

Safeguarding Children and Adults at Risk Policy and Procedures



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Date approved by Board	March 2025
Version	4
Date last reviewed	5 March 2026
Date of next review	5 March 2027
Changes from previous version	
<u>Changes 2026: red text denotes amend sections</u> • Clarified emerging legislation to distinguish current duties from proposed changes. • Confirmed radicalisation is managed through safeguarding processes. • Clarified Children Not in School escalation to local authorities. • Expanded coverage of digital safeguarding risks. • Embedded learning from safeguarding cases. • Clarified proportionate safeguarding training refresh by role and risk. <u>Changes 2025</u> • Added a note in Neglect: Children's Wellbeing and Schools Bill: Introduced on December 17, 2024, this bill focuses on school reform, home education, and safeguarding. It includes measures such as compulsory Children Not in School Register for every Local Authority in England. • Note added to Sexual Abuse: The proposal under the Crime and Policing Bill announced 7 January 2025, as well as implementing a mandatory reporting duty on those working with children will also, introduce the Victims and Survivors Panel to oversee reforms, make grooming an aggravating factor in child sexual offences, establish the core data set for child abuse and protection.	

- Added a Note to introduction: The policy statement "Keeping Children Safe, Helping Families Thrive" aims to overhaul children's social care with a child-centered, whole-system approach. Key initiatives include early intervention, clearer legal guidance for data sharing, and the introduction of a Single Unique Identifier (SUI) to track children across systems. Multi-agency child protection teams will incorporate schools as statutory partners, and dedicated support will be provided for care leavers aged 18–25. These reforms strive to create a system where every child feels safe, supported, and empowered to thrive. DfE Keeping Children Safe, Helping Families Thrive: Breaking Down the Barriers to Opportunity.
- Page 17 replaced Joanne Norton with Vanessa Montesi

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Policy statement

This policy demonstrates Action Foundation's commitment to keeping safe the adults at risk and children with whom it works or comes into contact with. Action Foundation acknowledges its duty to act appropriately to any allegations, reports, or suspicions of abuse.

It is important to have policy and procedures in place so that all managers, staff, freelance employees, trustees and management team members, volunteers and service users can work to prevent abuse and know what to do should a concern arise.

The policy and procedures have been drawn up to enable Action Foundation:

To promote good practice and work in a way that can prevent harm and abuse occurring and to ensure that any allegations of abuse or suspicions are dealt with appropriately and the person experiencing abuse is supported.

The policy and procedures relate to the safeguarding of **adults at risk and children**.

Adults at risk are defined as individuals aged 18 or above who:

- have needs for care and support (whether or not the local authority is meeting any of those needs) **and**;
- are experiencing, or at risk of, abuse or neglect; **and**
- as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

(Care Act, 2014)

Children are defined as individuals under the age of 18.

The policy applies to all managers, staff, freelance employees, trustees and management team members, volunteers, service users, and anyone working on behalf of Action Foundation.

It is acknowledged that significant numbers of adults at risk and children are abused, and it is important that Action Foundation has a safeguarding policy and a set of procedures to follow and puts in place preventative measures to try to reduce those numbers.

Action Foundation recognises the direction of national safeguarding reform set out in the Department for Education's 'Keeping Children Safe, Helping Families Thrive' programme. The organisation will continue to review and update its safeguarding practice to reflect enacted legislative and statutory guidance changes as they come into force.

Key initiatives include early intervention, clearer legal guidance for data sharing, and the introduction of a Single Unique Identifier (SUI) to track children

across systems. Multi-agency child protection teams will incorporate schools as statutory partners, and dedicated support will be provided for care leavers aged 18–25. These reforms strive to create a system where every child feels safe, supported, and empowered to thrive. For more info see DfE Keeping Children Safe, Helping Families Thrive: Breaking Down the Barriers to Opportunity.

In order to implement the policy and procedures, Action Foundation will work to:

- stop abuse or neglect wherever possible;
- prevent harm and reduce the risk of abuse or neglect to adults at risk and children with care and support needs;
- promote the wellbeing of the adult(s) at risk and children in safeguarding arrangements;
- safeguard individuals in a way that supports them in making choices and having control about how they want to live;
- promote an approach that concentrates on improving life for the individuals concerned;
- raise awareness of safeguarding to ensure that everyone can play their part in preventing, identifying, and responding to abuse and neglect;
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe (online and offline) and what to do to raise a concern about the safety or well-being of an individual; and
- address what caused the abuse or neglect.

Action Foundation will:

- ensure that all managers, staff, freelance employees, subcontractors, trustees and management team members, volunteers, and service users are familiar with this policy and associated procedures;
- work with other agencies within the framework of the Policies and Procedures of the Newcastle, Gateshead, North Tyneside, South Tyneside, Northumberland, and Sunderland Safeguarding Adults Boards, issued under Care Act 2014 statutory guidance;
- work with other agencies within the framework of the North and South of Tyne Safeguarding Children Partnership Procedures;
- work to prevent people of all ages being radicalised or drawn into terrorism and seeks to meet its obligations in the ways shown below, after setting the context;
- act within its confidentiality policy and will usually gain permission from service users before sharing information about them with another agency;
- seek to follow safer recruitment guidelines;
- work with the wider policy framework, including the Health & Safety policy;
- pass information to the Local Authority. For example: if the concern

relates to a worker, volunteer or organisation who provides a service to adults at risk or children;

- inform service users where a person is in danger, a child is at risk or a crime has been committed, that a decision may be taken to pass information to another agency without the service user's consent;
- make a safeguarding adults/children referral to the Local Authority as appropriate;
- purpose to keep up to date with national developments relating to preventing abuse and the welfare of adults and children;
- conduct regular safeguarding reviews based on Section 11 audit tools and key recommendations by Newcastle Children's Safeguarding Board;
- ensure that the Designated Safeguarding Lead (DSL) understands his/her responsibility to refer incidents of adult abuse to the relevant statutory agencies (Police/Local Authority).

The Designated Safeguarding Lead in Action Foundation is Mark Hall, who should be contacted for support and advice on implementing this policy and associated procedures; if unavailable, please contact a Designated Safeguarding Deputy (see page 14).

This policy should be read in conjunction with the relevant Local Authority Safeguarding Policy and Procedures documents. As an organisation, staff reference Newcastle Safeguarding Policy and Procedures as the primary Local Authority. These documents are available online [Homepage - Newcastle Safeguarding](#). These documents are updated by the Local Authority and are accessible to all members of staff at all times via the internet.

Introduction

Action Foundation provides supported accommodation, non-accredited ESOL classes, employability advice, casework support, a drop-in service, a young people and family's service, and support to promote digital inclusion to asylum seekers, refugees and other migrants.

These procedures have been designed to ensure the wellbeing and protection of any individual who accesses services provided by Action Foundation. The procedures recognise that abuse can be a difficult subject for workers to deal with. Action Foundation is committed to the belief that the protection of individuals from harm and abuse is everybody's responsibility, and the aim of these procedures is to ensure that all managers, staff, freelance employees, trustees and management team members, volunteers, and service users act appropriately in response to any concern of adult or child abuse.

It should be noted here that our service users include adults, families and their children, refugee children and unaccompanied children. We also involve a number of volunteers in the course of service delivery. Children are primarily the responsibility of their legal guardian however Action Foundation recognises its duty of care with regards to those occasions and activities when we offer young people activities and events during which we work in tandem with their legal guardian in a loco parentis role.

All allegations or suspicions of abuse toward those under 18 are also reflected in this policy.

Action Foundation is committed to putting in place safeguards and measures to reduce the likelihood of abuse taking place within the services it offers, and that all those involved within Action Foundation will be treated with respect.

Therefore, this policy should be used in conjunction with the organisation's other policies, including but not limited to our PREVENT and GDPR policies.

Action Foundation is committed to safer recruitment practices for paid staff and volunteers. This may include conducting Disclosure and Barring Service (DBS) checks for staff and volunteers, attaining a signed Voluntary Disclosure Form, ensuring references are taken up, and providing adequate training on safeguarding.

The organisation will work within the current legal framework for referring staff or volunteers to the DBS who have harmed or pose a risk to vulnerable adults and/or children. If allegations were proved, Action Foundation would take a necessary and proportionate course of action to reduce risks for others.

Information about the safeguarding policy will be available to service users and their carers/families.

Abuse, radicalization or exploitation

Abuse

Action Foundation will not be limited in their view of what constitutes abuse or neglect, as these can take many forms. The circumstances of individual cases will always be considered.

Abuse may be carried out deliberately or unknowingly. Abuse may be a single act or repeated acts.

People who behave abusively come from all backgrounds and walks of life. They may be doctors, nurses, social workers, advocates, staff members, volunteers or others in a position of trust. They may also be relatives, friends, neighbours or people who use the same services as the person experiencing abuse.

