



Safeguarding Adults at Risk Policy and Procedure

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SAFEGUARDING ADULTS AT RISK POLICY

Definitions of Safeguarding and 'Adult at Risk'

In England, an **"Adult at Risk"** is defined as any person aged 18 years and over who is or may be in need of community care services by reason of mental health issues, learning or physical disability, sensory impairment, age or illness and who is or may be unable to take care of him/herself or unable to protect him/herself against significant harm or serious exploitation.

The range of people considered to be vulnerable includes people encountering domestic violence, substance misusers and asylum seekers. Adults may not necessarily be service-users they may also be significant adults in the lives of children and adults with whom we work.

In US, we understand our safeguarding responsibilities towards adults at risk as:

- Protecting their rights to live in safety, free from abuse and neglect.
- People and organisations working together to prevent the risk of abuse or neglect, and to stop them from happening.
- Making sure their wellbeing is promoted, taking their views, wishes, feelings and beliefs into account.

Purpose

The purpose of this policy is to ensure the safety, needs and interests of adults at risk are always respected and upheld. This includes upholding human rights, ensuring a proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse.

It provides clear procedures on what to do if you have a concern about an adult at risk; how to manage, respond and refer those concerns and where to go for help and support.

The Procedures also aim to make sure that each adult at risk maintains:

- choice and control
- safety
- health
- quality of life
- dignity and respect.

Scope

This Policy applies across all US activities to ensure that all staff, volunteers and providers are clear about their role, responsibility and expectations in responding to any safeguarding concerns regarding adults at risk.

US Safeguarding and Protecting Adults at Risk Policy and Procedures must be followed alongside the local adult safeguarding board arrangements and protocols.

All staff, volunteers, trustees and other workers must be made aware of the policies and procedures and have access to them in order to comply with their responsibilities. They will undertake an induction process and appropriate training i.e. Safeguarding Adults at Risk, Safeguarding Children and Young People. Staff supervision will take place on a regular basis in accordance with US supervision policy.

Our Basis and Values

US aims to:

Advance the health and improve the quality of life of young people in Northumberland, Tyne and Wear and Durham. We support young people between 12 and 25 who experience or are at risk of developing mental health issues and/or neurodevelopmental disorders. Support is also offered to their parents/carers.

Engage young people and their parents and carers in sport and other physical activities that have a proven beneficial effect on physical and mental health.

Empower young people to transform their lives through participation in sports and physical activities, enabling them to

- improve their mental and physical health,
- enhance their educational performance and employability
- develop positive relationships,
- raise their self-esteem,
- be happy and take pleasure from recreation

Empower young people to play an active part in the long and short-term planning of activities and **US** in order to develop their organisational skills, whilst ensuring that activities meet the needs of beneficiaries.

To help young people make a positive contribution to family and community life

To destigmatise mental illness and enhance the support available to young people.

US currently delivers on an outreach basis. We fund sports and other fitness activities to small groups and individuals.

When we set up programmes we engage with referral organisations who work with young people in education, health, care, community organisations and the justice sector. We also welcome direct introductions from families and individuals.

We provide bespoke programmes for small groups and individuals, tailoring programmes to meet their needs and interests.

The activities are delivered by high quality, well-qualified coaches, teachers, tutors of sports and a wide range of physical activities.

We provide activities for small groups and individuals. We encourage all participants to set personal goals for their **US** experience and where appropriate, support the development of an exit strategy/progression pathway.

We are an organisation that continuously consults young people about our development and offer.

Through sports and fitness activities we aim to empower young people and help them to:

- Feel good
- Improve their mental and physical health
- Make friends and have fun
- Improve their self-image
- Become more confident
- Set and achieve personal goals
- Be successful in education and training and increase their employability

US and the organisations it contracts with to deliver activities come into contact with children and / or adults at risk through the following activities:

- a) Youth consultation meetings about the purpose and planned delivery of US
- b) 1:1 initial assessment interviews before participation in activities
- c) Small group participation in sporting and fitness activities (group size varies from 2 to 14)
- d) Individual participation in sporting and fitness activities (for US young people only)
- e) Supporting participation in sport and fitness activities in the community
- f) 1:1 on programme and post activity reviews
- g) Focus groups as part of quality review
- h) Social/celebration events with young people
- i) Online sport and fitness activities, either 1:1 or in small groups

US supports children, young people and adults at risk dealing with the effects of mental ill health and challenging circumstances and we aim to ensure they are safe from harm. Our Safeguarding Adults at Risk policy and associated procedures reinforce our aims, uphold our statutory duties and demonstrate our compliance with UK legislation whilst ensuring that our staff and volunteers understand their safeguarding responsibilities and know what to do to safeguard their welfare.

Our Approach to Safeguarding Adults at Risk

Our policies and procedures are based on six principles of safeguarding that underpin all adult safeguarding work.

Empowerment	Adults are encouraged to make their own decisions and are provided with support and information.
Prevention	Strategies are developed to prevent abuse and neglect that promotes resilience and self-determination.
Proportionate	A proportionate and least intrusive response is made balanced with the level of risk.
Protection	Adults are offered ways to protect themselves, and there is a co-ordinated response to adult safeguarding and well-being.
Partnerships	Local solutions are sought through services working together within their communities.
Accountable	Accountability and transparency in delivering a safeguarding response.

US is committed to Safeguarding and believe that it is the responsibility of everyone.

Procedures and Practice

The organisation has clearly defined procedures for identifying and taking action where there are safeguarding concerns about actual or suspected incidents or abuse.

Safeguarding Lead

US has a Designated safeguarding lead to advise staff, volunteers and providers and to respond to safeguarding concerns.

Safe Recruitment and Safe Practice procedures

US has a defined recruitment procedure in place to ensure that we appoint staff that are appropriately qualified and have the skills and knowledge to deliver a quality service.

Recruitment is undertaken in line with US's robust safeguarding principles, including satisfactory references from a minimum of two referees and Enhanced Disclosure checks for all posts that meet the eligibility criteria. Existing staff and volunteers are re-checked every three years or who when transferring from a role which does not require a DBS check to one which involves contact with children / vulnerable adults. US uses a reputable third party organisation for processing checks.

US has a criminal record disclosure policy to ensure that it abides by the obligations of the Disclosure and Barring Service and to ensure that it complies with the spirit and requirements of the Rehabilitation of Offenders legislation.

US has also adopted a Safeguarding Code of Conduct for all staff, volunteers and providers.

Learning Development & Training

All staff, and volunteers, are required to complete a Child Protection in Sport and lone worker online course within the first six weeks of employment. Staff and managers working directly with children, young people and young adults may also be required to attend bespoke safeguarding training courses in line with their specific responsibilities and must attend updated programmes every three years. It is the responsibility of the individual and their manager to ensure mandatory training is completed.

US welcomes requests from our staff to undertake additional training which both supports them in their role and develops greater awareness of issues affecting our young people and their well-being.

