# SAFEGUARDING ADULTS POLICY

**Organisation:** BEAT (Belonging, Empowering & Thriving)
**Location:** BEAT Lea farm Mount LS53PX
**Policy Status:** Final
**Date of last review:** November 2026
**Date of next review** November 2027
(To be read alongside BEAT's Safeguarding Adults Procedures Document)

## CONTENTS


1. Introduction 3
2. BEAT Safeguarding Officers and Other Emergency Contacts 3
3. Recognising Signs of Abuse and Professional Curiosity 4
4. Persons Affected and Training Requirements 4
5. BEAT Safeguarding Policy 4
6. Statement of Commitment 5

## 1. INTRODUCTION

BEAT is a grassroots charity based in Hawksworth Wood, Leeds, collaborating with local people to build a stronger, more connected community. We believe that everyone has something valuable to contribute and we focus on creating spaces and opportunities where those contributions can flourish. Our work is shaped by the voices, talents and aspirations of the people who live here.

The purpose of this policy is to define how BEAT operates to safeguard adults at risk to protect them from harm and provide staff and volunteers with the overarching principles that guide our approach. We recognise we have a duty of care and are committed to the safety of everyone who comes into contact with our organisation, including adults as visitors and participants.

This policy is a fundamental part of our governance. Trustees are responsible for ensuring BEAT provides a safe environment and protects everyone from abuse or maltreatment. This policy reflects the requirements of:

- Care Act 2014
- Mental Capacity Act 2005
- Human Rights Act 1998
- Equality Act 2010
- Making Safeguarding Personal Guidance
- Leeds Safeguarding Adults Board Procedures

## 2. BEAT SAFEGUARDING OFFICERS AND EMERGENCY CONTACTS

Designated Safeguarding Lead for BEAT is **Sadie Oddy, Chief Executive Officer**
**Sadie Oddy** Sadie@beatls5.co.uk 0113 2942553 / 07968941344

Deputy Safeguarding Lead is **Andrea Brough ABCD Community Builder**
**Andrea Brough** andrea@beatls5.co.uk 0113 2942553 /07856062621

Trustee Safeguarding Lead is **BEAT Chair Rev Stephen Kaye:**
**Stephen Kaye** revstephenkaye@gmail.com 07375125348

**Emergency Contacts:**

- **Leeds Adult Social Care Contact Centre:** 0113 222 4401
- **Emergency Duty Team:** 0113 378 0645
- **Immediate Danger: Call 999**

## 3. RECOGNISING SIGNS OF ABUSE AND PROFESSIONAL CURIOSITY

An adult at risk is any person aged 18 years or over who:

- Has care and support needs; and
- Is experiencing, or is at risk of, abuse or neglect; and
- Is unable to protect themselves because of those care and support needs.

### Professional Curiosity

BEAT practitioners will practice "Professional Curiosity." This is the capacity to explore and understand what is happening within a family rather than accepting things at face value. This includes:

- **Respectful Uncertainty:** Taking what is said seriously but looking for information that confirms or challenges it.
- **Looking Beyond the Obvious:** Noticing when something "feels off" and asking deeper questions to uncover hidden risks.
- **Triangulation:** Checking information from different sources to gain a holistic view of the child's life.

## 4. PERSONS AFFECTED AND TRAINING REQUIREMENTS

This policy applies to everyone working or volunteering on behalf of BEAT, including the board of trustees, paid staff, volunteers, sessional workers, contractors, and agency staff.

**Training and Compliance:**

- **Induction:** All new staff and volunteers must complete a safeguarding induction before commencing wor.
- **Refresher Training:** Mandatory safeguarding training will be refreshed every **2 years** for all staff and volunteers to ensure knowledge remains up to date with current legislation.
- **Safe Recruitment:** All roles including volunteers will be subject to an enhanced Disclosure and Barring Service (DBS) check in line with Charity Commission requirements.

## 5. SAFEGUARDING POLICY

- We believe everyone has a responsibility for safeguarding.
- We have a zero-tolerance approach to abuse, exploitation, and radicalisation.
- We recognise that everyone has equal rights to protection regardless of age, ability, gender, or background.

**We Will Keep Adults Safe By:**

- Valuing, listening to, and respecting them.
- Using our procedures to report concerns to internal leads and external authorities swiftly.
- Managing allegations against staff using the **People in a Position of Trust (PiPoT)** process as overseen via the Leeds Safeguarding Adults Board.
- Following professional behaviour standards as set out in our **Code of Conduct** and **Boundaries** policies.
- Recording, storing, and using information securely in line with data protection legislation.
- Maintaining a culture that enables safeguarding and professional practice issues to be raised through our **Whistleblowing** and **Complaints** procedures.

## 6. STATEMENT OF COMMITMENT

*By signing below, the Trustees of BEAT confirm their commitment to this policy and the safety of all children involved with the charity.*

**Signed:**  (**Chair of Trustees**)

**Date:** 10 November 2026

# SAFEGUARDING ADULTS' PROCEDURES

**Organisation: BEAT Belonging, Empowering & Thriving**

**Location: BEAT, Lea Farm Mount, LS5 3PX**

**Policy Status: Final**

**Date of Last Review: November 2026**

**Date of Next Review: November 2027**

***(To be read alongside BEAT's Safeguarding Adults Policy)***

## CONTENTS


1. Introduction 3
2. BEAT Safeguarding Concern Flowchart 4
3. BEAT Safeguarding Officers 6
4. Recognising Abuse and Neglect of Adults at Risk 6
5. What to do if you are concerned about an adult at risk 13
6. Principles of Safer Recruitment 20
7. Supervision Support and Reflective Development 21
8. Managing Allegations and Safeguarding Concerns About Staff, Volunteers and People in Positions of Trust 25
9. Recording and Managing Confidential Information 28
10. Policy Distribution, Implementation and Review 32
11. Responsibilities of BEAT's Safeguarding Trustee 36

## 1. INTRODUCTION

BEAT is a grassroots charity based in Hawksworth Wood, Leeds, collaborating with local people to build a stronger, more connected community.

The purpose of this procedure is to define how BEAT operates to safeguard adults at risk from abuse, neglect, exploitation, discrimination and harm and to provide staff and volunteers with clear operational guidance when concerns arise.

BEAT recognises that safeguarding adults is everybody's responsibility. We are committed to ensuring that all adults who come into contact with our organisation are treated with dignity, respect and compassion and are protected from abuse and neglect.

