



Member Documentation

Safeguarding Guidance for Members

Document Updated: 16/01/2025

Introduction



Safeguarding is the process of protecting individuals—particularly those who are vulnerable—from abuse, harm, and neglect. While all professionals have a duty to protect children, this guidance prioritises safeguarding for adults, who constitute the majority of patients seen by our members within the self-funded sector.

However, for those members who work with paediatric patients, this guidance includes principles that apply universally to safeguarding and highlights where specific differences may arise.

This guidance should be read in conjunction with BSHAA's [Record Keeping Guidance](#) and [Professional Practice for Hearing Aid Dispensers](#).

Together, these documents provide a comprehensive framework for ensuring the highest standards of care, professionalism, and safeguarding practices within hearing care services.



BSHAA: membership@bshaa.org

Legal & Ethical Framework

Legal Context

Safeguarding is underpinned by UK legislation, including:

- **The Care Act 2014:** Focuses on safeguarding adults with care and support needs.
- **The Safeguarding Vulnerable Groups Act 2006:** Provides a framework for ensuring unsuitable individuals do not work with vulnerable groups.
- **The Children Act 1989 and 2004:** Relevant for those working with children.
- **The Counter-Terrorism and Security Act 2015:** Introduced the PREVENT duty, requiring professionals to identify and respond to risks of radicalisation.

Ethical Responsibilities

All HCPC-registered professionals have a statutory obligation to:

- **Promote and protect the interests of service users and carers** (HCPC Standard 1).
- **Act in the best interests of patients and report concerns where necessary** (HCPC Standards 7 and 8).

Employers are responsible for ensuring that HCAs and non-HCPC-registered staff are trained and supported to meet safeguarding responsibilities. While these staff do not hold statutory duties themselves, their employers bear ultimate accountability.

HCPC Standards of Proficiency (2023 Update)

In 2023, the HCPC updated its **Standards of Proficiency**, reinforcing the shift from having an awareness of safeguarding issues to actively safeguarding individuals. This change emphasises the proactive role that registrants must take in identifying and addressing safeguarding concerns. For more details, refer to the HCPC Standards of Proficiency (2023).

Recognising Signs of Abuse and Neglect

Hearing care professionals should be vigilant for signs of abuse or neglect, which may include:

Physical or Domestic Abuse

- Unexplained bruises, burns, or injuries.
- Reluctance to allow examination or provide explanations for injuries.

Emotional or Psychological Abuse

- Signs of fear, anxiety, or distress.
- Sudden changes in behaviour or social withdrawal.

Neglect or Self-Neglect

- Poor hygiene, malnutrition, or untreated medical conditions.
- Hoarding or poor living conditions, including infestation or signs of animal neglect.
- Indicators that a patient's hearing needs are being ignored (e.g., broken or malfunctioning hearing aids).
- Being unable to access food or required medication.

Financial or Material Abuse

- Patients expressing concerns about finances being controlled by others.
- Discrepancies in billing or unexplained withdrawals from patient accounts or allegations of theft.

Organisational Abuse

- Discouragement of visits or involvement of relatives or friends
- Interference with personal correspondence or communication.
- Run-down or overcrowded establishments and/or authoritarian management or rigid regimes.

Recognising Signs of Abuse and Neglect

- Lack of leadership and supervision, Insufficient staffing levels or a high turn-over of staff resulting in poor quality of care.
- Lack of respect for dignity and privacy
- Misuse of medication or failure to provide adequate food/drink or assistance with eating/drinking.
- Not taking account of individuals' ethnic, cultural or religious needs
- Failure to respond to abuse appropriately

Discriminatory Abuse

- Unequal treatment based on age, disability, gender reassignment, marriage, civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as protected characteristics under the Equality act 2010)

Sexual Abuse

- A disclosure of sexual abuse or harassment.
- A disclosure of witnessing of sexual abuse or harassment.

Modern Slavery

- Human trafficking
- Forced labour
- Domestic servitude
- Sexual exploitation such as escort work, prostitution and pornography
- Debt bondage where being forced to pay off debts that realistically they will never be able to.