Supervision and One-to-one Meetings

There is an expectation that all Supervision and one-to-one meetings will have Safeguarding as a standing item in order for Safeguarding as it relates to each role to be discussed and embedded in all the work undertaken.

Managing Risk

US has an effective procedure for assessing and managing risks with regard to safeguarding children and vulnerable adults. The organisation has a procedure in place for reporting, recording and reviewing allegations and significant incidents. These reports and the learning informs practice, the risk assessment and revisions to our procedures.

Records

Well-kept records are essential in situations where it is suspected or believed that a child or a vulnerable adult may be at risk of harm. The organisation has a clear policy on the management of records, confidentiality, and sharing of information, which adhere to the requirements of GDPR and the Data Protection Act 2018. Trustees, staff, and volunteers are clear about what information can be shared with relevant people within and outside of the organisation and US will seek external advice if required.

Links with other Policies

This safeguarding policy and procedure is supported by other organisational policies and procedures aimed at promoting safe and healthy working practices.

Roles and Responsibilities

Accountability Framework

The Trustees have a duty of care to take steps to protect everyone who comes into contact with their organisation from harm (Charity Commission for England and Wales, 2019; Charity Commission for Northern Ireland, 2019; Scottish Charity Regulator, 2018).

This includes:

- ensuring safeguarding policies, procedures and measures are fit for purpose and up-to-date
- making sure everyone in the organisation is aware of their safeguarding responsibilities and knows how to respond to concerns
- having a lead trustee for safeguarding and child and vulnerable adult protection
- challenging any decisions which adversely affect anyone's wellbeing
- managing allegations of abuse against someone involved in the organisation
- reporting serious incidents as necessary.

Jane Erridge, Trustee is the designated trustee responsible for safeguarding

Contact details: 07710 225284 / janeerridge63@sky.com

Suzanne McFarlane, Chief Operating Officer is the Designated Safeguarding Lead.

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The purpose of the role is to take the lead in ensuring that appropriate arrangements for keeping children and young people safe are in place at US and to promote the safety and welfare of children and young people involved in US's activities at all times.

Duties and responsibilities

1. Take a lead role in developing and reviewing US's safeguarding child and adults at risk policies and procedures.
2. Take a lead role in implementing US's safeguarding children and adults at risk policies and procedures: ensuring all safeguarding and child protection issues concerning children and young adults who take part in US's activities are responded to appropriately.
3. Make sure that everyone working or volunteering with or for children and young adults at US including the board of trustees understands the safeguarding children and adults at risk policy and procedures and knows what to do if they have concerns about a child's or vulnerable adult's welfare.
4. Make sure children and young adults who are involved in activities at US and their parents know who they can talk to if they have a welfare concern and understand what action the organisation will take in response.
5. Receive and record information from anyone who has concerns about a child or adult at risk who takes part in US's activities.
6. Take the lead on responding to information that may constitute a child or adult at risk protection concern, including a concern that an adult involved with US may present a risk to children or young people.

This includes:

- a. assessing and clarifying the information
 - b. making referrals to statutory organisations as appropriate
 - c. consulting with and informing the relevant members of the organisation's management
 - d. following the organisation's safeguarding policy and procedures.
7. Liaise with, pass on information to and receive information from statutory adult at risk protection agencies such as:
- a. the local authority vulnerable adult protection services
 - b. the police.

This includes making formal referrals to agencies when necessary.

8. Seek additional advice and support when needed, though the relevant local authority safeguarding teams.
9. Store and retain adult at risk protection records according to legal requirements and the organisation's safeguarding children and adults at risk policies and procedures.
10. Work closely with the board of trustees to ensure they are kept up to date with safeguarding issues and are fully informed of any concerns about organisational safeguarding practice.
11. Report regularly to the board of trustees on issues relating to safeguarding of children and adults at risk, to ensure that child and vulnerable adult protection is seen as an ongoing priority issue and that safeguarding children and adults at risk requirements are being followed at all levels of the organisation.
12. Be familiar with and work within inter-agency adult at risk protection procedures developed by the local protection agencies.
13. Be familiar with issues relating to adult at risk protection and abuse, and keep up to date with new developments in this area.
14. Attend regular training in issues relevant to adults at risk protection and share knowledge from that training with everyone who works or volunteers with or for children and young people at US.

Managers, Co-ordinator and staff are responsible for ensuring that all safeguarding and adult at risk protection concerns are addressed through respective line management structures in line with the procedure.

Definitions

The scope of adult safeguarding is where there is reasonable cause to suspect that an adult:

- a) has needs for social care and support
- b) is experiencing or is at risk of abuse or neglect and,
- c) as a result of those needs the adult is unable to protect himself/herself against the abuse or neglect or the risk of it.

In relation to the nature of abuse or neglect referred to at (b) above, US recognises different categories of abuse which includes:

- Discriminatory
- Domestic Violence
- Financial and Material
- Institutional
- Modern Slavery
- Neglect/Acts of omission
- Physical
- Psychological/Emotional
- Self-neglect
- Sexual
- Radicalisation and Extremism

1. Communicating Safeguarding Responsibilities

Action: Managers:

1. Ensure that all staff/volunteers are aware of this Policy & Procedure and any relevant codes and practices.
2. Ensure local contact numbers are displayed in an accessible place for staff and volunteers to refer to, these include, Local Authority/Trust referral teams (children and adults) and the Local Area Designated Officer (LADO)

2. Code of Conduct and Professional Boundaries

The Safeguarding Code of Conduct supports staff, volunteers and providers by making clear what is expected of them in terms of their conduct and behaviour; it assists them to raise concerns without fear of recrimination and reduces the risk of misplaced or malicious allegations being made against them.

2.1 Induction

Action: Staff/Volunteers/Providers

1. Ensure that you have read, fully understand, and agreed the content of the Safeguarding Code of Conduct. It is your responsibility to speak to your manager if you are not clear or require further clarification.

Action: Managers

2. Ensure all staff and volunteers have fully understood and accepted the terms of the safeguarding code of conduct.

2.2 Gifts and Hospitality

Action: All Staff/Volunteers/Providers

You must not use a relationship with a participant or their family for personal gain. Gift-giving and accepting presents should only take place in line with US Policy on Gifts and Hospitality and should be agreed with your manager.

2.3 Concern about a breach/potential breach of your own or a member of staff/external colleague's professional boundaries

Action: Staff/Volunteers/Providers

1. Concerns about a breach or potential breach of professional boundaries by you or a colleague or external agency must be shared with your manager. This should happen regardless of whether the breach of professional boundaries was due to initial intentions being well meaning. A breach to the Professional Boundaries may place an Adult at Risk at further risk of harm and you have a duty to act upon your concerns to safeguard children, Adults at Risk and families.

2. Where you feel unable to report the concern/s to your line manager, you should refer them to the Designated Safeguarding Lead.
3. If you cannot raise issues through your management or consider the breach of Professional Boundaries not to have been dealt with appropriately, is continuing or your line manager is complicit on the breach you should report via the Whistleblowing Procedure.
4. The organisation recognises that it is possible that the friends and family of staff members may become participants and, indeed, that staff members themselves may in some circumstances become participants. It is incumbent on staff members to speak to their Manager about such situations to avoid any conflicts of interest, breaches of confidentiality or professional boundary issues.

