

## **Safeguarding Children and Vulnerable Adults Policy**

This policy applies to all Trustees, employees and volunteers. Adapt (N.E.) recognises the importance of its support services to families, children, young people and adults and its particular responsibilities to safeguard and promote the welfare of those who are vulnerable or at risk.

The welfare of a child or vulnerable adult is paramount whatever their age, culture, disability, gender, language, racial origin, religion or sexual identity and they have the right to be protected from abuse.

Adapt recognises that some children, young people and vulnerable adults are additionally vulnerable to abuse due to their disability, level of dependence, communication needs or other issues. Adapt will always take extra care to look out for signs of abuse in this group of individuals and ensure that their needs are not neglected due to difficulties they may have in communicating signs of abuse.

All suspicions and allegations of abuse will be taken seriously and responded to immediately and the appropriate action taken.

The procedures contained in this policy apply to all Board members, staff and volunteers and are consistent with those of the local safeguarding children board (NSCB) and North Tyneside and Northumberland safeguarding adults board (SAB). This policy is available on the school website and is included in the staff handbook and electronically, volunteers' handbook and can be made available to third parties.

### **Policy Principles**

- The welfare of children and vulnerable adults is paramount.
- All children and adults, regardless of age, gender, ability, culture, race, language, religion or sexual identity, have equal rights to protection.
- All Board members, staff and volunteers have an equal responsibility to act on any suspicion or disclosure that may suggest a child or vulnerable adult is at risk of harm.
- Clients and staff involved in child protection issues will receive appropriate support.

### **Policy Aims**

- To provide all staff with the necessary information to enable them to meet their responsibilities.
- To ensure consistent good practice.
- To demonstrate Adapt's commitment with regard to the protection of children and vulnerable adults.
- To contribute to the school's safeguarding portfolio.

### **Legal Framework**

This policy has been drawn up using laws and guidance from the following:

#### **Laws and guidance relating to children:**

- The Children Act 1989 / The Children Act 2004
- The Children and Families Act 2014
- United convention of the Rights of the Child 1991
- Data Protection Act 1998
- Equality Act 2010
- Sexual Offences Act 2003
- Protection of Freedom Act 2012
- Working Together to Safeguard Children 2015

## **Laws and guidance relating to vulnerable adults:**

- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Care Act 2014
- Human Rights Act 1998
- Equality Act 2010
- Mental Capacity Act 2005
- No secrets January 2015
- Safeguarding Adults; A national framework of standards for good practice and outcomes in adult protection work 2005

## **The Designated Safeguarding Lead:**

The designated safeguarding lead (DSL) for child protection is **Liz Prudhoe**

Contact details: email: **lizp@adapt-tyndale.org.uk**

tel: **01434 600599**

- has the status and authority within the organisation to carry out the duties of the post, including committing resources and supporting and directing other staff.
- is appropriately trained, with updates every three years.
- acts as a source of support and expertise to the organisation.
- encourages a culture of listening to children and vulnerable adults and taking account of their wishes and feelings.
- is alert to the specific needs of children in need, those with special educational needs and young carers
- is alert to the specific needs of vulnerable adults, those with disabilities and carers.
- has a working knowledge of NSCB procedures  
<http://northumberlandscb.proceduresonline.com/chapters/contents.html>
- makes staff aware of NSCB training courses (all available through Learning Together <http://ncc.learningpool.com/>) and the latest policies and procedures on safeguarding
- has an understanding of locally agreed processes for providing early help and intervention.
- keeps detailed written records of all concerns, ensuring that such records are stored securely.
- refers cases of suspected abuse to care or police as appropriate.
- attends and / or contributes to child protection conferences and the safeguarding adults board.
- develops effective links with relevant statutory and voluntary agencies, including the NSCB.
- ensures that all staff sign to indicate that they have read and understood this policy.
- ensures that the child protection policy and procedures are regularly reviewed and updated every 3 years, working with the Board of Trustees regarding this.
- keeps a record of staff attendance at child protection and safeguarding adults training.

## **Good Practice Guidelines and Staff Code of Conduct**

To meet and maintain our responsibilities towards clients and service users we need to agree standards of good practice which form a code of conduct for all staff. Good practice includes:

- treating all service users with respect
- setting a good example by conducting ourselves appropriately
- involving service users in decisions that affect them
- encouraging positive, respectful and safe behaviour among service users
- being a good listener
- being alert to changes in clients' behaviour and to signs of abuse, neglect and exploitation
- recognising that challenging behaviour may be an indicator of abuse
- reading and understanding the protection of children and vulnerable adults policy.
- maintaining appropriate standards of conversation and interaction with and between service users

- and avoiding the use of sexualised or derogatory language
- being aware that the personal and family circumstances and lifestyles of some service users can lead to an increased risk of abuse
- referring all concerns about a service user's safety and welfare to the DSL, or, if necessary directly to police or children's or adults social care.

## **Record Keeping**

When working with vulnerable adults and children, it is very important that adequate records are kept of any accidents, altered behaviour or injury. Vulnerable adults and children have the right to see any information kept on them by Adapt (North East), and should be informed of this. Written information should be kept locked away securely in the either the main office or the Pegswood office.

## **Service Users Who May be Particularly Vulnerable**

Some service users may have an increased risk of abuse. It is important to understand that this increase in risk is due more to societal attitudes and assumptions or child protection / safeguarding procedures that fail to acknowledge diverse circumstances, rather than the individual's personality, impairment or circumstances. Many factors can contribute to an increase in risk, including prejudice and discrimination, isolation, social exclusion, communication issues and a reluctance on the part of some adults to accept that abuse can occur.

To ensure that all of our service users receive equal protection, we will give special consideration to those who are:

- looked after
- have care and support needs
- disabled or have special educational needs
- young carers
- affected by substance misuse, domestic violence or mental health needs
- asylum seekers
- living away from home
- vulnerable to being bullied, or engaging in bullying
- living in temporary accommodation
- live transient lifestyles
- living in chaotic and unsupportive home situations
- vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion, disability or sexuality
- at risk of sexual exploitation
- do not have English as a first language
- at risk of female genital mutilation (FGM)
- at risk of forced marriage
- at risk of being drawn into extremism.

**This list provides examples of additionally vulnerable groups and is not exhaustive.**

## **Support for those Involved in a Child Protection or Safeguarding Adult Issue**

Abuse is devastating for the service user and can also result in distress and anxiety for staff who become involved.

We will support pupils, their families, and staff by:

- taking all suspicions and disclosures seriously

- responding sympathetically to any request from service users or staff for time out to deal with distress or anxiety
- maintaining confidentiality and sharing information on a need-to-know basis only with relevant individuals and agencies
- storing records securely
- offering details of helplines, counselling or other avenues of external support
- where a member of staff is the subject of an allegation made by a service user, ensure that lines of communication are maintained
- following the procedures laid down in our protection of children and vulnerable adults, whistleblowing, complaints and disciplinary procedures
- cooperating fully with relevant statutory agencies.

