SAFEGUARDING CHILDREN AND ADULTS AT RISK POLICY

Practice: Dolan's Podiatry
Practitioner: Michelle Dolan – HCPC Registered Chiropodist/Podiatrist
HCPC Registration: CH34864
Policy owner: Michelle Dolan
Date implemented: 5 October 2026
Review date: 5 October 2027
Version: 1.0

---

1. Purpose

Dolan's Podiatry is committed to protecting the safety, dignity, health and wellbeing of all patients and service users.

I provide podiatry and chiropody services to people of all ages and abilities. This includes children and young people, older people, people with disabilities, people with physical or learning disabilities, people with cognitive impairment, and adults who may have care and support needs.

Safeguarding is everyone's responsibility. As a sole practitioner, I have a personal responsibility to recognise and respond appropriately to safeguarding concerns and to seek advice or make referrals when necessary.

This policy applies to all podiatry services provided by me, including:

- my main clinic in Over;
- pop-up clinics and temporary clinic locations;
- sessions provided in community or other premises;
- care-home or residential settings;
- any future clinic locations or services.

---

2. Policy statement

I will:

- promote the safety, dignity and wellbeing of patients;
- treat every patient fairly, respectfully and without discrimination;
- maintain appropriate professional boundaries;
- obtain appropriate consent before providing treatment;

- recognise that some patients may be particularly vulnerable to abuse, neglect or exploitation;
- remain alert to signs of abuse, neglect, coercion or unsafe care;
- listen to patients and take concerns seriously;
- respond promptly and proportionately to safeguarding concerns;
- share information where necessary to protect a person from harm;
- maintain appropriate confidentiality while recognising that confidentiality is not absolute;
- keep clear, accurate and contemporaneous records;
- work with other professionals and statutory agencies when necessary;
- cooperate with safeguarding enquiries or investigations.

This approach reflects the HCPC Standards of Conduct, Performance and Ethics, including the requirement to report concerns about safety and to take appropriate action where there are concerns about children or vulnerable adults.

---

3. Who may require safeguarding

Safeguarding applies to anyone who may be at risk of harm. Particular attention will be given to:

Children and young people

Anyone under the age of 18.

Adults at risk

An adult may meet the safeguarding definition where they:

1. have needs for care and support;
2. are experiencing, or are at risk of, abuse or neglect; and
3. because of those care and support needs, are unable to protect themselves from the risk or experience of abuse or neglect.

It is not always possible to know immediately whether all of these criteria are met. Where I have a genuine concern, I will seek advice and, where appropriate, make a safeguarding referral.

A person does not have to appear obviously vulnerable for a safeguarding concern to exist.

---

4. Types of abuse and neglect

Safeguarding concerns can take many forms.

These include, but are not limited to:

- physical abuse;
- sexual abuse;
- emotional or psychological abuse;
- financial or material abuse;
- domestic abuse;
- discriminatory abuse;
- organisational or institutional abuse;
- neglect and acts of omission;
- self-neglect;
- coercive or controlling behaviour;
- exploitation;
- modern slavery and human trafficking;
- online abuse;
- bullying;
- abuse related to disability;
- criminal exploitation;
- neglect of a child's physical, emotional, educational or medical needs.

Abuse may be a single incident or a pattern of behaviour.

It may be carried out by a stranger, family member, partner, friend, carer, professional, another patient or any other person.

Safeguarding concerns may arise from something a patient says, something I observe, an injury or presentation that appears inconsistent with the explanation given, changes in behaviour, poor hygiene or care, or concerns raised by another person.

---

5. Recognising safeguarding concerns in podiatry

Podiatrists may see patients regularly and may therefore notice changes that other professionals do not.