Abuse includes:

- **Discriminatory**
Including forms of harassment, bullying, slurs, isolation, neglect, denial of access to services or similar treatment; because of race, gender and gender identity, age, disability, religion or because someone is lesbian, gay, bisexual, or transgender. This includes racism, sexism, ageism, homophobia or any other form of hate incident or crime.
- **Domestic abuse or violence**
Including an incident or a pattern of incidents of controlling, coercive or threatening behaviour, violence, or abuse, by someone who is, or has been, an intimate partner or family member regardless of gender or sexual orientation. This includes psychological/emotional, physical, sexual, financial abuse; so-called 'honour' based violence, forced marriage or Female Genital Mutilation (FGM).
- **Financial or material**
Including theft, fraud, internet scamming, exploitation, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.
- **Grooming**
Including the building of a relationship and emotional connection with an individual for the purposes of manipulation, exploitation, or abuse. Can be sexual, exploitation or trafficking. Can take place online, in person, or both, by a stranger or someone known to the individual.
- **Modern slavery**
Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude, and inhumane treatment.

- **Neglect and acts of omission**

Including ignoring medical, emotional, or physical care needs, failure to access appropriate health care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition, and heating. **Children's Wellbeing and Schools Bill: Introduced on December 17, 2024, this bill focuses on school reform, home education, and safeguarding. It includes measures such as compulsory Children Not in School Register for every Local Authority in England and while Action Foundation is not responsible for maintaining statutory registers of children not in school. However, where concerns arise about a child's access to education or welfare, these will be managed through safeguarding procedures and escalated to the relevant Local Authority in line with statutory guidance.**

- **Online abuse**

Including any type of abuse which occurs on the internet. Can happen over social media, text messages and messaging apps, emails, online chats, online gaming, and live-streaming sites. May be part of other abuse which is taking place offline, such as bullying or grooming. **Online abuse may also include digital coercion, impersonation, exploitation through encrypted messaging platforms, misuse of translation or social media tools, and exposure to misinformation or extremist content. These risks may be heightened for individuals experiencing language barriers, trauma or social isolation.**

- **Organisational (sometimes referred to as institutional)**

Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in a person's own home. This may range from one-off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

- **Physical**

Including assault, hitting, slapping, pushing, burning, misuse of medication, restraint, or inappropriate physical sanctions.

- **Psychological (sometimes referred to as emotional)**

Including threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercive behaviour, harassment, verbal abuse, cyber-bullying, isolation or unreasonable and unjustified withdrawal of services or support networks.

- **Sexual abuse**

Including rape, indecent exposure, sexual assault, sexual acts, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts to which the adult has not consented or was pressured into

consenting. At the time of this policy review, mandatory reporting duties are proposed but not yet enacted. Action Foundation will comply with any statutory mandatory reporting requirements once they come into force and will update this policy accordingly. The proposal under the Crime and Policing Bill, as well as implementing a mandatory reporting duty on those working with children will also, introduce the Victims and Survivors Panel to oversee reforms, make grooming an aggravating factor in child sexual offences, establish the core data set for child abuse and protection.

- **Self-neglect**

Includes a person neglecting to care for their personal hygiene, health or surroundings; or an inability to provide essential food, clothing, shelter or medical care necessary to maintain their physical and mental health, emotional wellbeing and general safety. It includes behaviour such as hoarding.

Radicalisation

Action Foundation also recognises the need to safeguard children and adults who can be at risk of radicalisation from extremist views, and the need to promote core British values.

- Radicalisation: The act or process of making a person more radical or favouring of extreme or fundamental changes in political, economic, or social conditions, institutions, or habits of the mind.
- Extremism*: holding extreme political or religious views which may deny rights to any group or individual. Can be expressed in vocal or active opposition to core British values: including (i) democracy, (ii) the rule of law, (iii) individual liberty (iv) respectful tolerance of different faiths or beliefs.

** NB: extremism can refer to a range of views, e.g. racism, homophobia, right-wing ideology, as well as any religious extremism.*

Understanding the risks of extremism:

- Staff, clients, children and other adults may arrive at an organisation already holding extremist views.
- Or, whilst part of the organisation, they may be influenced by a range of factors: global events, peer pressure, media, family views, extremist materials via hardcopy or online, inspirational speakers, friends or relatives being harmed, or social networks.

People who are vulnerable are more likely to be influenced. Their vulnerability could stem from a range of causes: loss of identity or sense of belonging, isolation, exclusion, mental health problems, sense of injustice, personal crisis, victim of hate crime or discrimination, or bereavement.

Concerns relating to radicalisation are managed as safeguarding concerns and must be considered alongside Action Foundation's Prevent Duty Policy. Prevent referrals are not automatic and are made proportionately, following discussion with the Designated Safeguarding Lead.

Exploitation

Criminal exploitation

Occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or vulnerable adult. The victim may have been criminally exploited even if the activity appears consensual. Criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

Criminal exploitation is a type of Modern Slavery and Human Trafficking that encompasses acquisitive crimes such as forced begging/busking, forced theft (including shoplifting and pickpocketing), as well as cannabis cultivation and financial exploitation.

County Lines

County lines is a common type of criminal exploitation. The term 'county lines' is used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

Sexual exploitation

Exploitative situations, contexts and/or relationships where the person receives "something" they need or want (e.g., food, accommodation, drugs, alcohol, mobile phones, cigarettes, gifts, money) or perceived friendship/relationship as a result of them performing, and/or another or others performing sexual acts. The perpetrator or facilitator may attain an increased status or financial advantage due to this act.

Responding to abuse, radicalisation, or exploitation

You may become aware of potential concerns in two main ways:

- 1) you may observe signs in an individual that lead you to suspect that they have been physically, emotionally, or sexually abused, or suffer severe neglect, or are becoming radicalised or are being exploited; or in addition, in the case of a vulnerable adult, they may be experiencing financial, discriminatory, or institutional abuse.
- 2) the individual themselves may disclose to you that they have been abused.

Please refer to Appendix 1 and 2 for Decision Procedure and Incident Procedure

Signs of abuse

The tables below give examples that may indicate that an individual is being abused:

Possible signs of physical abuse include:	
• unexplained injuries or burns, particularly if they are recurrent • Refusal to discuss injuries • Improbable explanations for injuries • Untreated injuries or lingering illness not attended to • Admission of punishment which appears excessive • Shrinking from physical contact • Fear of returning home or of parents being contacted • Fear of undressing	• Fear of medical help • Aggression/bullying • Over compliant behaviour or a 'watchful' attitude • Running away • Significant change in behaviour without explanation • Deterioration of work quality • Unexplained patterns of absence which may serve to hide bruises or other physical injuries

Possible signs of emotional abuse include:	
• Continual self-deprecation • Fear of new situations • Inappropriate emotional responses to painful situations • Self-harm or mutilation • Compulsive stealing/scrounging • Drug/solvent abuse • Depression, withdrawal	• 'Neurotic' behaviour – obsessive rocking, thumb-sucking, and so on • Air of detachment – 'don't care' attitude • Social isolation – does not join in and has few friends • Desperate attention-seeking behaviour • Eating problems, including overeating and lack of appetite

Possible signs of neglect include:	
• Constant hunger • Poor personal hygiene • Inappropriate clothing • Frequent lateness/non-attendance in class • Untreated medical problems	• Low self-esteem • Poor social relationships • Compulsive stealing or scrounging • Constant tiredness

Possible signs of sexual abuse include:	
• Bruises, scratches, burns or bite marks on the body • Scratches, abrasions or persistent infections in the anal or genital regions • Sexual awareness inappropriate to the person's age – shown, for example, in drawings, vocabulary, games and so on • Frequent public masturbation • Attempts to teach others about sexual activity • Refusing to stay with certain people or to go to certain places • Aggressiveness, anger, anxiety, tearfulness • Withdrawal from friends • Depression	• Promiscuity, prostitution, provocative sexual behaviour • Self-injury, self-destructive behaviour, suicide attempts • Pregnancy – particularly in the case of young adolescents who are evasive concerning the identity of the father • Recoiling from physical contact • Eating disorders • Tiredness, lethargy, listlessness • Over-compliant behaviour • Genital discharge/irritation • Sleep disturbance • Unexplained gifts of money • Changes in behaviour

Possible signs of financial abuse include:	
• Loss of jewelry and personal property • A bill not being paid when money is entrusted to a third party • Unexplained withdrawal of cash • Loss of money from a wallet or purse	• Lack of money to purchase basic items • Misuse of benefits • Inadequate clothing • Theft of property • Over protection of money or property

Possible signs of radicalisation include:	
• talking about exposure to extremist materials or views outside Action Foundation (in this event, information must be shared with relevant local authorities) • Changes in behaviour, e.g., becoming isolated • Fall in standard of work, poor attendance, disengagement – • Overt new religious practices • Drawings or posters (e.g., in accommodation) showing extremist ideology/views/ symbols	• Changes in attitude, e.g., intolerant of differences /having closed mind • Accessing extremist material online or via social network sites • Asking questions about certain topics (e.g., connected to extremism) • Offering opinions that appear to have come from extremist ideologies • Attempts to impose own views/beliefs on others • Use of extremist vocabulary to exclude others or incite violence

Possible signs of criminal / sexual exploitation include:	
• Low self-esteem / very closed off to others / scared to talk. • Going missing for periods of time • Relationships with controlling individuals or groups. • Signs of psychological trauma / mental health issues / self-harm	• Signs of injury / abuse – in need of medical care. • Fear and mistrust of those who appear to be in an authoritative position. • Concern of losing money / unexplained acquisition of money. • Lack of identification documents

Possible signs of county lines involvement include:	
• persistently going missing from home / school / found out-of-area • unexplained acquisition of money, clothes, or mobile phones • excessive receipt of texts / phone calls and/or having multiple handsets • relationships with controlling / older individuals or groups • leaving home / care without explanation	• suspicion of physical assault /unexplained injuries • carrying weapons • significant decline in school results / performance • gang association or isolation from peers or social networks • self-harm or significant changes in emotional well-being.