## **Staff Training**

It is important that all staff receive training to enable them to recognise the possible signs of abuse, neglect and exploitation and to know what to do if they have a concern.

New staff and Board members will receive a briefing during their induction, which includes Adapt's protection of children and vulnerable adults policy and details for the DSL. All staff, including the and Board members will receive training that is regularly updated and the DSL will receive training updated at least every three years, including training in inter-agency procedures.

## **Recognising Abuse**

To ensure that our service users are protected from harm, we need to understand what types of behaviour constitute abuse and neglect.

Abuse may be committed by adult men or women and by children and young people.

### **Details of the definitions of the 4 types of abuse are included as Appendix 1**

Other key areas where staff may need to take additional advice or action are described below.

## **Bullying**

While bullying between children or peers is not a separate category of abuse and neglect, it is a very serious issue that can cause considerable anxiety and distress. At its most serious level, bullying can have a disastrous effect on an individual's wellbeing and in very rare cases has been a feature in the suicide of some people.

All incidences of bullying, including cyber-bullying and prejudice-based bullying, should be reported. If the bullying is particularly serious the DSL will consider implementing child protection or safeguarding adult procedures.

## **Looked after children**

The most common reason for children becoming looked after is as a result of abuse or neglect.

## **Children with sexually harmful behaviour**

Children may be harmed by other children or young people. There may be occasions when a service user's behaviour warrants a response under child protection or safeguarding adults procedures.

The management of service users with sexually harmful behaviour is complex. Young people and adults who display such behaviour may be / have been victims of abuse themselves and the child protection / safeguarding procedures can be followed for both victim and perpetrator. Staff who become concerned about a service user's sexual behaviour, including any known online sexual behaviour, should speak to the DSL as soon as possible.

## **Sexual exploitation of children**

Sexual exploitation involves an individual or group of adults taking advantage of the vulnerability of an individual or groups of people, and victims can be boys or girls. Children, young people and vulnerable

adults are often unwittingly drawn into sexual exploitation through the offer of friendship and care, gifts, drugs and alcohol, and sometimes accommodation. Sexual exploitation is a serious crime and can have a long-lasting adverse impact on an individual's physical and emotional health. It may also be linked to trafficking.

A common feature of sexual exploitation is that the victim often doesn't recognise the coercive nature of the relationship and doesn't see themselves as a victim. The victim may initially resent what they perceive as interference by staff, but staff must act on their concerns, as they would for any other type of abuse.

### **Female Genital Mutilation**

In England, Wales and Northern Ireland, the practice is illegal under the Female Genital Mutilation Act 2003. Any person found guilty of an offence under the Female Genital Mutilation Act 2003 is liable to a maximum penalty of 14 years imprisonment or a fine, or both. See Appendix A for further details.

### **Forced Marriage**

A forced marriage is a marriage in which a female (and sometimes a male) does not consent to the marriage but is coerced into it. Coercion may include physical, psychological, financial, sexual and emotional pressure. It may also involve physical or sexual violence and abuse. Since June 2014 forcing someone to marry has become a criminal offence in England and Wales under the Anti-Social Behaviour, Crime and Policing Act 2014. See Appendix A for further details.

### **Radicalisation and Extremism**

The government defines extremism as vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.

Some children and vulnerable adults are at risk of being radicalised: adopting beliefs and engaging in activities which are harmful, criminal or dangerous. Nationally, Islamic extremism is the most widely publicised form, however staff should also remain alert to the risk of radicalisation into white supremacy and extreme right wing factions. NIAS staff receive training to help to identify signs of extremism. See Appendix A for further details.

### **Peer on Peer Abuse**

Staff should be aware that safeguarding issues can manifest themselves as *peer on peer abuse*. This is most likely to include, but not limited to: bullying (including cyber bullying), gender based violence/sexual assaults and sexting.

Abuse is abuse and should never be tolerated or passed off as 'banter' or part of growing up. Occasionally, allegations may be made against service users by their peers, which are of a safeguarding nature. This could include physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is likely that to be considered a safeguarding allegation, some of the following features will be found –

- the allegation is made against another service user and refers to their behaviour towards a younger or more vulnerable peer / service user
- is of a serious nature, possibly including a criminal offence
- raises risk factors for other peers / service user
- indicates that other peers / service users may have been affected by this individual

To support people in this situation we will follow our usual safeguarding procedures ensuring all information is recorded and reported to the DSL, with particular reference being made to NSCB guidance on abuse by children and young people.

### **Impact of abuse**

The impact of abuse, neglect and exploitation should not be underestimated. Many people do recover well and go on to lead healthy, happy and productive lives. Although most adult survivors agree that the emotional scars remain, however well buried. For some children, full recovery is beyond their reach, and

the rest of their childhood and their adulthood may be characterised by anxiety or depression, self-harm, eating disorders, alcohol and substance misuse, unequal and destructive relationships and long-term medical or psychiatric difficulties.

## Taking Action

Key points for staff to remember for taking action are:

- in an emergency take the action necessary to help the service user, if necessary call 999
- report your concern as soon as possible to the DSL, definitely by the end of the day
- do not start your own investigation
- share information on a need-to-know basis only – do not discuss the issue with colleagues, friends or family
- complete a written record
- seek support for yourself if you are distressed.

## If a Service User Discloses to You

It takes a lot of courage for someone to disclose that they are being abused. They may feel ashamed, particularly if the abuse is sexual; their abuser may have threatened what will happen if they tell; they may have lost all trust in others; or they may believe, or have been told, that the abuse is their own fault. Sometimes they may not be aware that what is happening is abusive.

If a service user talks to a member of staff / volunteer about any risks to their safety or wellbeing, **the staff member will need to let the service user know that they must pass the information on** – staff are not allowed to keep secrets. The point at which they tell the service user this is a matter for professional judgement. If they jump in immediately the service user may think that they do not want to listen, if left until the very end of the conversation, the service user may feel that they have been misled into revealing more than they would have otherwise.

