



Mission: working together to help make people and communities stronger and healthier through education, training and support for mental health and wellbeing

Vision: to be the most trusted mental health and wellbeing charity

Safeguarding CYP Policy and Procedure

Policy Owner and Lead	CEO
Author	Head of Client Services?
Applies to	All staff, volunteers, trustees, and clients
Formally endorsed by	Trustees
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Signed by Trustee	
Signed by CEO	

Related Policies

- Child Protection
- CYP Online Safety
- CYP Photography and Film
- CYP Social Media
- CYP Anti Bullying
- Client Consent
- Confidentiality
- Safeguarding Adults

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1. Safeguarding Overview and Legal Responsibilities

1.1 Introduction

1.1.1 As [Working Together to Safeguard Children 2018](#) highlights, “Everyone who comes into contact with children and families has a role to play.” and children and young people should be at the centre of the process. Safeguarding is a term which includes promoting the welfare of children and protecting them from harm (Charity Commission for England and Wales, 2014). For the purposes of this document, the term ‘child’ or ‘children’ refers to any young person under the age of 18, including the unborn child.

1.1.2 This policy applies to staff, volunteers and trustees and when used in this document the term ‘practitioner’ applies to staff, volunteers and trustees.

1.1.3 Tyneside and Northumberland Mind is committed to safeguarding children and young people from abuse and neglect and protecting staff and volunteers. Our policies and standards of conduct are designed to prevent unwarranted allegations of abuse.

1.1.5 Tyneside and Northumberland Mind provides care and support services to young people with mental health problems across our area of benefit. This policy applies to all of Tyneside and Northumberland Mind services. All legislation puts the young person at the centre of the safeguarding process and implements an outcome-based approach.

1.1.6 The practices and procedures within this policy are based on the principles contained within UK legislation and guidance and take the following into consideration:

- *Children Act 1989 and 2004*
- *Mental Capacity Act 2005*
- *The Protection of Freedoms Act 2012*

- *The Domestic Abuse Act 2021*
- *The Equality Act 2010*
- *The Safeguarding Vulnerable Groups Act 2006*
- *Sexual Offences Act 2003*
- *The Human Rights Act 1998*
- *Modern Slavery Act 2015*
- *Data Protection Act and GDPR 2018*

1.1.7 This document sets out the context of safeguarding legislation and guidance, expectations for safeguarding practice and procedures.

1.1.8 The Child Safeguarding Policy and Procedure should be read in conjunction with the following:

- *Whistleblowing Policy*
- *Recruitment procedures*
- *Code of Conduct*
- *Data Protection and Information Governance Policy*
- *CYPs Photography and Filming Policy*
- *Safeguarding Adults Policy and Procedures*
- *Complaints Policy Procedures and Guidance*

1.2 Definitions

1.2.1 To assist with understanding a number of key definitions need to be explained:

- **Child** is anyone aged 18 or under. In some guidance a child is defined as anyone up to 16 and a young person is defined as anyone 16-17.
- **Adult at Risk** as defined by the Care Act 2014 as “An adult at risk is any person who is aged 18 years or over and at risk of abuse or neglect because of their needs for care or support. Where someone is over the age of 18 but still receiving children’s services and a safeguarding issue is raised, the matter should be dealt with as a matter of course by the adult safeguarding team.” In recent years there has been a marked shift away from using the term ‘vulnerable’ to describe adults potentially at risk from harm or abuse. This recognises that being labelled as ‘vulnerable’ can be a risk-factor in itself; being ‘at risk’ is a more fluctuating state.
- <https://www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/safeguarding-adults-at-risk-of-abuse-or-neglect/enacted>
- **Abuse:** Any action that violates and persons human or civil rights:

- **Safeguarding** is protecting a person's right to live in safety, free from abuse and neglect. It includes promoting the welfare of children and protecting them from harm (Charity Commission for England and Wales, 2014).
- **Neglect** is a failure to meet a person's basic physical, emotional, psychological or social needs.
- **Support or care provider** is someone who provides care for a person with care and support needs. If a carer is being abused or harmed, intentionally or unintentionally, by the adult they care for then a safeguarding response is required.

1.3 National Legislation and Guidance

1.3.1 The Children's Act 1989 provides key legislative framework for child Protection in England. Key principles established by the Act include:

- The paramount nature of the child's welfare
- The expectations and requirements around duties of care to children.

1.3.2 This is strengthened by the Children's Act 2004 which encourages partnerships between agencies and creates more accountability by:

- Placing a duty on local authorities to appoint children's services members who are ultimately accountable for the delivery of services.
- Placing a duty on local authorities and their partners to co-operate in safeguarding and promoting the wellbeing of children and young people.

1.3.3 The Department for Education (DfE) published an updated version of the key statutory guidance for anyone working with children in England in July 2018. It sets out how organisations and individuals should work together and how practitioners should conduct the assessment of children. These are included in 'Working together to safeguard children' 2018

1.4 Legislative responsibilities for Tyneside and Northumberland Mind

1.4.1 Tyneside and Northumberland Mind ensures that all relevant people:

- Contribute to the safeguarding and wellbeing of children and young people
- Be clear on their role and responsibility in relation to safeguarding
- Be able to recognise potential signs of abuse and neglect
- Recognise when a caregiver is experiencing problems which may affect their capacity to provide effective and appropriate care, or which may mean they pose a risk of harm

- Receive the appropriate level of training around safeguarding of children, both external and internal
- Work co-operatively with the child at risk, carers and families, unless this has a negative impact on the child's safety
- Know the organisational processes and procedures for raising safeguarding concerns and who to contact (Designated Safeguarding **Lead**)
- Understand the importance of balancing choice and control with safety
- Know who to contact for advice outside the organisation and when and how to report any concerns about abuse and neglect to social services or the police
- Know that practitioners have a duty to report if an individual, family member or member of the public expresses concerns about a child's or adult's safety to them. The individual must never be asked to make a self-referral to social services or the police
- Have access to specific support and counselling where the safeguarding has a detrimental impact or implications for their own well-being

1.4.2 Tyneside and Northumberland employees, trustees and volunteers are supported through:

- High quality learning opportunities to enable them to recognise indicators of abuse and neglect and to know how to respond
- Support and guidance to enable them to deal with concerns about abuse and neglect in a timely and proportionate way
- Supervision and support throughout any safeguarding procedure
- Support and advice if they are accused of abuse or neglect

1.4.3 Tyneside and Northumberland Mind has systems in place for:

- The recruitment and selection of staff, trustees and volunteers in line with the requirements of the Disclosure and Barring Service
- Mandatory inclusion of safeguarding training in induction programs
- Ongoing mandatory safeguarding training and development for staff, trustees and volunteers appropriate to their role
- The inclusion of safeguarding concerns in supervision
- Safeguarding processes and procedures as an agenda item in team and staff meetings
- A dedicated safeguarding trustee and regular meetings to update on safeguarding
- Monitoring of working standards of staff and volunteers via the supervision and support system
- Dealing with allegations or concerns relating to staff, trustees and volunteers
- Working in accordance with local, multi-agency safeguarding arrangements.