Dos and Do nots

If an individual discloses to you that they, or someone they know, have been, or are being abused/radicalized/exploited:

DO

- **Do** listen very carefully to what they tell you.
- **Do** take what is said seriously and accept what you are told.
- **Do** stay calm and reassure the individual that they have done the right thing in talking to you.
- **Do** write down as soon as you can exactly what you have been told.
- **Do** tell them that you must pass this information on but that only those that need to know will be told. Tell them to whom you will report the matter.

DO NOT

- **Do not** panic.
- **Do not** promise to keep things secret. You have a duty to refer a child/young person or vulnerable adult who is at risk.
- **Do not** lie or say that everything will be fine now that they have told.
- **Do not** criticise the abuser, especially if it is a parent/carer.
- **Do not** ask lots of detailed or leading questions such as: 'What did he do next?' Instead, ask open questions such as: 'Anything else to tell me?', 'Yes', or 'And...?'. Do not press for answers the individual is unwilling to give.

It is important that the person to whom disclosure is made **does not investigate** or question the person concerned except to clarify what they have heard. This is particularly important in cases of sexual abuse.

It is very important to record, as accurately as possible, what was said to you when you received the disclosure of abuse. Clearly all written records should be handled confidentially.

If a vulnerable adult or child discloses to you that they or another person have been abused/radicalised, or if you suspect from what you observe that they are being abused, you MUST REPORT THIS.

Reporting a Safeguarding concern internally (in Action Foundation)

If you witness abuse, or abuse has just taken place, the priorities will be:

- To keep yourself and others safe (safety is paramount).
- To call an ambulance if required.
- To call the Police if a crime has been committed or you or others are in danger.
- To preserve evidence.
- To inform a service manager (a Designated Safeguarding Deputy) or the Designated Safeguarding Lead.
- To record securely what happened in writing. This information will be recorded by staff as an incident via the InForm database (see *Appendix 2 and potentially Appendix 3*).

- The Designated Safeguarding Lead will make a record on the Safeguarding Log.

If you are a volunteer or contractor, please inform a Designated named person (see below) whose role it is to deal with cases of suspected abuse. **You must inform any one of these staff immediately if you have concerns anyone has been, or is, being abused.** They should be informed in person, or by telephone or (in extreme circumstances) by email. **In all cases, if you are concerned, the rule is to pass this on quickly** and to seek help and further support, rather than to worry alone or to do nothing.

If you are a staff member, any suspected concern, any allegation, any disclosure or reported concern should be recorded in writing by a staff member using the Safeguarding Alerts in the InForm database.

The written record used distinguish between a suspected concern and a defined concerned. See page 24 for further information but the general principal is to:

- Use the “Note” option, in InForm, to record details of a suspicion you have, or a sign or symptom you have observed which suggest there may be a potential concern.
- Use the “Incident” option, in InForm, where something has happened or is about to happen or where you have information, or you have received a disclosure. **Please speak directly to the Designated Safeguarding Lead DSL or your manager (or a manager)** at the earliest opportunity.

The information should be factual and not based on opinions, record what the person tells you, what you have seen and witnesses if appropriate. Any action already taken can be added.

All situations of abuse or alleged abuse should be discussed with the Designated Safeguarding Lead or a Designated Safeguarding Deputy.

The staff member should also tell (face to face or call) the Designated Safeguarding Lead or Designated Safeguarding Deputy and then log the “incident” in InForm.

If more detail is needed, a [Safeguarding Referral](#) follow up, in InForm (Appendix 3) will be requested by the Designated Safeguarding Lead/Deputy and filled in by the staff member.

Follow up from a Safeguarding Referral should be taken by the Designated Safeguarding Lead or Designated Safeguarding Deputy **within one working day.**

Designated Named Persons for Safeguarding Children and Adults at Risk at Action Foundation

Action Foundation has an appointed individual(s) who is (are) responsible for leading safeguarding work in the organisation. In their absence, a deputy will be available for managers, staff or volunteers to consult.

The Safeguarding Leads within Action Foundation are:

Designated Safeguarding Lead (DSL): Mark Hall
Telephone number: 07549 034694
Email: safeguarding@actionfoundation.org.uk

Designated Safeguarding Deputy (Organisational): Helen Cowgill
Telephone number: 07860 597928
Email: helencowgill@actionfoundation.org.uk

Designated Safeguarding Deputy (Accommodation): Rachel Stafford
Telephone: 07557220276
Email: rachelstafford@actionfoundation.org.uk

Designated Safeguarding Deputy (Language & Learning): Vanessa Montesi
Telephone number: 07772 628181
Email: vanessamontesi@actionfoundation.org.uk

Designated Safeguarding Deputy (InterAction): Rob Johnson
Telephone number: 07392 169262
Email: robjohnson@actionfoundation.org.uk

Designated Safeguarding Deputy (Young Lives): Bridget Stratford
Telephone number: 07845642246
Email: bridgetstratford@actionfoundation.org.uk

Safeguarding Oversight (Trustee): David Lyall
Telephone Number: 07538141580
Email: davidlyall1961@gmail.com

Should none of these named people be available, then managers, staff, freelance employees, trustees and management team members, volunteers and service users should contact the Local Authority/Police directly. See contact details here: [Making a safeguarding referral for an adult](#) or [Making a safeguarding referral for a child](#) as appropriate.

The roles and responsibilities of the named person(s) are to:

- ensure that all staff and volunteers are aware of what they should do and who they should go to if they have concerns that an adult at risk or child

may be experiencing, or has experienced abuse or radicalisation or exploitation;

- ensure that concerns are acted on, clearly recorded and referred to the Local Authority/Police or to the allocated social worker/care manager where necessary;
- follow up any safeguarding adults/children referrals and ensure the issues have been addressed;
- manage and have oversight over individual complex cases involving allegations against an employee, volunteer, or student, paid or unpaid;
- consider any recommendations from the safeguarding adults/children process;
- reinforce the utmost need for confidentiality and to ensure that staff and volunteers are adhering to good practice with regard to confidentiality and security. This is because it is around the time that a person starts to challenge abuse that the risks of increasing intensity of abuse are greatest;
- ensure that staff and volunteers working directly with service users who have experienced abuse, or who are experiencing abuse, are well supported and receive appropriate supervision;
- ensure staff and volunteers are given support and afforded protection, if necessary, under the Public Interest Disclosure Act 1998: they will be dealt with in a fair and equitable manner and they will be kept informed of any action that has been taken and its outcome.

Making a Safeguarding Referral

Utilise the [Decision Making Checklist](#) (Appendix 4) and [Risk Threshold Tool](#) (Appendix 5) to provide guidance on assessing abuse and risk. Both tools are from Newcastle Adults Safeguarding and provide guidance to assist practitioners in assessing the seriousness and level of risk associated with a safeguarding adults concern. The tool is not intended to replace professional judgement.

If it is appropriate and there is consent from the individual, or there is a good reason to override consent, such as risk to others, a referral will be made to the Local Authority. If the individual experiencing abuse does not have mental capacity to consent to a referral, a best interest decision will be made on their behalf.

The Designated Safeguarding Lead/Deputy should try to seek the views from the individual (or an appropriate representative) about what they would like to happen as a result of the concern. This will help to inform the multi-agency safeguarding enquiry.

The Designated Safeguarding Lead/Deputy should refer to the appropriate Local Authority Safeguarding policy and procedures and may also take advice from the Local Authority and/or other advice giving organisations such as the Police see [Useful Contacts](#)

Making a safeguarding referral for an adult:

All safeguarding adults referrals should be made by telephone initially to the appropriate Local Authority Safeguarding Board, followed up by completion of the relevant authority's referral form if so advised. Note that it is not necessary to refer a safeguarding adults concern out of hours unless the individual or others have urgent social care needs.