Examples of possible indicators include:

- unexplained or repeated injuries;
- injuries inconsistent with the explanation provided;
- repeated falls or unexplained deterioration;
- untreated wounds or infections;

- pressure damage;
- significant deterioration in foot health;
- poor hygiene that appears inconsistent with the person's usual presentation;
- signs of neglect;
- inappropriate footwear or lack of basic care where this raises wider concerns;
- unexplained bruising;
- fearfulness around a particular person;
- unusual anxiety or withdrawal;
- a person appearing controlled or prevented from speaking;
- someone else answering every question on the patient's behalf;
- signs of financial exploitation;
- disclosure of abuse;
- a child appearing fearful of a parent or carer;
- a child presenting with injuries or circumstances that cause concern;
- evidence of inappropriate restraint;
- concerns about the standard of care being provided in a residential or care setting.

These indicators do not automatically mean abuse has occurred. They should, however, prompt professional curiosity and appropriate consideration of safeguarding.

---

6. Responding to a disclosure

If a patient tells me that they are being abused, neglected or harmed, I will:

1. remain calm and listen;
2. take what they say seriously;
3. allow them to speak without unnecessary interruption;
4. avoid leading questions or attempting to investigate;
5. not promise to keep the information secret;
6. explain, where appropriate, that I may need to share information with someone who can help keep them safe;
7. establish whether there is an immediate risk of harm;
8. make a factual record of what was said as soon as practicable;
9. seek appropriate safeguarding advice;
10. make a referral where necessary.

I will not attempt to investigate allegations myself.

Where possible, I will explain to the patient what action I intend to take and involve them in decisions about safeguarding, while recognising that there may be circumstances where information must be shared without consent in order to protect the patient or another person.

---

7. Immediate danger or emergency

If a patient or another person is in immediate danger, requires urgent medical attention, or a serious crime may be taking place, the priority is immediate safety.

I will contact the appropriate emergency service, including:

Police / Ambulance: 999

I will not delay emergency action while attempting to obtain consent or complete documentation.

---

8. Children and young people

When treating children and young people, I will:

- obtain appropriate consent from a parent, person with parental responsibility, or the young person where legally and clinically appropriate;
- consider the child's wishes, feelings and understanding;
- communicate with children in an age-appropriate manner;
- maintain appropriate professional boundaries;
- remain alert to signs of abuse or neglect;
- take disclosures seriously;
- consider whether the child's circumstances indicate a need for safeguarding action.

A child does not need to disclose abuse directly for a safeguarding concern to exist.

If I believe a child may be suffering, or may be at risk of suffering, significant harm, I will seek appropriate safeguarding advice and make a referral to children's social care or the police where appropriate.

Current government guidance, *Working Together to Safeguard Children 2026*, emphasises that safeguarding children is a shared responsibility and applies across agencies and settings.

---

9. Adults at risk

When treating an adult who may be at risk, I will:

- respect their dignity, wishes and autonomy;

- presume capacity unless there is reason to believe the person lacks capacity for the particular decision;
- support the person to make their own decisions wherever possible;
- consider whether the person is experiencing abuse, neglect or exploitation;
- consider whether they are able to protect themselves from the risk;
- take their wishes into account;
- consider whether other people may also be at risk;
- share information and make safeguarding referrals where necessary.

Adult safeguarding should be person-led and outcome-focused. The Care Act statutory guidance emphasises the importance of involving the adult, promoting choice and control, and responding proportionately to the circumstances.

---

10. Mental capacity and consent

I recognise that capacity is decision-specific.

A person should not be assumed to lack capacity simply because they:

- have a disability;
- have dementia;
- have a learning disability;
- have a mental health condition;
- communicate differently;
- make a decision that others consider unwise.

Where there is reason to question a person's capacity to make a particular decision, I will follow the principles of the Mental Capacity Act 2005 and take all practicable steps to support the person to make the decision themselves.

Where a person lacks capacity to make a particular decision, any decision made on their behalf will be made in accordance with the relevant legal requirements and in their best interests.

---

11. Professional boundaries

As a registered healthcare professional, I recognise the position of trust and authority that exists between practitioner and patient.

I will maintain clear professional boundaries at all times.

This includes:

- appropriate physical contact only;
- appropriate communication;
- maintaining professional behaviour;
- respecting privacy and dignity;
- avoiding inappropriate personal or emotional relationships;
- avoiding inappropriate financial relationships;
- using social media appropriately;
- protecting patient confidentiality;
- ensuring that personal relationships do not influence professional decisions.