This procedure reflects the requirements of:

- Care Act 2014
- Mental Capacity Act 2005
- Human Rights Act 1998
- Equality Act 2010
- Making Safeguarding Personal Guidance
- Leeds Safeguarding Adults Board Procedures

An adult at risk is any person aged 18 years or over who:

- Has care and support needs; and
- Is experiencing, or is at risk of, abuse or neglect; and
- Is unable to protect themselves because of those care and support needs.

# BEAT SAFEGUARDING CONCERN FLOWCHART

## STEP 1

You see, hear, notice, witness or receive information that causes concern about an adult at risk.

## STEP 2

| DO | DO NOT |
|---|---|
| • Stay Calm<br>• Listen Carefully<br>• Take the person seriously.<br>• Reassure them.<br>• Record facts, dates, times, and exact words where possible. | • Promise confidentiality.<br>• Investigate<br>• Ask leading questions.<br>• Make assumptions |

## STEP 3

Is the adult in immediate danger or at a risk of significant harm?

| YES | NO |
|---|---|
| • **CALL 999 IMMEDIATELY**<br>• Ensure immediate safety where possible<br>• Contact the Deputy Safeguarding Lead (DSL) as soon as possible | • Report the concern immediately to the DSL or Deputy DSL |

## STEP 4: How to contact a Safeguarding Lead

| ROLE | NAME | CONTACT |
|---|---|---|
| Designated Safeguarding Lead (DSL) | Sadie Oddy | 07592565446 |
| Deputy DSL | Andrea Brough | 07856062621 |
| Trustees Safeguarding Lead | Rev. Stephen Kaye | 07375125348 |
| Main Office | BEAT | 0113 2942553 |

## STEP 5: DSL Action

The Designated Safeguarding Lead will:

1. Assess the concern.
2. Complete safeguarding records
3. Consider the adult's wishes and desired outcomes.
4. Seek consent where appropriate.
5. Refer to Adults Social Care if required.
6. Contact Police where necessary

## STEP 6: Leeds Safeguarding Contacts

| | |
|---|---|
| **Emergency Services** | **999** |
| Leeds Adult Social Care Contact Centre | 0113 222 4401 |
| Emergency Duty Team | 0113 378 0645 |
| West Yorkshire Police | 101 |

| | |
|---|---|
| | |

## STEP 7: Complete Records

1. Complete a BEAT Cause for Concern Form
2. Store records securely
3. Follow agreed safeguarding actions.
4. Continue to monitor and support the adult at risk where appropriate

## KEY REMINDERS

| ALWAYS | NEVER |
|---|---|
| Take concerns seriously. | Promise confidentiality. |
| Be professionally curious. | Investigate concerns yourself. |
| Record facts | Record opinions |
| Report concerns immediately. | Ask leading questions. |
| Follow BEAT safeguarding procedures. | Delay sharing concerns. |
| Put the adult at risk first | Assume someone else will report. |
| | Ignore a concern |

## 3. BEAT SAFEGUARDING OFFICERS

Designated Safeguarding Lead for BEAT is **Sadie Oddy, Chief Executive Officer**
**Sadie Oddy** Sadie@beatls5.co.uk 0113 2942553 / 07968941344

Deputy Safeguarding Lead is **Andrea Brough ABCD Community Builder**
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**Stephen Kaye** revstephenkaye@gmail.com 07375125348

## 4. RECOGNISING ABUSE AND NEGLECT OF ADULTS AT RISK

Abuse can take place anywhere, including a person's own home, within families, in community settings, faith groups, day services, residential settings, hospitals, educational provision, online environments and workplaces. Abuse may be a single act, repeated acts, or a pattern of behaviour that develops over time. It can be deliberate, unintentional, opportunistic or the result of neglect, poor practice, discrimination or organisational failings.

An adult at risk may be subjected to more than one form of abuse at the same time. The signs listed below are not exhaustive and the presence of one or more indicators does not necessarily mean abuse is occurring. However, concerns should never be ignored. Staff and volunteers should exercise professional curiosity, remain alert to patterns and changes in behaviour, and always report concerns in accordance with BEAT safeguarding procedures.

### Physical Abuse

Physical abuse involves the use of force resulting in pain, injury, impairment or unnecessary restriction of liberty. Physical abuse includes assault, hitting, slapping, pushing, kicking, misuse of medication, inappropriate restraint, force-feeding, rough handling, burning, scalding, inappropriate physical punishment or the deliberate withholding of medication or treatment.

Physical abuse may occur at the hands of family members, carers, partners, professionals, volunteers,

### Possible Signs and Indicators of Physical Abuse

- Unexplained bruises, burns, fractures or injuries
- Injuries inconsistent with the explanation given
- Frequent attendances at hospitals or GP surgeries
- Delays in seeking medical treatment
- Bruises in unusual places such as inner arms, thighs, neck or torso
- Repeated falls without clear explanation

- Marks from restraints including wrists, ankles or upper arms
- Fearfulness around certain individuals
- Flinching when approached
- Reluctance to discuss injuries
- Signs of over-medication or under-medication
- Drowsiness or excessive sedation
- Unexplained deterioration in physical health
- Broken spectacles, hearing aids or mobility equipment
- Conflicting explanations from carers or family members
- Withdrawal from activities previously enjoyed

**Psychological or Emotional Abuse**

Psychological abuse involves behaviour that causes emotional distress, fear, humiliation, degradation or isolation. It includes threats, intimidation, bullying, harassment, verbal abuse, coercive control, humiliation, blaming, manipulation, gaslighting, controlling behaviour and preventing social contact.

Emotional abuse can have a significant impact on a person's mental wellbeing, confidence, independence and ability to seek help.

**Possible Signs and Indicators of Emotional Abuse**

- Low self-esteem
- Excessive anxiety or fear
- Depression
- Emotional withdrawal
- Sudden loss of confidence
- Reluctance to speak openly
- Tearfulness
- Unusual aggression or anger
- Loss of interest in activities
- Social isolation
- Fear of particular individuals
- Significant changes in personality
- Self-blame
- Sleep disturbances
- Excessive dependence on a carer

- Confusion caused by manipulation
- Expressions of worthlessness or hopelessness
- Increased alcohol or substance misuse
- Self-harming behaviours
- Suicidal thoughts or comments

**Sexual Abuse**

Sexual abuse occurs when a person is subjected to sexual activity without their consent or when they lack the capacity to consent. It includes rape, sexual assault, sexual harassment, inappropriate touching, exposure to sexual acts or materials, coercion into sexual activity, sexual exploitation and sexual photography.

Sexual abuse can affect adults of any age, gender, sexuality, disability or background.