- The provision of clear information for people who use Tyneside and Northumberland Mind's services on keeping themselves safe and raising safeguarding concerns.

1.5 Who do safeguarding duties apply to?

1.5.1 A report must be made whenever a practitioner (staff, trustee, volunteer) identifies that a child under 18 (this includes unborn children) is at risk of harm, abuse or neglect.

1.5.2 Every practitioner has a responsibility to safeguard children and that includes protection from abuse by a professional, carer or volunteer. Therefore, the requirement to report any concerns about suspected abuse and neglect applies in these situations. This also covers situations when abuse is only suspected.

1.6 Wellbeing and making safeguarding personal

1.6.1 Agencies must promote wellbeing when carrying out any of their care and support functions in respect of a child or young person. This may sometimes be referred to as 'the wellbeing duty' which says that services, and the people delivering those services, must share the responsibility for the wellbeing of the individual who has care and support needs, and wellbeing of the carer who has needs for support.

1.6.2 The impact of Wellbeing and Making Safeguarding Personal for Tyneside and Northumberland Mind means it should be person-led and outcome focussed. We all have different preferences, histories, circumstances and lifestyles, so it is unhelpful to prescribe a specific process that must be followed whenever a concern is raised. Instead, we should engage the child or young person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

1.6.3 When raising a concern, Tyneside and Northumberland Mind must ensure that the child remains at the heart of the safeguarding process and can voice what they would like to happen as a result.

1.6.4. It is an expectation that staff and volunteers will discuss outcomes with the child at risk to determine what they would like to be achieved through the safeguarding process.

1.7 Raising a concern and information sharing

1.7.1 Sharing of information as part of safeguarding practice is covered under the government document ['Information sharing: advice for practitioners.'](#) (2024)

1.7.3 Sharing relevant information with the right people at the right time is vital to good safeguarding practice. When a concern is identified the practitioner should share the information with the Designated Safeguarding Lead (DSL) at Tyneside and Northumberland Mind unless to do so would cause unnecessary delay. In this situation the practitioner should inform the DSL of any/all actions taken as soon as possible.

The DSLs at Tyneside and Northumberland Mind are as follows:

- **Caroline Cogdon**

The DSL will consider whether the situation demonstrates “reasonable cause to suspect abuse, neglect or harm” which is the threshold for making a safeguarding report to the local authority, ideally with the explicit consent of the individual at risk (see consent – 2.2 and 2.4).

Rather than delay, any individual should call 999 for an ambulance and/or the police if they believe or suspect that a crime has been committed or that the child is immediately at risk (see section 3.4 ‘Informing the Police’) or in need of emergency care.

1.7.5 As a private citizen, each individual has the right to report to the local authority or the police as they see fit, but this may not allow TNM to support them as fully as they would wish.

1.7.6 Children at risk provide sensitive information and have a right to expect that the information that they provide directly, and information obtained from others, will be treated respectfully and that their privacy will be maintained. Whenever possible, informed consent to the sharing of information should be obtained.

1.7.7 Practitioners should involve parents in the process where appropriate and try to seek their consent, however where it is not in the best interests of the child to inform their parents of a report the decision and reasons for this must be recorded (see section 2.3 and 2.4).

Appropriateness: There are situations where parental involvement may **not be in the child’s best interest**, for example, if the parent is implicated in abuse, neglect, or domestic violence. In such cases, practitioners must follow safeguarding protocols that prioritise the child’s protection.

Practitioners must **exercise professional judgment** about when and how to involve parents. Safeguarding policies provide frameworks, including escalation pathways, designated safeguarding leads (DSLs), and child protection reporting mechanisms, to ensure that parental involvement does not compromise the child’s safety. Staff may document attempts to involve parents and the reasons for involvement or non-involvement.

1.7.8 If a practitioner is unsure about any situation the local safeguarding team can be consulted without sharing the young person’s details.

1.8 Exceptions to obtaining informed consent

- Emergency or life-threatening situations, or situations where others are at risk may warrant the sharing of relevant information with the emergency services without consent.
- A safeguarding report may be made without the individual’s consent where:
 - a) The situation suggests that the perpetrator of the abuse has access to others at risk in similar circumstances, and to make a report would be an act

of protection in the public interests (e.g. where a care worker visits several people in the course of their duties)

- b) Where the child appears to be under the undue influence of another person and through coercion, threat, or duress, be placed under pressure not to give their consent
- c) The child lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act. (This only applies to young people aged 16+)
- d) Sharing the information could prevent a serious crime or where a serious crime has been committed
- e) The risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference referral
- f) Practitioners are implicated
- g) There is a court order or other legal authority for taking action without consent

1.8.1 The law does not prevent the sharing of sensitive, personal information within organisations. If the information is confidential, but there is a safeguarding concern, sharing it in line with policy is justified.

1.8.2 The law does not prevent the sharing of sensitive, personal information between organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented.

1.8.3 In all circumstances the child or young person must be informed of the actions that TNM is taking regarding their safeguarding and kept informed throughout the process. TNM will promote the use of/access to advocacy for any individual requiring safeguarding activity.

1.8.4 Whether information is shared with or without the child at risk's consent, the information sharing process should abide by the principles of the GDPR 2018.

1.8.5 GDPR 2018 should not be a barrier to sharing information. It provides a framework to ensure that personal information about living persons is shared appropriately.