Newcastle – The Community Health and Social Care Direct Team Monday – Friday 08:00-17:00
Phone: 0191 278 8377
Out of hours: 0191 278 7878
For a referral form and more details click [here](#)

Gateshead – Safeguarding Adults Co-ordination Team
Monday-Friday 08:00-17:00
Phone (24hrs a day): 0191 433 7033
For a referral form and more details click [here](#)

Sunderland – Safeguarding Adults Board
Monday – Thursday 08:00-17:15, Friday 08:30-16:45
Phone: 0191 520 5552
For a referral form and more details click [here](#)

North Tyneside – The Gateway Service
Mon-Thurs, 8.30am-5pm; Friday 8.30am-4.30pm Phone: 0191 643 2777 Out of Hours: 0191 200 6800
For a referral form and more details click [here](#)

South Tyneside – The Let's Talk Team
Monday – Thursday 08:30-17:00, Friday 08:30-16:30
Phone: 0191 424 6000 Out of hours: 0191 456 2093
For a referral form and more details click [here](#)

Northumberland – Adults Safeguarding Team Phone: 01670 536 400
Email: safeguardingreferrals@northumberland.gov.uk For a referral form and more details click [here](#)

Making a safeguarding referral for a child:

All safeguarding children referrals should be made by telephone initially to the appropriate Local Authority Safeguarding Board, followed up by the completion of the relevant authority's referral form if so advised. Note that it is not necessary to refer a safeguarding children concern out of hours unless the individual or others have urgent social care needs.

For more details on Local Authority policy, procedure, referral forms and other information, you can view the North and South of Tyne Safeguarding Children Partnership website [here](#).

Newcastle – Initial Response Service Monday – Friday 08:45-17:00 Phone: 0191 277 2500
Out of hours: 0191 278 7878

For a referral form and more details click [here](#)

Gateshead – Children's Services Monday-Friday 08:30-17:00

Phone: 0191 433 2653

Out of hours: 0191 477 0844

For a referral form and more details click [here](#)

Sunderland – Together for Children Phone: 0191 561 7007 / 0191 520 5560
(Monday-Thursday 08:30-17:15; Friday 08:30-16:45)

Email: Safeguarding.Children@togetherforchildren.org.uk

Out of hours: 0191 520 5552 Referral form is [here](#).

North Tyneside – Front Door Service Monday – Friday 09:00-17:00 Phone:
0345 2000 109 Out of hours: 0191 200 6800

Referral form is [here](#).

South Tyneside – Children and Families Social Care Monday – Thursday
08:30-17:00, Friday 08:30-16:30

Phone: 0191 424 5010 Out of hours: 0191 456 2093

Referral form is [here](#).

Northumberland – Children's Safeguarding Team 24/7 Phone: 01670 536 400
Referral form is [here](#).

The relevant Local Authority contact will then decide the next steps and feedback will be given to the person who made the safeguarding referral. If the concern relates to a significant risk of (or actual) harm the concern will progress to Stage 2 of the Safeguarding Enquiry and further information will be gathered.

Information should be provided to the individual. This could be about other sources of help or information that could enable them to decide what to do about their experience, enable them to recover from their experience and enable them to seek justice.

Useful Contacts

Safeguarding Adults Unit – For advice and support regarding suspected adult abuse

Phone: 0191 278 8156 (Available: Monday – Friday, 9.30am-4pm). *Please note that this is an advice service ONLY; all referrals should be raised with the relevant Local Authority Safeguarding team.*

Northumbria Police: Phone: **101** and ask for Local Area Police Station or Protecting Vulnerable Persons (PVP) Team.

NSPCC – For advice and support regarding suspected child abuse

Phone 0808 800 5000 (Weekdays 08:00-22:00 and Weekends 09:00-18:00)

Karma Nirvana – Helpline for Honour Based Abuse in the UK

Phone: 0800 5999 247

Training/DBS Requirements in Action Foundation

Action Foundation is committed to ensuring that all managers, staff, freelance employees, trustees and management team members, volunteers and service users undertake training to gain a basic awareness of the signs and symptoms of abuse. Action Foundation will ensure that the Designated Safeguarding Leads, and other relevant members of staff or volunteers have access to higher levels of safeguarding training provided by Newcastle Safeguarding Adults/Children Board, as appropriate.

Safeguarding training is refreshed at least every three years, with more frequent updates provided where roles, risks or statutory guidance are required. The Designated Safeguarding Lead will monitor compliance and report to the Senior Management Team and Board.

Required levels of training/DBS:

Designated Safeguarding Lead and Safeguarding Oversight (Trustee)

- Level 3 Safeguarding Adults at Risk and/or,
- Level 3 Safeguarding Children
- DBS check carried out upon recruitment and thereafter every 3 years

All Managers, Project officers & Support workers

- Level 2 Safeguarding Adults at Risk
- Level 1 Children and in the case of staff in 'Young Lives' Level 2
- DBS check carried out upon recruitment and thereafter every 3 years

All other staff & volunteers

- Level 1 Safeguarding Adults at Risk/Children
- DBS check carried out upon recruitment and thereafter every 3 years

Trustees

- Level 1 Safeguarding Adults at Risk/Children

- DBS check carried out upon recruitment and thereafter every 3 years

Freelance employees and Subcontractors

- Provision of registration/training documents and/or DBS as required for work carried out

Security

All staff and volunteers should wear Action Foundation lanyards with their staff ID or volunteer card when in the office / active in their role with clients. They should remove their lanyards when not active in their role with clients or actively acting in an Action Foundation capacity.

Appropriate behaviour

Action Foundation staff, volunteers, contractors etc. should not act in an inappropriate way with clients. This includes not befriending clients via social media. Action Foundation staff and volunteers should always be aware of the inadvertent power dynamic between them and clients and not take advantage of this.

Allegations made against a member of staff or volunteer

Any safeguarding allegations against a member of staff should be referred to the [Designated Safeguarding Lead](#). If an allegation is made against a member of the Senior Management Team or the CEO, the Safeguarding Oversight (Trustee) should be informed.

Action Foundation will ensure that any allegations made against members of staff or volunteers are dealt with swiftly and appropriately.

Where a member of staff or volunteer is thought to have committed a criminal offence the Police will be informed.

The safety of the individual(s) concerned is paramount. A risk assessment must be undertaken immediately to assess the level of risk to all service users posed by the alleged perpetrator. This will be conducted by the DSL supported by the relevant DSD and should include in what capacity (if any) it is safe for them to continue in their role or any other role within the service whilst the investigation is undertaken. While going through the process of an allegation, the member of staff or volunteer should also be offered counselling support through the Employee Assistance Programme.

The DSL or DSD will liaise with the relevant Local Authority to discuss the best course of action and to ensure that Action Foundation's disciplinary procedures are coordinated with any other enquiries taking place as part of the ongoing management of the allegation. The Local Authority Designated Officer (LADO) would be informed by the relevant authority (depending on where the incident took place).

Information disclosed about a client or volunteer

If someone discloses concerning information (voluntarily or someone informs

us) about a client or volunteer, Action Foundation will investigate the information to gather more information to know if this person is a threat to other clients, other volunteers and staff. The [Risk Grading Template](#) (Appendix 6) will be used and action will be taken if necessary.

Volunteers have a behaviour guide in their Volunteer Agreement and clients have a Code of Conduct that they will be given if accessing the service repeatedly. This latter document includes a section on service refusal (if deemed necessary), but where possible we will look to continue support in some capacity.

If we are aware that a client or volunteer could be a risk to others, and are aware they are engaged with another organisation, the Senior Management Team will discuss whether we need to inform that other organisation due to the severity of the risk.

Recording and managing confidential information

Action Foundation is committed to maintaining confidentiality wherever possible and information around safeguarding adults and children should be shared only with those who need to know.

The information that is recorded will be kept secure and will comply with data protection.

All documentation is held securely either in a password-protected file or in user restricted locations in our management information system, InForm.

Access to this information will be restricted to the person completing the form, the Designated Safeguarding Lead/Deputies and appropriate line managers.

The DSL will utilise the reporting provision within In-Form to maintain a secure record of all safeguarding incidents.

Sensitive safeguarding information stored in InForm or in SharePoint can only be accessed by the Designated Safeguarding Lead / Deputies and the Senior Management Team.

Disseminating/Reviewing policy and procedures

This Safeguarding Adults at Risk and Children Policy and Procedure will be clearly communicated to managers, staff, freelance employees, trustees and management team members, volunteers and service users. The Designated Safeguarding Lead will be responsible for ensuring that this is done.