During their conversations with the service user staff will:

- allow them to speak freely
- remain calm and not overreact – they may stop talking if they feel they are upsetting their listener
- give reassuring nods or words of comfort – ‘I’m so sorry this has happened’, ‘I want to help’, ‘This isn’t your fault’, ‘You are doing the right thing in talking to me’
- not be afraid of silences – staff must remember how hard this must be for the service user
- **under no circumstances** ask investigative questions – such as how many times this has happened, whether it happens to others too, or what does the persons family think about all this
- at an appropriate time tell the service user that in order to help them, the member of staff must pass the information on and explain to whom and why
- do not automatically offer any physical touch as comfort. It may be anything but comforting to a person who has been abused
- avoid reprimanding the person for not disclosing earlier. Saying things such as ‘I do wish you had told me about this when it started’ or ‘I can’t believe what I’m hearing’ may be the staff member’s way of being supportive but may be interpreted by the victim to mean that they have done something wrong
- tell the service user what will happen next. They may agree to go to an alert being made.
- report to the DSL verbally and in writing
- write up the conversation as soon as possible and provide it to the DSL
- seek appropriate support if they feel distressed.

## Notifying Parents

Adapt will normally seek to discuss any concerns about a child with their parents. This must be handled sensitively and the DSL will make contact with the parent in the event of a concern, suspicion or disclosure. However, if the DSL believes that notifying parents could increase the risk to the child or

exacerbate the problem, advice will first be sought from children's social care.

## Referral to Social Care

- **The DSL will make a referral to the appropriate social care team** if it is believed that a service user **is suffering or is at risk of suffering significant harm.**
- The service user (subject to their age and understanding) and the parents will be told that a referral is being made, unless to do so would increase the risk to the victim.
- Any member of staff may make a direct referral to the social care team if they genuinely believe independent action is necessary to protect a service user.
- The DSL should keep relevant staff informed about actions taken, they do not need to share all information but staff must be confident their concerns have been actioned.
- Staff who inform the social care team should advise the DSL, and if appropriate their line manager.

## Confidentiality and Sharing Information

All staff will understand that child protection and adult safeguarding issues warrant a high level of confidentiality, not only out of respect for the victim and staff involved, but also to ensure that information being released into the public domain does not compromise evidence.

Staff should only discuss concerns with the designated senior person, Director or chair of the board of trustees (depending on who is the subject of the concern). That person will then decide who else needs to have the information and they will disseminate it on a 'need-to-know' basis.

Information will be stored and handled in line with the General Data Protection Regulations and shared in line with the confidentiality policy, which is available in the staff handbook and electronically. Information sharing decisions will be recorded, whether or not the decision is taken to share.

The DSL will normally obtain consent from the service user and/or parents to share sensitive information within Adapt or with outside agencies. Where there is good reason to do so, the DSL may share information *without* consent, and will record the reason for not obtaining consent.

If any member of staff receives a request from a service user or parent to see child protection / safeguarding records, they will refer the request to the DSL.

## Reporting Directly to Child Protection and Safeguarding Agencies

Staff should follow the reporting procedures outlined in this policy. However, they may also share information directly with children's social care, police or the NSPCC if:

- the situation is an emergency and the designated senior person, their deputy and the chair of board of trustees are all unavailable
- they are convinced that a direct report is the only way to ensure the service users safety
- for any other reason they make a judgement that direct referral is in the best interests of the service user.

## **APPENDICES**

APPENDIX A	Definitions of Abuse and other harmful behaviour
APPENDIX B	LA and NSCB contacts
APPENDIX C	Flowchart for raising safeguarding concerns
APPENDIX D	The stages of a child protection enquiry
APPENDIX E	The stages of a safeguarding adults enquiry
APPENDIX F	Frequently asked questions

# APPENDIX A

## Four Categories of Abuse

### Physical Abuse

Physical abuse is a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. (This used to be called Munchausen's Syndrome by Proxy, but is now more usually referred to as fabricated or induced illness).

### Emotional Abuse

Emotional abuse is the persistent emotional maltreatment, such as to cause severe and persistent adverse effects on the person's emotional wellbeing. It may involve conveying to that a person is worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the person opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed. These may include interactions that are beyond a person's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the participation in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing them to frequently to feel frightened or in danger, or the exploitation or corruption of children or vulnerable adults. Some level of emotional abuse is involved in all types of maltreatment, although it may occur alone.

### Sexual Abuse

Sexual abuse involves forcing or enticing a person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the person is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving them in looking at, or in the production of, sexual images, watching sexual activities, encouraging them to behave in sexually inappropriate ways, or grooming a child / vulnerable adult in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

### Neglect

Neglect is the persistent failure to meet a person's basic physical and/or psychological needs, likely to result in the serious impairment of the persons development, health or wellbeing. Neglect may occur during pregnancy as a result of maternal substance abuse. Neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a person from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a persons basic emotional needs.

### Indicators of Abuse

Physical signs define some types of abuse, for example, bruising, bleeding or broken bones resulting from physical or sexual abuse, or injuries sustained while a person has been inadequately supervised. The identification of physical signs is complicated, as people may go to great lengths to hide injuries, often because they are ashamed or embarrassed, or their abuser has threatened further violence or trauma if they 'tell'. It is also quite difficult for anyone without medical training to categorise injuries into accidental or deliberate with any degree of certainty. For these reasons it is vital that staff are also aware of the range of behavioural indicators of abuse and report any concerns to the designated senior person.

**It is the responsibility of staff to report their concerns. It is not their responsibility to investigate or decide whether there has been abuse.**

A person who is being abused, neglected or exploited may:

- have bruises, bleeding, burns, fractures or other injuries
- show signs of pain or discomfort
- keep arms and legs covered, even in warm weather
- look unkempt and uncared for
- change their eating habits
- have difficulty in making or sustaining friendships
- appear fearful
- be reckless with regard to their own or other's safety
- self-harm
- display a change in behaviour – from quiet to aggressive, or happy-go-lucky to withdrawn
- challenge authority
- become disinterested in their activities
- be constantly tired or preoccupied
- be wary of physical contact
- be involved in, or particularly knowledgeable about drugs or alcohol
- display sexual knowledge or behaviour beyond that normally expected for their age
- acquire gifts such as money or a mobile phone from new 'friends'

Individual indicators will rarely, in isolation, provide conclusive evidence of abuse. They should be viewed as part of a jigsaw, and each small piece of information will help the DSL to decide how to proceed.

**Sexual exploitation** is a form of sexual abuse where people are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child or vulnerable adult may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Sexual exploitation does not always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point. Some of the following signs may be indicators of sexual exploitation:

- Appearing with unexplained gifts or new possessions;
- Associating with other people involved in exploitation;
- Children who have older boyfriends or girlfriends;
- Children who suffer from sexually transmitted infections or become pregnant;
- Adults who suffer from sexually transmitted infections
- Suffering from changes in emotional well-being;
- Misuse of drugs and alcohol;
- Going missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or do not take part in education.

**It is very important that staff report their concerns – they do not need 'absolute proof' that the service user is at risk.**

### **Honour Based Violence**

So-called 'honour-based' violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubt, staff should speak to the designated safeguarding lead. Professionals in all agencies, and individuals and groups in relevant

communities, need to be alert to the possibility of a person being at risk of HBV, or already having suffered HBV.