**Possible Signs and Indicators of Sexual Abuse**

- Bruising around breasts, thighs or genital areas
- Difficulty walking or sitting
- Genital pain or discomfort
- Sexually transmitted infections
- Unexpected pregnancy
- Torn, stained or bloody underwear
- Fear of intimate care
- Distress when particular individuals are present
- Sudden changes in behaviour
- Withdrawal from relationships
- Increased anxiety or depression
- Self-harm
- Inappropriate sexualised language or behaviour
- Explicit disclosures
- Nightmares or disturbed sleep
- Avoidance of physical contact
- Panic attacks
- Sexual knowledge inconsistent with a person's circumstances
- Significant emotional distress

## Financial or Material Abuse

Financial abuse involves the misuse, theft or improper control of a person's money, property, benefits, savings or possessions. It can include fraud, scams, coercion regarding financial arrangements, misuse of Power of Attorney, theft, pressure relating to wills or property, and exploitation of adults at risk.

Older adults and people experiencing isolation are particularly vulnerable to financial abuse.

### Possible Signs and Indicators of Financial Abuse

- Unexplained withdrawals from bank accounts
- Missing money or valuables
- Unpaid bills despite apparent resources
- Sudden financial hardship
- Changes to wills or legal documents
- Unexplained transfers of property or assets
- Pressure from relatives regarding finances
- Excessive concern from others about an individual's money
- Lack of access to personal finances
- Unusual banking activity
- New "friends" showing sudden financial interest
- Missing possessions
- Utility disconnections
- Inadequate food despite sufficient income
- Signatures that appear unusual or inconsistent
- Unexpected changes to direct debits or standing orders
- Repeated requests for loans or money

## Neglect and Acts of Omission

Neglect occurs when basic physical, emotional, medical or practical needs are not met. It can be deliberate or arise from poor care, lack of understanding, burnout, inadequate services or organisational failures.

Neglect can severely impact a person's health, dignity and quality of life.

### Possible Signs and Indicators of Neglect

- Poor personal hygiene
- Malnutrition
- Dehydration

- Significant weight loss
- Untreated medical conditions
- Pressure ulcers
- Dirty or unsafe living conditions
- Inadequate heating
- Lack of food
- Inappropriate clothing
- Missed medical appointments
- Failure to provide medication
- Repeated infections
- Unsafe living environments
- Lack of mobility support
- Deterioration in physical wellbeing
- Social isolation
- Failure to access essential services
- Strong odours or signs of poor sanitation

**Discriminatory Abuse**

Discriminatory abuse involves unequal treatment, harassment, exclusion or abuse based on protected characteristics including age, disability, race, religion, culture, gender, sexual orientation, gender identity or other personal characteristics.

Discriminatory abuse can occur between individuals or be embedded within organisational practices.

**Possible Signs and Indicators**

- Use of racist, sexist, homophobic or discriminatory language
- Exclusion from activities or services
- Unequal treatment
- Bullying
- Harassment
- Hate crime
- Intimidation
- Humiliation linked to identity
- Refusal to meet cultural or religious needs
- Social isolation

- Loss of confidence
- Fear of accessing services
- Increased emotional distress

**Organisational Abuse**

Organisational abuse occurs when poor care practices, rigid systems, neglectful cultures or inappropriate policies within organisations result in harm to individuals.

**Possible Signs and Indicators**

- Lack of dignity and respect
- Unsafe staffing levels
- Poor care planning
- Excessive use of restraint
- Inadequate personal care
- Rushed support
- Unsafe environments
- Repeated complaints
- High staff turnover
- Medication errors
- Lack of choice and control for service users
- Institutional routines overriding individual needs

**Domestic Abuse**

Domestic abuse can include physical, emotional, sexual, psychological and financial abuse occurring between spouses, partners, former partners or family members. It may involve controlling and coercive behaviour designed to dominate another person.

Domestic abuse can affect adults of all ages and backgrounds.

**Possible Signs and Indicators**

- Frequent injuries
- Isolation from family and friends
- Fearfulness around a partner
- Controlling behaviours by another person
- Lack of access to finances
- Low self-esteem
- Repeated explanations that appear rehearsed

- Anxiety and depression
- Restricted contact with others
- Sudden withdrawal from services
- Visible distress when receiving calls or messages
- Excessive monitoring by another person

**Modern Slavery**

Modern slavery includes slavery, servitude, forced labour, human trafficking, domestic servitude and exploitation. Victims may be controlled through threats, violence, debt, coercion or deception.

**Possible Signs and Indicators**

- Appearing fearful or withdrawn
- Not being in possession of identification documents
- Being accompanied by someone who speaks for them
- Long working hours with little freedom
- Poor living conditions
- Signs of physical abuse
- Few personal possessions
- No access to personal finances
- Lack of freedom of movement
- Reluctance to engage with professionals
- Signs of malnutrition
- Appearing under the control of another person

**Self-Neglect**

Self-neglect refers to a person's inability or unwillingness to care for their own basic needs, health, wellbeing or living environment. This may arise due to mental ill health, substance misuse, cognitive impairment, trauma or other complex circumstances.

Self-neglect may not involve abuse by another person but can still require safeguarding intervention.

**Possible Signs and Indicators**

- Severe personal neglect
- Hoarding behaviours
- Unsafe living conditions
- Refusal of essential services

- Self-isolation
- Malnutrition
- Dehydration
- Untreated health conditions
- Unsanitary environments
- Fire risks within the home
- Inability to manage daily living
- Failure to take medication
- Significant deterioration in wellbeing
- Lack of engagement with support services

**Important Reminder for Staff & Volunteers**

Many adults experiencing abuse may not disclose directly. They may fear repercussions, feel ashamed, rely upon the person causing harm or lack confidence that they will be believed.

Where staff or volunteers observe changes in presentation, behaviour, relationships, living circumstances or wellbeing, they should remain professionally curious and report concerns immediately to the Designated Safeguarding Lead.

Remember: it is not your role to investigate. It is your responsibility to recognise, record and report concerns.

## 5. WHAT TO DO IF YOU ARE CONCERNED ABOUT AN ADULT AT RISK

Safeguarding concerns do not always begin with a direct disclosure. In many cases, concerns arise gradually through observations, changes in behaviour, deterioration in physical or mental health, signs of neglect, financial difficulties, concerning relationships, unexplained injuries or information shared by family members, professionals or members of the community.

Adults who are experiencing abuse, neglect or exploitation may be unable, unwilling or afraid to tell somebody what is happening. They may feel ashamed, fear repercussions, depend upon the person causing harm for care or support, worry about losing important relationships, lack confidence that they will be believed, or simply not recognise that they are being abused. As a result, abuse and neglect often remain hidden.