The Safeguarding Children and Adults at Risk Policy and Procedures will be reviewed every year. The DSL will lead this process and can recommend any changes. The DSL will also ensure that any changes are clearly communicated to managers, staff, freelance employees, trustees and

management team members, volunteers and service users. It may be appropriate to involve managers, staff, freelance employees, trustees and management team members, volunteers and service users in the review.

This Safeguarding Children and Adults at Risk Policy and Procedures will be formally reviewed every two years, with annual Board assurance to confirm that safeguarding arrangements, training, named roles and referral pathways remain effective. An earlier review will be undertaken if legislation, statutory guidance or organisational risk changes.

STATEMENT OF COMMITMENT

Action Foundation Safeguarding Children and Adults at Risk Safeguarding Policy and Procedures

This form is to be completed by all Action Foundation trustees, consultants, staff, freelance employees, subcontractors, and volunteers.

"I..... (*insert name*) have read and understood the guidelines outlined in Action Foundation's Children and Adults at Risk Safeguarding Policy. I agree and will adhere with the Safeguarding principles and practices while working/volunteering with Action Foundation."

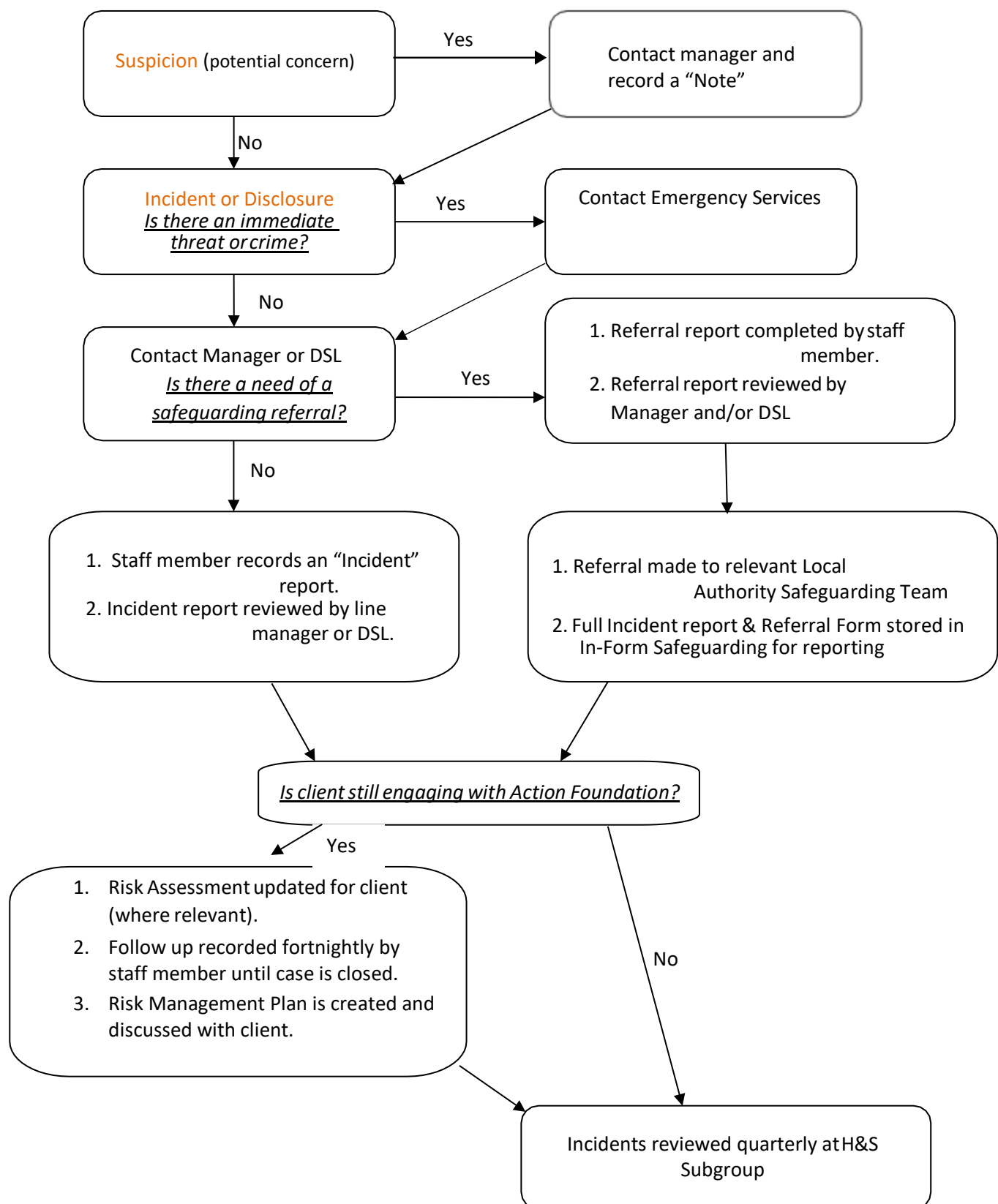
..... (*print name*)

.....(*signature*)

..... (*role in Action Foundation*)

.....(*date*)

Appendix 1: Safeguarding Decision Procedure



Appendix 2: Safeguarding Incident Procedures

All concerns, queries or incidents related to the safeguarding and welfare of Adults at Risk or Children should be recorded in In-Form. The detail required increases with the level of concern. Staff and volunteers should seek advice from managers, the Deputy DSLs or the DSL whenever and wherever necessary.

Preferably speak in person and record information in In-Form thereafter.

Where a concern is serious or high level the DSL or deputy DSL must be spoken to in person.

Procedure Overview

The procedures relate to the safeguarding and welfare of adults at risk and children. This guide is intended to support staff to:

1. **To take suitable and immediate actions to remediate the concern.**
2. **Accurately and efficiently log any safeguarding incidents internally.**
2. **Manage live safeguarding scenarios, including external referrals.**
3. **Close a case.**

INTERNAL REPORTING

1) What needs to be reported:

Safeguarding concerns:

- Any abuse, potential abuse, including self-neglect/harm, radicalisation, or exploitation (as per safeguarding policy).
- Any safeguarding concerns, as detailed above, for our clients EVEN IF they are being handled by an external organisation (e.g. MEARS).

Welfare concerns:

- Any concerns about someone's situation (e.g. homelessness) and/or mental health.

2) What staff should do:

- If the concern requires immediate action to prevent harm, please call Northumbria Police on 101 but if you are worried that someone is in mortal danger, call the Police on 999. Fill out any documentation later.
- Speak to your manager at the earliest opportunity about all matters related to safeguarding.
 - If something about person or a situation suggests abuse, radicalisation, or exploitation, then you must log a "note" with a manager and speak to your manager at the earliest opportunity.
 - If something is disclosed to you or you have definitive information that something is happening or is likely to happen then you must speak to a manager or the DSL **as soon as possible** and then log an "incident".
- Write down, as accurately as possible:
 - what you are concerned about,
 - or what you observed,
 - or what was said to you when you received the disclosure.
- Record and report using **Safeguarding Alerts** in In-Form.

- Use the **“Note”** option to record details of a suspicion you have, or a sign or symptom you have observed which suggest there may be a potential concern. You should speak to your manager at the earliest opportunity **after** recording the details. Your manager will receive an email notification of the record in In-Form. A “Note” record should be used for potential concerns which are non-urgent. Staff remain responsible for checking on the potential concern whenever they have opportunity in the normal course of their work.
- Where something has happened or is about to happen or where you have information, or you have received a disclosure **speak directly to the Designated Safeguarding Lead DSL or your manager (or a manager)** at the earliest opportunity. Thereafter use the **“Incident”** option in **In-Form** to record details of the disclosure or the incident. Your manager and the DSL will receive an email notification of the record in In-Form. DSLs will send a message to say the “Incident” has been received and will be followed up by you and your manager, as appropriate. An “Incident” record should be used for any concerns which are significant or urgent. For all incidents we are jointly and severally responsible for taking appropriate action (the person who raises the concern, managers, DSLs and those asked to take follow up or supportive actions).
- A Risk Management plan that identifies risk and promotes the safety of the client or others is created and any actions taken to mitigate risk either by Action Foundation, the client or external partners has been discussed with the client and documented on In-form.

3) What should managers do regarding Safeguarding concerns:

- Review a safeguarding “note” on receipt and advise members of staff
- Use Safeguarding Follow up in In-Form weekly or with every major development.
- Refer queries to DSL.
- Recommend when a case can be closed and after follow-up with DSL change the designation in In-Form to “Closed”.