Action: Manager

1. All potential breaches of professional boundaries should be taken seriously. The breach may not be a single event but a series of events and interactions, which together cause the individual, a colleague or external agency to cross the boundary between what would be considered a professional relationship to a non-professional relationship.
2. Staff must be supported to address any concern about their own breach of professional boundaries without the automatic risk of disciplinary proceedings. However, staff should be made aware of all possible consequences depending on the severity and nature of the breach including possible disciplinary action; dismissal; referral to the Regulatory bodies, relevant local Authorities, Disclosure and Barring Service and/ or police.
3. Conduct an investigation to establish the facts and decide whether there is a disciplinary case to answer – refer to Disciplinary Policy and Procedure.
4. All breaches of professional boundaries are to be recorded on individual staff files including any action taken. In cases where no case to answer is found the outcome should be recorded.
5. Work through with staff members sensitively, but honestly, the implications and issues where they or a member of their family is or becomes a participant.
6. If concerns arise regarding a colleague from another organisation consult with your manager to consider how these matters are appropriately raised in a timely manner.

3. Responding to an Adult at Risk Concern

If an adult discloses information to you verbally in person or via phone about abuse or harm that they are experiencing/at risk of experiencing, or you witness or are informed about an incident that raises an adult at risk concern, the following procedure should be followed. Be mindful that an adult may also reveal abuse which happened to them when younger, such as female genital mutilation and the same procedures below should be followed.

Action: Person receiving the information

1. Always offer reassurance, listen to and take seriously, what is being said. Never promise to keep secrets or be persuaded by the individual or the family not to take action if you are worried that the individual is being harmed or is at risk of harm.

2. Ask for contact information, some details of the incident, if there are children present or other adults at risk and whether they are known to US services.
3. It is not your job to investigate, verify what is being said or examine the individual. This is the statutory responsibility of the local authority/Trust/ adult care services and/or the Police. However, it is important to tease out relevant information and it may be necessary to undertake some basic enquiries before making a referral. If there is a high level of risk and/or actual harm to anyone refer immediately to the Police.
4. Where a disclosure is made explain to the adult concerned: that you will need to pass this information on to your manager, the reasons why and possible actions. If children are involved, explain that you have a statutory duty to pass on these concerns and take action in accordance with the US Safeguarding Children Policy and Procedure.
5. If an agency has reasonable cause to suspect that a person is an adult at risk it must inform the local authority of that fact. There is a new duty for a local authority to make enquiries if it has reasonable cause to suspect that a person is an adult at risk. Authorities must decide whether any action should be taken and, if so, what and by whom. The timescale is usually 7 days to make the enquiry.
6. Through your line management chain, consult with your line manager or an appropriate senior manager to agree a course of action, but do not delay if this would place the participant concerned at increased risk.
7. If you are aware that the adult making the disclosure has a care plan through Local Adult Services and is not in immediate danger, inform them that you will ask one of their Service staff to call them back and refer the matter immediately to the Service. You must speak to a member of staff in the Service; if no one is available pursue the matter through your line management structure to ensure that action is taken within 24 hours.
8. If the adult is thought to be in immediate danger, take steps to keep the adult and anyone in the vicinity, including yourself, to a safe place and call 999 to request Police assistance.
9. If the adult concerned is not known to have a care plan through by Local Adult Services, not in immediate danger and does not have children, refer them to their local Adult Services which can be accessed through their local authority.
10. You must record what your concerns are and identify what action has been taken and pass this record to the relevant Service. Records must be completed and stored in accordance with the US Recording Policy and Procedure.
11. If for any reason you do not feel able to alert a manager then the whistleblowing procedure must be followed. The telephone number for the hotline is **0800 1588060**.

Action: Manager

12. The manager must make a clear assessment of whether the information received from the member of staff is deemed to be an adult protection referral and/or a situation in which further

action must be taken as outlined above. If they are unsure, they must seek advice from the Designated Safeguarding Lead and act in accordance with local protocols.

13. Managers must endorse any decision not to refer to adult protection services.
14. If there is a disagreement between the US manager and a member of staff about the need to report concerns to adult protection services, the matter should be referred to the Designated Safeguarding Lead or Chair of Trustees for further information and advice.
15. You must disclose to adult protection services any other relevant information or known risks about the adult and family within the context of their wider family and environment.
16. If an adult at risk has a care plan managed by a local authority, the manager must ensure that they are alerted to the concerns.
17. Referrals of suspected adult abuse must always be confirmed by encrypted email using local referral protocols, if they exist, to the local adult safeguarding service within 24 hours or sooner of staff becoming aware of the concern.
18. The report must contain details of the information that has been shared together with appropriate dates, times, action taken and the names and designations of people contacted, together with any outcome known at that stage. Reports should be copied to the Designated Safeguarding Lead.
19. It is imperative that the staff member record events at the earliest opportunity in accordance with the US Recording Policy & Procedure. Failure to do so may jeopardise any ensuing criminal or civil proceedings.
20. If at any point, the situation escalates and it seems that the adult is at increased risk you must immediately contact the police and local adult safeguarding services to seek guidance on what to do.
21. You must establish the outcome of the referral. The Local Authority Social Work manager will decide if Adult Protection Procedures are appropriate.
22. If adult protection services do not make further contact with US within three working days, you must contact them for an update.
23. If you are not satisfied that the adult protection service's response adequately safeguards the adult at risk then you must inform the Designated Safeguarding Lead or Chair of Trustees who can make representations on US's behalf to escalate the concerns accordingly.

4. Responding to Safeguarding Allegations Against Adults who work for or on behalf of US

1. A safeguarding allegation is one where information comes to light from any source, which suggests that an adult working for or on behalf of US has or may have:
 - Caused significant harm to a child or adult at risk
 - Committed a criminal offence against a child or adult or
 - Behaved in such a way that indicates they may pose a risk of harm to children or adults at risk.

This includes historical information about abuse an adult may have experienced as a child whilst in receipt of services from US.

2. The management of an allegation of abuse may involve one or all of:

- a police investigation of a possible criminal offence
- enquiries and assessment by the local authority about whether the adult child is in need of protection or in need of services
- consideration by US of disciplinary action in respect of the individual.

Action from member of staff, volunteer or provider who has a concern about an adult working for or on behalf of US who works with or is in contact with a child or adult at risk.

1. Inform your manager or Designated Safeguarding Lead and the Chair of Trustees immediately. Action must have been taken and recorded within 24 hours (including weekends and bank holidays).
2. It is not your job to investigate the allegation. Your job is to listen, ensure you have the basic details so you can record what was said, and respond appropriately. For further information see Guidelines for responding to Allegations against Adults.
3. If for any reason you do not feel able to alert a manager then the Whistleblowing Policy and Procedure must be followed.