1.9 Safeguarding concerns around an unborn child

The Children Act 1989, www.legislation.gov.uk/ukpga/1989/41 is the relevant legislation regarding the unborn child. Currently the law in Wales provides limited recognition of the foetus and a woman has the right to refuse to engage with statutory interventions *whilst pregnant*.

However, it is important to raise concerns and to report in order for appropriate support to be put in place as early as possible. For more info around support see the following:

1.10 Carers and safeguarding

1.10.1 Circumstances in which carers should be considered under safeguarding include:

- *A carer may witness or speak up about abuse or neglect*
- *A carer may experience intentional or unintentional harm from the child they are trying to support*
- *A carer may unintentionally or intentionally harm or neglect the child they support on their own or with others*
- *It is important to raise concerns and to report in order for appropriate support to be put in place as early as possible.*

1.10.2 The Children and Families Act 2014 placed new duties on Local Authorities to offer an assessment if it appears that a child is involved with providing care. Our staff and volunteers should be able to recognise when a child is providing care and signpost for support.

The Children's Society provides very useful resource in these instances, visit their website – www.childrenssociety.org.uk

1.10.3 If our staff and volunteers encounter a situation where there is a young carer supporting an adult service user, and they also believe that that young carer is being abused or at risk of abuse (as indicated in this Safeguarding Children Policy), then the normal safeguarding children procedures need to be followed.

1.11 Advocacy

In Wales, local authorities must arrange for the provision of an independent professional advocate when a person can only overcome the barrier(s) to participate fully in the assessment, care and support planning, review and safeguarding processes with assistance from an appropriate individual, but there is no appropriate individual available. TNM will support any such individual to identify a suitable informal advocate (not implicated in the safeguarding concern) where this is possible and will initiate the referral for an Independent Professional Advocate with The appropriate safeguarding local board where required.

1.12 Prevention of abuse and neglect

1.12.1 Taking steps to prevent abuse or neglect from happening in the first place is an important part of good safeguarding practice. Measures that TNM takes include:

- Having enough employees or volunteers to safely support people using the service
- Ensuring the workforce is well trained and supported

- Good recruitment practice that tests values and attitudes and makes the necessary checks in line with the requirements of the Disclosure and Barring Service.
- Good quality leadership, management, and supervision
- Providing good advice and information on safeguarding for all people with mental health problems who use the service
- Educating people who use the service and carers on how to protect themselves from abuse and neglect
- Promoting a proactive safeguarding culture - identifying risks, tackling institutionalised practice
- Good inter-agency working, information sharing - discussing concerns with safeguarding partners
- Forging community links – reducing isolation for services and individuals – this could include signposting to other local organisations
- A robust Whistleblowing policy

1.13 Responsibility of the board of trustees

1.13.1 Organisations are judged on the effectiveness of their implementation of safeguarding and the value they place on safeguarding individuals who may be at risk of abuse or neglect. The Board of Trustees will ensure adequate resources are in place to meet the needs of the people we work for. The Board recognises that the Charity Commission hold the Trustees of a registered charity collectively and ultimately responsible for the safeguarding within their charity. The Board may devolve certain roles and responsibilities to others, e.g. approving the nominated Designated Safeguarding Lead but retain the overall responsibility for safeguarding. Therefore, the Trustees need clear oversight of the state of safeguarding within Tyneside and Northumberland Mind and must ensure sufficient reporting and monitoring arrangements to secure this knowledge. In the event of a person within Tyneside and Northumberland Mind suffering from abuse, neglect or harm due to the actions or lack of action from Tyneside and Northumberland Mind, the Board are responsible for making a serious incident report to the Charity Commission in a timely fashion, to demonstrate their intention and plans for improvement.

2. Safeguarding Best Practice

2.1 Disclosure from a child – how to support

If a child or young person discloses abuse it's really important to ensure that they feel fully supported and that they are taken seriously.

When speaking with children it is important to move at their pace where possible and use clear, simple language to ensure they understand the process.

For information around how to respond to a disclosure see appendix D or follow this link:

[Recognising and responding to child abuse and neglect | NSPCC Learning](#)

2.2 Confidentiality and consent

2.2.1 The best interests of the child must take priority when making a decision around gaining child and/or parental consent when making a report.

2.2.2 Practitioners should try to seek consent from parents, where appropriate, and consent should also be gained from the child at risk, if competent, see 2.2.5 and 2.3.1.

2.2.3 Children and young people should be involved from the start of the process to ensure their thoughts and wishes are considered. This enables young people to feel safe in sharing their concerns and asking for help.

2.2.4 However, the safety and welfare of the child is vital and takes priority over gaining consent from them or their parent where this would cause harm, put them at risk or jeopardise a police investigation (see section 1.8).

2.2.5 In instances where you feel the child lacks the mental capacity to give informed consent, staff should always bear in mind the requirements of the Mental Capacity Act 2005 (ages 16+) and the Fraser guidelines to decide whether sharing it will be in the young person's best interest. See the following:

<https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines>

2.3 Involving parents or carers

2.3.1 Where appropriate, parents or carers should be included in the safeguarding process, as this helps ensure the child is supported and is more likely to create an effective working relationship that leads to child-centred outcomes.

If the young person is unhappy about this or uncomfortable with having the conversation, you should look at a plan to work towards supporting them to do this or offer to speak to their parents/carers on their behalf.

If they are still not happy to involve their parents/carers, then you should consider the Fraser guidelines and Gillick competency using the following guidance:

<https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines>

2.3.2 Where it is not in the best interests of the child to inform their parents of a report, the decision and reasons for this must be recorded.

This may be for the following reasons:

- police and/or social services need to speak to a suspected child victim without the knowledge of a parent or caregiver
- the possibility of threats or coercion
- concerns about the loss of important evidence

- the child wishes that the parent is not made aware and the child is considered Gillick Competent to take that decision

2.4 Having a conversation around lack of consent

2.4.1 Where consent has not been given, it is important to discuss this, being open about your concerns and desire to protect the child and the responsibility you have. Involving them in the process helps to build trust and gives an element of control around how the report is made.