The HCPC standards specifically require registrants to maintain appropriate professional boundaries and to recognise the position of trust held by health and care professionals.

---

12. Chaperones and privacy

Patients will be treated in a manner that protects their privacy and dignity.

Patients may request a chaperone where appropriate.

Where the clinical circumstances, age, vulnerability or safeguarding situation indicates that another person should be present, I will consider appropriate arrangements.

When working at pop-up clinics or other temporary premises, I will ensure that the treatment area provides reasonable privacy and that conversations cannot unnecessarily be overheard.

---

13. Safeguarding concerns involving another professional or carer

If I have concerns about the conduct of another professional, carer, volunteer or other person who may pose a risk to a patient or other vulnerable people, I will not ignore the concern simply because that person is known to the patient or is another professional.

I will:

- prioritise the safety of the person at risk;
- record the concern factually;
- seek appropriate safeguarding advice;
- report to the appropriate organisation or statutory agency;
- contact the police where a criminal offence or immediate danger is suspected;
- notify the relevant professional or regulatory body where appropriate.

If a concern relates to a person working with children, the Local Authority Designated Officer (LADO) may need to be contacted.

---

14. Safeguarding concerns arising in care homes or other organisations

Where I identify a safeguarding concern while providing podiatry services in a care home, residential setting or other organisation, I will not assume that the organisation will deal with the concern appropriately.

I will follow the organisation's safeguarding procedure where available, while retaining my own professional responsibility to escalate concerns where necessary.

If I believe a patient is at risk of harm, I will make an appropriate referral to the relevant safeguarding authority or police.

---

15. Confidentiality and information sharing

Patient information will normally be treated as confidential.

However, confidentiality is not absolute.

Information may need to be shared without the patient's consent where:

- there is a serious safeguarding concern;
- disclosure is necessary to protect the patient or another person from harm;
- disclosure is required by law;
- disclosure is justified in the public interest;
- a safeguarding authority or police service requires information lawfully.

Only relevant and necessary information will be shared.

Where appropriate, I will explain to the patient why information needs to be shared.

The HCPC states that confidential information may be disclosed where permitted by law, in the patient's best interests, or in the public interest, including where necessary to protect public safety or prevent harm.

---

16. Recording safeguarding concerns

Any safeguarding concern will be documented promptly and accurately.

Records should include, where relevant:

- date and time;
- patient's name and identifying details;
- what was observed;
- what the patient or another person said;
- the patient's own words where significant;
- relevant clinical findings;
- action taken;
- advice sought;
- person or organisation contacted;
- date and time of referral;
- reference number where provided;
- outcome or further action known.

Records will be factual and objective.

I will distinguish clearly between:

Fact: what I observed or what someone said.

Professional opinion: my clinical or safeguarding concern based on those facts.

I will avoid speculation or unsupported conclusions.

HCPC standards require registrants to keep full, clear and accurate records and to keep them secure.

---

17. Safeguarding referral process

Where a safeguarding concern arises, I will consider:

Step 1 – Is anyone in immediate danger?

If yes, contact **999**.

Step 2 – Is there a safeguarding concern?

Consider whether the information indicates abuse, neglect, exploitation or risk of harm.

Step 3 – Listen and establish the immediate facts

Do not investigate unnecessarily.

Step 4 – Consider consent and capacity

Where appropriate, involve the patient in decisions.

Step 5 – Seek advice

If uncertain, seek advice from the appropriate safeguarding service.

Step 6 – Make a referral

Refer to the appropriate local authority safeguarding service, children's social care, police or other relevant agency.

Step 7 – Record

Document the concern, decisions, advice and actions taken.

Step 8 – Follow up

Where appropriate, ensure the concern has been received and take further action if necessary.

I will not assume that another professional has reported a concern unless this has been confirmed.

---

18. Local safeguarding contacts

As my practice is based in Cambridgeshire, the following contacts will be used where appropriate.

Adults at risk

Cambridgeshire County Council Adult Social Care

Telephone: **0345 045 5202**
Monday–Friday, 9am–5pm.