Action: Responsible Senior Manager

(See *additional* investigation guidance for managers: responding to external investigations into safeguarding/gross misconduct allegations)

1. Upon receiving information, ensure the safety of the adult or child. If a crime has clearly been committed, police and the local authority child protection services/Trusts/Local Authority Designated Officer (LADO) will need to be contacted as a matter of some urgency and usually within 24 hours. If there are other children or adults who could be at risk these details must also be shared.
2. Advice and guidance should be sought from the Designated Safeguarding Lead. In consultation with the LADO/local child protection services/Trusts, a risk assessment should be conducted within 24hrs to decide whether the person concerned can continue in their role or whether a period of suspension is required or a temporary redeployment is appropriate. If the allegation concerns a volunteer then a decision must be made as to whether to suspend their volunteering activities. This must be confirmed in writing.
3. Do not inform the member of staff/volunteer against whom the concern/allegation has been made of the nature of the allegation until consultation has been undertaken with the relevant local authority and where necessary police. The responsible Director must ratify any decision.
4. If the allegation concerns a volunteer or a provider then a decision must be made as to whether to suspend their volunteering activities. This must be confirmed in writing.

5. If the allegation involves harm or risk of harm to an US participant then you must consider whether the participant record should be sealed.
6. Any officer, tasked with undertaking further enquiries or conducting an investigation under disciplinary procedures must be competent in child and adult at risk protection matters and be of sufficient seniority to enter into discussion with external agencies. Any action must be agreed with the Chair of Trustees, the Local Authority Designated Officer (LADO) or Social/Health Care Trust. These procedures must be followed in conjunction with US Disciplinary Procedures.
7. Consideration must be given as to whether the allegations represent a possible crime that needs to be reported to the Police; discussions will need to take place regarding the primacy of the Police investigation and the impact on internal timescales for subsequent investigation, etc.
8. As soon as possible, agree with the Health/Social Care Trust/Child Protection Agency who will ensure that the adult's parents/significant others are kept informed about the allegation and how they will be kept updated on any progress of the case and its outcome.
9. Any other local authority with responsibility for the adult at risk and any relevant partner agencies must also be notified of the allegation and/or investigation within 24hrs. In some circumstances, the Local Authority or Health and Social Care Trust where the US staff, volunteer, or provider resides may become involved if the allegations have implications for other family members.
10. Ensure the Allegations Against Adults Reporting Form has been completed and signed off by the Designated Safeguarding Lead as soon as possible (always within 24 hours) and sent to those named in the circulation list.
11. The reporting form must be monitored and regularly updated by the Designated Safeguarding Lead when there is significant new information, and/or reviewed quarterly and when the outcome of the investigation is known.
12. Ensure that staff involved with an investigation are aware of the support options available.
13. The Chair of Trustees is responsible for ensuring that any support offered is kept separate from the managers involved in the investigation.
14. Notify the Local Authority Designated Officer (LADO) of the conclusion of any internal investigation.
15. At the conclusion of a case all required regulatory referrals or notifications (including the Charity Commission) must be made and a decision made and recorded by Chair of Trustees as to whether the person will be referred to the Disclosure and Barring Service.

5. Reporting of Serious Safeguarding Incidents

1. A serious safeguarding incident is defined as:

- Unexpected or avoidable death of child/young person/adult at risk in receipt of services from US
- Serious harm to child/young person /adult at risk, where a life-threatening outcome required intervention by US staff/volunteers
- Actions of a service-user which has caused death or serious injury/serious harm to another child or adult
- A 'Near Miss' where an unplanned event or incident did not result in serious injury, harm or illness, – but had the potential to do so and only a fortunate/timely break in the chain of events prevented a serious outcome for the child/adult at risk
- An incident likely to result in adverse media attention and/or potential reputational damage for US
- An incident that is serious enough that it may lead to a Serious Case Review (soon to be Child Safeguarding Practice Review (local or national))/Significant Case Review/Child Practice Review, and/or any case which indicates organised crime or large-scale abuse
- A safeguarding incident likely to raise concern about US policies or procedures
- A safeguarding incident which raises concern about possible radicalisation of any member of staff/volunteer/adult/child/adult at risk

Action: Manager

1. If a member of your team is involved in a serious safeguarding incident and/or any of the above situations apply, you must complete a Serious Safeguarding Incident Form within 24 hours and send it to Designated Safeguarding Lead and Chair of Trustees.
2. If a participant has died you must also complete the Death of a Service User form and send to all those on the circulation list detailed on the form.
3. If the incident also relates to Health and Safety, an accident report should be prepared, and a RIDDOR report submitted to the HSE as required.

6. Physical and mental wellbeing during a session

6.1 A young person becomes physical or mentally unwell during an activity

US works with young people who have or are at risk of developing mental health issues. There could be occasions where the young person becomes unwell or acts in a way that help is required. This is likely to be a rare occurrence but the following is advice to follow in such an event.

As a keyworker, volunteer or trainer you have a responsibility to follow your job role but in an emergency you need to call for expert help and not manage this yourself.

Make sure you have a working charged phone with you at all times and have the contact details of the young person's GP, guardian/parent or emergency contact and a charity contact.

Action responsible staff member

1. The first decision to make is whether to call an ambulance 999 or telephone 111 or the GP. This will depend on the level of threat to life - in a life-threatening situation call an ambulance through 999. In less dangerous circumstances contact 111 for advice or the young person's GP

2. Always call the guardian/parent of the young person if they are under 18 years old - if over 18 years only call the guardian/parent if you have the young person's permission. In the situation that the young person is over 18 years and either does not have a guardian or parent or does not want them to be contacted - either contact a known support of the young person or health services (999,111,GP) as below.

3. Make sure the young person is taken safely to the required venue

4. Make a record of what happened

5. Contact the Designated Safeguarding Lead to let them know what has happened

Type of emergency	Action	Action	Action
Self harm-cutting, overdose, ligature	Call 999 and ask for immediate assistance to go to A and E	Call guardian/parent or known contact	Stay with young person until help (either ambulance or parent/contact) arrives
Voicing suicidal ideas	Call guardian/parent or known contact	Ring 111 for advice	Stay with the young person until help arrives
Physical injury/illness	Depending on severity call ambulance 999 or GP	Call guardian/parent or known contact	Stay with the young person until help arrives
Alcohol or drug ingestion	Call guardian/parent or known contact	Stay with young person until help arrives	If guardian/parent cannot come call 999 and wait with young person for ambulance

7. Prevent

1. Radicalisation is comparable to other forms of exploitation and is therefore considered a safeguarding issue that all staff must be aware of. The process for escalating concerns and procedures regarding how to make a referral to the relevant authorities on this specific matter follow below.
2. The emphasis is upon supporting vulnerable children, young people and adults. There is no expectation that US will take on a surveillance or enforcement role as a result of fulfilling our Prevent duty. The **Prevent Concern** promotes a multi-agency approach, and US will continue to work alongside Local Safeguard Children Boards.
3. A **Prevent Concern** does not have to be proven beyond reasonable doubt; it should be based on something that raises concerns, which is assessed by using professional judgement.

