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Signed: **Date: 14.07.2026**

David Whittingham, CEO

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1. Introduction & Overview

Helen & Douglas House is committed to safeguarding every child and adult who may be at risk of abuse, harm or neglect who encounters the organisation. Helen & Douglas House recognises that it has duty of care to safeguard children and adults from abuse, harm or neglect. Helen & Douglas House acknowledges its duty to act appropriately regarding any allegation(s) made against anyone working on its behalf and to any disclosures or suspicion of abuse.

Helen & Douglas House believes and is committed to :

- the welfare of all children and young people is paramount
- actively promoting anti-discriminatory and anti-racist safeguarding practice. This includes recognising and addressing inequalities, bias, and barriers that may impact on how individuals experience care, protection, and access to services.
- Staff are expected to challenge discriminatory behaviour, consider cultural context, and ensure safeguarding responses are inclusive, equitable and person-centred.
- Some people are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- Practice will adopt a whole-family approach, recognising that the needs, strengths and risks within the wider family network influence the safety and wellbeing of children, young people and adults at risk. Where appropriate, care and safeguarding plans will be developed collaboratively with families and multidisciplinary partners.
- Adults, children and young people who may be at risk will be at the centre of all safeguarding decision making, with their lived experience, voice, wishes and feelings actively sought, heard, and used to inform care planning and intervention

Helen & Douglas House recognises its responsibility to provide staff and volunteers with a framework for safeguarding and its responsibility to provide training and support to all staff and volunteers throughout the organisation.

In addition to recognising physical and emotional risks, it includes the potential dangers associated with online platforms and digital communication. This broader scope reinforces our commitment to safeguarding individuals across all aspects of their lives, including the virtual environment, and provides staff with the necessary understanding to address emerging risks effectively.

A child is defined as a person under the age of 18 (Children Act 1989).

Unborn children -Safeguarding responsibilities extend to unborn children where there are concerns that a baby, once born, may be at risk of harm. Early identification, information sharing and multi-agency working are essential to minimise risk and support families effectively

An adult at risk is defined as a person aged 18 years or over who may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of themselves or protect themselves from harm or exploitation.

This policy should be read alongside organisational policies and guidance on:

• Recruitment • Recording, storing and sharing information • Confidentiality • ICT, Social Media • Photography	• Health and Safety • Harassment • Whistleblowing • Training, supervision and support • Fundraising • Volunteering underage of 18

2. Purpose

The purpose of this policy is to:

- protect people who are associated with Helen & Douglas House including the children who use our services, relatives of the children who use our services, staff, volunteers, customers and supporters
- provide guidance to all staff, namely Trustees, paid staff, volunteers, sessional workers, agency staff, students, contractors, or any other person in a position of trust about the overarching principles which guide our approach to safeguarding and child protection
- Ensure that the voice of the child, young person, or adult at risk is central to safeguarding processes, and that their experiences, views, and outcomes are clearly evidenced in decision making and care planning

To keep people safe, Helen & Douglas House will:

- provide a setting where people feel listened to, safe, secure, valued and respected
- appoint a Designated Safeguarding Officer and Deputy Designated Safeguarding Officer and ensure a clear line of accountability regarding safeguarding concerns
- ensure that all those in a position of trust are provided with up to date and relevant information, training, support and supervision to enable them to fulfil their role and responsibilities in relation to safeguarding and child protection
- provide a clear procedure to follow when safeguarding and child protection concerns arise ensuring the sharing of information appropriately across the organisation

- ensure effective and appropriate communication between all of those involved in safeguarding an individual
- build strong partnerships with other agencies to promote effective and appropriate multi-agency working, information sharing and good practice

This policy aligns with the six safeguarding principles outlined in the Care Act 2014: **Empowerment, Prevention, Proportionality, Protection, Partnership, and Accountability.** These principles underpin all safeguarding activities within Helen & Douglas House, ensuring that safeguarding interventions are person-centred, proactive, and proportionate to the risks identified. The organisation works collaboratively with NHS Integrated Care Systems (ICS) and local safeguarding boards to ensure consistency with national safeguarding frameworks and guidance.