2.4.2 Staff should consider the following:

- Explore the reasons for any objections – what is the child / parent worried about?
- Explain your concern and why you think it is important to share the information
- Outline who you will be sharing the information with and why
- Explain the benefits of sharing information – e.g. access to better support
- Discuss the consequences of not sharing the information in an empathetic, non-threatening way
- Explain that the information will not be shared with anyone who does not need to know
- Reassure them that they are not alone and that support is available to them
- Do not make unrealistic reassurances or false promises

2.4.3 If, after this, the child refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, in general, their wishes should be respected.

However, the practitioner has a professional responsibility to protect the child and there are circumstances where consent is not required as detailed in section 1.8.

2.5 Follow-up Support

2.5.1 When a concern has been raised or a report has been made the practitioner should keep in touch with the child to maintain support or identify any changes in circumstances. Any follow up support must be recorded.

2.5.2 If any signposting or referrals have been made to external agencies, the practitioner should ensure that the child has been contacted by the relevant agency.

2.5.3 If concerns continue or the child's situation changes and new concerns are identified, a previous response of no further action should not deter further reports.

2.5.4 DSP should receive or seek feedback 7 working days after a formal safeguarding report has been made.

2.6 Risk Management

2.6.1 Staff and volunteers will be assessing risk to the child and young person, sometimes without realising this, because safeguarding is about managing risk to the individual's safety and wellbeing.

2.6.2 The aim of risk management is:

- To promote inclusive decision making as a collaborative and empowering process, taking full account of the individual's perspective and views of primary carers. Maintaining a balance between a child's personal choice and safety.
- To enable the positive management of risks where this is fully endorsed by the multi-agency partners as having positive outcomes.
- To promote the adoption by all staff of 'defensible decisions', providing a clear audit trail of decision making, based on discussion with line manager and DSP, rather than 'defensive actions'.

2.6.3 Managers need to take responsibility for the management of risk within their own services and share information responsibly. The following are some issues to consider when assessing risk to the child at risk:

- What immediate action must be taken to safeguard the child and/or others
- What other options are there to address risks
- When action needs to be taken and by whom
- What does the child see as proportionate and acceptable
- What strengths and resources can the child draw on
- Who else needs to support with decisions and actions
- What needs to be put in place to meet the on-going support needs of the child
- How will the situation be monitored

2.6.4 An assessment of risk may result in the risk being deemed high enough that emergency services are contacted immediately; if not, the situation will be discussed with a line manager/DSP where a further assessment will take place to conclude if a concern needs to be raised with the local safeguarding team.

2.6.5 Our duty to manage risk is not discharged once a concern has been raised. Where a person continues to use our service, it is our responsibility to ensure the child at risk is safe and escalate any continued risks to the local safeguarding team.

2.6.6 Where safeguarding concerns are raised in relation to someone accessing our services, the worker and the line manager should discuss the need for an individual risk assessment or review an individual risk assessment, if already in place.

2.7 Recording of child safeguarding

2.7.1 Good record keeping is fundamental to good case management and a key component

of professional practice. Up-to-date and accurate record keeping of actions and decisions made is required to allow staff and managers to monitor situations, assess escalating risks and determine if there are patterns of behaviour that need addressing. Record-keeping in relation to safeguarding must be stored securely providing an audit trail of case management in relation to concerns raised. All records should be linked on our database to the relevant report or concern raised and correct work area category allocated.

2.7.3 Records may be disclosed in courts in criminal or civil actions. All organisations should audit safeguarding concerns and outcomes as part of their quality assurance. Tyneside and Northumberland Mind has a safeguarding audit process where trends and themes are reported on a quarterly basis to the Board of Trustees. Line managers should ensure that recording is addressed in supervision and that staff are clear about their responsibilities.

2.7.4 All safeguarding issues or concerns must be recorded as soon as possible. Best practice is for notes to be made on the Disclosure and Observation form (Appendix G) and uploaded to the lamplight database under Record of Concern with relevant work areas selected.

2.7.5 Safeguarding documentation will be kept securely for a period of no less than **eight years** after the person has stopped using the service, after which time it will be securely disposed of in line with Tyneside and Northumberland Mind Retention and Disposal of Personal Data schedule, unless in use at the time.

2.8 Organisational learning

2.8.1 Tyneside and Northumberland Mind understands the importance of continuous improvement and has in place a number of mechanisms to learn from current practice and to further improve services we deliver, e.g. the Local Safeguarding Board resources.

2.8.2 Internal and external safeguarding training is included in the mandatory staff training plan, with updates outlined in quarterly team meetings.

2.8.3 Learning from audits and data analysis is fed into strategic objectives and decision making, and the Board of Trustees receive regular reports to inform them of how well safeguarding is being implemented across Tyneside and Northumberland Mind.

2.8.4 Monthly Incident reviews take place with the CEO and wider leadership team to review actions taken.

3. Safeguarding Procedures

3.1 Safeguarding concerns

3.1.1 It is the responsibility of Tyneside and Northumberland Mind to ensure staff and volunteers recognise, record and report concerns and to manage risk to the individual.

3.1.2 A safeguarding concern may come to the attention of staff and volunteers in a number of ways including:

- An active disclosure of abuse by the child, where the child tells a member of staff /volunteer that they are experiencing abuse and/or neglect
- A passive disclosure of abuse where someone has noticed signs of abuse or neglect, for example, unexplained injuries
- An allegation of abuse by a third party, for example a family/friend or neighbour who has observed abuse or neglect or has been told of it by the child
- A complaint or concern raised by an adult or a third party who doesn't perceive that it is abuse or neglect
- A concern raised by staff or volunteers, others using the service, a carer or a member of the public
- An observation of the behaviour of the child at risk
- An observation of the behaviour of another
- Patterns of concerns or risks that emerge through reviews, audits and complaints

3.2 Responding to Safeguarding Concerns

3.2.1 There are three possible pathways of a safeguarding concern:

1. Action required, but not safeguarding
2. Safeguarding concern meets threshold of 'reasonable cause to suspect' abuse, neglect or harm, but consent not received to raise as safeguarding
3. Safeguarding concern meets threshold of 'reasonable cause to suspect' abuse, neglect or harm. Consent received to raise as a safeguarding concern

Situations Where Consent Is Not Required

Immediate safeguarding concerns: If obtaining the child's consent might **put the child at risk of harm**, practitioners may act without consent (e.g., abuse disclosure, suspected neglect, or forced marriage risks).

Legal obligations override consent: Statutory duties, such as under **Section 47 of the Children Act 1989**, allow practitioners to act without consent to safeguard a child.