Outside office hours, where an adult is in danger and unable to protect themselves or cannot remain safely in the community:

Emergency Duty Team: 01733 234 724

In an emergency: **999**

Cambridgeshire County Council also provides an online safeguarding referral route for professionals.

Children and young people

Cambridgeshire County Council Children's Social Care

Telephone: **0345 045 5203**
Monday–Friday, 9am–5pm.

Outside office hours:

Emergency Duty Team: 01733 234 724

In an emergency: **999**

Professionals can also make safeguarding referrals through the Cambridgeshire children's safeguarding arrangements.

Allegations concerning someone working with children

Cambridgeshire Local Authority Designated Officer (LADO)

Email: **LADO@cambridgeshire.gov.uk**

Telephone: **01223 727 967** during office hours.

Outside office hours: **01733 234 724**

---

19. Safeguarding and pop-up clinics

Safeguarding responsibilities remain the same when providing services away from the main clinic.

Before providing treatment at a new pop-up location, I will consider:

- privacy;
- safe access and exit;
- whether the treatment area can be secured appropriately;
- whether conversations can be overheard;
- emergency arrangements;

- availability of telephone communication;
- whether other staff or responsible adults are present where appropriate;
- the needs of children and adults who may require additional support.

The fact that a clinic is temporary or operated within another organisation does not transfer my professional safeguarding responsibilities to the venue.

---

20. Lone working

As a sole practitioner, I may work alone.

I will take reasonable steps to reduce risks associated with lone working, including:

- ensuring I have access to a working telephone;
- maintaining appropriate professional boundaries;
- ensuring that the premises are suitable for clinical work;
- following relevant venue emergency procedures;
- considering whether an appointment or situation presents an increased safeguarding or personal safety risk;
- ending or rearranging an appointment where it cannot safely proceed.

Where the circumstances create an unacceptable risk to the patient or myself, treatment will not proceed.

---

21. Allegations or concerns about me

If an allegation or safeguarding concern is made about me, I will:

- take the allegation seriously;
- ensure the immediate safety of the patient;
- cooperate fully with any investigation;
- preserve relevant records and information;
- comply with requests from safeguarding authorities, police or professional regulators;
- seek appropriate independent professional advice where necessary.

I will not attempt to obstruct, influence or improperly interfere with an investigation.

---

22. Training and continuing professional development

I will maintain appropriate safeguarding knowledge and undertake safeguarding continuing professional development relevant to my role.

This will include keeping knowledge up to date in relation to:

- safeguarding children;
- safeguarding adults;
- recognising abuse and neglect;
- mental capacity and consent;
- information sharing;
- professional boundaries;
- relevant changes to legislation and national or local guidance.

As a registered HCPC professional, I am responsible for maintaining knowledge and skills relevant to my scope of practice.

---

23. Equality, diversity and accessibility

Safeguarding applies equally to all patients.

I will not make assumptions about vulnerability, capacity, credibility or risk based on:

- age;
- disability;
- sex;
- gender;
- race or ethnicity;
- religion or belief;
- sexual orientation;
- socioeconomic circumstances;
- communication style;
- neurodivergence;
- appearance;
- diagnosis or medical history.

Reasonable adjustments will be considered where necessary to enable patients to communicate, understand information and participate in decisions about their care.

---

24. Review of safeguarding concerns

Where a safeguarding concern has occurred, I will review the circumstances afterwards to consider:

- whether the immediate response was appropriate;
- whether further action is required;
- whether the patient remains at risk;
- whether another person may also be at risk;
- whether my practice or procedures need to change;
- whether additional training is required;
- whether the incident should be discussed with an appropriate professional adviser or regulator.

---

25. Policy review

This policy will be reviewed at least annually and sooner if:

- legislation or statutory guidance changes;
- HCPC standards change;
- local safeguarding procedures change;
- there is a significant safeguarding incident;
- the nature or locations of the practice change.

The next scheduled review is:

5 October 2027

Declaration

I confirm that I have read and will work in accordance with this safeguarding policy.