PREVENT Duty (Radicalisation and Extremism)

Radicalisation refers to the process through which individuals come to support extremist ideologies that may lead to terrorism. Signs of radicalisation can include:

- Expressions of extremist views or support for terrorism.
- Withdrawal from usual activities and isolation.
- Sudden changes in behaviour, particularly in language or social interactions.
- Unexplained absences, secretive use of technology, or unusual travel.

Hearing care professionals must be aware of the PREVENT duty and report concerns about radicalisation to the local PREVENT team or safeguarding lead. Training and resources are available through local authorities to support professionals in recognising and responding to such concerns.

Action Steps: Responding to Safeguarding Concerns

When safeguarding concerns arise, follow this simple step-by-step process:

01



Recognise

Identify the signs of abuse or neglect.

02



Respond

Act calmly and reassure the patient (avoid promising confidentiality as reporting may be necessary).

03



Record

Document what was observed or disclosed, using factual and clear language.

04



Report

Share concerns with your local safeguarding lead or local authority if appropriate (failure to safeguard may be seen as act of omission by registrants).

05



Refer

If immediate risk is present, contact emergency services or the relevant safeguarding authority. For concerns related to radicalisation, liaise with your local PREVENT team.



Case Study



Scenario:

During a follow-up hearing aid fitting appointment, a 75-year-old patient mentions they are unable to use their hearing aid regularly because their carer "takes it away" and only returns it when "they've behaved." The patient appears visibly upset when recounting this.

Response:

1. Reassure the patient that their concerns are being taken seriously.
2. Record their disclosure factually, avoiding assumptions or judgment.
3. Report the concern to the designated safeguarding lead or adult safeguarding authority.
4. Continue to support the patient within your professional remit, ensuring no further harm, you may consider contacting a family member or friend if the patient wishes familiar support and consents to this.

Confidentiality and Safeguarding

Confidentiality and Safeguarding

When safeguarding concerns arise, it is important to balance confidentiality with the need to act in the best interests of the patient. Key considerations include:

- **Consent and Capacity:** If the patient has capacity, seek their consent before sharing information unless there is a significant risk of harm.
- **Best Interests:** For patients lacking capacity, act in their best interests following the principles outlined in Best Interests and Capacity Decisions.
- **Information Sharing:** Share information only with those directly involved in safeguarding investigations or interventions.

Safeguarding Reporting Template

The template below provides a structured guide for recording relevant details in clinical notes and in any report of safeguarding issues.

Section	Details
Date/Time of Concern	
Patient Details	Name, DOB, Address, Contact Information
Details of Incident	Factual description of what was observed or disclosed
Actions Taken	Steps you took (e.g., reassurance, reporting)
Next Steps	Referrals or further actions planned

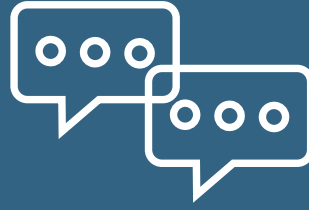
Resources

For further Support and Advice, contact:

- Local Authority Safeguarding Team
- Hourglass Charity: www.wearehourglass.org
- HCPC Guidance on Safeguarding: [Safeguarding Policy | The HCPC](#)
- Social Care Institute for Excellence: [Safeguarding - SCIE](#)
- Prevent Duty Training: [Prevent duty training - GOV.UK](#)
- Prevent Duty Guidance: <https://www.gov.uk/government/publications/prevent-duty-guidance>

Final Note

Safeguarding is a shared responsibility, and all members of BSHAA play a vital role in protecting vulnerable patients. By remaining vigilant and adhering to this guidance, you help foster a safe and supportive environment for all patients.



Queries & Questions

BSHAA has taken all reasonable steps to ensure that the information in this guide is accurate and up to date.

BSHAA does not accept any liability for any errors or omissions, or for how it might be interpreted or used.

The Society welcomes comments on this document or if you have any questions or queries, please contact us through:



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