks may include online grooming, coercion, cyberbullying, sextortion, financial scams, identity theft, online exploitation, exposure to harmful content, radicalisation, and misuse of digital communication platforms. Personnel must remain alert to safeguarding concerns arising through online contact and digital service delivery.

These forms of abuse may overlap, co-exist, and develop over time rather than occurring as isolated incidents.

2.2 Risk Factors and Contexts for Abuse and Exploitation

Adults at risk may be more vulnerable to harm due to a combination of personal, social, environmental, or situational factors. Safeguarding concerns often arise from patterns of vulnerability, dependency, coercion, or isolation rather than a single identifiable event.

Key risk factors and contexts may include:

- Social isolation or limited access to supportive relationships.
- Dependence on others for care, communication, finances, or daily living.
- Cognitive impairment, fluctuating capacity, or communication barriers.
- Mental health difficulties, trauma, substance misuse, or homelessness.
- Financial dependency or control by another individual.
- Power imbalances within relationships or care arrangements.
- Exposure to coercion, grooming, or manipulation.
- Barriers to disclosure, including fear, shame, or threats**.**
- Exploitation through digital platforms or online communication.
- Lack of awareness of rights or available safeguarding support.
- Use of digital platforms increases vulnerability to exploitation, coercion, fraud, or harmful online influences.

Abuse may be normalised, concealed, or presented as care, protection, loyalty, or consent. Practitioners should therefore consider changes in behaviour, engagement, presentation, or relationships as potential indicators of underlying risk.

2.3 Safeguarding in Personal and Interpersonal Relationships

Adults may experience abuse, exploitation, or coercive control within personal relationships including family relationships, intimate partnerships, friendships, carers, neighbours, or social connections.

Harm in relationships is rarely isolated. It often develops over time and is characterised by patterns of behaviour that may include control, dependency, fear, isolation, or manipulation. Individuals may not always recognise they are experiencing abuse, particularly where affection, loyalty, or reliance on another person is present.

Safeguarding concerns in relationships may involve a combination of the following behaviours:

- Physical abuse: hitting, pushing, shaking, inappropriate restraint, neglect or abandonment, misuse of medication, or withholding necessary care or treatment.

- Emotional or psychological abuse: behaviour that causes fear, humiliation, intimidation, isolation, coercion, or loss of dignity. This may include threats, controlling behaviour, verbal abuse, bullying, harassment, or restricting a person's ability to express their views or make decisions.

- Sexual abuse: any sexual activity without valid consent, including sexual assault, coercion into sexual acts, inappropriate touching, exposure to sexual material, voyeurism, or sexual exploitation.

- Financial or material abuse: theft, fraud, scams, misuse of money or assets, coercion relating to finances, or exerting control over a person's financial independence or decision-making.

- Discriminatory abuse: unfair or harmful treatment based on protected characteristics, or the use of

prejudice or identity-based hostility to control, isolate, or undermine an individual.

- Personal exploitation or violation of rights: restriction of autonomy, independence, privacy, or freedom of choice. This may include controlling daily routines, movement, communication, relationships, or access to support.

Domestic abuse may occur within intimate or family relationships and is characterised by a pattern of controlling, coercive, threatening, degrading or violent behaviour. It may involve one or more forms of abuse, including physical, emotional, sexual and financial abuse alongside coercive control. It can also include isolation from support networks, monitoring of communication or movement, and intimidation.

Domestic abuse is typically ongoing and cumulative, rather than a single incident, and may escalate over time. Safeguarding concerns in relationships should not rely solely on isolated incidents. Instead, they should be assessed in the context of patterns of behaviour over time, including changes in engagement or presentation, and any indicators of fear, dependency, coercion, or loss of autonomy.

2.4 Safeguarding in Care, Support and Organisational Settings

Adults at risk may experience harm within formal care, support, healthcare, or organisational environments, including residential care, supported living, hospital settings, or commissioned services.

In these environments, safeguarding concerns may arise from individual practice, systemic failure, or organisational culture.

Harm may include:

- Inadequate staffing, supervision, training, or oversight.
- Poor communication between services or professionals.
- Failure to respond appropriately to safeguarding concerns.
- Unsafe environments or poor risk management.
- Restriction of choice, dignity, or independence.
- Lack of person-centred care planning or involvement in decisions.
- Normalisation of poor practice or failure to escalate concerns.
- Abuse of authority, trust, or professional position.
- Institutional practices that prioritise systems over individual rights

Safeguarding in these settings requires attention to professional accountability, organisational responsibility, and the quality and safety of service delivery. Concerns should be considered in terms of whether care is safe, respectful, and person-centred.