4. **Extremism** is defined in the Prevent Strategy 2011 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.
5. **Terrorism** is defined by the Terrorism Act 2000 as: an act that endangers or causes serious violence to a person/people and/or damage to property; or seriously interferes with or disrupts an electronic system.
6. **Radicalisation** is defined as the process by which people come to support terrorism and violent extremism and, in some cases, to then participate in terrorist groups. Radicalisation should be considered as an 'additional vulnerability' under Chapter 11 of the Working Together to Safeguard Children Guidance (2010). There is no obvious profile of a person likely to become involved in extremism or a single indicator of when a person might move to adopt violence in support of extremist ideas.
7. **Indicators for vulnerability** to radicalisation can be similar to those for other forms of abuse and may particularly include:
 - Distance from cultural heritage
 - Experience of migration
 - Experience of racism and discrimination
 - Family members or friends associated with extremist groups
 - Family tensions
 - Sense of isolation and feelings of failure
 It is important to note that not all individuals at risk of radicalisation and acts of terrorism are susceptible or vulnerable and they may be acting out of choice.
8. **Risk Assessments:** The level of risk will vary across different parts of the UK.
9. Training will be provided proportionately for all relevant staff dependent upon their role and links to front line service delivery.

7.1 Making a Report

Action: An employee/volunteer / provider may have concerns as a result of:

- A direct disclosure
 - An observation
 - An expression of concern or complaint made by another person
10. If you suspect that a **child/adult at risk is at immediate risk or actually engaged in the planning or implementing of an act of terrorism**, take the following course of action immediately:
 - a) Contact your manager and consider referral to Police on 999
Or Anti-Terrorist Hotline on 0800 789 321.
 - b) Contact the Designated Safeguarding Lead, informing them of the actions taken.
 - c) All actions must be recorded.
 11. If you suspect that a **child/adult at risk may be under the influence of radicalisation or extremism but not in immediate danger**, the following actions must be taken:

- a) Raise your concern directly with your manager in the first instance; informing them the nature of your concerns.
- b) Contact the Police on number 101 to discuss the next steps, requesting to speak to officers with the responsibility in relation to Prevent duties.
- c) Contact the Designated Safeguarding Lead informing them of the actions taken.

12. Clarify with the Police or Anti-Terrorism hotline the next steps and whether/how feedback will be provided.

Action: Manager

13. Ensure any reported Prevent Concerns are managed in accordance with these procedures and where necessary escalated to the relevant authorities.

8. Female Genital Mutilation (FGM)

1. **Duty to report:** From 31 October 2015, there is a mandatory duty for regulated professionals¹ to report cases of FGM in England and Wales. This applies where the victim is under 18 years old and has disclosed FGM directly or the professional has seen something that possibly indicates the girl has been cut and should be reported to the Police and social care department. While there is no equivalent duty in Scotland and Northern Ireland, cases would be reported as a child protection matter.
2. This is a personal duty, which requires the employee who becomes aware of the case to make a report; the responsibility cannot be transferred to anyone else. The only exception is if you know that another employee has already made a report. Therefore, there is no requirement to make a second referral.
3. **Regulated Professions:** The duty only applies to staff that works in a regulated profession e.g. teachers, healthcare profession and social workers. It therefore covers:
 - General Chiropractic Council
 - General Dental Council
 - General Medical Council
 - General Optic Council
 - General Osteopathic Council
 - General Pharmaceutical Council
 - Health and Care Professions Council (whose role include the regulation of social workers in England)
 - Nursery and Midwifery Council

If they are not under the duty, they should still report the incident as a safeguarding issue.

4. **When the duty does not apply:**
Women over the age of 18 years old
5. The duty to report does not apply to cases of disclosure from women over the age of 18. In these instances, you must follow local adult safeguarding procedures or contact your Designated Safeguarding Lead.

¹ In Wales, education practitioners are regulated by the Education Workforce Council.

Disclosure is from someone other than the child

6. If other people disclose a possible case of FGM e.g. parent or friend, or you suspect that a child/adult at risk may be at risk of FGM, the duty to report will not apply. However, this remains a safeguarding concern and must include a referral to the local Social Care Department and informing a Designated Safeguarding Lead.

8.1 Receiving a Disclosure or becoming aware of a FGM case

Action: Staff Member

1. An employee and/or volunteer may become aware of a case of FGM if they are informed by a girl under 18 that an act of FGM has been carried out on her.
or
2. Observe physical signs, which appear to show that an act of FGM has been carried out on a girl under 18.
3. They must always speak to their manager about their concerns at the earliest opportunity and certainly the same day they become concerned
4. Staff members can also seek advice from the National FGM Centre

8.2 Making a report

1. A report can be made in writing or orally to the Police and Social Care department. If calling the Police, use the non-emergency no. 101. This report must be completed no later than by the close of the following working day. Any reports should be discussed with your manager in the first instance but should not delay the referral to the Police.

Staff in non-regulated posts but belong to one of the “professions” in accordance with the “2003 Act”, should familiarise themselves with the mandatory duty to report and they should contact their Designated Safeguarding Lead to make a safeguarding referral.

2. You should be prepared to provide the call handler with the following information and explain that you are making a report under the FGM mandatory reporting duty:

<p>Your details:</p> <ul style="list-style-type: none">• Name• Contact details (work telephone number and e-mail address)• Place of work• Details of your organisation’s designated safeguarding lead	<p>The girl’s details:</p> <ul style="list-style-type: none">• Name• Age/date of birth• Address
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3. You should update your Designated Safeguarding Lead of the actions taken and identify whether other safeguarding actions are required, and how these will be taken forward.

4. Any reporting of an FGM concern should be reported internally, as a Serious Safeguarding Incident using the Serious Safeguarding Incident Form. This should be sent to the Designated Safeguarding Lead and Chair of Trustees.

8.3 Consequences of a failure to Report

1. If the employee/volunteer does not carry out their duty to report the case of FGM to the Police, this will be treated as a possible breach of their professional duty and may result in a disciplinary action and, where relevant, referral to the governing body for their profession.
2. **Recording.** Cases involving FGM should be recorded in the relevant case file of the individual concerned in accordance with US Recording Policy.

8.4 Advice and Support

Further advice from the Local Authority Adult safeguarding service or from the National FGM Centre

9. Safeguarding and Social Media

Social Media Guidance for staff working with children and young people

What do we mean by Social Media?

'Social media' in this document means any electronic communication that enables people to stay in touch online. This includes apps in which you and others contribute to both shared and private conversations with organisations, communities and individuals.

Background

Social media has become an important part of everyday life. It is an exciting and engaging way of keeping in touch with friends and family, as well as people, groups and brands beyond daily life. Social media at US covers both private conversations (e.g. WhatsApp) and public conversations (e.g. Facebook). Although these are obviously very different types of communications, our safeguarding responsibilities apply to both cases.