### **Indicators**

There are a range of potential indicators that a person may be at risk of HBV. Guidance on the warning signs that FGM or forced marriage may be about to take place, or may have already taken place, can be found online.

<https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

### **Female Genital Mutilation**

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon regulated health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for staff to see visual evidence, and they should not be examining service users, but the same definition of what is meant by “to discover that an act of FGM appears to have been carried out” is used for all professionals to whom this mandatory reporting duty applies.

### **Forced Marriage**

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage.

### **Recognising Extremism**

Early indicators of radicalisation or extremism may include:

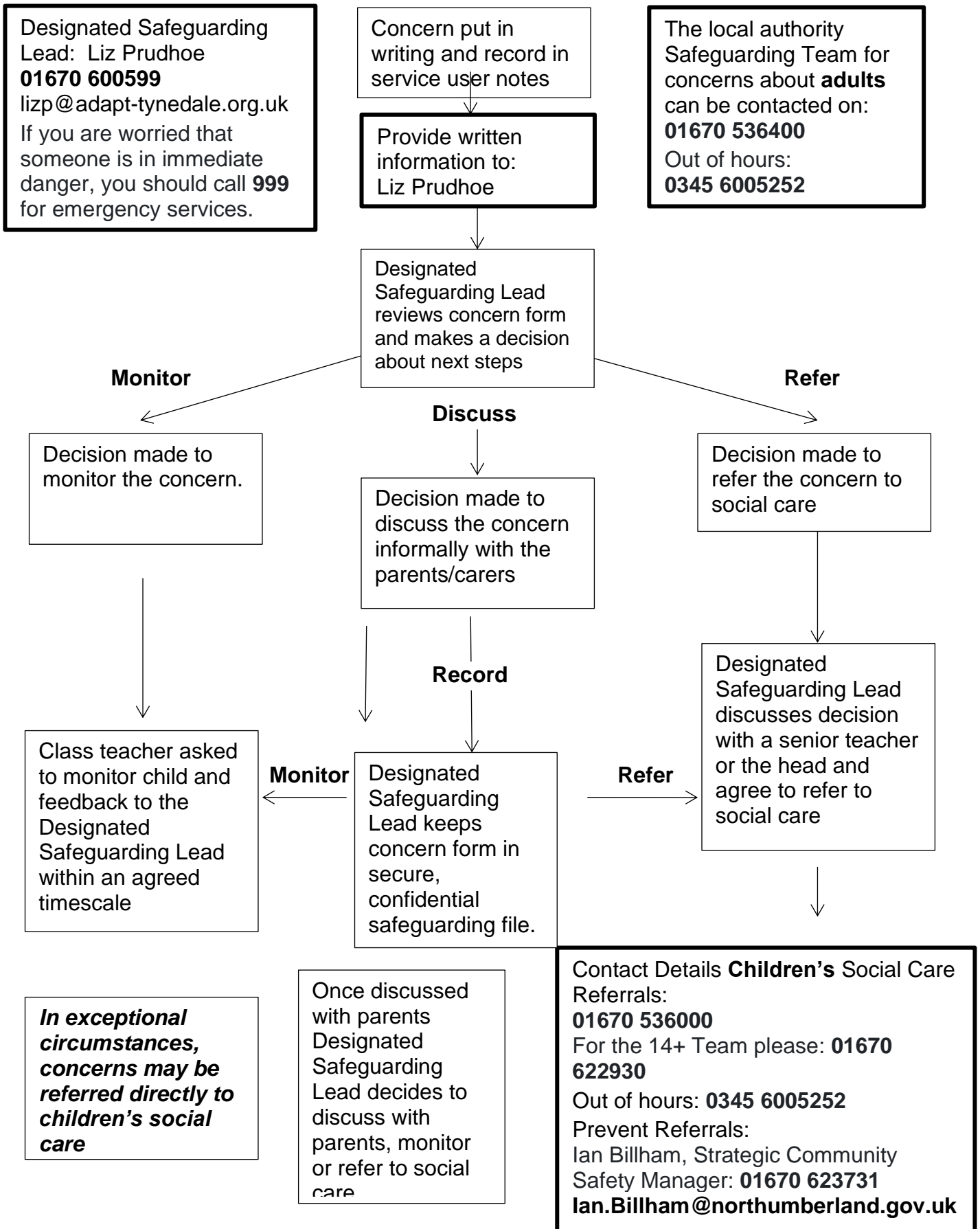
- showing sympathy for extremist causes
- glorifying violence, especially to other faiths or cultures
- making remarks or comments about being at extremist events or rallies
- evidence of possessing illegal or extremist literature
- advocating messages similar to illegal organisations or other extremist groups
- out of character changes in dress, behaviour and peer relationships (but there are also very powerful narratives, programmes and networks that people can come across online so involvement with particular groups may not be apparent.)
- secretive behaviour
- online searches or sharing extremist messages or social profiles
- intolerance of difference, including faith, culture, gender, race or sexuality
- graffiti, art work or writing that displays extremist themes
- attempts to impose extremist views or practices on others
- verbalising anti-Western or anti-British views
- advocating violence towards others