For this reason, all staff and volunteers at BEAT are expected to demonstrate **professional curiosity**. Professional curiosity means respectfully exploring and questioning circumstances that do not seem right, rather than accepting things at face value. It involves being observant, asking appropriate open questions, seeking clarification when something appears inconsistent, considering alternative explanations and remaining alert to indicators of abuse, neglect, exploitation or self-neglect.

Professional curiosity is not about investigating concerns or making assumptions.

Instead, it is about maintaining a healthy sense of enquiry, being prepared to challenge explanations when necessary and ensuring that potential risks are not overlooked. Often it is the combination of several seemingly minor concerns that reveals a wider safeguarding issue requiring intervention.

All staff, volunteers and trustees have a responsibility to remain professionally curious, particularly where:

- An individual's presentation or behaviour changes significantly.
- Explanations for injuries, financial difficulties or living conditions appear inconsistent or implausible.
- A person seems fearful, withdrawn or controlled by another individual.
- Concerns are repeatedly raised but no clear explanation is provided.
- There are signs of self-neglect, hoarding or deteriorating wellbeing.
- Family members, carers or others appear reluctant for professionals to speak to the individual alone.
- An individual regularly misses appointments, activities or support opportunities without explanation.
- Multiple low-level concerns emerge over time.

At BEAT, safeguarding is everyone's responsibility. Every member of staff, volunteer, trustee and partner working on behalf of the organisation has a duty to recognise concerns, respond appropriately and report them without delay. Staff and volunteers should never assume that somebody else will take action. If something does not feel right, it should be discussed with the Designated Safeguarding Lead.

The role of staff and volunteers is not to establish whether abuse has occurred. Their responsibility is to recognise concerns, record information accurately, report concerns promptly and contribute to safeguarding adults from harm. Where immediate danger exists, protecting life and preventing serious harm must always take priority over all other considerations.

Staff will respond to all concerns, worries, suspicions, disclosures, allegations. If there is a safeguarding concern staff must not keep information about their concerns to themselves, they must follow the procedure set out in this document. The Safeguarding Officer(s) will work in a way that ensures that adults at risk of harm are safeguarded from harm and promotes their welfare. They are responsible for following up any suspected reports of abuse and for informing the police or other appropriate external bodies.

The Board of Trustees is responsible for safeguarding governance and may discharge some of the functions to the Chief Executive who is responsible for supervision of these activities.

**A safeguarding concern may arise when:**

- An adult makes a direct disclosure of abuse or neglect.
- A member of staff or volunteer witnesses concerning behaviour.
- Significant changes are noticed in an individual's presentation or wellbeing.

- Physical injuries are observed.
- Concerns are raised by a family member, professional, neighbour or community member.
- Signs of financial exploitation become apparent.
- Domestic abuse is suspected.
- Self-neglect or hoarding behaviour is identified.
- A person appears frightened, controlled or intimidated by another individual.
- Online abuse, exploitation or coercion is suspected.
- Organisational abuse or poor practice is witnessed.
- Information received from another agency gives cause for concern.

The role of staff and volunteers is not to investigate concerns or determine whether abuse has occurred.

Their responsibilities are to:

**RECOGNISE:** Identify concerns, worrying signs, disclosures or risks.

**RESPOND:** Take immediate steps to ensure safety where necessary and listen appropriately.

**RECORD:** Make a timely, factual and accurate written record.

**REPORT:** Share concerns immediately with the Designated Safeguarding Lead. Failure to report safeguarding concerns may place a vulnerable adult at continued risk of harm.

### STAGE 1: Responding to a disclosure or concern

A disclosure may happen unexpectedly and in a wide variety of settings. An adult may decide to speak about abuse during a support session, community activity, informal conversation or following the development of trust with a member of staff or volunteer.

The way in which the first disclosure is handled can significantly affect the individual's willingness to seek further support and protection.

**If an adult discloses abuse or neglect, you should:**

**Stay Calm:**

- Remain calm and controlled, even if what you hear is upsetting or shocking.
- Your response should help the person feel safe and listened to.

**Listen Carefully**

- Allow the individual to talk freely.
- Give your full attention.
- Do not interrupt unnecessarily.
- Allow periods of silence if needed.

- Take the Person Seriously
- Always assume that concerns may be genuine.
- Do not minimise or dismiss what is being said.
- Avoid expressing disbelief.
- Reassure the Individual

Provide reassurance that they have done the right thing by speaking to someone.

Examples include:

- "Thank you for telling me."
- "You've done the right thing by speaking about this."
- "I am glad you told me."
- "You will be taken seriously."
- "We will try to get the right support for you."

**Explain Confidentiality**

- Inform the person that you cannot promise to keep information secret.
- Information will only be shared with people who need to know in order to keep them safe.

For example:

"I may need to share this information with people who can help keep you safe, but only with those who need to know."

**Establish Immediate Safety**

Consider:

- Is the person currently safe?
- Are they at risk of immediate harm?
- Do they require urgent medical attention?
- Are others potentially at risk?
- Is the alleged perpetrator present?

**Where immediate danger exists, call 999.**

**Record Key Facts**

Seek to understand:

- What happened?
- When did it happen?
- Who was involved?
- Where did it take place?
- Are there ongoing risks?

Only gather sufficient information to understand the concern and determine whether

immediate action is required.

**DO NOT**

Whilst responding to a disclosure you must never:

- Conduct your own investigation.
- Ask probing or leading questions.
- Press for more information than is freely offered.
- Make promises you cannot keep.
- Contact the alleged perpetrator.
- Attempt mediation.
- Share information with colleagues who do not need to know.
- Express personal opinions.
- Suggest possible answers.
- Ask "Why didn't you tell someone earlier?"
- Discuss the concern on social media or in public spaces.

**Examples of Questions That Should Be Avoided**

Do not ask:

- "Did your partner hit you?"
- "Are you sure that's what happened?"
- "Why didn't you leave?"
- "Has this definitely happened before?"

Instead use open prompts such as:

- "Can you tell me more about that?"
- "What happened next?"
- "Is there anything else you want me to know?"

**Recording the Concern**

As soon as possible following the conversation, and ideally on the same day, complete a BEAT Cause for Concern Record.

Records should include:

- Date and time of disclosure.
- Date and time of recording.
- Full name of the adult.

- Full name of the person recording.
- Location of incident or disclosure.
- Factual observations.
- Exact words used by the adult wherever possible.
- Actions taken.
- Names of people informed.
- Any immediate risks identified.

Records must be factual, objective and professional. Avoid assumptions, opinions or personal judgements.

**STAGE 2: Reporting the concern and Safeguarding Action**

Once a concern has been identified and recorded it must be reported immediately to the Designated Safeguarding Lead. Concerns should never be delayed until a convenient time, a supervision session or a future meeting.