4) What should the Designated Safeguarding Lead (DSL), or manager do to take action and log and monitor cases:

- On receipt of an “Incident” record:
 - Confirm with the member of staff that it has been received.
 - Determine if the matter requires a referral to Local Authority Safeguarding Team
 - Specify actions to be taken by staff in order to support the individual and bring about resolution and offer care and compassion.
- Review and remind managers to follow up and update each live safeguarding case at least fortnightly basis.
- Close the case on the safeguarding log when appropriate.
- Update the Senior Management Team every month on any cases of particular concern.
- Provide information on Safeguarding incidents and trends at each sub-group (3 times a year) and at the Board (once a year).

MANAGING LIVE SAFEGUARDING & WELFARE CASES

1) What staff should do:

- Assess risk – Put your safety first.
- Call an ambulance if required.
- Call the Police if a crime has been committed or you or others feel in danger.
- Call SMT if it is an emergency incident. Call line manager for all other cases (they will escalate case to SMT if needed). Call DSL if line manager not available.
- Make sure client has been referred / signposted to all the appropriate services: *ask for consent when appropriate*. There are only certain circumstances where we can act without the person's prior consent for us to become involved, such as safeguarding concerns or where the person lacks capacity to make decisions on their own behalf.
- Alongside discussions with your manager, follow up on the case periodically (timeline decided with your manager) to check in on the client, providing updates to the manager.
- If staff have any doubts about how they would deal with a specific situation, they should consult their line manager or the DSL.

2) What should managers do to manage cases:

- Assess risk – Put you and your team's safety first.
- Follow up any incident with staff member within 24 hours.
- Use the Decision-Making Checklist and Risk Threshold Tool (Appendices 4 & 5 in the Safeguarding Policy & Procedures) to help decide if the client should be referred to the Local Authority (can discuss with DSL).
- Check with DSL if you have any queries.
- Check in with staff member dealing with case (well-being check).
- If dealing with an emergency incident and DSL is not available, inform another SMT member about incident (work or personal phone) either during office hours or out of hours.
- If dealing with a serious case after hours, contact the buddy on-call manager to discuss case.

Action Foundation will review safeguarding cases to identify learning and themes. Where appropriate and safe to do so, feedback from individuals supported will inform service improvement. Anonymised learning will be shared with senior management and the Board to strengthen safeguarding practice.

EXTERNAL SAFEGUARDING & WELFARE REFERRAL PROCEDURES

The procedures below refer to all levels of urgency and severity, but if it is an emergency, call the emergency services first. When emailing external agencies, use Egress function for confidentiality.

1) What to do when supporting an asylum seeker in MEARS accommodation:

- **Contact MEARS Safeguarding** and copy in the Lead for Initial or Dispersed Accommodation, or use the Resident Welfare Manager if known for certain area:
 - Safeguarding at MEARS for Northeast: sandrabrown@mearshousing.co.uk
 - Lead for Initial Accommodation in the Northeast: Gareth.Heslington@mearshousing.co.uk
 - Lead for Dispersed Accommodation in the Northeast: daniellecooke@mearshousing.co.uk
- **Contact Migrant Help:** escalations@migranthelpuk.org
- **Contact Home Office Safeguarding team:** asylumsafeguarding@homeoffice.gov.uk
- Key details to be provided for client: Name, DOB, Address, **NASS / PORT / Home Office Reference Number**, Contact telephone number.

2) *What to do when supporting an appeal rights-exhausted asylum seeker / refugee who has no recourse to public funds:*

- Aim to link client to a local authority to request support.
- Key details to be provided for client: Name, DOB, Address, Previous address (if possible), **GP address**, Contact telephone number.
- The GP address is key as can show where the client used to be based and will determine which is the relevant Safeguarding board or Social Care local authority.
- Get consent where possible; needed for Social Care and allows the Safeguarding Board to forward to Social Care Direct if needed.
- Signpost/refer to relevant organisations depending on need.

3) *What to do when supporting a refugee or migrant:*

- Gather details of client: Name, DOB, Address, Previous address (if possible), GP address, Contact telephone number, **NHS number (for Social Care, if can get it)**
- Get consent where possible; needed for Social Care and allows the Safeguarding Board to forward to Social Care Direct if needed.
- Refer to relevant local authority depending on where client is based.

4) *What to do when concerned that the client does not have the mental capacity to make or understand decisions:*

- Call the Crisis team (can be without consent if you have significant concerns)
- If less urgent the option is to call the GP (get consent)
- Use these advice lines:
 - Samaritan helpline: 116 113 (FREE); jo@samaritans.org
 - MIND Helpline: 0300 123 3393
 - Find a helpline: [UK Suicide & Crisis Helplines. Free, 24/7 Chat, Text & Phone \(findahelpline.com\)](https://www.findahelpline.com/)

- Together in a Crisis (self-referral / referral from Action Foundation) in Sunderland, South Tyneside and North Tyneside (needs to be a referral from a health / social care professional in Newcastle):
<https://www.everyturn.org/crisis-support/self-refer/>
 - In Sunderland or South Tyneside, call 0300 131 0333.
 - In North Tyneside, call 01952 769 729.

5) What to do when concerned that a client has suicidal intentions:

Ask Open-ended Questions:

- Are you wanting to harm yourself and/or end your life? (1. *Thoughts*)
 - (If yes) Have you thought about how you would take your life? (2. *Plan*)
 - (If yes) It seems like you have thought about this, do you have the means (e.g. pills / equipment) to do this to yourself? (3. *Means*)
 - (If yes) When do you plan to take your own life? (4. *Timeframe*)
- When did these feelings start?
- What have you done in the past when you have felt like this?
- What is your support network like?
- What do you want to happen? (autonomy means they have a choice)

Thoughts + Plan + Means to carry it out + A particular timeframe = Crisis

To do:

- Stay with them (either on the phone or face to face) and call the Crisis team
- Call 111 and press 9.
- If client knows their GP Surgery, call the GP for an emergency appointment (insist on it)

If they have the thoughts (but only the intention), still get them linked to support via the following contacts/resources:

- SHOUT (free text service) – text the word SHOUT to 85258 and a volunteer will respond
- [Staying Safe](#) who have Safety Plans (can be useful for staff to use with clients too)
- [WellbeingAndCoping.net](#) which have Wellbeing Plans

6) What to do when concerned that a client is linked to human trafficking / modern slavery:

- [File a report \(modernslaveryhelpline.org\)](#) and/or call the police
- If need mental health support (and depending on the need), refer to Social Care Direct and/or link to an organisation/helpline in 4)
- It is important to note that Causeway (was City Hearts) [Causeway - Modern Slavery & Criminal Justice Support Charity \(wearecauseway.org.uk\)](#) can only accept referrals if receive them through the Salvation Army, and the Salvation

Army can only support someone if added by the police to the National Referral Mechanism (NRM).

7) What to do when concerned that a client has been subjected to a hate crime:

- Support client to report this to the police (*To be updated once had Hate Crime Training with the Northumbria Police*).
- If need mental health support (and depending on the severity of the need), refer to Crisis / Social Care Direct / link to an organisation or helpline in 4)

8) What to do when concerned that a client has experienced torture:

- Refer them (with consent) to Freedom from Torture: [Help for survivors | Freedom from Torture](#)
- If need mental health support (and depending on the severity of the need), refer to Crisis / Social Care Direct / link to an organisation or helpline in 4).

9) What to do if you feel someone is vulnerable and you feel they should have been picked up by the Safeguarding Board or Social Care (but were not):

- It is good to find out which other organisations have worked with the client and see if they have noticed any further vulnerabilities / needs of the client.
- Make a request to Safeguarding Board / Social Care for a multi-agency meeting. If Changing Lives are involved, they have a doctor which can help support the claim if relevant.

Difference between the Safeguarding Board and Social Care Direct:

The definition of Safeguarding and Welfare concerns are detailed above in INTERNAL REPORTING

- Any safeguarding referrals go to the Safeguarding Board
- Any welfare referrals go to Social Care Direct

If there is no self-neglect, or no perpetrator of abuse or neglect, but there are major concerns about mental health or welfare, this would be passed on by the Safeguarding board to Social Care, as it would be seen just as information only for the Safeguarding Board.

If it is not clear if it is Safeguarding or a Welfare Referral is needed, we refer to the Safeguarding Board (with consent where possible) and they can forward it onto Social Care Direct if appropriate.

Social Care Direct - Contact details:

- Newcastle: [Overview - Newcastle City Council Social Care Direct - NHS \(www.nhs.uk\)](#), 0191 278 7878
- South Tyneside: Let's Talk team (0191 424 6000 or email LetsTalk@southtyneside.gov.uk)
- North Tyneside: The Gateway Service (0191 643 2777 office hours or 0330 333 7475 out of hours); childrenandadultscontactcentre@northtyneside.gov.uk
- Sunderland: 0191 520 5552
- Gateshead: 0191 433 7033

CLOSING A CASE (info for managers DSD's and DSL):

1) When to close a Local Authority safeguarding referral or welfare referral to Social Care Direct:

- All signposting and general check ins are done as general practice.
- Follow up with the local authority up to 3 working days later for an update to know if case has been taken on:
 - if yes, keep the case open if we are still engaging with the person as our client, even if no outstanding actions for us to complete beyond the normal support provided. Keep checking in for updates from the local authority and note in follow-up in In-Form.
 - If case not taken on, add actions in the follow up in In-Form with other signposting routes and monitor.
 - A Risk Management plan has been created and is being adhered to
 - When satisfied with stability of client, we can close the case with the client receiving continued support through general case or specific support work.