Practitioner: Michelle Dolan
Professional role: HCPC Registered Chiropodist/Podiatrist
HCPC registration: CH34864

Signature: _____

Date: _____

Practice: Dolan's Podiatry

Practitioner: Michelle Dolan – HCPC Registered Chiropodist/Podiatrist

HCPC Registration: CH34864

Policy owner: Michelle Dolan

Date implemented: 5 October 2026

Review date: 5 October 2027

Version: 1.0

---

1. Purpose

Dolan's Podiatry is committed to protecting the safety, dignity, health and wellbeing of all patients and service users.

I provide podiatry and chiropody services to people of all ages and abilities. This includes children and young people, older people, people with disabilities, people with physical or learning disabilities, people with cognitive impairment, and adults who may have care and support needs.

Safeguarding is everyone's responsibility. As a sole practitioner, I have a personal responsibility to recognise and respond appropriately to safeguarding concerns and to seek advice or make referrals when necessary.

This policy applies to all podiatry services provided by me, including:

- my main clinic in Over;

- pop-up clinics and temporary clinic locations;

- sessions provided in community or other premises;

- care-home or residential settings;

- any future clinic locations or services.

---

2. Policy statement

I will:

- promote the safety, dignity and wellbeing of patients;
- treat every patient fairly, respectfully and without discrimination;
- maintain appropriate professional boundaries;
- obtain appropriate consent before providing treatment;
- recognise that some patients may be particularly vulnerable to abuse, neglect or exploitation;
- remain alert to signs of abuse, neglect, coercion or unsafe care;
- listen to patients and take concerns seriously;
- respond promptly and proportionately to safeguarding concerns;
- share information where necessary to protect a person from harm;
- maintain appropriate confidentiality while recognising that confidentiality is not absolute;
- keep clear, accurate and contemporaneous records;
- work with other professionals and statutory agencies when necessary;
- cooperate with safeguarding enquiries or investigations.

This approach reflects the HCPC Standards of Conduct, Performance and Ethics, including the requirement to report concerns about safety and to take appropriate action where there are concerns about children or vulnerable adults.

---

3. Who may require safeguarding

Safeguarding applies to anyone who may be at risk of harm. Particular attention will be given to:

Children and young people

Anyone under the age of 18.

Adults at risk

An adult may meet the safeguarding definition where they:

1. have needs for care and support;

2. are experiencing, or are at risk of, abuse or neglect; and

3. because of those care and support needs, are unable to protect themselves from the risk or experience of abuse or neglect.

It is not always possible to know immediately whether all of these criteria are met. Where I have a genuine concern, I will seek advice and, where appropriate, make a safeguarding referral.

A person does not have to appear obviously vulnerable for a safeguarding concern to exist.

---

4. Types of abuse and neglect

Safeguarding concerns can take many forms.

These include, but are not limited to:

- physical abuse;
- sexual abuse;
- emotional or psychological abuse;
- financial or material abuse;
- domestic abuse;
- discriminatory abuse;
- organisational or institutional abuse;
- neglect and acts of omission;
- self-neglect;
- coercive or controlling behaviour;
- exploitation;
- modern slavery and human trafficking;
- online abuse;
- bullying;
- abuse related to disability;
- criminal exploitation;
- neglect of a child's physical, emotional, educational or medical needs.

Abuse may be a single incident or a pattern of behaviour.

It may be carried out by a stranger, family member, partner, friend, carer, professional, another patient or any other person.

Safeguarding concerns may arise from something a patient says, something I observe, an injury or presentation that appears inconsistent with the explanation given, changes in behaviour, poor hygiene or care, or concerns raised by another person.

5. Recognising safeguarding concerns in podiatry

Podiatrists may see patients regularly and may therefore notice changes that other professionals do not.

Examples of possible indicators include:

- unexplained or repeated injuries;
- injuries inconsistent with the explanation provided;
- repeated falls or unexplained deterioration;
- untreated wounds or infections;
- pressure damage;
- significant deterioration in foot health;
- poor hygiene that appears inconsistent with the person's usual presentation;
- signs of neglect;
- inappropriate footwear or lack of basic care where this raises wider concerns;
- unexplained bruising;
- fearfulness around a particular person;
- unusual anxiety or withdrawal;
- a person appearing controlled or prevented from speaking;
- someone else answering every question on the patient's behalf;
- signs of financial exploitation;
- disclosure of abuse;
- a child appearing fearful of a parent or carer;
- a child presenting with injuries or circumstances that cause concern;
- evidence of inappropriate restraint;
- concerns about the standard of care being provided in a residential or care setting.

