SAFEGUARDING ADULTS PROCEDURE

Procedure implemented:	September 2026
Last reviewed:	September 2026
Next review due:	September 2027

EQUALITY AND DIVERSITY STATEMENT

Salutem Care & Education is committed to the fair and equitable treatment of all individuals in accordance with the Equality Act 2010. An Equality Impact Assessment has been completed for this policy to ensure it can be applied consistently and without discrimination. All individuals will be treated with dignity and respect at all times.

This procedure falls under the **Safeguarding Adults Policy**. Please refer to the main policy document for the principles, and associated materials. This procedure explains how to implement the procedure consistently across all Salutem Care & Education locations, including what to do, how to do it, and who is responsible.

It must be followed by all colleagues (including agency staff, volunteers and contractors) and read alongside the Parent Policy, related guidance, and relevant regulatory/organisational requirements. Non-compliance may put safety, quality or compliance at risk and may lead to management action.

Procedures are reviewed every two years (unless stated); if a review is delayed, the current version remains in force until approved by the Procedure Sponsor. This procedure must be shared with all colleagues, supported by training as agreed by the Senior Leadership Team, with input from the people we support.

The controlled version is on BLINK; printed/downloaded copies are uncontrolled and may be out of date

1. Summary

This procedure sets out the actions that must be taken when a safeguarding concern is identified in relation to an adult at risk at Beaumont College. It ensures concerns are acted upon promptly, immediate safety is prioritised, appropriate referrals and notifications are made, and the adult remains central to safeguarding decision-making wherever possible.

• Who must follow this procedure: all staff, volunteers, agency workers, contractors and others working on behalf of Beaumont College.

• When this procedure applies: whenever there is information, a disclosure, an observation or a reasonable suspicion that an adult aged 18 or over is experiencing, has experienced, or may be at risk of abuse, neglect, exploitation or harm.

• What is included: immediate action, disclosures, evidence preservation, recording, referral, consent, mental capacity, allegations relating to staff, local authority responses and case closure.

• What is excluded: concerns relating to a person under 18, which must follow the College child safeguarding arrangements. This procedure does not replace emergency services, police investigations or statutory safeguarding enquiries.

2. Document Control

Initial purpose and scope of the new procedure agreed by:	Leanne Hornby (Assistant Principal)
Sponsor Technical review carried out:	Aaron Churchyard (Quality Manager for Education)
Final Information Governance quality check carried out:	Katie Pingree (Director of Safeguarding and Curriculum)
Date implemented:	September 2026
Version Number:	1.0
Date of the next review:	September 2027
Department responsible:	Beaumont College Senior Leadership Team
Job Title of Lead Person:	Assistant Principal

Author / Main Contact, including their job title (if different from above):	Leanne Hornby (Assistant Principal)

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4. Definitions

Adult at Risk:

An adult aged 18 or over who has needs for care and support, is experiencing or is at risk of abuse or neglect, and as a result of those needs is unable to protect themselves from that abuse, neglect or risk.

DSL:

Designated Safeguarding Lead. DDSL: Deputy Designated Safeguarding Lead.

Making Safeguarding Personal:

A person-centred approach that supports the adult to identify desired outcomes and participate in safeguarding decisions wherever possible.

Section 42 Enquiry:

An enquiry made, or caused to be made, by a local authority where the statutory adult safeguarding criteria are met.

5. Roles & Responsibilities

The College Principal maintains overall responsibility for effective safeguarding arrangements. The DSL has lead operational responsibility and, with DDSLs, provides advice, oversees concerns, coordinates referrals and maintains case oversight. Managers must ensure concerns are acted upon, recorded and escalated and must not investigate unless appropriately authorised. All staff must recognise, respond, record and report concerns without delay, preserve evidence and maintain

appropriate confidentiality. HR must be consulted where concerns relate to an employee and employment measures are being considered. Senior management and Quality/Compliance provide oversight, assurance and support for improvement actions.

Section A: Acting on a Safeguarding Concern

A.1 Identifying or Receiving a Concern

A concern may arise from something witnessed, reasonably suspected, disclosed by the adult or reported by another person. It may relate to current or previous abuse or neglect, or a risk that it may occur. Staff do not need proof before reporting a concern.

A.2 Immediate Safety and Emergency Action

1. Make the immediate safety and wellbeing of the adult the first priority.

2. Call 999 where there is immediate danger, serious injury or an urgent need for treatment. Staff do not need to wait for management permission where delay could place the adult at further risk.