## APPENDIX B

### Local Authority AND LSCB CONTACTS

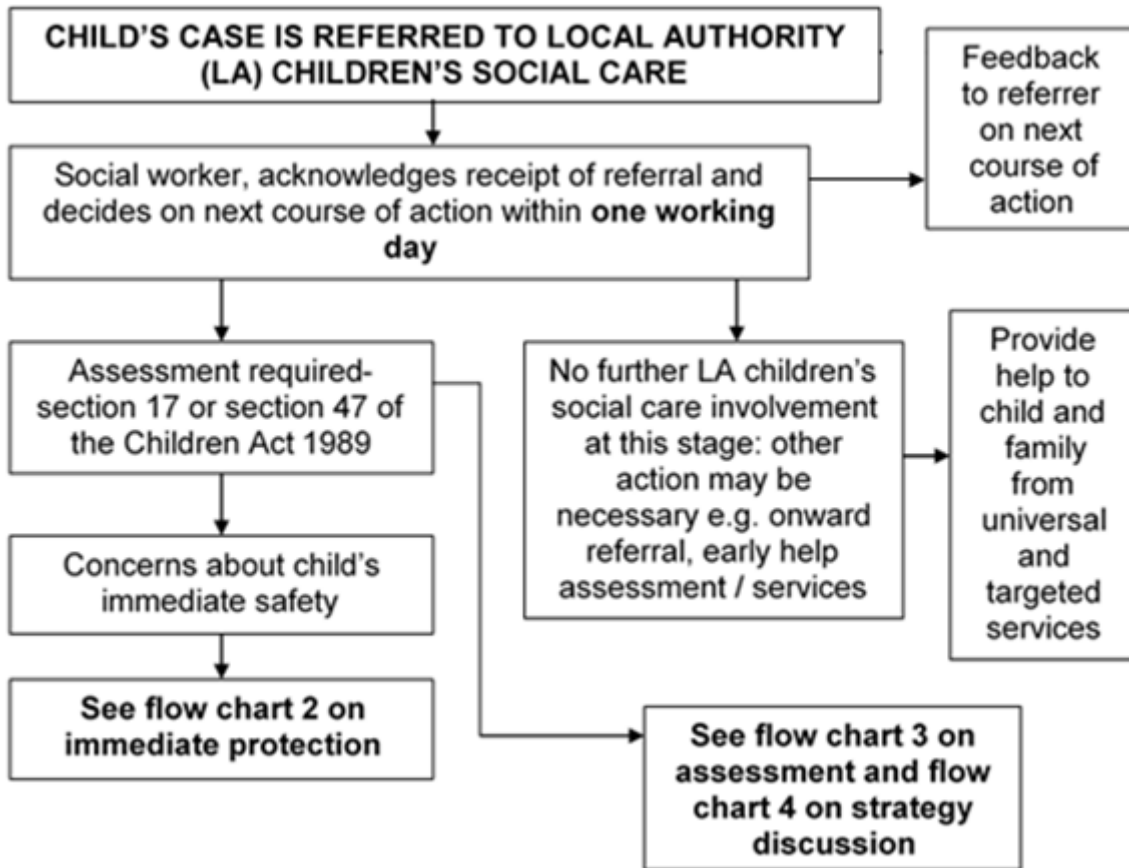
Advice Area	Contact
<p>Discussion about a CP or child welfare referrals and advice on the operation of CP/Safeguarding Procedures , how to refer and where The following link will provide a map to show the locality office boundaries <a href="http://www.northumberland.gov.uk/NorthumberlandCountyCouncil/media/Child-Families/Safeguarding/Social-Care-Team-Boundaries-2016-w-Key.png">http://www.northumberland.gov.uk/NorthumberlandCountyCouncil/media/Child-Families/Safeguarding/Social-Care-Team-Boundaries-2016-w-Key.png</a></p>	<p><b>Children’s Social Care Teams</b> Central Locality Ashington - 01670 536000 North Locality Alnwick and Berwick - 01670 629400 South East Locality Blyth and Cramlington - 01670 629600 West Locality Hexham - 01434 611499 Disabled Children Team - 01670 516131 16+ Team - 01670 852225</p>
<p>Co-ordination of Training Requirements for Designated staff (CP)</p>	<p>Anne Lambert 01670 623159</p>
<p>Discussion about a adult safeguarding referrals and advice on the operation of Safeguarding Procedures , how to refer and where</p>	<p><b>Safeguarding Adults Team - 01670 622 683</b> (team administrator) Please note that this is for general advice only</p>
<p>To make an adult safeguarding referral – Northumberland</p>	<p><b>Adult Social Care Teams</b> Onecall – 01680 536400</p>
<p>To make an adult safeguarding referral – North Tyneside</p>	<p><b>Adult Social Care Team</b> My Care - 0191 6432777</p>
<p>Training for staff via the NCC Learning Pool. Register on <a href="https://ncc.learningpool.com/login/index.php">https://ncc.learningpool.com/login/index.php</a> For advice about Safeguarding Adults training please contact: Leigh Waller - 01670 629041 Email: <a href="mailto:leigh.waller@nhct.nhs.uk">leigh.waller@nhct.nhs.uk</a></p>	<p><b>Northumberland County Council</b> and Private/Independent Sector staff - 01670 624803 Email: <a href="mailto:learningandOD@northumberland.gov.uk">learningandOD@northumberland.gov.uk</a> <b>Northumbria Healthcare</b> - 0191 2031415 Email: <a href="mailto:trainingdept@northumbria-healthcare.nhs.uk">trainingdept@northumbria-healthcare.nhs.uk</a></p>