3. Scope

This policy has been developed in accordance with the principles established by legislation and guidance. This policy applies to all staff, namely anyone in a position of trust, Trustees, paid staff, volunteers, sessional workers, agency staff, students and contractors.

In addition to the outlined responsibilities for clinical and senior staff, this policy provides clear guidance for non-clinical staff, volunteers, and contractors in identifying and reporting safeguarding concerns. These individuals are often in positions of trust and may witness safeguarding issues. To address this, a clear reporting pathway and procedures for escalating concerns have been included, ensuring that all members of the organisation understand their roles and responsibilities in maintaining a safe environment

Helen & Douglas House recognises that safeguarding is everyone's responsibility. This includes employees, volunteers, trustees, students, bank workers, agency staff, contractors, consultants, retail volunteers, young volunteers and all individuals acting on behalf of the organisation. All concerns will be taken seriously, acted upon promptly, and managed in accordance with statutory safeguarding responsibilities and local multi-agency procedures.

4. Definitions

CATEGORIES OF ABUSE

The main categories of abuse in safeguarding are typically divided into those affecting children and adults.

Helen & Douglas House recognises that individuals may experience multiple and overlapping forms of abuse and harm. Safeguarding assessments and responses must consider cumulative risk, complexity and the interaction between different types of abuse, including hidden and emerging harms

These categories are outlined in safeguarding legislation and guidance, such as the Children Act 1989, Care Act 2014, and Working Together to Safeguard Children (2026). Below are the main categories:

1. **For Children:**

- Physical Abuse- Deliberate physical harm or injury to a child, such as hitting, shaking, or poisoning. It can also include fabricating symptoms or deliberately inducing illness.
- Emotional Abuse- Persistent emotional maltreatment that adversely affects a child's emotional development. Examples include verbal abuse, humiliation, bullying, or causing a child to feel worthless or unloved.
- Sexual Abuse- Forcing or enticing a child to take part in sexual activities, whether they are aware of it or not. This includes physical contact, non-contact activities (e.g., grooming or exposing a child to sexual content), and online abuse.
- Neglect- Persistent failure to meet a child's basic physical and emotional needs, such as food, clothing, shelter, medical care, or supervision, which results in harm to their health or development.
- Child Sexual Exploitation (CSE)- A form of sexual abuse where children are manipulated or coerced into sexual activity in exchange for money, gifts, or other incentives.
- Child Criminal Exploitation (CCE)- Involves coercing children into criminal activities, such as drug trafficking (county lines), theft, or other illegal acts.
- Online Abuse- Abuse conducted via the internet or digital platforms, including cyberbullying, grooming, or exposure to harmful content.
- Female Genital Mutilation (FGM)- is a form of child abuse and a severe violation of human rights, and is committed to identifying, reporting, and supporting individuals at risk of or affected by FGM, in line with legal obligations and safeguarding guidelines.

2. **For Adults at Risk:**

- Physical Abuse- Non-accidental harm, such as hitting, slapping, misuse of medication, or restraint.
- Emotional or Psychological Abuse- Acts causing emotional distress, such as threats, humiliation, intimidation, coercive or controlling behaviour.
- Sexual Abuse- Non-consensual sexual contact or activity, including sexual assault, harassment, or exploitation.
- Neglect or Acts of Omission- Failure to meet an adult's basic needs, including providing adequate care, food, medication, or assistance.

- Financial or Material Abuse- Illegal or improper use of an individual's funds, assets, or property, such as theft, fraud, or coercion in financial matters.
- Discriminatory Abuse- Unequal or unfair treatment based on characteristics such as race, gender, age, disability, sexual orientation, or religion.
- Organisational Abuse- Mistreatment within an institution or care setting, involving poor practice, neglect, or abuse by the system or individuals in positions of trust.
- Domestic Abuse- Abuse occurring within intimate or family relationships, including physical, emotional, sexual, or financial abuse. This includes coercive and controlling behaviour.
- Self-Neglect- A person neglecting their own personal care, health, or environment, which may pose risks to their well-being.
- Modern Slavery- Exploitation through forced labour, human trafficking, or servitude.