Many of the children and young people in our care expect to use social media as a default method of communication – even more than talking face to face or on the phone. As we have started using social media more regularly, the number of stories about inappropriate use of technology, grooming behaviour and an inability to challenge colleagues has grown, which means that US needs clear practice guidance for workers and organisations around safer working practice in this area.

Individuals who work with children and young people, or adults who are their parents and carers, whether in a voluntary or paid capacity, must always keep their professional role in mind regardless of the method of communication with a child.

All communications with a child, regardless of how they take place, should be considered to carry the same weight. As a professional supporting a child or young person, you should ensure you document online conversations, chats or interventions as well as you would through any other channel, for instance face-to-face or phone conversations. **All communications with a child or young person, regardless of channel, must be recorded in their care record.**

What happens if a US person abuses their access to social media?

This guidance refers to best, safe and poor practice regarding the use Social Media. US Safeguarding Code of Conduct outlines the behaviour expected of all staff, workers, providers and volunteers, and treats any breach the same whether it is online or offline.

Inappropriate use of social media may breach US Safeguarding Code of Practice and could put the lives or livelihoods of children at risk. Failure to use social media appropriately may result in disciplinary action being taken, up to, and including dismissal, or result in the termination of an individual's working agreement or involvement as a volunteer with US, as appropriate. In certain circumstances breaches may also result in reports to Regulatory bodies, relevant Local Authorities and/or the police, as appropriate.

Make sure you are confident in your use of social media before you begin, and never feel pressured to communicate with children, service users, families or other professionals through any channel that you are not personally comfortable with. Advice on usage of any Social Media platform can be sort from the Chief Operating Officer.

10. Online Safety

We believe that children and young people should be able to use the internet for education and personal development and that it offers an alternate means for young people to access our US Offer, but safeguards need to be in place to ensure they are kept safe at all times.

We recognise that:

- the online world provides everyone with many opportunities; however it can also present risks and challenges
- we have a duty to ensure that all children, young people and adults involved in our organisation are protected from potential harm online
- we have a responsibility to help keep children and young people safe online, whether or not they are engaging in US initiated activities or our website
- working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare and in helping young people to be responsible in their approach to online safety.

We will seek to keep children and young people safe by:

- allocating the role of online safety coordinator to the Designated Safeguarding Lead responsibilities
- providing clear and specific directions to staff and volunteers on how to behave online through our Safeguarding Code of Conduct
- supporting and encouraging the young people using our service to use the internet, social media and mobile phones in a way that keeps them safe and shows respect for others
- supporting and encouraging parents and carers to do what they can to keep their children safe online
- developing an online safety agreement for use with young people and their parents/carers responding to any incidents of inappropriate online behaviour, whether by an adult or a child/young person through the procedures laid out in this policy
- reviewing and updating the security of our information systems regularly
- ensuring personal information about the adults and children who are involved in our organisation is held securely and shared only as appropriate
- ensuring that images of children, young people and families are used only after their written permission has been obtained, and only for the purpose for which consent has been given
- providing supervision, support and training for staff and volunteers about online safety
- examining and risk assessing any social media platforms and new technologies before they are used within the organisation.

What happens if an US person abuses online resources with young people:

Failures by adults to behave appropriately online may result in disciplinary action being taken, up to, and including dismissal, or result in the termination of an individual's working agreement or involvement as a volunteer with US's, as appropriate. In certain circumstances breaches may also result in reports to Regulatory bodies, relevant Local Authorities and/or the police, as appropriate.

What happens if a young person abuses online resources:

Staff will be provided with support and training on dealing with all forms of abuse by young people, including bullying/cyberbullying, emotional abuse, sexting, sexual abuse and sexual exploitation. We will make sure our response takes the needs of the person experiencing abuse, any bystanders and our organisation as a whole into account.

We will review the plan developed to address online abuse at regular intervals, in order to ensure that any problems have been resolved in the long term

11. Information Sharing/Consent

All practitioners who have access to information about adults at risk have a duty to preserve confidence. Each individual's right to confidentiality must be respected. All personal information must be treated with care and kept securely; this means not disclosing it to people who do not need to know.

In normal circumstances the adult who is the subject of the information will be required to give consent before information about them can be shared. The consent of the person who provided the information may also be required.

Irrespective of the age, abilities or level of maturity of the adult, if information is disclosed which indicates that the child/adult at risk (or another person) is at serious risk of harm, then confidentiality cannot be preserved as safeguarding procedures must take precedence.

The term '**Vital Interest**' which is used in the Data Protection Act (DPA) 1998 permits sharing of information where it is critical to prevent serious harm or distress, or in life-threatening situations.

Refer to the Information Sharing Policy

12. References

Please note this list is not exhaustive:

- Prevent Strategy 2015
- Mental Capacity Act 2005
- Deprivation of Liberty Safeguards 2009
- Strategy for Dealing with Safeguarding Children and Vulnerable Adults Issues in Charities, Charity Commission (2012)
- Protection of Freedoms Act 2012
- The Care Act 2014
- The Serious Crimes Act 2015
- Modern Slavery Act 2015

13. Compliance

The Chair of Trustees and trustee board will monitor compliance with this policy and procedure.

Appendix 1

Glossary and Definitions

Abuse	A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). An adult or adults, or another child or children may abuse them.
Physical Abuse	A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
Emotional Abuse	The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child 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 on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child though it may also occur alone.
Sexual Abuse	Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child 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 children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child 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	<p>The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:</p> <ul style="list-style-type: none"> • provide adequate food, clothing and shelter (including exclusion from home abandonment); • protect a child 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 child’s basic emotional needs.
Domestic Abuse and Violence	<p>The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: emotional, financial, physical, psychological, or sexual behaviours. From December 2015, coercive or controlling domestic abuse is a crime punishable by up to 5 years in prison, under section 76 of the Serious Crimes Act 2015. This relates to a purposeful pattern of behaviour, which takes place over time, in order for one individual to exert power, control, or coercion over another.</p>
Financial and Material Abuse	<p>Financial or material abuse includes theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.</p>
Discriminatory Abuse	<p>Discriminatory abuse includes forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.</p>
Institutional Abuse	<p>Organisational abuse is neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment.</p> <p>It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.</p>
Modern Day Slavery	<p>Modern slavery exists in the UK and destroys lives. Men, women and children – UK nationals and those from abroad – are exploited in the sex industry, through forced labour, domestic servitude in the home and forced criminal activity.</p> <p>These types of crime are often called human trafficking. 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.</p>