2) When to close a MEARS / Migrant Help / Home Office safeguarding referral:

- All signposting and general check ins are done as general practice.
- Contact to ask for feedback about what has happened up to 3 working days after incident logged.
- When satisfied with result of case, can close the case as client can be part of general case or support work.

3) When to close a concern (no referral, only signposting)

- All signposting and general check ins done as general practice.
- Will either resolve itself or become part of case/support work.
- A Risk Management plan has been created and is being adhered to.
- If greater concerns appear, it could become a safeguarding / welfare referral.

Appendix 3: Safeguarding Referral (in InForm)

Date Report Completed: _____

FULL REFERRAL REPORT

Name of Individual Recording Incident:	
Other Staff Present (and named within):	
Name of person Involved: (use full name)	
Others Involved:	
Location of Incident:	
Date of Incident:	
Time of Incident:	
Severity of Incident (C.R.A.G) – see Guidance Notes:	

Safeguarding / H&S Lead informed:	Y / N
Report saved in relevant folder & password protected:	Y / N
Safeguarding / H&S Log Completed:	Y / N
Incident Linked to Prior Incident:	Y / N
Incident an On-Going Issue:	Y / N
Follow Up Action Required:	Y / N
Document Filename:	

<u>Client info</u>	
Date of birth:	
Nationality:	
Language(s):	
Immigration Status:	
Address:	
Phone Number:	
NASS Number:	
Home Reference Number:	
Port Reference Number:	
Registered at GP:	

Nature of Incident								
Substances		Alcohol		Conduct Towards Staff		Conduct Towards Service User		Other
Suspected Drug Use on Premises		Suspected Alcohol Use on Premises		Verbal Abuse		Verbal Abuse		Complaint From Resident
Actual Drug Use on Premises		Actual Alcohol Use on Premises		Verbal Threats/Aggression		Verbal Threats/Aggression		Complaint From 3rd Party
Suspected Dealing from Premises		Client under influence		Intimidation/Harassment		Intimidation/Harassment		Adverse Community Impact
Actual Dealing from Premises				Physical Threats/Aggression		Physical Threats/Aggression		Adverse Media Attention
Suspected Overdose				Altercation/Fight		Altercation/Fight		Damage to Project's Property
Actual Overdose				Sexual Slur		Sexual Slur		Damage to Others' Property
Client under influence				Racial/Cultural Slur		Racial/Cultural Slur		Other (<i>please state below</i>)
Found/Discarded Medication				Theft		Theft		
Needlestick Injury/Sharps								
Emergency/Specialist Services Involved								
Police		Fire & Rescue		Medical		Other		Client outcomes
Police Requested		Fire & Rescue Crew Requested		Incident involving Staff		H&S / Safeguarding		Warning given
Police Attended		Fire & Rescue Crew Attend		Incident involving Service User		Environmental Health Visit		Eviction/NTQ issued
Crime		Major Fire/Arson		Paramedics Attend		Human Resources		Abandonment
Incident		Explosion		Paramedics Requested				Exclusion from service
Missing Persons		Flood		Death of Service User				Other (<i>please state below</i>)
Other (<i>please state below</i>)				Death in Duty (Staff)				
				Injury to Service User				
				Injury to Staff				
				Other (<i>please state below</i>)				

Record of Incident			
Timeline (date & time)	Event(s)		
Follow up actions			
Timeline	Actions	Reviewed by DSL (add date)	Investigation / Action results

Case Closed

Date:

DSL Approved (Y/N)

Guidance Notes:

- Files should be named by initials and then short date e.g. an incident involving John Smith on Jan 1st 2020 should be named: JS01.01.20
- An 'Incident' is defined as: "Any event which merits greater action/attention than our everyday duties would ordinarily demand".
- A severity scale should be implemented as such:
C - Crimson: Indicative of a most severe incident such as a death or serious bodily harm through infliction or accident.
R - Red: Severe incident which might involve the need to contact specialist/emergency services or merit evacuation or eviction.
A - Amber: Threats to person, incident involving alcohol/substance abuse, verbal abuse, community borne complaint.
G - Green: Unannounced visit, found/discarded medication.
- In the case of a Crimson or Red incident the Deputy Safeguarding Lead should be contacted and informed immediately
- Complete all required details in the initial section and indicate the actions you have completed by deleting the appropriate 'Yes/No' response.
- Cross (x) all of the appropriate 'Nature of' and 'Services Involved' boxes.
- Record your account of the incident using CONCISE, SPECIFIC, and TIME-BOUND entries into the 'Record of Incident' section.
- Avoid technical terms or jargon. Correct use of sector-wide abbreviations can be used.
- Avoid the use of conjecture or personal opinion. The account should be FACTUAL.
- Inclusion of all slang, offensive or discriminatory, racist or sexist language encountered is appropriate and should be fully documented. Where possible statements should be "quoted"

Appendix 4: Decision Making Checklist (from Newcastle Adults Safeguarding)

A local authority referral should be made when:

Alleged victim	The alleged victim is an adult who is: - aged 18 or over; - has needs for care and support (whether or not those needs are being met); - as a result of those needs is unable to protect him or herself against the abuse or neglect or the risk of it. - The alleged victim is a child:
	AND
Abuse or neglect	The alleged victim is experiencing, or is at risk of, abuse and neglect. Please refer to Risk Threshold Tool for further guidance (appendix 5)
	AND
Info sharing & consent	- the alleged victim has the mental capacity to make decisions about their own safety and wants this to happen. OR - the alleged victim has been assessed as not having mental capacity to make a decision about their own safety, but a decision has been made in their best interests to make a referral. OR - a crime has been or may have been committed against an adult at risk without mental capacity to report a crime and a 'best interests' decision is made. OR - the abuse or neglect is a serious crime and not proceeding would prejudice the detection or prevention of crime. OR - the abuse or neglect has been caused by a member of staff, or a volunteer and other adults (or children) are at risk from the person causing the harm. OR - the concern is about institutional or systemic abuse. OR - there is concern that the abuse or neglect may cause serious harm to the adult or others. OR - there is a concern that a person is not able to freely consent because they have been threatened or coerced. OR - Seeking consent would be too dangerous, putting either the adult or others at further risk of harm.

Appendix 5: Risk Threshold Tool (from Newcastle Adults Safeguarding)

This tool is for guidance, but if you are in any doubt whether a concern is significant, then it is best to contact the relevant Local Authority.

Factors		Guidance and considerations		
1. Vulnerability of the adult at risk	Less vulnerable	More vulnerable ←————→ - Does the adult have needs for care and support? - Can the adult protect themselves? - Does the adult have the communication skills to raise an alert? - Does the person lack mental capacity? - Is the person dependent on the alleged perpetrator? - Has the alleged victim been threatened or coerced into making decisions?		
The abusive act	Less serious	More Serious ←————→ Questions 2-9 relate to the abusive act and/or the alleged perpetrator. Less serious concerns are likely to be dealt with at initial enquiry stage only, whilst the more serious concerns will progress to further stages in the safeguarding adults process.		
2. Seriousness of Abuse	Low	Significant	Critical	Refer to the table overleaf. Look at the relevant categories of abuse and use your knowledge of the case and your professional judgement to gauge the seriousness of concern.
3. Patterns of abuse	Isolated incident	Recent abuse in an ongoing relationship	Repeated abuse	Most local areas have an escalation policy in place e.g. where safeguarding adults procedures will continue if there have been a repeated number of concerns in a specific time period. Please refer to local guidance.
4. Impact of abuse on victims	No impact	Some impact but not long-lasting	Serious long-lasting impact	Impact of abuse does not necessarily correspond to the extent of the abuse – different people will be affected in different ways. Views of the adult at risk will be important in determining the impact of the abuse.
5. Impact on others	No one else affected	Others indirectly affected	Others directly affected	Other people may be affected by the abuse of another adult. - Are relatives or other residents/service users are distressed or affected by the abuse? - Are other people intimidated and/or their environment affected?
6. Intent of alleged perpetrator	Unintended/ill-informed	Opportunistic	Deliberate/Targeted	- Is the act/omission a violent/serious unprofessional response to difficulties in caring? - Is the act/omission planned and deliberately malicious? Is the act a breach of a professional code of conduct? *The act/omission doesn't have to be intentional to meet safeguarding criteria
7. Illegality of actions	Bad practice - not illegal	Criminal act	Serious criminal act	Seek advice from the Police if you are unsure if a crime has been committed. Is the act/omission poor or bad practice (but not illegal) or is it clearly a crime?
8. Risk of repeated abuse on victim	Unlikely to recur	Possible to recur	Likely to recur	Is the abuse less likely to recur with significant changes e.g. training, supervision, respite, support or very likely even if changes are made and/or more support provided?
9. Risk of repeated abuse on others	Others not at risk	Possibly at risk	Others at serious risk	Are others (adults and/or children) at risk of being abused: - Very unlikely? - Less likely if significant changes are made? - This perpetrator/setting represents a threat to other vulnerable adults or children.