Shared Concerns (Affecting Both Children and Adults):

Helen and Douglas recognises that harm can occur outside of the home environment, including within peer groups, community spaces, education settings and online environments. Safeguarding approaches will consider these contextual risks and work in partnership with external agencies to reduce harm

- County Lines exploitation - A form of criminal exploitation where children or vulnerable adults are recruited, coerced, or manipulated into transporting, storing, or selling drugs across geographical areas for the benefit of organised criminal groups.
- Cuckooing- A form of exploitation where a person's home is taken over by individuals or criminal groups to facilitate illegal activities such as drug dealing, exploitation, or other criminal behaviour.
- Honour-based abuse- An incident or pattern of abuse committed to protect or defend the perceived honour of a family, community, or cultural group, which may include coercion, violence, forced marriage, or other forms of control.
- Forced criminality-The coercion, manipulation, or intimidation of an individual into committing criminal acts against their will, often through threats, violence, exploitation, or abuse of vulnerability
- Image-based sexual abuse- The creation, sharing, or threat to share intimate or sexual images of a person without their consent, including so-called "revenge pornography" and digitally altered images
- Deepfake exploitation- The use of artificial intelligence or digital technology to create manipulated images, videos, or audio recordings that falsely depict an individual, causing harm, abuse, exploitation, or reputational damage
- Online financial exploitation - The use of digital platforms, social media, online communications, or technology to deceive, manipulate, coerce, or financially abuse an individual for personal or criminal gain

- Adult sexual exploitation-A form of sexual abuse where an adult is manipulated, coerced, deceived, or pressured into sexual activity in exchange for money, goods, accommodation, affection, status, or other perceived benefits.
- Mate crime (for adults with learning disabilities)- A form of exploitation in which an individual befriends a person, often someone with a disability or additional vulnerability, with the intention of abusing, manipulating, exploiting, or taking advantage of them
- Online Radicalisation-The process by which an individual is exposed to and influenced by extremist ideologies through digital platforms, social media, gaming environments, or online communities, potentially leading to extremist beliefs or behaviours.
- Technology-Facilitated Abuse- Any form of abuse carried out using technology, including stalking, harassment, coercive control, monitoring, intimidation, sexual exploitation, or financial abuse through digital devices and online platforms
- AI-Enabled Abuse- The misuse of artificial intelligence technologies to facilitate grooming, impersonation, harassment, sexual exploitation, fraud, misinformation, or other forms of abuse and harm.
- Bullying and Cyberbullying – Repeated behaviour intended to hurt, intimidate, threaten, or undermine an individual, either in person or through digital platforms, social media, messaging services, or online communities.
- Radicalisation and Extremism – The process by which an individual is influenced to adopt extremist beliefs, ideologies, or behaviours that may lead to support for, or involvement in, terrorism or other forms of harmful extremism.
- Human Trafficking – The recruitment, transportation, transfer, harbouring, or receipt of individuals through force, coercion, deception, or abuse of vulnerability for the purpose of exploitation.
- Exploitation (including labour or sexual exploitation) – The abuse of power, trust, or vulnerability to manipulate, coerce, or take advantage of an individual for personal, financial, criminal, or sexual gain.
- Forced Marriage – A marriage in which one or both parties do not, or cannot, give full and free consent and where pressure, coercion, threats, or abuse are used to secure the marriage

5. Roles & Responsibilities

All individuals in a position of trust must:

- understand the different types of abuse and recognise the possible risks and indicators

- understand their responsibility to report any concerns that a person is being, or is at risk of being, abused or neglected. This includes reporting any concern they may have regarding another person's behaviour towards a child or children or an adult at risk
- when appropriate liaise with other agencies, contribute to safeguarding assessments and attend child protection meetings / core groups / conferences
- record and store information legally, professionally, and securely in line with organisational policies and procedures
- undertake the required level of training for their role
- understand the line of accountability for reporting safeguarding concerns and be fully aware of Helen& Douglas House's Designated Safeguarding Lead and their role within the organisation

The **Board of Trustees is accountable** for ensuring that settings provided by Helen & Douglas House are safe by the adoption of a Safeguarding Policy and by ensuring the implementation of effective safeguarding procedures.