Professional Guidance

Even when acting without consent, best practice is to **keep the child informed** about decisions taken in their interest, as far as it is safe to do so.

Practitioners must **document the rationale** for proceeding without consent, covering: Why the child's consent could not be obtained.

How actions taken were necessary for safeguarding purposes.

3.2.2 An initial assessment of the situation must be made by the supporting practitioner to decide the level of risk to the child or to others and whether there is a threat to life or risk

of injury. This will determine the level of response required.

3.2.3 Emergency Situations

If the situation is an emergency, for example, someone needs urgent medical attention or there is threat to life or limb, the employee or volunteer must:

- call 999 immediately and ask for the appropriate service
- try to keep all people involved safe
- ensure any evidence is preserved
- contact their line manager and DSP as soon as is practical and possible after dealing with the emergency
- make a record of what has occurred

3.2.4 Person Not in Immediate Danger

If not in immediate danger, the practitioner must report the concern to their line manager/DSL immediately. If the line manager is unavailable, another nominated manager (such as the covering manager, or the manager's line manager) must be contacted for advice and guidance. (See Appendix B for immediate action to be taken by person raising the concern).

3.2.5 Sharing Concerns with Line Manager/DSL

A response to a safeguarding concern is an organisational, and not an individual, responsibility. Therefore, safeguarding concerns should be discussed with a line manager/DSL to determine whether a safeguarding concern should be raised (see Appendix C and H).

The following are items that should be covered within that discussion:

- Disclosure or observation and reason for concern
- Consent status or reason to override consent
- Capacity status, if overriding consent due to concerns regarding capacity to give consent
- Child or young person's desired outcomes
- Action we can take to reduce risk (e.g. a follow up phone call or visit)
- Follow up support we can offer (e.g. increased support, signposting to other services)

3.3 Raising a Safeguarding Concern

3.3.1 If it is agreed that a safeguarding concern needs to be raised, this should be completed within 24 hours of the disclosure or observation of the safeguarding concern. Following the procedures for the local safeguarding team. If a concern is reported out-of-hours to a local on-call duty team, a discussion with a line manager and role manager (for

volunteers)/DSL should take place as soon as practical and possible.

Any report made should identify the DSL and the person making the report, if different.

3.3.2 If an allegation is made against a staff member or volunteer then the CEO must be notified, and the relevant HR process (Disciplinary policy) will be followed. If the staff member/volunteer is placed in, or likely to seek a role which is regulated activity, they will be reported to the Disclosure and Barring Service for their consideration of barring, at the point of dismissal/permanent removal from regulated activity.

<https://www.nspcc.org.uk/globalassets/documents/volunteering/essential-resources-for-volunteers/managing-allegations-against-staff-and-volunteers.pdf>

3.3.3 In addition to the immediate actions undertaken by a line manager, managers are also responsible for assessing risk to the organisation, identifying actions to improve the service being delivered and reviewing safeguarding concerns.

3.4 Informing the police

3.4.1 Incidents of abuse or neglect may also be criminal offences. The police should always be informed in an emergency. In non-emergency situations it is important to inform the police of criminal activity, however it is also important to carefully consider the circumstances. In cases of domestic violence, it is possible that informing the police can increase the risk to the individual concerned. This should be carefully considered and advice sought from a specialist domestic abuse support agency e.g. Women's Aid or Refuge.

3.4.2 If there is uncertainty about whether the police should be involved then advice can be sought from them in the first instance without disclosing the person's identity. In most non-urgent cases the local authority will decide, with the individual, whether or not the police should be informed. All internal decisions on whether or not to involve the police should be clearly recorded with reasoning.

3.4.3 Consideration should include:

- The seriousness of the crime
- The level of risk
- Risk to others
- What the individual wants, taking into account issues of coercion or duress and potential damage to relationships
- Whether the situation would best be resolved through police intervention – taking into account the principle of proportionality

3.4.4 Where consent is not required due to a serious crime being committed, it is assumed that this will be reported to the police and, as such, a police crime number is required to be entered onto the safeguarding event.

3.5 Raising a safeguarding concern with the local authority

3.5.1 Local safeguarding procedures should be followed when raising a concern.

Appropriate referral forms or documentation as determined by the local, multi-agency procedures should be completed, copies must be retained and uploaded to Tyneside and Northumberland Mind's database.

3.5.2 Local authorities should work in partnership to ensure the safety and wellbeing of people with care and support needs in their area. They should respond to any safeguarding concern brought to them by Tyneside and Northumberland Mind and acknowledge receipt in writing within 7 working days following submission of a written report.

3.5.3 The relevant social services department may be where the child:

- Is living, that is their permanent or temporary address e.g. homeless accommodation
- Has been placed e.g. an out of area placement
- Has been found e.g. they are on holiday, have runaway and been found at a railway station in another authority area

3.5.4 Out of hours

Outside usual office hours, reports can be made to the social services out of hours duty team on the number below:

Local Contacts

Newcastle: 0191 277 2500 / 0191 278 7878

Gateshead: 0191 433 2653 / 0191 477 0844

Northumberland: 0167 053 6400

3.5.5 At the end of any discussion about a child, both social services and the practitioner making the report should be clear about:

- proposed initial action
- who will be taking this action
- what the child and family will be told about the report, and which agency will tell them

3.5.6 If a report is made by telephone or face-to-face then the practitioner making the report must confirm the information in writing within 24 hours, using the agreed social services referral form.

3.5.7 Arrangements for feedback on the outcome of a safeguarding concern should be set out in local, multi-agency agreements. It is acknowledged that there are variable responses from local safeguarding teams in relation to safeguarding concerns raised. There is an expectation that those raising a concern will contact the local safeguarding team twice over a two-week period to confirm the outcome of a concern raised. However, if no

outcome is given, this should be recorded.

3.5.8 Where there is reluctance to respond to a concern, the manager should contact the appropriate manager in the local authority to discuss the case. Where there is a continued dispute, the matter should be escalated in line with the local, multi-agency safeguarding agreement. In the absence of a local escalation agreement the line manager should contact the local authority safeguarding lead.

3.6 If a person who uses the service is suspected of abuse

3.6.1 Safeguarding procedures apply if a child is at risk as a result of the actions of someone using the service or a carer.