Organisational safeguarding also includes ensuring that safeguarding concerns are not minimised, ignored, or inadequately managed due to organisational culture, reputation concerns, conflicts of interest, or failures in leadership and governance.

2.5 Honour-Based Abuse (HBA), Forced Marriage and Harmful Practices

HBA involves criminal acts committed to protect or defend perceived family or community "honour." This may include Forced Marriage, Female Genital Mutilation (FGM), breast ironing, or other harmful practices. All are forms of abuse and may constitute criminal offences in the UK.

Adults may experience HBA where they are subjected to coercion, pressure, threats, or control within family or community networks, and may not be able to freely exercise choice or autonomy.

Forced marriage is where one or both parties are coerced into marriage without free and full consent. This may involve physical, emotional, psychological, sexual, or financial pressure, or situations where an individual lacks the capacity to give informed consent.

FGM refers to procedures involving partial or total removal of external female genitalia for non-medical reasons. It is illegal in the UK and constitutes a serious safeguarding concern.

Possible indicators may include:

- Sudden restriction of movement or communication.
- Fear, anxiety, withdrawal, or emotional distress.
- Control, surveillance, or coercion by family or community members.
- Reluctance to discuss relationships, decisions, or future plans.
- Unexplained absence from services, work, or activities.
- Difficulty accessing healthcare or speaking freely about concerns.

Where concerns arise, safeguarding procedures must be followed immediately, including referral to the police or relevant safeguarding authority where appropriate.

2.6 Modern Slavery, Human Trafficking and Exploitation

Modern slavery involves the recruitment, movement, control, or exploitation of individuals for personal or financial gain. This includes slavery, human trafficking, forced labour, domestic servitude, and criminal exploitation.

Adults may be exploited for:

- Sexual exploitation.
- Forced labour or domestic servitude.
- Financial exploitation or benefit fraud.
- Criminal exploitation.
- Forced marriage.
- Other forms of coercive control or exploitation

Possible indicators include:

- Restricted freedom of movement.
- Poor or degrading living conditions.
- Signs of control, fear, or intimidation.
- Lack of access to personal documents or finances.
- Inability to communicate freely or provide consistent information.
- Evidence of injury, neglect, or untreated health needs.
- Social isolation or dependency on controlling individuals.

Concerns must be reported immediately and escalated through safeguarding procedures.

2.7 Radicalisation and Extremism (Prevent Duty)

Radicalisation is the process by which a person is drawn into extremist ideologies or terrorism. Extremism is defined as vocal or active opposition to fundamental British Values, including democracy, the rule of law, individual liberty, and mutual respect for different faiths and beliefs (HM Government, 2011).

KidsAid has a duty under Section 26 of the Counter-Terrorism and Security Act (2015) to have due regard to the need to prevent people from being drawn into terrorism (Prevent Duty).

Possible indicators may include:

- Social withdrawal or isolation.
- Sudden changes in beliefs, behaviour, or ideology.
- Increased secrecy, particularly online.
- Expression of extremist or intolerant views.
- Heightened anger, grievance, or hostility.
- Refusal to engage in discussion about beliefs or values.

These indicators do not necessarily mean radicalisation is occurring and may reflect other underlying issues. However, concerns must always be reported and considered appropriately.

3. Managing Safeguarding Concerns, Allegations and Information Sharing

Safeguarding concerns may arise in a variety of ways, including disclosures from adults, observations by staff, or information shared by third parties. All concerns must be taken seriously and responded to promptly in line with this policy to ensure the safety, wellbeing, and rights of adults at risk.

This section sets out the procedures for responding to disclosures, managing allegations, escalating concerns, and sharing information appropriately. All personnel must follow these procedures consistently and seek guidance from the DSL or DSO(s) where there is any uncertainty.

3.1 Responding to Disclosures

Where an adult discloses that they are experiencing or have experienced abuse, exploitation, or neglect, they must be supported in a calm, respectful, and non-judgemental manner.