3. Take reasonable action to stop or reduce immediate harm only where it is safe to do so.

4. Inform the line manager and DSL/DDSL as soon as immediate safety needs have been addressed.

A.3 Responding to a Disclosure

1. Listen carefully and take the disclosure seriously.

2. Support the adult to communicate in the way most accessible to them.

3. Do not promise secrecy. Explain that information must be shared with appropriate people to keep people safe.

4. Do not investigate, probe or ask leading questions.

5. Where possible, establish what the adult wants to happen and what support they want.

6. Make a factual record as soon as possible and report the concern immediately.

A.4 Witnessed or Suspected Abuse

Where abuse is witnessed, staff should take safe and proportionate action to stop or reduce immediate harm and seek assistance where required. The person alleged to have caused harm must not be confronted or questioned. Where abuse is suspected, staff must record the information or indicators giving rise to the concern and report it rather than attempting to prove or disprove the suspicion.

A.5 Preserving Evidence

Where a serious physical assault, sexual assault or other potential crime may have occurred, staff must take reasonable steps to preserve evidence and avoid actions that may contaminate or destroy it. Police or safeguarding advice must be sought promptly where required.

A.6 Record and Report

The concern must be reported immediately to the DSL or DDSL in accordance with the College's internal safeguarding arrangements. Where the DSL is unavailable, reporting must not be delayed and the concern should be reported to a DDSL or other identified safeguarding lead.

A written record must be completed as soon as possible and include what was seen, heard or disclosed, who was present, the immediate actions taken, and the date and time. Records must distinguish fact from opinion and use the adult's own words wherever possible.

Section B: Initial Information Gathering and Referral

B.1 Initial Information Gathering

The manager or safeguarding lead may gather sufficient information to clarify the nature and immediate risk of the concern and determine the referral route. This may include reviewing relevant records, rotas, care/support documentation or body maps. Information gathering must not become an internal investigation or compromise a statutory or police enquiry.

B.2 Internal Recording and Escalation

Safeguarding concerns must be recorded on the approved reporting system within required organisational timescales. Medium or high-risk concerns, and concerns where there is uncertainty about threshold, must be escalated promptly to the DSL/DDSL and relevant senior management or quality colleagues.

B.3 Referral to the Local Authority

Where there is reasonable cause to suspect that the adult meets the adult safeguarding criteria, or where there is uncertainty about the appropriate threshold, the concern must be referred to the relevant Local Authority using its safeguarding referral arrangements without unnecessary delay. Where the nature or level of risk requires an immediate response, the referral must be made

immediately and must not wait until the next working day. The College will cooperate with requests for information, meetings, safeguarding enquiries and agreed actions.

Section C: Police Involvement, Consent and Mental Capacity

C.1 Police Involvement

Call 999 where a serious crime is in progress, has just occurred, or there is immediate danger. For a possible crime where there is no immediate emergency, contact police using 101 or follow advice from the local authority safeguarding team, as appropriate.

C.2 Wishes, Desired Outcomes and Consent

Where the adult has capacity, staff should seek to understand their wishes and desired outcomes and, wherever appropriate, obtain consent before a safeguarding referral. The adult should understand what information may be shared, with whom and why.

C.3 Reporting Without Consent

Refusal of consent does not automatically prevent sharing or referral. The DSL/DDSL must consider whether there is a lawful and proportionate reason to proceed without consent, including serious risk of harm, a possible serious crime, risk to other adults or children, or a concern relating to staff or another person in a position of trust. The rationale must be recorded.

C.4 Mental Capacity and Advocacy

Where there is reason to believe the adult lacks capacity for a particular safeguarding decision, capacity must be considered for that specific decision. Where relevant capacity is lacking, decisions must follow the applicable mental capacity framework and best-interest requirements. The local authority must be informed where the adult may have substantial difficulty participating so advocacy requirements can be considered.

Section D: Concerns or Allegations Relating to Staff

D.1 Immediate Action

Any safeguarding concern in which an employee, volunteer, agency worker or other person working on behalf of the College is alleged to have caused harm must be reported immediately to the DSL/DDSL and an appropriate senior manager. HR must be consulted where employment action may be required.

D.2 Suspension or Redeployment

A safeguarding allegation does not automatically require suspension. Decisions must follow the relevant disciplinary and suspension procedures and consider protection of the adult and others, integrity of enquiries and fairness to the employee. Alternative measures should be considered where they adequately manage risk.

D.3 Investigation and Notifications

The College must not commence an internal safeguarding investigation where this could compromise a local authority or police process. Any internal investigation must be appropriately authorised. The DSL and responsible managers must consider required safeguarding, police, regulatory, commissioning, DBS and other notifications or referrals.

Section E: Local Authority Safeguarding Response

E.1 Initial Enquiries

Following referral, the local authority will determine the appropriate safeguarding response. If no further statutory action is required, the College must record the outcome and consider whether internal actions, risk management, regulatory notifications or quality improvement remain necessary.