3.6.2 There may be many reasons why a person with care and support needs or a carer may abuse or neglect others. Abusive behaviour by a person experiencing problems with their mental health may be as a result of frustration or anger in relation to the person's condition or situation. In the case of carers, it could be a result of carer's stress in relation to their caring role.

3.6.3 Staff and volunteers must:

- Follow the safeguarding procedures, including consideration of whether an advocate is required
- Carry out a risk assessment and monitor the situation
- Take steps to ensure the safety of those who may be at risk of abuse (including staff and volunteers) from a person who uses the service
- Respond proportionately taking into account the views of any victim of abuse
- Seek guidance from social care or health services on supporting the person to try to reduce abusive behaviour

3.6.4 It may be necessary to suspend the service provided by Tyneside and Northumberland Mind to the individual presenting the risk, but this should be part of a wider plan in partnership with the local authority that seeks to ensure that alternative support is in place.

3.6.5 The Local Authority will be responsible for sharing information with any other services accessed by the individual. Staff and volunteers who are aware that the person attends other services should include this information when raising a concern.

3.7 Potential service users who have a known record of abusing

3.7.1 If a person with a known record of abusing others wishes to receive a service, Tyneside and Northumberland Mind will assess whether it is appropriate to offer the service. If the service is offered, a thorough risk assessment followed by careful monitoring and review will be undertaken and recorded.

3.8 Allegations against adults working or volunteering with children

3.8.1 If an allegation is made against a member of staff, student or volunteer who works for the organisation, regardless of whether the allegation relates to an incident related to work or elsewhere and they are believed to have:

- Behaved in a way that has harmed a child or may have harmed a child.
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children (Keeping Children Safe in Education 2020)

Then Staff should contact the DSP immediately and inform them of all of the facts. Once the details have been shared with the DSP, the member of staff reporting the behaviours **should not involve anyone else**. If the concerns involve the DSP, staff should report concerns to the **CEO**.

3.8.2 These behaviours should be considered within the context of the four categories of abuse (i.e. physical, sexual, and emotional abuse and neglect). These include concerns relating to inappropriate relationships between members of staff and children or young people, for example:

- Having a sexual relationship with a child under 18 if in a position of trust in respect of that child, even if consensual (see ss16-19 [Sexual Offences Act 2003](#));
- ‘Grooming’, i.e. meeting a child under 16 with intent to commit a relevant offence (see s15 [Sexual Offences Act 2003](#));
- Other ‘grooming’ behaviour giving rise to concerns of a broader child protection nature (e.g. inappropriate text / e-mail messages or images, gifts, socialising etc);
- Possession of indecent photographs / pseudo-photographs of children.

3.8.4 The DSL should report the concern via usual reporting methods and follow up by contacting the **LADO** (local authority designated officer) within one working day. They should then notify the CEO. If the concern relates to the CEO, the DSL should contact the Board of Trustees.

3.8.5 Where the worker or staff member is closely associated with someone against whom an allegation has been made e.g., partner or parent, the LADO should also be informed as this person may pose a risk of harm to children the member of staff/volunteer works with.

3.8.6 The LADO will advise if further information is required to enable a fair decision to be made about whether the allegation meets the LADO threshold and if so, what information should be sought. If the allegation does not meet the threshold for a LADO referral the LADO will offer advice and guidance to assist the organisation and HR to manage the concern.

3.8.7 Where the LADO threshold is met, the LADO will consider if any immediate action is required to safeguard both the child and the worker, who needs to be informed, and what they can be told at this time. They will also coordinate the investigation stage involving

relevant agencies and also advise when an investigation into staff conduct should take place, in line with both safeguarding duties and the organisation's disciplinary procedures.

3.8.8 If the organisation removes an individual (paid worker or unpaid volunteer) from work in regulated activity with children ([see Regulated Activity In Relation to Children](#)) or would have, had the person not left first, because the person poses a risk of harm to children, the organisation must make a referral to the Disclosure and Barring Service to consider whether to add the individual to the barred list.

3.9 Local Authority Safeguarding Response

3.9.1 It is the legal responsibility of Tyneside and Northumberland Mind to recognise, report and record safeguarding concerns. Once TNM has raised a safeguarding concern to the local authority, they are responsible for deciding if an enquiry is necessary and they will co-ordinate the response; a police investigation will always take priority.

3.9.2 Tyneside and Northumberland Mind may be asked to carry out or assist with enquiries, for example, where it relates directly to a person using the service or an employee or volunteer. The person appointed to work with the local authority must have the requisite skills, knowledge and experience to carry out the tasks required if Tyneside and Northumberland Mind is asked to undertake an enquiry.

3.9.3 Tyneside and Northumberland Mind may also be invited to:

- attend a safeguarding meeting
- submit a written report

3.9.4 Once a local authority takes on the safeguarding concern, it becomes their responsibility to manage. Tyneside and Northumberland Mind's role will be to implement any action the local authority require of us. However, if the local authority does not deem the concern to meet their safeguarding thresholds, it is Tyneside and Northumberland Mind's responsibility to monitor the situation and escalate any continuing or new concerns.

3.10 Support for Victims of Abuse or Neglect

3.10.1 If a person using Tyneside and Northumberland Mind services is the victim of abuse or neglect, employees and volunteers working with that individual should work with safeguarding partner agencies to ensure the person receives the appropriate support. This may include additional care or protection measures, healthcare, or Victim Support.

3.11 Support for Staff and Volunteers

3.11.1 Dealing with safeguarding can be traumatic. Some situations that will be encountered by staff and volunteers may require them to need emotional support.

Tyneside and Northumberland Mind have a duty to protect the wellbeing of their staff and volunteers and to secure appropriate support services in response to stress or trauma,

Staff and volunteers should speak with their line / role managers for emotional support

with safeguarding concerns.

Counselling support can be accessed through Sovereign Health Care.

4. Digital safeguarding

4.1.1 With the increased use of digital means to provide services, it is important to highlight safeguarding for online sessions. Tyneside and Northumberland Mind will undertake risk assessments for the development of any online sessions.

4.1.2 Tyneside and Northumberland Mind will ensure that all young people taking part in digital sessions have consent to take part. Requirement for consent can be assessed through the use of Gillick Competency mentioned in 2.2.1. If a young person is below the age of 13, most online platforms will require their parents/guardians to sign in or authorise on their behalf.