Safeguarding concerns must be shared on the same day whenever possible. Contact the Designated Safeguarding Lead

**The Designated Safeguarding Lead will:**

- Review the information received.
- Assess the level of risk.
- Consider immediate protective measures.
- Consider the wishes and views of the adult.
- Assess capacity and consent issues where appropriate.
- Determine whether a safeguarding referral is required.
- Liaise with partner agencies.
- Coordinate further action.

**Considering Consent and Mental Capacity**

Adult safeguarding differs from child safeguarding because adults may have the mental capacity to make informed decisions about their own lives, including decisions that others may consider unwise.

The Designated Safeguarding Lead will consider:

- Whether the adult has mental capacity regarding the specific decision.
- Whether consent should be sought before information sharing.
- Whether overriding consent is necessary due to significant risk, crime or public protection concerns.

- Whether other adults may be at risk.

**Where concerns exist regarding capacity, guidance from the Mental Capacity Act 2005 will be followed.**

**Referral to External Agencies**

The Designated Safeguarding Lead may make referrals to:

- Leeds Adult Social Care.
- West Yorkshire Police.
- NHS services.
- Mental Health Services.
- Domestic Abuse Services.
- Housing Providers.
- Multi-Agency Risk Assessment Conference (MARAC).
- Community Safety Services.
- Other specialist safeguarding agencies.

**Immediate Emergency Situations: Call 999**

**Staff and volunteers must contact Emergency Services immediately if:**

- **There is an immediate threat to life.**
- **Serious injury has occurred.**
- **A crime is in progress.**
- **A vulnerable adult is missing and believed to be at significant risk.**
- **Urgent medical intervention is required.**

Following emergency action, the Designated Safeguarding Lead must be informed at the earliest opportunity.

**Ongoing Support**

Following a safeguarding concern, BEAT will seek to ensure:

- The adult remains at the centre of decision-making.
- Appropriate support is offered.
- Risks continue to be monitored.
- Partner agencies remain informed where appropriate.
- Staff and volunteers receive appropriate support following difficult incidents.

- Records remain confidential and securely stored.

The wellbeing and safety of vulnerable adults must remain the primary consideration throughout any safeguarding process.

**Remember:**If in doubt, report your concern. It is always better to share a concern that proves unfounded than to miss an opportunity to protect somebody from harm.

## 6. PRINCIPLES OF SAFER RECRUITMENT

Sometimes there are people who work or seek to work with adults who may pose a risk to the them and may harm them. BEAT will ensure that we have a clear process for recruiting staff and volunteers. Everyone applying to work or volunteer at BEAT will go through the same process.

### Four Principles of Safe Recruitment

**Deter**

Discourage applicants with inappropriate motivations from applying by clearly communicating that the organisation is not a “soft target” for abuse. This can be achieved by referencing safeguarding policies in job advertisements and application processes.

**Reject**

Identify and exclude unsuitable individuals during the recruitment process, such as through rigorous interviews and thorough assessments.

**Prevent**

Minimise opportunities for abuse in the workplace by creating a safe environment. This involves assessing risks, establishing clear behavioural standards, and implementing robust appointment and induction processes.

**Detect**

Identify and address inappropriate behaviour or abuse at the earliest opportunity by fostering a safe working culture and responding effectively to concerns. Organisations should ensure their recruitment processes align with these principles and promote a safe working culture. This includes following best practices throughout the entire employment cycle, from identifying a vacancy to onboarding and inducting a new team member.

### Safe Working Culture

A safe working culture is one where everyone is dedicated to ensuring that all practices are carried out in the most effective and appropriate ways to protect the children and young people in their care. Additionally, staff should feel supported and confident in responding to concerns about the behaviour or practices of their colleagues.

**Key Features of a safe working culture:**

- An open environment where secrecy is not tolerated.
- A shared belief that abuse could occur and vigilance is essential.
- Well-defined processes for reporting concerns about practitioner behaviour
- Support for adults, children, young people and staff who raise concerns, along with a firm commitment to take appropriate action.
- A code of conduct that clearly sets out acceptable and unacceptable behaviour Policies, procedures, and codes of conduct are consistently applied, and individuals are held Accountable for following them.
- Comprehensive induction programmes and effective use of probationary periods
- A collective commitment from all staff to safeguard and protect adults at risk, alongside a continuous culture of vigilance.

## 7. SUPERVISION, SUPPORT AND PROFESSIONAL DEVELOPMENT

BEAT recognises that effective safeguarding requires knowledgeable, confident and supported staff and volunteers. Safeguarding adults can involve complex situations including abuse, neglect, exploitation, domestic abuse, self-neglect, hoarding, mental ill health, substance misuse, trauma and issues relating to capacity and consent. These situations often require professional judgement, partnership working and careful consideration of risk.

Supervision is a critical component of effective safeguarding practice. It provides an opportunity for staff and volunteers to reflect on their work, discuss safeguarding concerns, explore uncertainty, review decision-making, receive support and identify any additional actions required to keep adults safe.

BEAT is committed to providing regular supervision, guidance and support appropriate to the role and safeguarding responsibilities of staff and volunteers. Supervision should promote a culture of openness, accountability, continuous learning and reflective practice.

### Purpose of Supervision

The purpose of supervision is to:

- Promote the safety, wellbeing and rights of adults accessing BEAT services.
- Support staff and volunteers in fulfilling their safeguarding responsibilities.
- Encourage reflective practice and professional development.
- Promote professional curiosity and critical thinking.
- Review safeguarding concerns, incidents and emerging risks.
- Provide challenge where concerns may have been overlooked or assumptions made.
- Monitor the quality and effectiveness of safeguarding practice.
- Identify learning and development needs.
- Support staff wellbeing and resilience.

- Promote accountability and good decision-making.
- Strengthen partnership working with other agencies.

Supervision should provide a safe and supportive environment where staff and volunteers feel able to discuss concerns, explore professional uncertainty and seek advice without fear of criticism.

**Reflective Safeguarding Supervision**

BEAT is committed to providing regular, reflective safeguarding supervision that promotes safe practice, professional curiosity, wellbeing, accountability and continuous learning.

Supervision should provide a structured opportunity to reflect upon individuals being supported, safeguarding concerns, risks, professional relationships, interventions and outcomes. Discussions should focus not only on what is known, but also on what may not yet be understood.

In line with recognised safeguarding principles, supervision should:

- Promote professional curiosity and healthy challenge.
- Support reflective decision-making.
- Encourage staff to explore alternative explanations and perspectives.
- Consider the wishes, feelings and desired outcomes of the adult.
- Support proportionate and person-centred safeguarding responses.
- Facilitate learning and professional development.
- Promote staff wellbeing and emotional resilience.
- Strengthen multi-agency collaboration and information sharing where appropriate.