E.2 Risk Management Response

Where safeguarding or risk-management actions are identified without a formal enquiry, the responsible manager must ensure actions are documented, allocated and completed. Actions should reflect the adult's desired outcomes and be proportionate to assessed risk.

E.3 Section 42 Enquiry

Where the local authority determines that a Section 42 enquiry is required, Beaumont College will cooperate fully and provide information, support or appropriately authorised investigative activity as requested. The adult's views, wishes and desired outcomes should remain central wherever possible.

Section F: Case Closure and Ongoing Monitoring

F.1 Closure

Where an adult has experienced abuse or harm, consideration must also be given to any ongoing support required to promote their recovery, wellbeing and resilience. This may include changes to support arrangements, risk management or access to appropriate internal or external support.

A case may be considered for closure when required actions have been completed, identified risks have been appropriately addressed and the adult's wishes and desired outcomes have been considered. Where possible, written confirmation of local authority closure should be obtained. Before internal closure, outstanding risks, staff or service actions, regulatory requirements and any required DBS referral must be reviewed and recorded.

F.2 Ongoing or Delayed Cases

Where a case remains open for an extended period, managers must maintain oversight and keep key people informed. Where there is little progress, the case must be reviewed at least monthly, including outstanding actions, continuing risks, reasons for delay and whether the adult is appropriately informed and supported.

F.3 Learning

Learning from safeguarding concerns must be identified and, where necessary, translated into changes to practice, training, risk management, supervision, policy or service improvement.

Escalation & Reporting

- Report concerns immediately to the line manager and DSL/DDSL.
- Follow the relevant local authority safeguarding referral procedure; emergency concerns must not wait for routine referral processes.
- Where a safeguarding concern indicates possible organisational abuse or raises concerns about the safety or culture of a service, the concern must be escalated immediately to the DSL and appropriate senior leadership. This must not delay any necessary referral to the Local Authority, police or other relevant external body.
- Use 999 for immediate danger or emergency and 101 for appropriate non-emergency police contact.
- The responsible manager/DSL must ensure applicable regulatory, placing authority, commissioner or other notifications are made within required timescales.
- Where concerns are not appropriately addressed or the normal reporting route is inappropriate, use the Whistleblowing Procedure or raise the matter with an appropriate external safeguarding or regulatory body.

Communication Requirements

Safeguarding communication must be timely, proportionate and limited to those who need the information for a legitimate safeguarding purpose. The adult should be kept appropriately informed and supported to express their wishes and desired outcomes. Relevant family, representatives, placing authorities, commissioners and professionals should be informed where the adult wishes this, where they have legal authority to act, or where there is another lawful safeguarding reason. Significant communications and information-sharing decisions must be recorded.

6. Record Keeping and Documentation

Make records as soon as possible. They must be clear, factual, objective, dated and attributable.

• Include the concern or disclosure, the adult's own words where possible, immediate actions, people informed, decisions, rationale and outcomes.

• Complete body maps or supporting documentation where appropriate.

• Store safeguarding records securely in the approved system and/or confidential student record, with access limited to those with a legitimate need to know.

• Retain records in accordance with the applicable Records Management Policy.

7. Monitoring and Implementation

Implementation will be monitored through safeguarding oversight, case review, internal reporting, training compliance and quality assurance activity. Open and complex cases will be reviewed through established safeguarding governance arrangements. Learning from incidents, enquiries, complaints, audits and external reviews will inform improvements and updates where required.

8. Training and Competency

All staff must complete mandatory adult safeguarding training and maintain competence appropriate to their role. DSLs and DDSLs must undertake appropriate role-specific training and updates. Managers must use supervision, discussion and practice review to identify and address safeguarding learning needs. Staff must know how to access this procedure, local safeguarding contacts and current guidance.

9. Related Documents

• Safeguarding Adults Policy

• Safeguarding Children Policy and associated procedures

• Whistleblowing Policy

• Staff Code of Conduct and Professional Boundaries guidance

• Disciplinary and Suspension procedures

• Mental Capacity and consent procedures

• Information Sharing and Data Protection policies

• Online Safety and Prevent guidance

• Disclosure and Barring Service Policy and procedures

• Local multi-agency safeguarding adults procedures

10. Version Control

Version	Date	Author	Summary of Changes	Approved By
V1.0	September 2026	Leanne Hornby	Safeguarding procedure separated from the parent policy and transferred to the new procedure template. Existing operational requirements are retained and professionally clarified.	Katie Pingree

11. Appendices

- Appendix A: College Site Safeguarding Arrangements and Local Contact Information

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