# Appendix C - Flow chart for Raising Safeguarding Concerns

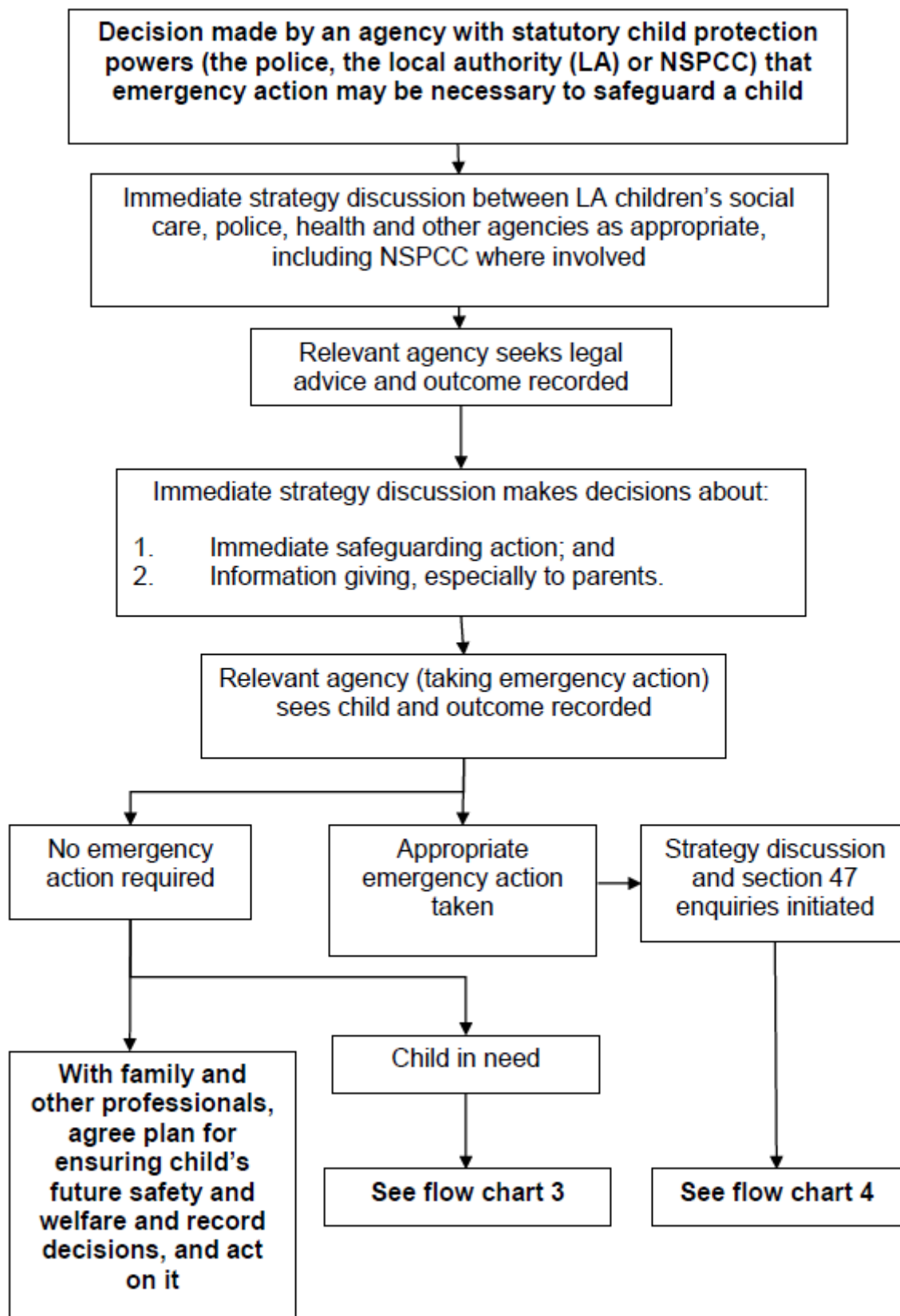


# APPENDIX D

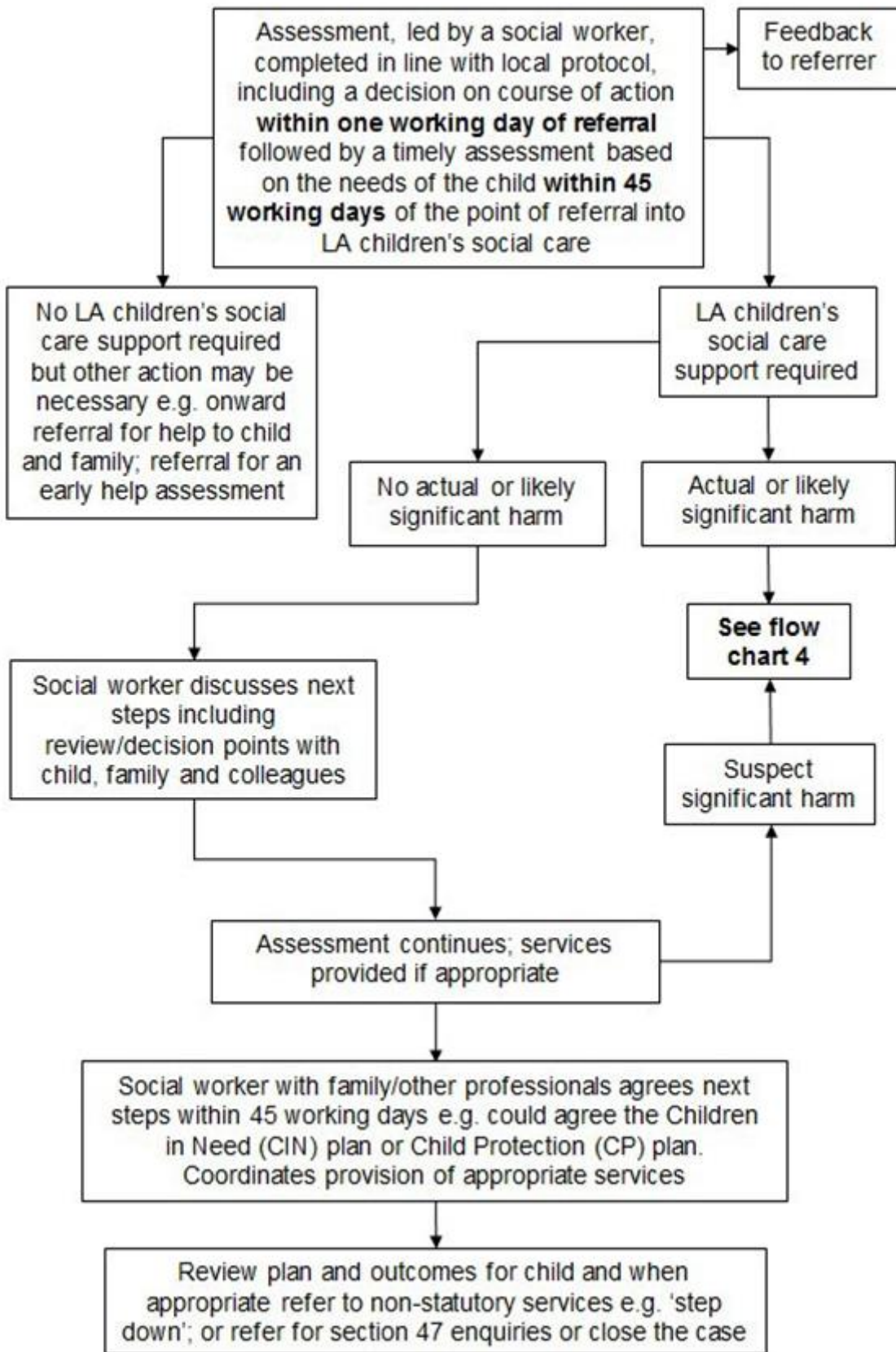
Flow chart 1: Action taken when a child is referred to local authority children's social care services