Managers should foster an environment in which staff feel confident discussing uncertainty, raising concerns, challenging assumptions and exploring complex situations.

**Professional Curiosity**

Professional curiosity is an essential component of safeguarding practice.

Adults experiencing abuse, neglect or exploitation may not always disclose what is happening to them. Indicators of abuse are often subtle and may emerge gradually over time. Effective safeguarding therefore requires staff and volunteers to be observant, inquisitive and willing to respectfully question circumstances that do not seem right.

Professional curiosity does not mean investigating concerns. Rather, it involves maintaining an appropriate sense of enquiry and ensuring that potential safeguarding issues are not overlooked.

**Reflective Questions for Supervision**

Supervision discussions should encourage reflection through consideration of questions such as:

- What is working well for this adult?
- What are we worried about?
- What evidence supports these concerns?
- What information might we be missing?
- What is the adult's experience of this situation?
- What outcomes does the adult want?
- What risks currently exist?
- Have circumstances changed since the last review?
- Are there signs of coercion, control, abuse, neglect or exploitation?
- What assumptions may be influencing our thinking?
- What action is required to reduce or manage risk?
- Who else may need to be involved?

These reflective discussions support professional judgement, informed decision-making and person-centred safeguarding practice.

**Safeguarding Supervision**

Safeguarding matters should be discussed during supervision whenever:

- A safeguarding concern has been raised.
- An adult has made a disclosure.
- Abuse, neglect or exploitation is suspected.
- Staff are unclear about the level of risk.
- Concerns remain unresolved.
- Multiple low-level concerns are emerging.
- An adult's circumstances have deteriorated.
- Self-neglect or hoarding behaviours are identified.
- There is involvement from multiple agencies.
- Staff require support following a safeguarding incident.

The Designated Safeguarding Lead should maintain oversight of safeguarding activity within the organisation and ensure appropriate action is being taken to protect adults from harm.

## Staff Wellbeing and Emotional Support

BEAT recognises that safeguarding work can have a significant emotional impact on staff and volunteers.

Working with individuals who have experienced abuse, trauma, exploitation, loss or significant adversity can be challenging. Staff may encounter distressing information, difficult decisions and situations in which risks cannot be completely removed.

Managers will seek to ensure that staff and volunteers have opportunities to:

- Discuss the impact of safeguarding work.
- Access advice and support.
- Reflect on difficult situations.
- Raise concerns about workload or wellbeing.
- Seek additional supervision where required.
- Access further training or development.

Staff and volunteers are encouraged to discuss any wellbeing concerns with their manager, supervisor or safeguarding lead.

## Safeguarding Training and Development

All staff, volunteers and trustees will receive safeguarding training appropriate to their role and responsibilities.

Training may include:

- Adult safeguarding awareness.
- Recognising abuse and neglect.
- Professional curiosity.
- Making Safeguarding Personal.
- Mental Capacity Act 2005.
- Consent and information sharing.
- Domestic abuse.
- Self-neglect and hoarding.
- Modern slavery and exploitation.
- Prevent and radicalisation awareness where appropriate.
- Recording and reporting safeguarding concerns.

Training will be refreshed periodically and updated in line with changes in legislation, statutory guidance, local safeguarding arrangements and emerging risks.

### Learning and Continuous Improvement

BEAT is committed to learning from safeguarding concerns, incidents, complaints, audits, safeguarding reviews and feedback from adults accessing services.

Where safeguarding issues arise, the organisation will seek to identify lessons learned and apply those lessons to improve practice, procedures, training and service delivery.

An open and learning culture will be promoted in which staff and volunteers feel confident reporting concerns, raising questions, admitting mistakes and seeking support when required.

Effective safeguarding depends upon continuous learning, reflective practice, professional curiosity and a shared commitment to promoting the safety, wellbeing and rights of adults.

## 8. MANAGING ALLEGATIONS AND SAFEGUARDING CONCERNS ABOUT STAFF, VOLUNTEERS AND PEOPLE IN POSITIONS OF TRUST

BEAT is committed to creating and maintaining a safe environment for all adults who access our services. Any allegation, concern or information suggesting that a member of staff, volunteer, trustee, student, contractor or other person working on behalf of BEAT may have harmed, abused, neglected or posed a risk to an adult will be taken seriously and responded to promptly.

The welfare and safety of adults must always be the primary consideration.

BEAT recognises its responsibilities under safeguarding legislation and local safeguarding arrangements, including the Leeds Safeguarding Adults Board's guidance regarding People in Positions of Trust (PiPoT).

### What is a Person in a Position of Trust?

A person in a position of trust is someone who, through their work, volunteering or professional role, has contact with adults who have care and support needs.

This may include:

- Employees
- Volunteers
- Trustees
- Agency workers
- Contractors
- Students on placement
- Consultants
- Sessional workers

Concerns may arise from behaviour within the workplace or from conduct in an individual's personal life where this indicates they may pose a risk to adults with care and support needs.

**Situations Which May Give Rise to Concern**

Concerns may arise where a person has:

- Behaved in a way that has harmed, or may have harmed, an adult.
- Behaved in a way that has placed an adult at risk of harm.
- Possibly committed a criminal offence against an adult or child.
- Behaved towards an adult or child in a manner indicating they may pose a risk of harm.
- Failed to maintain appropriate professional boundaries.
- Misused their position of trust.
- Breached safeguarding procedures.
- Engaged in behaviour incompatible with their role and safeguarding responsibilities.

A concern does not need to be proven before action is taken. Concerns should always be considered and assessed proportionately.

**Immediate Response**

Any allegation or safeguarding concern involving a member of staff, volunteer or person in a position of trust must be reported immediately to the Chief Executive Officer and Designated Safeguarding Lead.

If the concern relates to the Designated Safeguarding Lead, it must be reported directly to the Trustee Safeguarding Lead.

Where concerns involve the Trustee Safeguarding Lead, advice should be sought from the Chair of Trustees and relevant safeguarding agencies.

No individual should investigate allegations relating to themselves.

**Initial Risk Assessment**

Upon receiving a concern, BEAT will undertake an initial assessment to determine:

- The nature of the allegation.
- Whether an adult is currently at risk.
- Whether immediate safeguarding action is required.
- Whether a criminal offence may have occurred.
- Whether external agencies need to be informed.
- Whether interim measures are required to protect adults.