<p>Self Neglect</p>	<p>The term “self-neglect” covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings.</p> <p>Examples of self-neglect include:</p> <ul style="list-style-type: none"> • A refusal or inability to cater for basic needs, including personal hygiene and appropriate clothing. • Neglecting to seek assistance for medical issues. • Not attending to living conditions – letting rubbish accumulate in the garden, or dirt to accumulate in the house. • Hoarding items or animals.
<p>Female Genital Mutilation (FGM)</p>	<p>Female Genital Mutilation (FGM) is a safeguarding issue, illegal in England and Wales under the FGM Act 2003 (“the 2003 Act”). It is a form of child abuse and violence against women and girls. There is a mandatory duty for regulated professionals to report cases of FGM in England and Wales. This applies where the victim is under 18 years old and has disclosed FGM directly and should be reported to the Police and social care department.</p> <p>This is a personal duty, which requires the employee who becomes aware of the case to make a report; the responsibility cannot be transferred to anyone else. The only exception is if you know that another employee has already made a report. Therefore, there is no requirement to make a second referral.</p>
<p>Regulated Profession</p>	<p>A regulated profession is one, which is governed by a professional organisation or regulatory body to ensure that professionals meet the required standards of practice and competence for that occupation.</p>
<p>Prevent Concern</p>	<p>Children and young adults can be vulnerable to exposure to or involvement with groups or individuals who advocate intimidation as a means to a political or ideological end. These groups can include those promoting “violence from extreme right-wing or other ethnic or religious organisations” Prevent Strategy (2011). Prevent is part of the Government counter terrorism strategy CONTEST and aims to stop people becoming terrorists or supporting terrorism. Prevent focuses on all forms of terrorism and extreme ideologies and operates in a pre-criminal space, providing support and redirection to vulnerable children and adults at risk of being groomed into terrorist activities before any crimes are committed.</p>
<p>Extremism</p>	<p>Defined in the Prevent Strategy 2011 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.</p>
<p>Terrorism</p>	<p>Defined by the Terrorism Act 2000 as: an act that endangers or causes serious violence to a person/people and/or damage to property; or seriously interferes with or disrupts an electronic system.</p>
<p>Radicalisation</p>	<p>Defined as the process by which children and young people come to support terrorism and violent extremism and, in some cases, to then participate in terrorist groups. Radicalisation should be considered as an ‘additional vulnerability’ under Working Together to Safeguard Children Guidance (2015). There is no obvious profile of a person likely to become involved in extremism or a single indicator of when a person might move to adopt violence in support of extremist ideas.</p>

Trafficking and Modern Slavery	The United Nations defines trafficking in children and adults as the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, or abduction, of fraud, of deception, of the abuse of power, or of a position of vulnerability, or the giving or receiving of payments to achieve the consent of a person having control over another person, for the purposes of exploitation.
Gang Exploitation	There are a number of areas in which young people are put at risk by gang activity both through participation in and as victims of gang violence. Safeguarding procedures can provide a key tool for all agencies working with young people to assist them when working together to prevent young people from being drawn into gangs, to support those who have been drawn into the margins of gangs; and to protect those who are at immediate risk of harm either as members or victims of gangs. Gang activity can also be used as the means through which children and young people are sexually exploited and/or trafficked.
County Lines	County Lines is the police term for urban gangs supplying drugs to suburban areas and coastal towns using dedicated mobile phone lines or 'deal lines'. It involves child criminal exploitation as gangs use children and vulnerable people to move drugs and money. Gangs establish a base in the market location, typically by taking over the homes of local vulnerable adults by force or coercion in a practice referred to as 'cuckooing'. County Lines is a major, cross cutting issue involving drugs, violence, gangs, safeguarding, criminal and sexual exploitation, modern slavery and missing persons.
Criminal Exploitation	Child Criminal Exploitation is common in county lines and occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology. Criminal exploitation of children is broader than just county lines, and includes for instance children forced to work on cannabis farms or to commit theft.
Young Carer	A young carer is a person under 18 who provides or intends to provide care for another person (of any age, except generally where that care is provided for payment, pursuant to a contract or as voluntary work).
Allegation	An allegation is information, which comes to light from any source which suggests that an employee or volunteer has behaved in a way that has harmed, or may have harmed, or had the potential to harm a child or adult at risk. Although there are some differences in how allegations are handled across the four nations, the process for responding to allegations remains the same.

<p>Serious Safeguarding Incident</p>	<p>A Serious Safeguarding Incident occurs under the following circumstances:</p> <ul style="list-style-type: none"> • Unexpected or avoidable death of child/young person/adult at risk in receipt of services from US • Serious harm to child/young person/adult at risk where a life-threatening outcome required intervention, • Actions of a Participant which caused death or serious injury to a child or adult • An incident likely to result in adverse media attention and/or potential reputational damage for US • An incident that is serious enough that it may lead to a Serious Case Review (soon to be a Serious Child Safeguarding Practice Review in England), and/or any case which indicates organised crime or large scale abuse, • An incident likely to raise concern about professional practice or implications for US's policy; • An incident which raises concern about possible radicalisation of any member of staff/volunteer/adult/child/vulnerable adult • Where a registered provider (residential or early years) is required to close by an external body.
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Appendix 2

Designated Safeguarding Contacts for US

Name	Contact details
Suzanne McFarlane	COO M.07779 838505 suzanne@usactive.org.uk
Jane Erridge	Trustee 07710 225284 janeerridge63@sky.com


Safeguarding Contacts by Local Authority Area.

Local Authority	Authority Guidance
Newcastle upon Tyne	<p>All safeguarding concerns are reported to Adult Social Care at Newcastle City Council.</p> <p>Phone</p> <ul style="list-style-type: none"> • 0191 278 8377 (Monday-Friday, 8am-5pm) • 0191 278 7878 (Evenings and Weekends) <p>Text/SMS</p> <ul style="list-style-type: none"> • 07968474891 (Monday-Friday, 8am-5pm) <p>In writing</p> <ul style="list-style-type: none"> • Community Health and Social Care Direct, Westgate Community College, West Road, Newcastle upon Tyne, NE4 9LU <p>Email</p> <ul style="list-style-type: none"> • scd@newcastle.gov.uk <p>In person</p> <ul style="list-style-type: none"> • You can tell someone you trust such as a Social Worker, Police Officer, Nurse, Doctor, Carer, Support Worker or Housing Officer. They will pass your concerns on to Adult Social Care. • If you are a professional working or volunteering with an adult at risk you will be asked to complete a written referral form (above). <p>If you are a professional you will be asked to complete a written referral form. You can do this by:</p> <ul style="list-style-type: none"> • completing the online referral form; OR • downloading the Safeguarding Adults Initial Enquiry Form. <p>You can read our guide on making a good safeguarding adults referral</p> <p>In an emergency always dial 999</p>
Newcastle upon Tyne	<p>Newcastle LADO Contact Details</p> <p>Melanie Scott</p> <p>Local Authority Designated Officer</p>