All personnel must:

- Listen carefully and allow the individual to speak freely without interruption.
- Remain calm and avoid showing shock or disbelief.
- Avoid asking leading or investigative questions.
- Reassure the person that they are being taken seriously.
- Explain that confidentiality cannot be guaranteed where there is a safeguarding concern.
- Explain that the information will need to be shared with the DSL/DSO to ensure safety and support.

All disclosures must be recorded as soon as possible, accurately and factually, using the safeguarding recording system (e.g. MyConcern). Where possible, the individual's own words should be used.

Where there is immediate risk of harm, emergency services (999) must be contacted without delay.

3.2 Managing Safeguarding Concerns and Allegations

Safeguarding concerns or allegations may be raised by KidsAid personnel, children or adult beneficiaries, carers, or partner agencies. All such concerns must be taken seriously and reported promptly.

The DSL/DSO will:

- Ensure the adult who may be at risk is offered appropriate support.
- Consider immediate safety needs and undertake urgent risk management actions where required.
- Determine whether referral to external safeguarding agencies is required.
- Make referrals to Local Authority Adult Social Care, the Police, or other relevant bodies where appropriate.
- Ensure that any individuals who may pose a risk are managed safely and appropriately within service provision, in line with safeguarding procedures.
- Coordinate a proportionate risk assessment to ensure safety for all involved.

Where relevant, referrals may involve multi-agency processes such as safeguarding adults' procedures or risk management panels.

All decisions and actions will be recorded clearly, and contemporaneously.

Where an adult safeguarding concern may indicate risk of harm to a child or children, or where a child is identified as being directly or indirectly affected by the situation, the DSL/DSO will consider any wider safeguarding implications. This includes assessing whether additional safeguarding referrals are required in relation to children and ensuring that responses take a systemic or family-focused approach where appropriate.

3.3 Safeguarding Decision-Making and Escalation

All safeguarding concerns must be reported to the DSL/DSO(s) without delay.

The DSL/DSO(s) are responsible for:

- Assessing risk, urgency, and level of harm.
- Determining whether a safeguarding referral is required.
- Referring to Local Authority Adult Safeguarding teams or equivalent pathways.
- Escalating concerns to the police or emergency services where necessary.
- Ensuring timely and coordinated safeguarding responses.

Where there is immediate risk of significant harm, action must be taken without delay.

3.4 Involvement of the Individual and Others

KidsAid is committed to involving adults at risk in decisions about their safety wherever it is safe, appropriate, and consistent with their wishes and capacity.

In most cases, concerns will be discussed with the individual to support transparency, choice, and person-centred safeguarding.

However, information may be shared without consent where:

- There is risk of serious harm or life-threatening risk.
- The individual lacks capacity to consent and safeguarding action is required.
- A third party may be involved in the abuse or risk.
- Sharing is necessary to prevent or investigate a crime.
- It may compromise a safeguarding or police investigation.

Where possible, decisions regarding involvement of family members, carers, or representatives will be made in consultation with the individual.

All decisions must be clearly recorded, including the rationale for sharing or not sharing information.

3.5 Confidentiality and Information Sharing

Confidentiality is an important principle; however, the safety and wellbeing of adults at risk takes priority where there are safeguarding concerns.

Effective safeguarding depends on timely and proportionate information sharing between professionals and agencies.

Information sharing must comply with UK GDPR and the Data Protection Act 2018. These frameworks do not prevent sharing where there is a lawful basis to protect an adult at risk.

The Caldicott Principles support appropriate information sharing, including the principle that the duty to share information can be as important as the duty to protect confidentiality.

All personnel must consider:

- Whether sharing information is necessary to protect an adult at risk.
- Whether there is a lawful basis for sharing.
- Whether failure to share may result in harm.

A guiding principle is: *"Is it safe not to share this information?"*

Information should only be shared with those who need to know, and all sharing decisions must be documented, including:

- What information was shared.
- Who it was shared with.
- The rationale for sharing.

3.6 Record Keeping and Data Protection

All safeguarding records, including disclosures, referrals, case notes, emails, telephone logs, and system entries, must be:

- Accurate, factual, and recorded promptly.
- Stored securely in line with data protection requirements.
- Accessible only to authorised safeguarding personnel.

Records will be retained in accordance with legal and organisational retention schedules.

Where safeguarding concerns involve staff members, records will be securely managed within personnel systems and handled appropriately.

KidsAid complies with UK GDPR and applies appropriate technical and organisational safeguards to protect personal data from unauthorised access, loss, or misuse.