4.1.3 Tyneside and Northumberland Mind will ensure that there are the required number of staff/volunteers in online sessions depending on the numbers of young people involved.

4.1.4 Avoid using personal social media to engage in remote sessions and do not share personal details with young people over any communication platform.

4.1.5 If a young person discloses abuse or the staff suspect the young person is in danger, the safeguarding and reporting procedures outlined in this policy must be followed.

4.1.6 Further information on how to deliver safe online sessions can be found here: <https://www.anncrafttrust.org/wp-content/uploads/2020/06/Digital-Youth-Work-Guide.pdf>

Version Control

Version	Date approved	Changes made	Who by
1.0	Historic (2017)	Policy created	
2.0	July 2023	Update of branding	
3.0	June 2024	Update of format and content	Katy Cooke
3.1	January 2025	Policy rewrite, new policy template introduced	Katy Cooke
3.2	January 2026	Correction of typing errors, minor rewording for clarity, additions to section 3.2.1 on need for consent and 1.7.7 on parental involvement, update of DSLs.	Caroline Cogdon

Appendices

Appendix A – Definitions and Types of Abuse

Definitions of Abuse

For the purposes of this document child maltreatment includes physical abuse, sexual abuse, emotional/psychological abuse, financial abuse and neglect. Harm may also result from criminal exploitation, child sexual exploitation, radicalisation, female genital mutilation and modern slavery.

As it can be difficult to spot signs of abuse in children, the NSPCC has provided informative resources to support spotting the signs. These can be accessed via the NSPCC website: www.nspcc.org.uk/preventing-abuse/signs-symptoms-effects

Types of Abuse

Physical abuse

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, undue restraint 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/psychological abuse

Emotional abuse may involve shouting, swearing, threats of harm or abandonment, telling a child that they are worthless or unloved, silencing or excluding them, bullying, isolating them from services or supportive networks, an environment where they witness abuse of others, overprotection and limitation of learning, age inappropriate expectations imposed and coercive control.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

This may include forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening, including: physical contact, penetrative or non-penetrative acts, non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities or encouraging children to behave in sexually inappropriate ways.

Neglect

This is defined as 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:

- provide adequate food, clothing and shelter (including exclusion from home or 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.
- attend to a child's basic emotional needs

Financial Abuse

This category will be less prevalent for a child but indicators could be:

- not meeting their needs for care and support which are provided through direct payments
- complaints that personal property is missing

Female Genital Mutilation (FGM)

Section 74 of the Serious Crime Act 2015 amended the Female Genital Mutilation Act 2003 to introduce the legal duty for regulated health and social care professionals and teachers to report to the police if:

- They are informed by a girl under the age of 18 that she has undergone an act of FGM
- They observe physical signs that an act of FGM may have been carried out on a girl under the age of 18

Whilst it is mandatory for regulated services to report FGM, it is best practice that all our staff and volunteers are mindful of this and if you have any concerns to contact your line manager, the DSP or the Police.

Prevent and radicalisation

Prevent is part of the Government's counter-terrorism strategy and aims to provide support and re-direction to vulnerable individuals at risk of being groomed into terrorist activity before any crimes are committed. At the heart of Prevent is safeguarding children and adults and providing early intervention.

Appendix B – Immediate Actions

Immediate action by the person raising the concern

- The person who raises the concern has a responsibility to first and foremost safeguard the child at risk
- Make an evaluation of the risk and take steps to ensure that the child is in no immediate danger where possible
- Ensure that other people are not in danger
- If a crime is in progress or life is at risk, dial emergency services – 999
- Arrange any medical treatment. Note that offences of a sexual nature will require expert advice from the police
- Inform your manager and report in line with policy.
- Take steps to preserve any physical evidence if a crime may have been committed and preserve evidence through recording
- Encourage the child to report the matter to the police if a crime is suspected and not an emergency situation. Arrange support with the process.
- Record the information received, risk evaluation and all actions.

Appendix C - Immediate Actions

Immediate actions to take as a DSL/line manager

The line manager should review action taken, and:

- Clarify that the child at risk is safe, that their views have been clearly sought and recorded and that they are aware what action will be taken
- Address any gaps
- Check that issues of consent and mental capacity have been addressed
- In the event that a person's wishes are being overridden, check that this is appropriate and that the child understands why
- Ensure appropriate reports have been made if anyone else is also at risk
- If the person allegedly causing the harm is an adult at risk, arrange appropriate care and support
- Make sure action is taken to safeguard other people
- Take any action in line with disciplinary procedures, including whether it is appropriate to suspend staff or move them to alternative duties
- In addition, if a criminal offence has occurred / may occur, contact the police local to where the crime has / may occur
- Preserve forensic evidence and consider a referral to specialist services
- Make a referral under Prevent if appropriate
- Record the information received and all actions and decisions.

**Responding to disclosures from children and young people.
What to say and how to respond.**

Taken from: NSPCC - [What to do if a child reveals abuse | NSPCC](#)

1. **Listen carefully to what they're saying**
Be patient and focus on what you're being told. Try not to express your own views and feelings. If you appear shocked or as if you don't believe them it could make them stop talking and take back what they've said.
2. **Give them the tools to talk**
If they're struggling to talk to you, show them [Childline's letter builder tool](#). It uses simple prompts to help them share what's happening and how they're feeling.
3. **Let them know they've done the right thing by telling you**
Reassurance can make a big impact. If they've kept the abuse a secret it can have a big impact knowing they've shared what's happened.
4. **Tell them it's not their fault**
Abuse is never a child's fault. It's important they hear, and know, this.
5. **Say you'll take them seriously**
They may have kept the abuse secret because they were scared they wouldn't be believed. Make sure they know they can trust you and you'll listen and support them.
6. **Don't confront the alleged abuser**
Confronting the alleged abuser could make the situation worse for the child.
7. **Explain what you'll do next**
For younger children, explain you're going to speak to someone who will be able to help. For older children, explain you'll need to report the abuse to someone who can help.
8. **Report what the child has told you as soon as possible**
Report as soon after you've been told about the abuse so the details are fresh in your mind and action can be taken quickly. It can be helpful to take notes as soon after you've spoken to the child. Try to keep these as accurate as possible.