Protective measures may include:

- Increased supervision.
- Restriction of duties.
- Temporary redeployment.
- Suspension where appropriate.
- Removal from regulated activity whilst enquiries take place.

Any action taken will be proportionate to the level of identified risk.

**Referral to External Agencies**

Where appropriate, referrals may be made to:

- Leeds Adult Social Care.
- West Yorkshire Police.
- Leeds Safeguarding Adults Board processes.
- Professional regulatory bodies.
- Funding or commissioning organisations.
- The Disclosure and Barring Service (DBS).

BEAT will cooperate fully with any statutory safeguarding, criminal or regulatory investigation.

**Confidentiality**

Information relating to allegations or safeguarding concerns will be treated sensitively and shared only with those who need to know in order to safeguard adults and manage risk appropriately.

All records relating to allegations will be maintained securely and in accordance with data protection requirements.

**Support for Those Involved**

BEAT recognises that allegations can be distressing for everyone involved.

Appropriate support will be offered to:

- The adult affected.
- Staff members raising concerns.
- Witnesses.
- Any individual who is the subject of an allegation.

Providing support does not prevent BEAT from undertaking appropriate safeguarding actions where required.

### Learning and Accountability

All allegations, safeguarding concerns and PiPoT matters will be reviewed to identify learning opportunities and strengthen organisational safeguarding arrangements.

Where lessons are identified, BEAT will take appropriate action to improve policies, procedures, training, supervision and safer recruitment practices.

The safety, wellbeing and rights of adults shall remain the primary consideration throughout any safeguarding response.

## 9. RECORDING, INFORMATION SHARING AND MANAGEMENT OF CONFIDENTIAL INFORMATION (To be read in conjunction with BEAT'S Data Protection and Confidentiality policy and procedure.)

Effective safeguarding depends upon accurate record keeping, appropriate information sharing and the secure management of confidential information.

Safeguarding records provide an important account of concerns, decisions, actions and outcomes. They help ensure continuity of support, assist multi-agency working, demonstrate accountability and provide evidence of the actions taken to protect adults from abuse, neglect or exploitation.

All staff, volunteers and trustees have a responsibility to ensure that safeguarding information is recorded accurately, shared appropriately and stored securely.

### Principles of Good Safeguarding Records

Safeguarding records should be:

- Accurate.
- Clear and legible.
- Timely.
- Relevant.
- Objective.
- Factual.
- Dated and signed.
- Stored securely.
- Shared only with appropriate individuals.

**Records should clearly distinguish between:**

- Facts.
- Observations.
- Professional opinion.
- Information provided by third parties.

Where professional judgement is recorded, the rationale for that judgement should also be documented.

### What Should Be Recorded?

Where a safeguarding concern arises, records should include:

- The full name of the adult.
- Date, time and location of the concern.
- Nature of the concern.
- Details of any injuries or observations.
- The adult's views, wishes and desired outcomes.
- Exact words used by the adult wherever possible.
- Details of any witnesses.
- Actions taken.
- Advice sought.
- Referrals made.
- Names of people informed.
- Decisions reached and reasons for those decisions.
- Follow-up actions and outcomes.

Records should be completed as soon as reasonably practicable and preferably on the same working day that concerns arise.

### Recording Disclosures

Where an adult makes a disclosure, staff and volunteers should record what was said as accurately as possible.

Records should:

- Use the adult's own words wherever possible.
- Avoid paraphrasing significant statements.
- Avoid assumptions or speculation.
- Avoid personal opinions.
- Clearly identify any direct quotations.

### Making Safeguarding Personal

In line with the principles of Making Safeguarding Personal, records should include the views, wishes and desired outcomes of the adult wherever possible.

Recording should evidence:

- What matters most to the adult.
- The outcomes the adult wishes to achieve.
- Their understanding of the risks involved.
- Their participation in decision-making.
- Any support required to enable informed decision-making.

Where the organisation is unable to act in accordance with the expressed wishes of the adult, the reasons for this should be clearly recorded.

**Information Sharing**

The safety and wellbeing of adults must always be an important consideration when deciding whether information should be shared.

Staff and volunteers should not assume that safeguarding information cannot be shared because it is confidential.

In many situations, safeguarding responsibilities create a lawful basis for sharing information with appropriate agencies and professionals.

Information may need to be shared with:

- Adult Social Care.
- Police.
- Health professionals.
- Housing providers.
- Safeguarding partners.
- Regulatory bodies.
- Other organisations involved in protecting the adult.

Information sharing decisions should always be necessary, proportionate, relevant, accurate, timely and secure.

**Consent and Information Sharing**

Where appropriate and safe to do so, the adult should be informed about information sharing decisions and their views should be taken into consideration.

However, information may be shared without consent where:

- A person is at risk of serious harm.
- Others may be at risk.
- A criminal offence may have occurred.
- There are concerns regarding coercion or undue influence.
- The adult lacks capacity in relation to the decision.

- There is a legal duty or public interest justification for sharing information.

Any decision to override an individual's wishes should be clearly documented together with the reasons for the decision.

**Mental Capacity and Decision Making**

Where there is reason to believe that an adult may lack capacity to make a specific decision, guidance contained within the Mental Capacity Act 2005 must be followed.

Staff should remember that:

- Capacity must be assumed unless established otherwise.
- An individual has the right to make decisions others may consider unwise.
- Capacity is decision-specific.
- Capacity can fluctuate over time.
- Decisions made on behalf of a person lacking capacity must be in their best interests.

Any capacity considerations relating to safeguarding concerns should be clearly recorded.

**Confidentiality**

All safeguarding records are confidential and access should be restricted to those with a legitimate need to know.

Safeguarding information should never be:

- Discussed in public areas.
- Shared with friends or family members who do not have a legitimate role.
- Discussed on social media.
- Disclosed without appropriate authority.
- Left unsecured or accessible to unauthorised persons.

Failure to maintain confidentiality may place adults at increased risk of harm.

**Storage and Retention of Safeguarding Records**

Safeguarding records will be stored securely in accordance with:

- UK General Data Protection Regulation (UK GDPR).
- Data Protection Act 2018.
- BEAT Confidentiality and Data Protection Policies.

Electronic records will be password protected and access restricted to authorised personnel.

Hard copy records will be stored in secure locations with access limited to those with safeguarding responsibilities.

The Designated Safeguarding Lead will oversee the secure management, retention and disposal of safeguarding records in accordance with organisational requirements and legal obligations.

### Quality Assurance and Audit

The Designated Safeguarding Lead will maintain oversight of safeguarding records and may undertake periodic audits to ensure:

- Records are completed appropriately.
- Decision-making is evidenced.
- Information sharing is recorded.
- Actions are followed up.
- Organisational learning opportunities are identified.