These indicators do not automatically mean abuse has occurred. They should, however, prompt professional curiosity and appropriate consideration of safeguarding.

---

6. Responding to a disclosure

If a patient tells me that they are being abused, neglected or harmed, I will:

1. remain calm and listen;

2. take what they say seriously;

3. allow them to speak without unnecessary interruption;

4. avoid leading questions or attempting to investigate;

5. not promise to keep the information secret;

6. explain, where appropriate, that I may need to share information with someone who can help keep them safe;

7. establish whether there is an immediate risk of harm;

8. make a factual record of what was said as soon as practicable;

9. seek appropriate safeguarding advice;

10. make a referral where necessary.

I will not attempt to investigate allegations myself.

Where possible, I will explain to the patient what action I intend to take and involve them in decisions about safeguarding, while recognising that there may be circumstances where information must be shared without consent in order to protect the patient or another person.

---

7. Immediate danger or emergency

If a patient or another person is in immediate danger, requires urgent medical attention, or a serious crime may be taking place, the priority is immediate safety.

I will contact the appropriate emergency service, including:

Police / Ambulance: 999

I will not delay emergency action while attempting to obtain consent or complete documentation.

---

8. Children and young people

When treating children and young people, I will:

- obtain appropriate consent from a parent, person with parental responsibility, or the young person where legally and clinically appropriate;
- consider the child's wishes, feelings and understanding;
- communicate with children in an age-appropriate manner;
- maintain appropriate professional boundaries;
- remain alert to signs of abuse or neglect;
- take disclosures seriously;
- consider whether the child's circumstances indicate a need for safeguarding action.

A child does not need to disclose abuse directly for a safeguarding concern to exist.

If I believe a child may be suffering, or may be at risk of suffering, significant harm, I will seek appropriate safeguarding advice and make a referral to children's social care or the police where appropriate.

Current government guidance, Working Together to Safeguard Children 2026, emphasises that safeguarding children is a shared responsibility and applies across agencies and settings.

---

9. Adults at risk

When treating an adult who may be at risk, I will:

- respect their dignity, wishes and autonomy;
- presume capacity unless there is reason to believe the person lacks capacity for the particular decision;
- support the person to make their own decisions wherever possible;
- consider whether the person is experiencing abuse, neglect or exploitation;
- consider whether they are able to protect themselves from the risk;
- take their wishes into account;
- consider whether other people may also be at risk;
- share information and make safeguarding referrals where necessary.

Adult safeguarding should be person-led and outcome-focused. The Care Act statutory guidance emphasises the importance of involving the adult, promoting choice and control, and responding proportionately to the circumstances.

---

10. Mental capacity and consent

I recognise that capacity is decision-specific.

A person should not be assumed to lack capacity simply because they:

- have a disability;
- have dementia;
- have a learning disability;
- have a mental health condition;
- communicate differently;
- make a decision that others consider unwise.

Where there is reason to question a person's capacity to make a particular decision, I will follow the principles of the Mental Capacity Act 2005 and take all practicable steps to support the person to make the decision themselves.

Where a person lacks capacity to make a particular decision, any decision made on their behalf will be made in accordance with the relevant legal requirements and in their best interests.

---

11. Professional boundaries

As a registered healthcare professional, I recognise the position of trust and authority that exists between practitioner and patient.

I will maintain clear professional boundaries at all times.

This includes:

- appropriate physical contact only;
- appropriate communication;
- maintaining professional behaviour;
- respecting privacy and dignity;
- avoiding inappropriate personal or emotional relationships;
- avoiding inappropriate financial relationships;
- using social media appropriately;
- protecting patient confidentiality;
- ensuring that personal relationships do not influence professional decisions.