	<p>Children's Safeguarding Standards Unit Civic Centre NE1 8PU</p> <p>Phone: 0191 2116730 Email: melanie.scott@newcastle.gov.uk</p>
Gateshead	<p>If you suspect an adult is at risk of abuse or neglect, you need to report it straight away.</p> <p>If you are concerned that immediate action may be needed from the emergency services, please dial 999.</p> <p>Safeguarding concern - Gateshead Council</p> <p>You can also raise a safeguarding concern through Adult Social Care Direct on 0191 433 7033, 24 hours a day, 7 days a week.</p> <p>If you have a safeguarding adults query you can contact the Safeguarding Adults duty worker by email at safeguardingduty@gateshead.gov.uk. This is for safeguarding queries only, we do not take safeguarding adult concerns via this email address. Safeguarding Adults Duty operates between 9am and 4.30pm, Monday to Friday.</p>
Gateshead	<p>If you wish to speak to the Local Authority Designated Officer (LADO) about a safeguarding issue here are the contact details: Refer to the  Threshold Guidance [771.43KB] when completing the form, it may help you to interpret a situation. You should always use your professional judgement when using the guidance.</p> <p>Name: Nicholas Leon</p> <p>LADO can be contacted by email LADO@gateshead.gov.uk or telephone 0191 4333554 / 07714957868</p>
North Tyneside	<p>If you are a professional worker</p> <p>If you are an employee of an Adult Social Care provider or another professional organisation such as the NHS or Police and you would like to report a Safeguarding Concern that has happened in North Tyneside, please complete our professionals online reporting form</p> <p>If you think a vulnerable adult is in immediate danger, call 999.</p> <p>The Gateway Service</p> <p>The Gateway Service provides access to all services for vulnerable adults in North Tyneside.</p> <p>If you have a concern about the safety or welfare of a vulnerable adult in North Tyneside, the Gateway Service is the first point of contact for everyone.</p> <p>Contact:</p>

	<p>Gateway Service</p> <p>Online reporting form</p> <p>You can also contact North Tyneside Gateway Service on (0191) 643 2777 (during office hours Monday to Friday) or (0191) 200 6800 (during evenings and weekends).</p> <p>If the matter is urgent outside office hours please call:-</p> <p>Emergency Duty Team 0330 333 7475</p>
North Tyneside	<p>The LADOs for North Tyneside Council are:</p> <p>Joanne Dean and Carrie Barron Quadrant Silverlink North Cobalt Business Park North Tyneside NE27 OBY</p> <p>Telephone: 0345 2000 109</p> <p>To raise a concern:</p> <ul style="list-style-type: none"> • complete the form at Local Authority Designated Officer North Tyneside Council, giving as much detail as possible or • contact 0345 2000 109 within office hours in order to gain advice <p>Where there is an immediate threat to a child please contact the Police on 999 OR 101 or the contact the Emergency Duty Team (if outside office hours) on 0191 200 6800.</p>
South Tyneside	<p>How to report abuse</p> <p>If you have concerns or suspect that an adult is at risk of either being harmed or abused then you must report it. To do nothing is the worst thing you can do.</p> <p>To report abuse you should:</p> <p>Call the Let's Talk team:</p> <ul style="list-style-type: none"> • 0191 424 6000 (Monday to Thursday - 8.30am to 5pm, Friday - 8.30am to 4.30pm) • 0191 456 2093 (outside of the above office hours) <p>If a crime is taking place now:</p>

	<ul style="list-style-type: none"> • Dial 101 to inform the police (or 999 if it is a serious crime / an emergency) • Call 999 if you believe any other emergency service is needed <p>You may also report concerns to the Care Quality Commission (CQC) on 03000 61 61 61 if your concern relates to a care organisation i.e. care home, hospital.</p> <p>Safeguarding adults referral form for professionals</p> <p>Professionals can report concerns using the Safeguarding adults referral form444.52KB.</p> <p>Please note: This form is for professionals only</p>
South Tyneside	<p>Angela Nolan Local Authority Designated Officer</p> <p>Tel: 0191 424 4701 07920817896</p> <p>E-mail: angela.nolan@southtyneside.gov.uk</p>
Sunderland	<p>You can contact us by telephone</p> <p>0191 5618934 or 0191 5618936 (8.30am to 5:15pm Monday - Thursday, 8.30am to 4.45pm Friday).</p> <p>Out of these hours you can contact Health and wellbeing on 0191 520 5552</p> <p>If you are worried about someone:</p> <ul style="list-style-type: none"> • In an emergency, please call: 999 • If there is no immediate risk, call the police on: 101 <p>Referral forms and important guidance for professionals working with adults at risk of abuse or neglect are available here.</p> <p>If you are a member of the public and are worried about an adult, then please report your concern online here or call Sunderland City Council's Contact Centre number for Health & Wellbeing on 0191 520 5552.</p>
	<p>How do I contact the Designated Officer?</p> <p>Danielle Rose Danielle.Rose@togetherforchildren.org.uk 0191 561 3901 or 07584 272413</p> <p>All new referrals must be made during office hours on 0191 561 3901 or by email to designatedofficer@togetherforchildren.org.uk.</p>

Northumberland	<p>If you are concerned about a vulnerable adult who is at risk of neglect or abuse in Northumberland contact:</p> <p>One-call: 01670 536 400 Text phone: 01670 536 844 Email: onecall@northumbria.nhs.uk</p> <p>Safeguarding Adult referrals should be made using the Safeguarding Adults Enquiry Form.</p> <p>If you need medical advice and support immediately, but it's not life threatening, call your GP or NHS 111.</p> <p>You should always call 999 in an emergency - for example when someone's life is at risk or someone is seriously injured or critically ill.</p>
Northumberland	<p>The LADO for Northumberland is Carol Glasper</p> <p>Email: Carol.Glasper@northumberland.gov.uk or LADO@northumberland.gov.uk</p> <p>Telephone: 01670 623 979</p>
Durham	<p>To report abuse you can do any of the following:</p> <ul style="list-style-type: none"> • If the person is in immediate danger, call 999. Remember to say a vulnerable adult is involved. • Call Social Care Direct on 03000 267 979. An officer will listen carefully to what you say, give advice and take a safeguarding referral if necessary, even when the caller wishes to remain anonymous. The officer will take prompt action if the adult is in immediate danger. <p>The County Durham Safeguarding Adults Inter-Agency Partnership is a range of public authorities who share a duty to keep adults in County Durham safe from abuse, harm and neglect. See their  Protecting vulnerable adults from abuse and neglect (PDF, 1.0mb) leaflet for useful information, services and contacts.</p>
Durham	<p>Local Authority Designated Officer (LADO) Allegations Against Staff or Volunteers</p> <p>Local Authority Designated Officer (LADO): Sharon Lewis / Louise Brookes 03000 268835 CYPSLADOsecure@durham.gov.uk</p> <p>Process to Contact LADO</p> <p>After a successful pilot the method for contacting the LADO has been changed permanently, where contact will be facilitated through dedicated customer service staff via telephone ONLY. Using email or the previous referral form will no longer be possible. Basic referral information will be obtained from you, and where advice or guidance is required from the LADO, your call will be</p>

	transferred to the LADO on duty. If there is a more appropriate course of action for your referral, you will be advised by the customer service team at the time.
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	LADO Contact Number – 03000 268835
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