Operational accountability for safeguarding issues within Helen & Douglas House lies with the Chief Executive Officer. This responsibility is delegated to the Director of Nursing and Care who is the designated person for the organisation.

The Director of Nursing and Care is responsible for ensuring that safeguarding policies and procedures are in place and that the delivery of the service is in line with these. The Director if Nursing and Care is assigned the role of Designated Safeguarding Officer

Medical Director - The medical Director and medical team do

not complete official safeguarding medicals but do complete routine body mapping on admission and where appropriate.

Safeguarding Team

The Safeguarding Team is comprised of staff members who have additional knowledge and skills of safeguarding in practice. Membership:

Director of Nursing and Care– Designated Safeguarding officer

Head of Care- Deputy Designated Safeguarding Officer

Medical Director

Consultants

Members of the Senior Clinical Team

Social Worker(s)

Head of Professional Development

Quality and compliance Lead

Head of Community & Family Support Services

Head of retail and trading

Safeguarding Steering Group Aim

Through continuous development, learning and monitoring to ensure that Helen & Douglas House is a safe organisation for service users, staff, volunteers, and supporters. Membership of the steering group involves the safeguarding team as above, Head of People and representation from retail.

Members of the Safeguarding Team and Safeguarding Steering Group are responsible for ensuring that staff within the organisation are aware of the policies and procedures. Line managers are responsible for ensuring that all staff have completed mandatory training applicable to their levels of responsibility.

Safe Recruitment

The Head of People is responsible for ensuring that safer recruitment policies and processes are in place. Safer recruitment is central to safeguarding people. This includes ensuring that Helen & Douglas House adopts safe recruitment and selection procedures which prevent unsuitable persons from gaining access to children and adults at risk.

6. Content

PREVENT DUTY

The organisation is committed to fulfilling its obligations under the PREVENT duty, a key component of the UK's counter-terrorism strategy aimed at preventing individuals from being drawn into terrorism. PREVENT is integral to safeguarding, as it addresses vulnerabilities that may lead to radicalisation and exploitation.

All staff and volunteers are required to recognise and act upon concerns where individuals may be at risk of being influenced by extremist ideologies. This includes identifying early signs of radicalisation, reporting concerns through the appropriate safeguarding channels, and working collaboratively with external agencies such as the local Prevent team and Channel programme. The organisation ensures that staff and volunteers receive training to build awareness of the PREVENT duty and their responsibilities, fostering an environment of vigilance and proactive intervention to protect vulnerable individuals.

All concerns are escalated through the Designated Safeguarding Officer for appropriate action

MONITORING AND REVIEW

The safeguarding policy will be reviewed annually by the Director of Nursing and Care to ensure it remains aligned with statutory guidance and best practices. Independent audits and feedback from staff, volunteers, and service users will inform updates to the policy. Key performance indicators, such as training compliance rates, lessons learnt and safeguarding incident resolution times, will be monitored and reported quarterly to the Clinical Governance Committee and Safeguarding Steering Group. This ensures a cycle of continuous

improvement and responsiveness to emerging risks. Assurance will include evidence of impact on children, young people and adults at risk, demonstrating how learning from incidents and audits has led to measurable improvements in practice and outcomes

TRAINING

Helen & Douglas House is committed to ensuring all staff, volunteers, and trustees are equipped with the necessary safeguarding knowledge and skills. Mandatory safeguarding training will be delivered annually, with differentiated levels tailored to specific roles and responsibilities. For example, Level 3 Safeguarding Children, and Level 2 safeguarding adults training will be provided for clinical staff, while Level 1 training will be required for all non-clinical staff and volunteers. A competency framework, based on NHS guidelines, will be used to monitor and assess training effectiveness for clinical staff.