Safeguarding records are subject to audit and supervision to ensure quality, consistency, and compliance.

4. Police Requests and Court Orders

KidsAid may receive requests for access to therapy notes, safeguarding records, or other personal data from the police, legal representatives, courts, or other authorised statutory bodies. These requests must be managed in accordance with UK GDPR, the Data Protection Act 2018, and all relevant legal and safeguarding frameworks.

All requests must be directed to and managed by the DSL. Under no circumstances should personnel respond informally or directly unless explicitly authorised by the DSL.

4.1 Lawful Basis for Disclosure

Personal data, including therapy notes and safeguarding records, may only be shared where a lawful basis under UK GDPR applies. This may include:

- Legal obligation: where disclosure is required by law, including compliance with a valid court order or statutory request from law enforcement.
- Vital interests: where disclosure is necessary to protect the life or safety of an adult at risk or another individual.
- Public task / safeguarding purposes: where disclosure is necessary for the prevention or detection of crime, or to support safeguarding adults at risk.

Where a legally binding court order is in place, KidsAid is required to comply strictly within the scope of that order.

4.2 Capacity, Consent and Best Interests

Where relevant, the Mental Capacity Act 2005 will be applied when considering disclosure involving adults who may lack capacity.

- Where an individual has capacity, their consent may be sought where appropriate, but consent is not required where another lawful basis exists.
- Where an individual lacks capacity in relation to the disclosure decision, any action taken must be made in their best interests and be the least restrictive option.
- Decisions must always consider the individual's rights, wishes, feelings, and past and present views where known.

Consent does not override legal obligations or safeguarding duties where disclosure is required.

4.3 Assessing and Verifying Requests

All requests for information must be:

- Verified for authenticity and legal validity.
- Reviewed to confirm scope, proportionality, and relevance.
- Assessed by the DSL prior to any disclosure

Where necessary, legal advice will be sought before information is released, particularly where requests are complex, ambiguous, or involve sensitive safeguarding material.

4.4 Data Minimisation and Relevance

Only information that is strictly necessary to meet the lawful purpose of the request will be disclosed.

KidsAid will:

- Limit disclosure to relevant and proportionate information.
- Avoid sharing unnecessary or unrelated clinical detail.
- Redact third-party or irrelevant sensitive information where lawful to do so

4.5 Confidentiality and Secure Transfer

All disclosures must be handled securely to maintain confidentiality and data protection compliance.

KidsAid will ensure:

- Secure transmission methods are used (e.g. encrypted systems such as Egress or equivalent).
- Information is not shared via unsecured email or informal channels.
- Access is strictly limited to authorised recipients only

4.6 Rights of the Individual

Where appropriate and proportionate, individuals should be informed about:

- The nature of the request.
- How their information will be used.
- What information may be shared.

However, information may be withheld where informing the individual would:

- Compromise a criminal or safeguarding investigation.
- Increase risk of harm to the individual or others.
- Interfere with legal proceedings or statutory processes.

4.7 Involvement of Family Members or Representatives

Where appropriate, family members, carers, or advocates may be informed or involved in discussions relating to disclosure.

However, this will not occur where:

- It may increase risk of harm.
- A third party may be involved in abuse or exploitation.
- Legal, safeguarding, or investigative guidance advises against it.

All decisions to include or exclude others must be clearly documented with rationale.

4.8 Role of the DSL and Decision-Making

The DSL is responsible for:

- Verifying the legitimacy of all requests.
- Ensuring a lawful basis for disclosure exists.
- Applying data minimisation and proportionality principles.
- Authorising release of information.
- Ensuring secure transmission of data.
- Seeking legal advice where required

If there is any uncertainty, information must not be disclosed until appropriate advice has been obtained.

4.9 Record Keeping and Audit Trail

A full record must be maintained of:

- The request received.
- The legal basis for disclosure.
- What information was shared.
- Who authorised the disclosure.
- How and when information was transmitted

All records must be stored securely in line with data protection requirements and safeguarding governance standards.

5. Implementation and Monitoring

KidsAid is committed to ensuring that safeguarding is embedded across all areas of its work and is actively implemented, monitored, and reviewed.

5.1 Governance and Key Roles

CEO – Rebecca Caswell-Fox.
DSL and Clinical Lead – Carla Mangan.
Safeguarding Trustee – Tina Welford.
DSO(s) – Natasha Williams and Lynne Pritchard.