The HCPC standards specifically require registrants to maintain appropriate professional boundaries and to recognise the position of trust held by health and care professionals.

---

12. Chaperones and privacy

Patients will be treated in a manner that protects their privacy and dignity.

Patients may request a chaperone where appropriate.

Where the clinical circumstances, age, vulnerability or safeguarding situation indicates that another person should be present, I will consider appropriate arrangements.

When working at pop-up clinics or other temporary premises, I will ensure that the treatment area provides reasonable privacy and that conversations cannot unnecessarily be overheard.

---

13. Safeguarding concerns involving another professional or carer

If I have concerns about the conduct of another professional, carer, volunteer or other person who may pose a risk to a patient or other vulnerable people, I will not ignore the concern simply because that person is known to the patient or is another professional.

I will:

- prioritise the safety of the person at risk;
- record the concern factually;
- seek appropriate safeguarding advice;
- report to the appropriate organisation or statutory agency;
- contact the police where a criminal offence or immediate danger is suspected;
- notify the relevant professional or regulatory body where appropriate.

If a concern relates to a person working with children, the Local Authority Designated Officer (LADO) may need to be contacted.

---

14. Safeguarding concerns arising in care homes or other organisations

Where I identify a safeguarding concern while providing podiatry services in a care home, residential setting or other organisation, I will not assume that the organisation will deal with the concern appropriately.

I will follow the organisation's safeguarding procedure where available, while retaining my own professional responsibility to escalate concerns where necessary.

If I believe a patient is at risk of harm, I will make an appropriate referral to the relevant safeguarding authority or police.

15. Confidentiality and information sharing

Patient information will normally be treated as confidential.

However, confidentiality is not absolute.

Information may need to be shared without the patient's consent where:

- there is a serious safeguarding concern;
- disclosure is necessary to protect the patient or another person from harm;
- disclosure is required by law;
- disclosure is justified in the public interest;
- a safeguarding authority or police service requires information lawfully.

Only relevant and necessary information will be shared.

Where appropriate, I will explain to the patient why information needs to be shared.

The HCPC states that confidential information may be disclosed where permitted by law, in the patient's best interests, or in the public interest, including where necessary to protect public safety or prevent harm.

---

16. Recording safeguarding concerns

Any safeguarding concern will be documented promptly and accurately.

Records should include, where relevant:

- date and time;
- patient’s name and identifying details;
- what was observed;
- what the patient or another person said;
- the patient’s own words where significant;
- relevant clinical findings;
- action taken;
- advice sought;
- person or organisation contacted;
- date and time of referral;
- reference number where provided;
- outcome or further action known.

Records will be factual and objective.

I will distinguish clearly between:

Fact: what I observed or what someone said.

Professional opinion: my clinical or safeguarding concern based on those facts.

I will avoid speculation or unsupported conclusions.

HCPC standards require registrants to keep full, clear and accurate records and to keep them secure.

17. Safeguarding referral process

Where a safeguarding concern arises, I will consider:

Step 1 – Is anyone in immediate danger?

If yes, contact 999.

Step 2 – Is there a safeguarding concern?

Consider whether the information indicates abuse, neglect, exploitation or risk of harm.

Step 3 – Listen and establish the immediate facts

Do not investigate unnecessarily.

Step 4 – Consider consent and capacity

Where appropriate, involve the patient in decisions.

Step 5 – Seek advice

If uncertain, seek advice from the appropriate safeguarding service.

Step 6 – Make a referral

Refer to the appropriate local authority safeguarding service, children's social care, police or other relevant agency.

Step 7 – Record

Document the concern, decisions, advice and actions taken.

Step 8 – Follow up

Where appropriate, ensure the concern has been received and take further action if necessary.

I will not assume that another professional has reported a concern unless this has been confirmed.

---

18. Local safeguarding contacts

As my practice is based in Cambridgeshire, the following contacts will be used where appropriate.

Adults at risk

Cambridgeshire County Council Adult Social Care

Telephone: 0345 045 5202

Monday–Friday, 9am–5pm.