This policy mandates safeguarding training for all staff and volunteers, with regular updates (determined by role) to ensure content aligns with current legislation and best practices. A robust monitoring system is in place to identify gaps in training compliance and address them promptly through refresher sessions. This ensures that all staff and volunteers are equipped with the knowledge and skills needed to recognize and respond effectively to safeguarding concerns.

The Board of Trustees is responsible for ensuring robust safeguarding practices and overseeing compliance with statutory requirements. Audits will be conducted annually to review safeguarding processes, and findings will be reported to the Board. Additionally, Helen & Douglas House will engage with NHS safeguarding leads and local authority safeguarding boards to ensure external scrutiny and alignment with multi-agency safeguarding standards

The Director of Nursing and Care and Medical Director each have access to external safeguarding supervision through system partners.

THE LEGAL FRAMEWORK

This policy has been developed in accordance with the principles established by the following legislation and guidance:

Children

- Children Act 1989
- Children and Families Act 2014
- Domestic Abuse Act 2021
- United Nations Convention on the Rights of the Child 1991
- GDPR and Data Protection Act 2018
- Human Rights Act 1989

- Children Act 2004
- Equality Act 2010
- Introductory guide to safeguarding and child protection for voluntary and community sector 2022
- Safeguarding and protecting people for charities and Trustees 2021
- Special educational needs and disability (SEND) code of practice: 0 to 25 years
- What to do if you are worried a Child is being Abused 2015
- Working Together to Safeguard Children 2026
- Keeping Children Safe in and out of school settings Code of Practice 2021
- Oxfordshire Safeguarding Children Board guidelines
- NHS England » Safeguarding children, young people and adults at risk in the NHS
- Keeping Children Safe in Education 2024
- Online Safety Act 2023
- Children's Wellbeing and Schools Bill (when enacted – note as emerging legislation only)
- Information Sharing Advice for Safeguarding Practitioners (updated 2024)
- Fuller inquiry recommendations phase 1 & 2

Adults

- Care Act 2014
- Domestic Abuse Act 2021
- GDPR and Data Protection Act 2018
- Health and Care Act 2022
- Rehabilitation of offenders Act 1975
- Safeguarding Vulnerable Groups Act 2006
- Human Rights Act 1989
- Mental Capacity Act 2005
- Mental Capacity (Amendment) Act 2019
- Charity Commission 2019 Safeguarding and protecting people for charities and trustees
- Code of Fundraising Practice, Fundraising Regulator
- NHS England Safeguarding Accountability and Assurance Framework 2024

- CC30 Finding and Appointing Trustees (updated)
- Safeguarding and Protecting People for Charities and Trustees (current version)
- Fuller Inquiry recommendations – phase 1 & 2

DIGITAL SAFEGUARDING

As part of our safeguarding strategy, Helen & Douglas House recognises the increasing risks associated with digital platforms and emerging technologies. Measures are in place to protect children and vulnerable adults from online abuse, including cyberbullying, grooming, and exposure to harmful content. Staff are trained to identify digital safeguarding risks and respond appropriately, with robust ICT policies and monitoring systems ensuring safe use of technology across the organisation. This includes awareness of emerging risks such as misinformation, disinformation, online manipulation, and the impact of digital environments on emotional wellbeing, radicalisation, and exploitation.

Helen & Douglas House recognises the increasing safeguarding risks associated with digital technology and online environments. These include AI-assisted online risks, where artificial intelligence may be used to facilitate grooming, fraud, harassment or exploitation; deepfake and image-based abuse, involving the creation or sharing of manipulated or intimate images without consent; and online radicalisation pathways, where individuals may be exposed to extremist content or ideologies through social media, gaming platforms, online forums or other digital channels. Staff and volunteers should remain vigilant to these emerging risks and report any concerns through established safeguarding procedures.