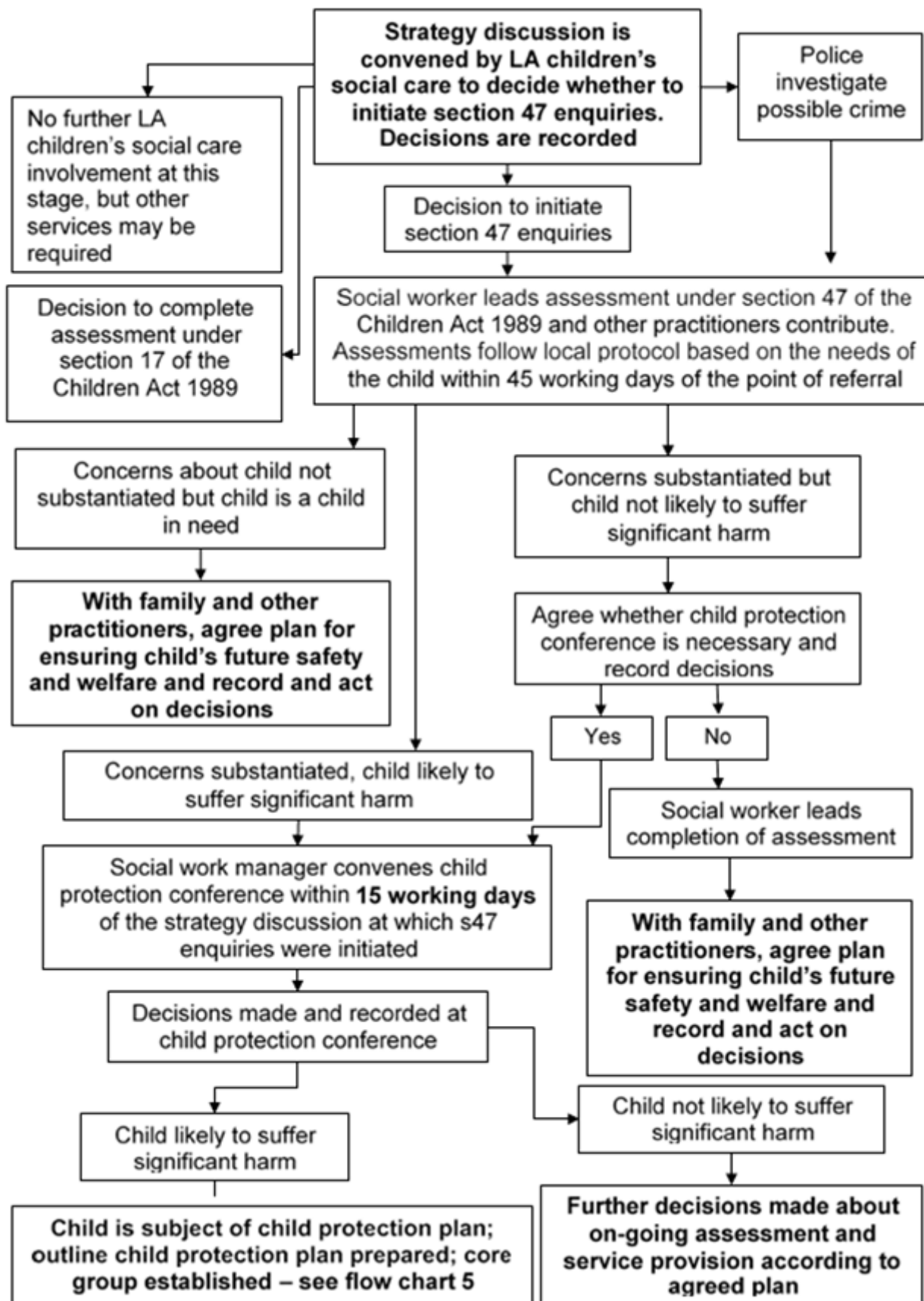
## Flow chart 2: Immediate protection



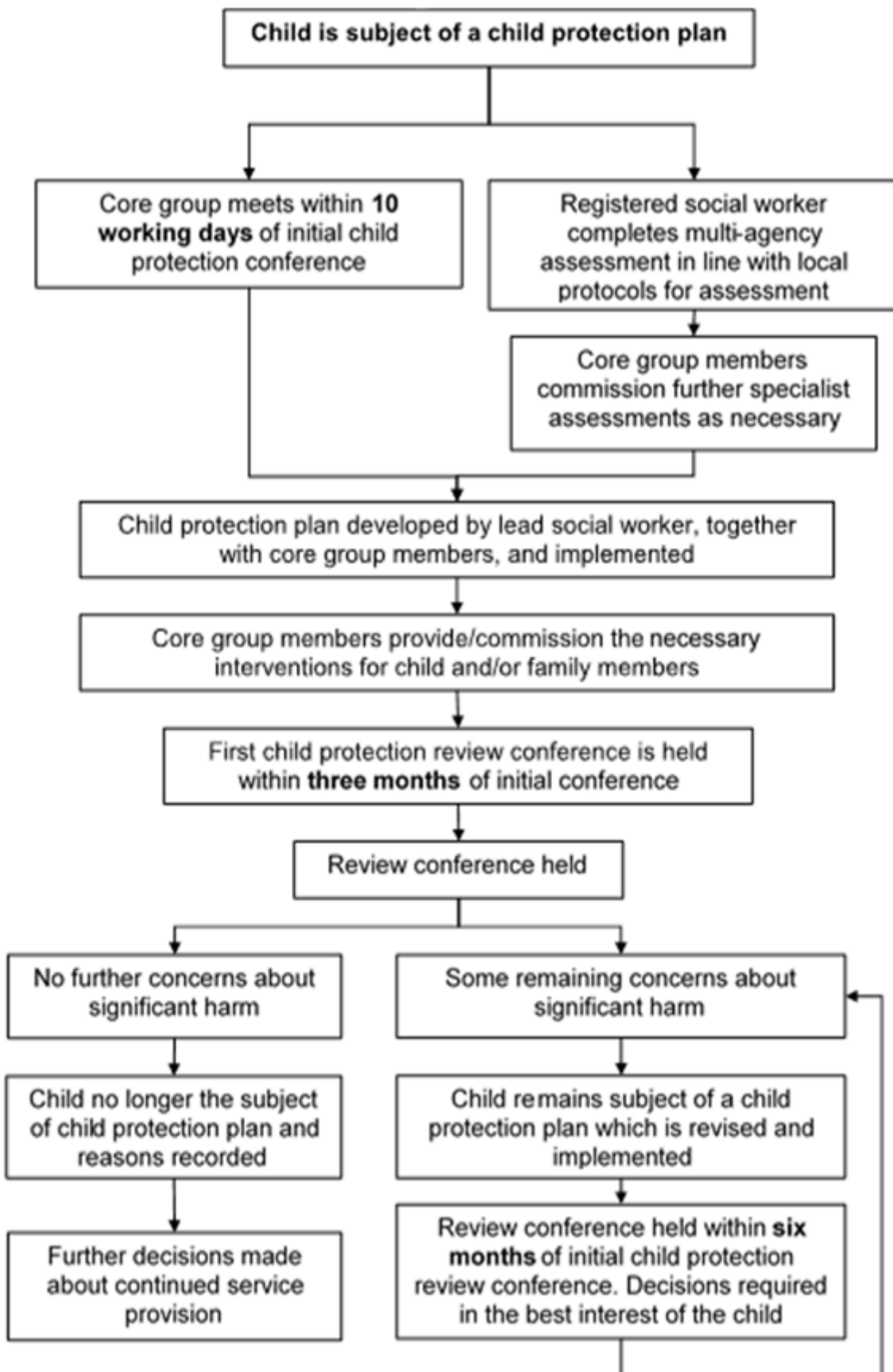
**Flow chart 2: Action taken for an assessment of a child under the Children Act 1989**