Outside office hours, where an adult is in danger and unable to protect themselves or cannot remain safely in the community:

Emergency Duty Team: 01733 234 724

In an emergency: 999

Cambridgeshire County Council also provides an online safeguarding referral route for professionals.

Children and young people

Cambridgeshire County Council Children's Social Care

Telephone: 0345 045 5203

Monday–Friday, 9am–5pm.

Outside office hours:

Emergency Duty Team: 01733 234 724

In an emergency: 999

Professionals can also make safeguarding referrals through the Cambridgeshire children's safeguarding arrangements.

Allegations concerning someone working with children

Cambridgeshire Local Authority Designated Officer (LADO)

Email: LADO@cambridgeshire.gov.uk

Telephone: 01223 727 967 during office hours.

Outside office hours: 01733 234 724

---

19. Safeguarding and pop-up clinics

Safeguarding responsibilities remain the same when providing services away from the main clinic.

Before providing treatment at a new pop-up location, I will consider:

- privacy;
- safe access and exit;
- whether the treatment area can be secured appropriately;
- whether conversations can be overheard;
- emergency arrangements;
- availability of telephone communication;
- whether other staff or responsible adults are present where appropriate;
- the needs of children and adults who may require additional support.

The fact that a clinic is temporary or operated within another organisation does not transfer my professional safeguarding responsibilities to the venue.

---

20. Lone working

As a sole practitioner, I may work alone.

I will take reasonable steps to reduce risks associated with lone working, including:

- ensuring I have access to a working telephone;
- maintaining appropriate professional boundaries;
- ensuring that the premises are suitable for clinical work;
- following relevant venue emergency procedures;
- considering whether an appointment or situation presents an increased safeguarding or personal safety risk;
- ending or rearranging an appointment where it cannot safely proceed.

Where the circumstances create an unacceptable risk to the patient or myself, treatment will not proceed.

---

21. Allegations or concerns about me

If an allegation or safeguarding concern is made about me, I will:

- take the allegation seriously;
- ensure the immediate safety of the patient;
- cooperate fully with any investigation;
- preserve relevant records and information;
- comply with requests from safeguarding authorities, police or professional regulators;
- seek appropriate independent professional advice where necessary.

I will not attempt to obstruct, influence or improperly interfere with an investigation.

---

22. Training and continuing professional development

I will maintain appropriate safeguarding knowledge and undertake safeguarding continuing professional development relevant to my role.

This will include keeping knowledge up to date in relation to:

- safeguarding children;
- safeguarding adults;
- recognising abuse and neglect;
- mental capacity and consent;
- information sharing;
- professional boundaries;
- relevant changes to legislation and national or local guidance.

As a registered HCPC professional, I am responsible for maintaining knowledge and skills relevant to my scope of practice.

---

23. Equality, diversity and accessibility

Safeguarding applies equally to all patients.

I will not make assumptions about vulnerability, capacity, credibility or risk based on:

- age;

- disability;

- sex;

- gender;

- race or ethnicity;

- religion or belief;

- sexual orientation;

- socioeconomic circumstances;

- communication style;

- neurodivergence;

- appearance;

- diagnosis or medical history.

Reasonable adjustments will be considered where necessary to enable patients to communicate, understand information and participate in decisions about their care.

---

24. Review of safeguarding concerns

Where a safeguarding concern has occurred, I will review the circumstances afterwards to consider:

- whether the immediate response was appropriate;

- whether further action is required;

- whether the patient remains at risk;

- whether another person may also be at risk;

- whether my practice or procedures need to change;

- whether additional training is required;

- whether the incident should be discussed with an appropriate professional adviser or regulator.

---

25. Policy review

This policy will be reviewed at least annually and sooner if:

- legislation or statutory guidance changes;

- HCPC standards change;

- local safeguarding procedures change;

- there is a significant safeguarding incident;

- the nature or locations of the practice change.

The next scheduled review is:

5 October 2027

Declaration

I confirm that I have read and will work in accordance with this safeguarding policy.

Practitioner: Michelle Dolan

Professional role: HCPC Registered Chiropodist/Podiatrist

HCPC registration: CH34864

Signature: _____

Date: _____