INFORMATION SHARING AND CONFIDENTIALITY

The safeguarding policy emphasizes the importance of maintaining confidentiality while fulfilling the duty to share relevant information with external agencies to protect individuals from harm. A clear protocol, guided by data protection laws such as GDPR, outlines when and how information should be shared. This includes a decision-making flowchart to support staff in navigating complex scenarios and ensuring that information sharing is both legal and effective.

SAFER RECRUITMENT

The policy outlines a safer recruitment process, including mandatory Disclosure and Barring Service (DBS) checks at the appropriate level for all applicable roles and periodic re-checks for high-risk positions. Additionally, robust vetting procedures and ongoing monitoring of staff suitability ensure that only individuals with the appropriate background and values are entrusted with roles involving vulnerable individuals. This approach underlines our commitment to preventing unsuitable persons from gaining access to children and adults at risk.

Young Volunteers

Helen & Douglas House recognises that volunteers under the age of 18 are themselves children and must be safeguarded accordingly. Young volunteers aged 14–15 years may volunteer within retail settings only and must:

- Have written parental/carer consent.
- Receive an age-appropriate induction.
- Never be left unsupervised.
- Not undertake regulated activity.
- Not be placed in situations involving lone working.
- Have a named supervisor at all times.
- Receive safeguarding information appropriate to their age and role.
- Risk assessments will be completed before placement commences and reviewed regularly.
- Permits from local authorities to allow volunteering work

Volunteers Aged 16–17 Years in Clinical and Care Areas

Volunteers aged 16–17 years undertaking roles within Helen House remain children under safeguarding legislation and require enhanced safeguarding arrangements.

These volunteers:

- Must receive safeguarding training appropriate to their role.
- Must have parental/carer consent where appropriate.
- Must not undertake personal care.
- Must not administer medication.
- Must not be left alone with children or adults at risk.
- Must work under direct supervision of an authorised member of staff.
- Must have access to pastoral support and supervision.

Any safeguarding concerns involving young volunteers will be managed under child safeguarding procedures.

Safeguarding Responsibilities of Contractors

All contractors, agency workers, consultants and third-party providers working on behalf of Helen & Douglas House share responsibility for safeguarding.

Contractors who may have access to children, young people, adults at risk, staff or volunteers must:

- Receive safeguarding information at induction.
- Adhere to the organisation's safeguarding policies.
- Understand reporting procedures.
- Comply with confidentiality requirements.
- Wear identification whilst on site.
- Report concerns immediately to the Designated Safeguarding Lead.

Internal contractors undertaking work in care environments will be required to undergo appropriate DBS checks and provide evidence of safeguarding training. Swipe card access will be limited to appropriate areas of the buildings

External contractors not based in the organisation must not be left unsupervised in areas where children or adults at risk are present unless appropriate safeguarding assurances have been completed. Where they will have direct exposure to children and young people DBS checks will be carried out and logged with HR.

WHISTLEBLOWING

Helen & Douglas House fosters an open culture where all staff and volunteers feel confident to raise concerns about safeguarding practices without fear of reprisal. A whistleblowing policy provides clear guidance on how to report concerns, with access to independent advice through Public Concern at Work. Anonymity will be protected wherever possible, and all whistleblowing concerns will be investigated promptly and transparently, with outcomes communicated to relevant stakeholders including trustee lead. Two members of non-clinical staff and one Trustee are trained as Freedom to Speak up (FTSU) guardians.

INCIDENT REPORTING- SAFEGUARDING INVESTIGATIONS

PSIRF emphasises a systems-based approach to understanding and addressing incidents, ensuring that investigations are not solely focused on individual accountability but on identifying underlying factors and systemic issues that may contribute to safeguarding concerns. All safeguarding incidents will be recorded using the organisation's centralised reporting system, ensuring a consistent and transparent approach. Incident data will be reviewed quarterly by the Safeguarding Steering Group to identify trends, learning opportunities, and areas for improvement. Findings, including learning points, from safeguarding reviews will be included in an annual safeguarding report to the Board and shared with external stakeholders, including the NHS ICS Safeguarding Lead, to promote transparency and accountability

The Patient Safety Incident Response Framework (PSIRF) will be utilised to guide safeguarding investigations within the organisation. helen-douglas-house-psirf-policy-and-plan.pdf

When a safeguarding incident occurs, the PSIRF process will be employed to conduct a thorough and structured analysis, involving all relevant stakeholders, to identify lessons learned and implement meaningful changes. This approach fosters a culture of transparency, continuous learning, and improvement, ensuring that safeguarding practices remain robust and responsive to risks. Additionally, findings from safeguarding investigations under PSIRF will be shared through appropriate governance channels, such as the Safeguarding Steering Group, to enhance organizational learning and prevent recurrence of similar incidents.