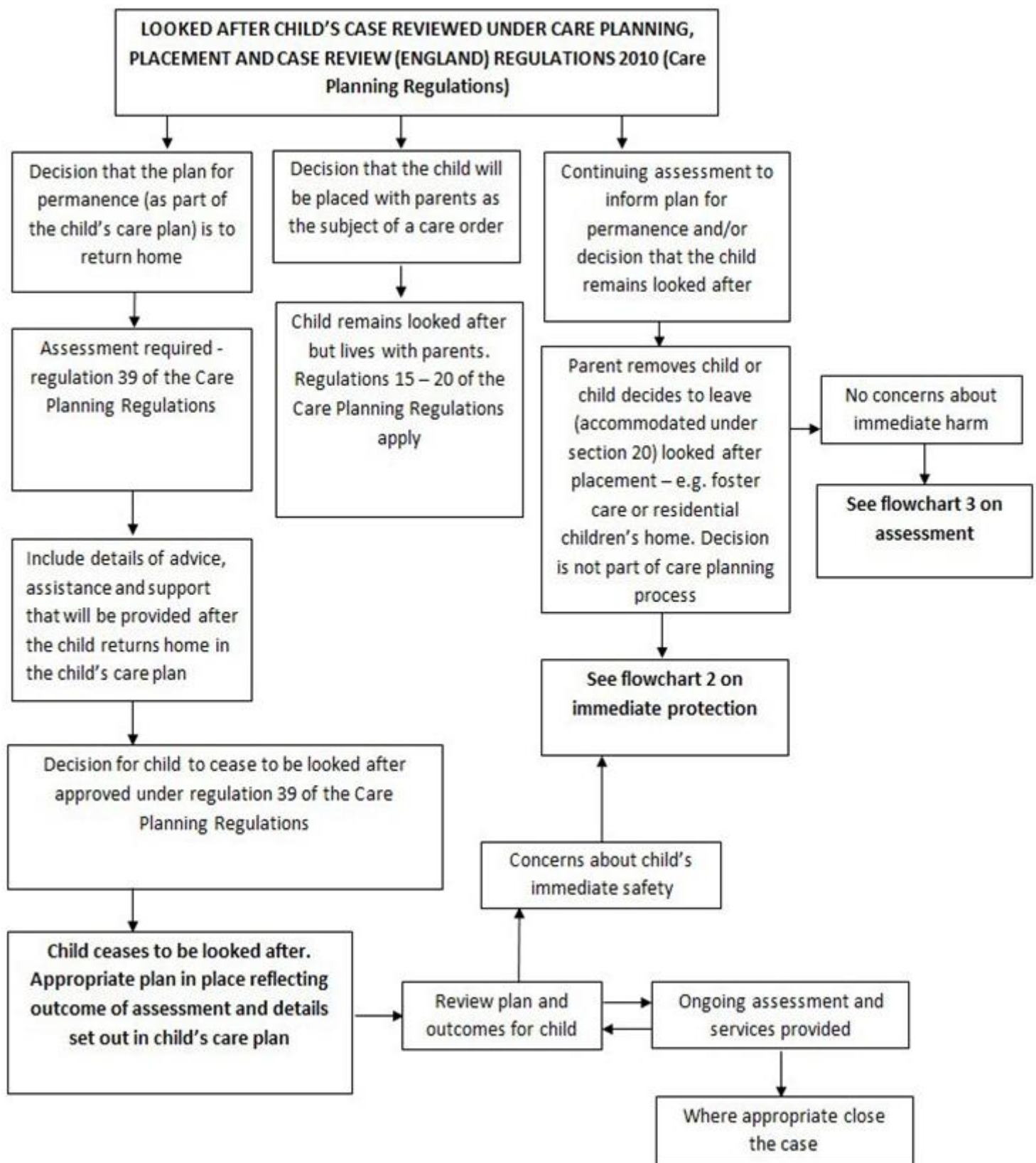
**Flow chart 4: Action following a strategy discussion**



**Flow chart 5: What happens after the child protection conference, including the review?**



## Flow chart 6: Children returning home from care to their families



## Appendix E: The stages of a Safeguarding Adult Enquiry

(NORTHUMBERLAND SAFEGUARDING ADULTS PROCEDURAL FRAMEWORK - 10 STEPS SUMMARY AND FLOWCHART FEBRUARY 2015 V2 March 2015)

### Safeguarding Adults Alert

A Safeguarding Adults Alert is raised to tell us that harm is suspected or is happening



Information is gathered and the person is asked about what they want to happen. Immediate measures are put in place to keep the person(s) safe

Within 24 hours: A **Safeguarding Decision** is made by Adult Social Care

The Decision Maker in Adult Social Care decides whether the alert needs to be considered as an **ENQUIRY**.

This may be recorded as an **ADULT CONCERN NOTIFICATION** or progress to a **MULTIAGENCY SAFEGUARDING ENQUIRY**.



#### **For SECTION 42 MULTI-AGENCY ENQUIRIES/INVESTIGATION**

Up to 5 days after the alert is raised a **Strategy Meeting / Discussion** is held

At the Strategy Meeting/Discussion the alert is discussed and plans made to protect the person(s). An investigation is commissioned and an assessment of the risks identified by the alert.



6 weeks after the Strategy Meeting a **Planning meeting** will be held

At the Planning Meeting the actions agreed at the Strategy meeting are discussed and reviewed. A protection plan is put in place to keep the person(s) safe. The outcomes of the enquiry/investigation are shared and the adult is asked whether the outcomes they wanted have been met, and whether another meeting is needed.



6 weeks after the Planning Meeting a **Review Meeting** will be held

The Review Meeting checks that the actions agreed have been done and that these have reduced the risks, if the person now feels safe, if there is anything else that needs to be done to protect the person(s), how satisfied the person(s) is with the outcomes and whether another meeting is needed.

# Appendix F

## Frequently Asked Questions

### What do I do if I hear or see something that worries me?

- Tell the DSL, line manager or Chair of the Board of Trustees.
- If that is not possible, telephone Children's Services (Children's Social Care Locality Team) or Adult Social Services as quickly as possible. (In an emergency call 999 for the police)

### What are my responsibilities for child protection and safeguarding adults?

- **To know the name of your designated member of staff** for concerns and who to contact if they are not available
- **To respond** appropriately to a victim
- **To report** to the Designated Person or directly to Social Care if that is not possible
- **To record** your concerns - 'Don't do nothing'.

### Can I go to find someone else to listen?

- No. You should never stop a victim who is freely recalling significant events.

### Can I promise to keep a secret?

- No! The information becomes your responsibility to share in order to protect. You have a duty of care towards a child, young person or vulnerable adult.

### Can I ask questions?

- No! Nor can you make judgements or say anything about the alleged abuser; it may be construed as contriving responses.
- You **can** ask them to repeat a statement.

### Do I need to write down what was said?

- **Yes**, as soon as possible, exactly what was said and make sure you date and sign the record.