The DSL holds delegated responsibility from the Board of Trustees and CEO for safeguarding leadership and operational safeguarding oversight within KidsAid.

The DSL is responsible for:

- Providing organisational leadership for safeguarding practice and ensuring effective implementation of safeguarding policies and procedures.

- Acting as the organisation's designated safeguarding lead for the coordination and oversight of all safeguarding concerns.
- Ensuring safeguarding concerns are appropriately managed, escalated, and recorded in line with statutory guidance and internal procedures.
- Providing assurance to the CEO and Board of Trustees on safeguarding effectiveness, risks, and compliance.
- Coordinating safeguarding activity across the organisation and ensuring appropriate systems, processes, and governance arrangements are in place.
- Acting as the lead safeguarding advisor to staff and senior leaders on safeguarding matters.
- Liaising with external safeguarding partners including Local Authority Adult Social Care, the Police, or other relevant bodies where appropriate.
- Ensuring safeguarding policies, procedures, and systems are reviewed and updated in line with statutory guidance and organisational requirements.
- Providing safeguarding reports to the Board of Trustees, including annual safeguarding assurance reporting.
- Ensuring safeguarding training requirements, safer recruitment standards, and DBS compliance are implemented and monitored across the organisation.

The DSO(s) are responsible for:

- Acting as the first point of contact in the absence of the DSL.
- Supporting the receipt, recording, and escalation of safeguarding concerns.
- Assisting in the coordination and management of safeguarding responses where required.

The CEO is responsible for:

- Ensuring safeguarding training is appropriately resourced and delivered in line with role requirements.
- Promoting and embedding a culture of safeguarding across the organisation.
- Ensuring organisational compliance with safeguarding policies and procedures.

The Safeguarding Trustee is responsible for:

- Providing strategic oversight of safeguarding practice.
- Ensuring safeguarding concerns that meet the threshold for external reporting are escalated appropriately, including to the Charity Commission where required.
- Presenting and reviewing the annual safeguarding report at Trustee Board level.
- Supporting the Board of Trustees in fulfilling its collective safeguarding responsibilities.

5.2 Safeguarding Responsibilities of KidsAid Personnel

All KidsAid personnel are responsible for exercising professional curiosity where concerns arise, including respectfully exploring inconsistencies, changes in presentation, unexplained circumstances, or indicators of hidden harm.

All personnel have a duty to identify and escalate safeguarding concerns to the DSL or DSO(s) without delay. In fulfilling this duty, personnel must:

- Acting in accordance with this Adult Safeguarding Policy.
- Promoting the welfare and safety of adults at all times.
- Reporting concerns promptly to the DSL or DSO(s).
- Acting in a way that minimises the risk of harm and reduces the likelihood of allegations.
- Sharing relevant safeguarding expectations with partner organisations where appropriate.
- Cooperating fully with safeguarding procedures and investigations.

5.3 Monitoring, Audit and Compliance

Safeguarding practice and compliance are monitored through:

- Safeguarding audits.
- Case reviews and supervision.
- One-to-one meetings and annual appraisals.
- Staff and therapist feedback.
- Spot checks and ad-hoc monitoring.

An annual safeguarding report is presented to the Board of Trustees, including:

- Safeguarding activity and concerns.
- Outcomes of any serious case reviews or learning reviews.
- Training compliance data.
- Audit findings.
- Progress against safeguarding action plans.

5.4 Communication and Implementation

Effective communication is essential to ensure this policy is fully implemented across KidsAid.

Responsibility for communication lies with:

- The Board of Trustees
- The CEO
- The DSL.

Internal Communication

Safeguarding policy awareness is ensured through:

- Induction training.

- Mandatory safeguarding training.
- Supervision and line management discussions.
- Ongoing professional development.

External Communication

KidsAid personnel must ensure that safeguarding expectations are communicated appropriately to partner organisations, where relevant.

5.5 External Safeguarding Advice and Emergency Procedures

If KidsAid personnel are unable to contact the DSL or DSO(s) and are concerned about an adult's immediate safety or welfare, they must seek external safeguarding advice without delay.