Allegations against staff or volunteers

Helen & Douglas House takes all allegations against staff and volunteers seriously and manages them in accordance with statutory guidance, including *Working Together to Safeguard Children* (2026), the Charity Commission's safeguarding expectations, and local safeguarding partnership procedures.

Any allegation that a person working on behalf of the organisation may have:

- behaved in a way that has harmed or may harm a child or adult at risk,
- possibly committed a criminal offence against, or related to, a child or adult at risk, or
- behaved in a way that indicates they may pose a risk to children or vulnerable adults,

will be reported immediately to the Designated Safeguarding Lead (DSL), who will contact the Local Authority Designated Officer (LADO) within one working day. This applies to all staff, including trustees, contractors, agency staff, students, and volunteers, regardless of whether they are paid or unpaid.

The individual concerned will be treated with fairness and respect. Where appropriate, suspension from duties may be used as a neutral act to facilitate a thorough, impartial investigation. The organisation will cooperate fully with any external investigation and maintain confidentiality in line with legal and regulatory requirements.

Support will be offered to both the person the allegation is made against and to the affected child or family, recognising the emotional impact on all parties.

In cases where it is deemed by the Designated Safeguarding Officer after investigation that the concerns do not meet the harm threshold but may indicate inappropriate or concerning behaviour ("**low-level concerns**"), these will be recorded, monitored, and addressed to prevent escalation. This includes concerns such as boundary-blurring, over-familiar behaviour, or breaches of conduct that do not constitute abuse but may pose future risks.

A central record of low-level concerns will be maintained by the Designated Safeguarding Lead. Patterns of behaviour will be reviewed to identify emerging risks and inform supervision, training, or disciplinary action where appropriate

All staff and volunteers have a duty to report concerns about the behaviour of colleagues. If an individual feels that concerns are not being taken seriously or addressed appropriately, they may escalate through the whistleblowing process or report externally to agencies such as the NSPCC Whistleblowing Helpline (0800 028 0285) or the local authority safeguarding team.

ACCESSIBILITY

To ensure inclusivity, this policy will be made available in simplified formats tailored to the needs of different audiences, including children, young people, and individuals with cognitive or communication impairments. Accessible versions include visual aids, easy-read formats, and translations into key languages used by our service users. This approach ensures that everyone can understand their rights and how to access support if safeguarding concerns arise.

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7. Equality Impact Assessment

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:	N	
a	Gender.	N	
b	Marital Status (including Civil Partnership),	N	
c	Gender Reassignment,	N	
d	Disability including Learning Disabilities, Physical Disabilities, Sensory Impairment, Mental Health Problems,	N N N N N	
e	Race, Nationality or Culture,	N	
f	Age,	N	
g	Sexual Orientation (including Lesbian Gay or Bisexual People),	N	
h	Religion or Belief,	N	
i	Trade Union Membership,	N	
j	Pregnancy or Maternity,	N	
k	Socio-Economic Status	N	
l	Carer Responsibilities	N	
2.	Is there any evidence that some groups are affected differently?	N	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?		
4.	Is the impact of the policy/procedure likely to be negative?	N	
5.	If so, can the impact be avoided?		
6.	What alternatives are there to achieving the policy/guidance without the impact?		
7.	Can we reduce the impact by taking different action?		

8. Monitoring Policy Compliance

Aspects of compliance or effectiveness	Monitoring Method	Responsibility for Monitoring	Frequency of Monitoring	Group/ Committee to monitor