Types of abuse and seriousness	Concerns may be notified to the Local <u>Authority</u> but these are likely to be managed at Initial Enquiry stage only. Professional judgement or concerns of repeated <u>low level</u> harm will progress to further stages in the safeguarding adults process.	Concerns of a significant or critical nature should be referred to the local authority (with consent of the alleged victim where this is relevant and appropriate to do so). They will receive additional scrutiny, and progress further, under safeguarding <u>adults</u> procedures. Where a criminal offence is alleged to have been committed, the Police will be contacted. Other emergency services should be contacted as required.
	Low	Significant or critical
Physical	• Staff error causing no/little harm <u>e.g.</u> friction mark on skin due to ill-fitting hoist sling. • Minor events that still meet criteria for 'incident reporting' accidents. Medication • Adult does not receive prescribed medication (missed/wrong dose) on one occasion – no harm occurs. • Isolated incident involving service on service user. • Inexplicable marking found on one occasion. • Minor event where users lack capacity. Medication • Recurring missed medication or administration errors that cause no harm.	• Inexplicable marking or lesions, <u>cuts</u> or grip marks on a number of occasions. • Accumulations of minor incidents. • Recurring missed medication or errors that affect more than one adult and/or result in harm. • Deliberate maladministration of medications. • Covert administration without proper medical authorisation. • Inappropriate restraint. • Withholding of food, <u>drinks</u> or aids to independence. • Inexplicable fractures/injuries. • Assault. • Grievous bodily harm/assault with a weapon leading to irreversible damage or death. • Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death.
Sexual (including sexual exploitation)	• Isolated incident of teasing or low-level unwanted sexualised attention (verbal or touching) directed at one adult by another <u>whether or not</u> capacity exists. • Minimal verbal sexualised teasing or banter.	• Recurring sexualised touching or isolated or recurring masturbation without consent. • Voyeurism without consent • Being subject to indecent exposure. • Grooming including via the internet and social media. • Attempted penetration by any means (<u>whether or not</u> it occurs within a relationship) without consent. • Being made to look at pornographic material against will/where consent cannot be given. • Sex in a relationship characterised by authority inequality or exploitation <u>e.g.</u> receiving something in return for carrying out a sexual act. • Sex without consent (rape).
Psychological/ Emotional	• Isolated incident where adult is spoken to in a rude or inappropriate way – respect is undermined but no/little distress caused. • Occasional taunts or verbal outburst. • Withholding of information to disempower.	• Treatment that undermines dignity and esteem. • Denying or failing to recognise adult's choice or opinion. • Humiliation. • Emotional blackmail <u>e.g.</u> threats or abandonment/harm. • Frequent and frightening verbal outbursts or harassment. • Denial of basic human rights/civil liberties, overriding advance directive. • Prolonged intimidation. • Vicious/personalised verbal attacks.

	Low		Significant or critical		
Financial	• Staff personally benefit from <u>users</u> funds e.g. accrue 'reward' points on their own store loyalty cards when shopping. • Money not recorded safely and properly.	• Adult not routinely involved in decisions about how their money is spent or kept safe – capacity in this respect is not properly considered. • Non-payment of care fees not impacting on care.	• Adult's monies kept in a joint bank account – unclear arrangements for equitable sharing of interest. • Adult denied access to his/her own funds or possessions.	• Misuse/misappropriation of property or possessions of benefits by a person in a position of trust or control. • Personal finance removed from adult's control. • Ongoing non-payment of care fees putting a person's care at risk.	• Fraud/exploitation relating to benefits, income, property or will. • Theft.
Neglect	• Isolated missed home care visit where no harm occurs. • Adult is not assisted with a meal/drink on one occasion and no harm occurs. • Adult not bathed as often as would like – possible complaint.	• Inadequacies in care provision that lead to discomfort or inconvenience- no harm occurs <u>e.g.</u> being left wet occasionally. • Not having access to aids to independence.	• Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs. • Hospital discharge without adequate planning and harm occurs.	• Ongoing lack of care to the extent that health and wellbeing deteriorate significantly <u>e.g.</u> pressure wounds, dehydration, malnutrition, loss of independence/confidence.	• Failure to arrange access to lifesaving services or medical care. • Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk.
Self-Neglect	• Incontinence leading to health <u>concerns</u>	• Isolated/ occasional reports about unkempt personal appearance or property which is out of character or unusual for the person.	• Multiple reports of concerns from multiple agencies • Behaviour which poses a fire risk to self and others • Poor management of finances leading to risks to health, wellbeing or property	• Ongoing lack of care or behaviour to the extent that health and wellbeing deteriorate significantly <u>e.g.</u> pressure sores, wounds, dehydration, malnutrition	• Failure to seek lifesaving services or medical care where required. • Life in danger if <u>intervention</u> <u>is</u> not made in order to protect the individual.
Organisational (any one or combination of the other forms of abuse)	• Lack of stimulation/ opportunities for people to engage in social and leisure <u>activities</u> • Service users not given sufficient voice or involve in the running of the service	• Denial of individuality and opportunities for service user to make informed choice and take responsible <u>risks</u> • Care-planning documentation not person-centred	• Rigid/inflexible routines • Service user's dignity is undermined <u>e.g.</u> lack of privacy during support with intimate care needs, sharing under-clothing	• Bad/poor practice not being reported and going <u>unchecked</u> • Unsafe and unhygienic living environments	• Staff misusing their position of power over service <u>users</u> • Over-medication and/or inappropriate restraint used to manage <u>behaviour</u> • Widespread consistent ill-treatment

Appendix 6: Risk Grading Template

Risk Grading Clients / Volunteers

If a safeguarding concern about one of our volunteers or clients, classify the risk grading using this RAG rating.

RISK GRADING	Description of Risk	Further Advice/Actions	Tick
LOW RISK	Between 0-1 risk factors identified depending on potential severity of identified risk. Consider risk and implications of any risk factors identified.*	Continue to monitor potential of risk. Review if any changes in circumstances.*	☐
MEDIUM RISK	More than two risk factors indicating increased potential of risk. Consider risk and implications of any risk factors identified.*	Plan to be put in place to reduce risk*. Look into situation. Consult line manager / Team Leader to be aware and managing situation.	☐
HIGH RISK	Risk high indicating likely risk of harm or abuse. This can be any number of risk factors identified in the assessment.*	Safeguarding Leads to assess. Ask client/student/volunteer to stop using services (could be until investigation complete)	☐

Risk Assessments/Risk Management Plans

A "Risk Assessment" and "Risk Management Plan" should be used as part of our safeguarding procedures when a concern arises that presents ongoing or elevated risk. This includes situations where an individual continues to attend sessions despite concerns, remains in an environment that may not be safe, or when we are working with external agencies. These documents are crucial for consolidating information about what we are worried about, what actions we have taken or are taking, and how we are actively working to reduce harm and promote safety—both for the individual and for others who may be affected.

The "Risk Management Plan" supports and documents safeguarding decision-making by drawing together actions and concerns from follow-up notes into one clear, structured format. It allows us to track risk over time and provides a transparent and consistent approach to managing complex or changing situations. These plans can be standalone, used to close an incident with a clear record of the response, or dynamic and regularly reviewed as risk levels or circumstances change.

To complete this process, go into the relevant safeguarding incident on Inform and

add a new "Risk Assessment". Enter the appropriate date, include a review date if needed, and grade the risk using the available table. Use the tick box to indicate whether the plan has been discussed with the client, as engaging them in this process is a vital part of trauma-informed and person-centred safeguarding practice.

You will then create a "Risk Management Plan", where the type of risk is categorised (e.g. violence, self-harm, substance misuse), and both the likelihood and severity are assessed. The plan should clearly outline the risk posed, the actions already taken or planned, the desired outcomes, and any "Safety Plan" agreed with the individual. A safety plan may include steps the client can take to reduce risk, people they can contact for support, and practical measures put in place by the service. This joined-up approach ensures that all staff are working with the same understanding of the risks involved, helps maintain consistent support, and provides a record to refer back to if concerns arise again. It also plays a key role in our accountability to clients, colleagues, and partner agencies when managing safeguarding concerns.