Good safeguarding records support effective safeguarding practice, protect adults from harm and demonstrate the organisation's commitment to accountability, transparency and continuous improvement.

The BEAT *cause for concern form* should be used for recording outlining the details of the concern. We will store all information securely and ensure that any files have restricted access and are password protected.

## 10. POLICY DISTRIBUTION, IMPLEMENTATION AND REVIEW

BEAT recognises that safeguarding policies and procedures are only effective when they are understood, accessible, regularly reviewed and embedded within day-to-day practice.

Safeguarding is a shared responsibility and it is essential that all staff, volunteers, trustees and others working on behalf of BEAT are aware of their safeguarding responsibilities and understand how to respond to concerns appropriately.

BEAT is committed to ensuring that safeguarding policies and procedures are actively implemented throughout the organisation and are reviewed regularly to reflect changes in legislation, statutory guidance, local safeguarding arrangements and organisational learning.

### Accessibility of Safeguarding Information

Current safeguarding policies, procedures and reporting arrangements will be made readily available to:

- Staff.
- Volunteers.
- Trustees.
- Session workers.

- Contractors where appropriate.
- Partner organisations working on behalf of BEAT.

Safeguarding information will be communicated through:

- Staff and volunteer induction.
- Mandatory safeguarding training.
- Internal communication systems.
- Team meetings and supervision sessions.
- Policy repositories and shared organisational systems.
- Noticeboards and public safeguarding displays where appropriate.
- The BEAT website.

Contact details for safeguarding leads and reporting arrangements will be clearly displayed and regularly updated.

**Responsibilities of Staff, Volunteers and Trustees**

All staff, volunteers and trustees are responsible for:

- Familiarising themselves with safeguarding policies and procedures.
- Attending required safeguarding training.
- Following safeguarding policies and procedures at all times.
- Reporting safeguarding concerns promptly.
- Seeking advice where they are uncertain about safeguarding issues.
- Contributing to a culture of safeguarding, respect and accountability.
- Promoting professional curiosity and reflective practice.

A lack of awareness of safeguarding procedures will not remove an individual's responsibility to act on safeguarding concerns.

**Induction and Training**

All new staff, volunteers and trustees will receive safeguarding information as part of their induction.

This will include:

- The organisation's safeguarding policy and procedures.
- Reporting concerns.
- Contact details for safeguarding leads.
- Professional curiosity.
- Confidentiality and information sharing.

- Relevant codes of conduct.
- Whistleblowing arrangements.

Safeguarding training will be refreshed periodically and updated in response to changes in legislation, local procedures, emerging risks and organisational learning.

**Policy Review**

Safeguarding policies and procedures will be formally reviewed at least annually.

Earlier reviews may take place where:

- Legislation changes.
- National guidance is updated.
- Local safeguarding arrangements change.
- Safeguarding Adults Reviews identify learning.
- Serious incidents occur.
- Audits identify areas for improvement.
- Organisational structures or responsibilities change.

Reviews will ensure that policies remain current, effective, legally compliant and reflective of safeguarding best practice.

**Learning from Practice**

BEAT is committed to continuous improvement and organisational learning.

Safeguarding policies and procedures will take account of:

- Safeguarding incidents and concerns.
- Near misses.
- Feedback from adults accessing services.
- Feedback from staff and volunteers.
- Multi-agency learning.
- Safeguarding Adults Reviews.
- Relevant local and national safeguarding developments.

Where learning identifies a need for change, policies, procedures, training and practice will be updated accordingly.

**Monitoring Compliance**

The Designated Safeguarding Lead, supported by senior leadership and trustees, will maintain oversight of safeguarding arrangements and seek assurance that safeguarding procedures are being implemented effectively.

This may include:

- Monitoring safeguarding concerns and referrals.
- Reviewing safeguarding records.
- Auditing safeguarding practice.
- Monitoring training compliance.
- Reviewing supervision arrangements.
- Seeking feedback from staff, volunteers and adults accessing services.

Findings from monitoring activities may be used to identify strengths, address gaps and inform future safeguarding developments.

### Board Oversight

The Board of Trustees has overall responsibility for ensuring that appropriate safeguarding policies, procedures and governance arrangements are in place.

Trustees will receive appropriate safeguarding information to enable them to:

- Monitor safeguarding performance.
- Review safeguarding risks.
- Consider organisational learning.
- Ensure legal and regulatory compliance.
- Promote a positive safeguarding culture throughout the organisation.

### Commitment to Continuous Improvement

Safeguarding is an ongoing process rather than a single policy document.

BEAT is committed to maintaining a culture in which safeguarding remains visible, understood and embedded throughout the organisation. Through effective governance, regular review, continuous learning and robust leadership, BEAT will seek to ensure that adults are protected from abuse, neglect and exploitation and are supported to live safe, fulfilling and independent lives.

BEAT will display the Safeguarding policy.

- On the notice boards in the building
- On the BEAT Website
- At all staff/Volunteers induction sessions
- In the BEAT office

Copies will be available for parent/carers and young people. All safeguarding policies at BEAT will be reviewed annually and signed by the Trustee Board.

## 11.RESPONSIBILITIES OF BEAT'S SAFEGUARDING TRUSTEE

The Board of Trustees has overall responsibility for safeguarding within BEAT. The Safeguarding Trustee provides leadership, oversight and challenge to ensure that appropriate safeguarding arrangements are in place and operating effectively.

Whilst operational responsibility for safeguarding sits with the Chief Executive Officer and Designated Safeguarding Lead, accountability for safeguarding remains with the Board of Trustees.

**The Safeguarding Trustee will:**

- Champion safeguarding at Board level.
- Promote a positive safeguarding culture throughout the organisation.
- Support the Board in fulfilling its safeguarding responsibilities.
- Seek assurance that safeguarding policies and procedures are effective and regularly reviewed.
- Monitor safeguarding risks, trends and emerging issues.
- Ensure safeguarding training, safer recruitment and supervision arrangements are in place.
- Support organisational learning arising from safeguarding concerns, audits and reviews.
- Provide appropriate challenge where improvements are required.

The Safeguarding Trustee is not responsible for managing individual safeguarding cases or undertaking investigations but should be satisfied that concerns are being managed appropriately and in line with BEAT's safeguarding procedures.

The Safeguarding Trustee will support the Board in ensuring that safeguarding remains a strategic priority and that adults accessing BEAT services are protected from abuse, neglect, exploitation and harm.

## Review of BEAT’s Safeguarding Policies and Procedures

This policy will be monitored by the CEO and the board of Trustees on a regular basis for compliance and will be review at least annually.