Advice or referrals may be made to the Local Authority Adult Social Care, the Police, or other relevant bodies where appropriate. Contact details for local safeguarding teams are available via NHS safeguarding resources: https://safeguarding-guide.nhs.uk/contacts/

The DSL or DSO(s) must be informed as soon as reasonably practicable afterwards.

If an adult is believed to be at immediate risk of harm or in immediate danger, the emergency services must be contacted directly by calling 999.

6. Misuse of the Procedure

Malicious complaints and/or serious and/or persistent abuse of these safeguarding policies and procedures will not be tolerated and will be dealt with through KidsAid's disciplinary process.

7. Equality and Inclusivity

KidsAid safeguarding practice is inclusive and non-discriminatory and is delivered in line with the Equality Act 2010. All adults at risk, and their families have equal right to protection from harm, abuse, neglect, and exploitation, regardless of background or protected characteristics.

8. Raising Concerns and Complaints

8.1 Whistleblowing

Whistleblowing concerns relating to safeguarding should be raised with the DSL, or where appropriate, escalated to the CEO.

Concerns will be considered and managed in line with KidsAid's internal whistleblowing procedures where appropriate.

Where concerns have not been resolved internally, and where there is serious risk, they may be escalated to:

- Protect (independent whistleblowing advice service).
- The Charity Commission.
- Relevant professional regulators.
- The Information Commissioner's Office (ICO).

Where a whistleblowing concern includes a safeguarding concern or an allegation against personnel, it will be immediately referred to the DSL and managed under safeguarding procedures and the Managing Safeguarding Allegations Against Personnel Procedure.

8.2 Complaints

Complaints relating our safeguarding may be raised with the DSL, DSO(s) or, if more appropriate, the CEO, by any individual connected with KidsAid, including children, young people, families, carers, KidsAid personnel and external agencies.

In line with the KidsAid Complaints Policy and Procedure, all complaints will be:

- Recorded in accordance with complaints procedures.
- Reviewed and responded to within policy timescales.
- Handled fairly, consistently, and confidentially.
- Used to support service improvement and learning.

Where a complaint includes a safeguarding concern or an allegation against personnel, it will be immediately escalated to the DSL and managed under safeguarding procedures and the Managing Safeguarding Allegations Against Personnel Procedure.

9. Policy Review

This Adult Safeguarding Policy will be reviewed annually, or sooner where required due to changes in legislation, guidance, or operational practice arising from incidents or concerns.

The leadership team will monitor the effectiveness of this policy and report to the Board of Trustees in line with the Charity's governance framework.

10. Contacts

Role	Name	Email
DSL / Clinical Lead	Carla Mangan	carla@kidsaid.org.uk
DSO / Placement Manager	Natasha Williams	natasha@kidsaid.org.uk
DSO / Clinical Administrator	Lynne Pritchard	lynnep@kidsaid.org.uk
CEO	Rebecca Caswell-Fox	rebecca@kidsaid.org.uk

Appendix A.

SAFEGUARDING PROCESS FLOWCHART

1. • Adult identified as 'at risk' or makes a disclosure. **If it is an emergency and you think that an adult may be in immediate danger, you must contact the emergency services directly by calling 999.**

2. • Record the safeguarding concern on My Concern on the adult's profile as soon as possible after the concern/disclosure arose.

3. • Record the concern 'verbatim' (in the persons own words), the time, date and where the disclosure was made and to who.

4. • If the Designated Safeguarding Lead is unavailable, contact the Designated Safeguarding Officers. If they are also unavailabe, contact the West Northamptonshire or North Northamptonshire Adult Care Team, or the appropriate local authority for the area in which the individual resides. Contact details for all local authority safeguarding teams can be found on the NHS Safeguarding Guide App or under the 'Contacts' section of the NHS Safeguarding website: https://safeguarding-guide.nhs.uk/contacts/

5. • The Designated Safeguarding Lead or Designated Safeguarding Officers will action appropriate measures regarding the safeguarding concern where necessary via My Concern. This may include 'tasking' the therapist with contacting external professionals linked to the care of the adult at risk.

6. • Safeguarding concerns are on a need to know basis. You will be informed if necessary of the actions carried out by the Designed Safeguarding Lead or Designated Safeguarding Officers.

Only to be used if My Concern is unavailable.

ADULT PROTECTION CONCERN/INCIDENT REPORT

Adult at Risk Name: ……

DOB/Age: …….

The Concern/Incident Details

Reported to: …… Date: ……

Agreed Action