Appendix E – Lack of Consent

Having a conversation around lack of consent

Where consent has not been given, it is really important to discuss this, being open about your concerns and desire to protect the child and the responsibility you have.

Involving them in the process helps to build trust and gives an element of control around how the report is made.

- Explore the reasons for any objections – what is the child / parent worried about?
- Explain your concern and why you think it is important to share the information
- Outline who you will be sharing the information with and why
- Explain the benefits of sharing information – e.g. access to better support
- Discuss the consequences of not sharing the information in an empathetic, non-threatening way
- Explain that the information will not be shared with anyone who does not need to know
- Reassure them that they are not alone and that support is available to them
- Do not make unrealistic reassurances or false promises

Appendix F - Recording disclosures

Check list for recording disclosures, the following should be included:	
The date, time and place of the incident(s)	
The names of any witnesses and any information given by them	
The person's statement, using "" quotation marks to show exact words. Any opinion should be clearly specified as such.	
Observations on a factual basis, for example the appearance and behaviour of the alleged victim of abuse or neglect	
Any reported or apparent bruising or injury using a body map as follows: a. Describe the size and colour of any bruising and exact location on the body b. Record the date and time it has been observed Do not remove clothing to check for physical injury	
What the person would like done about the alleged abuse or neglect; their views, wishes and feelings	
Has consent been discussed and gained, if not give reasons	
Action taken	
Safeguarding officer informed and when	
Manager(s) informed and when	
Who else informed and why	
Measures taken to ensure the safety of individual(s) involved	
What has the person has been told about what will happen next	
Follow up action to be taken	

Appendix G – Disclosure/Observation Recording Form

Alleged Safeguarding Disclosure/Observation Recording Form

Good quality written notes are essential as they may support any legal action required later. All safeguarding disclosures/observations must be recorded within 24 hours. Use quotation marks to highlight relevant words the person disclosing has said, do not quote the whole conversation, you are not taking a statement. The notes recorded must not be anonymised.

Alleged Safeguarding Disclosure Observation Recording Form	Details
Name of person recording	
Location of alleged observation or disclosure	
Date of alleged, observation/disclosure	
Name(s) of those involved	
Consent gained? If no, why not.	
Time of alleged observation/disclosure	
Body map attached? (Yes / No)	
Alleged Safeguarding Disclosure/Observation	

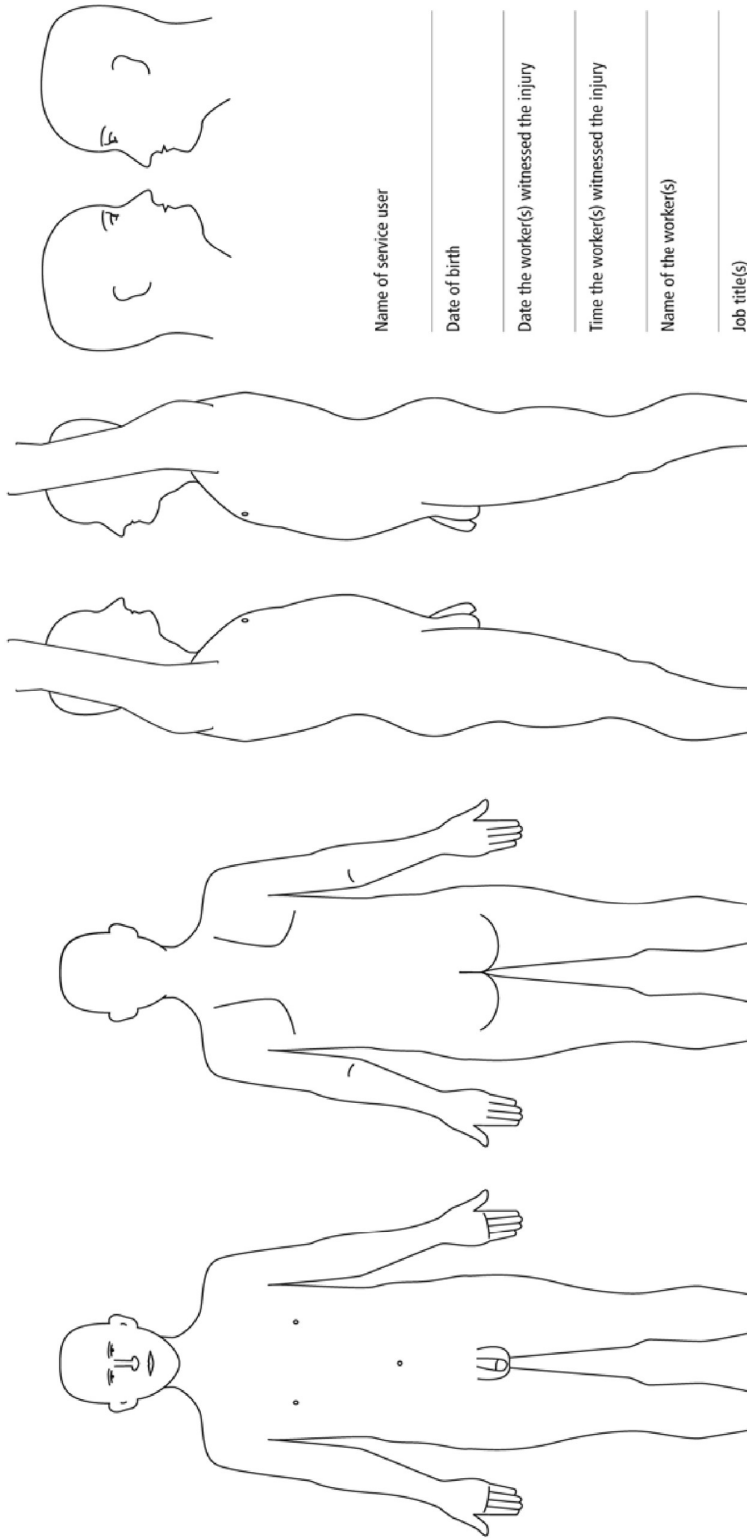
Detailed description of the observation/disclosure.	

Signature of person completing this form: _____

Print name: _____ Date: _____

This form must be uploaded on to lamplight under 'record of concern form' and manager and DSP notified.

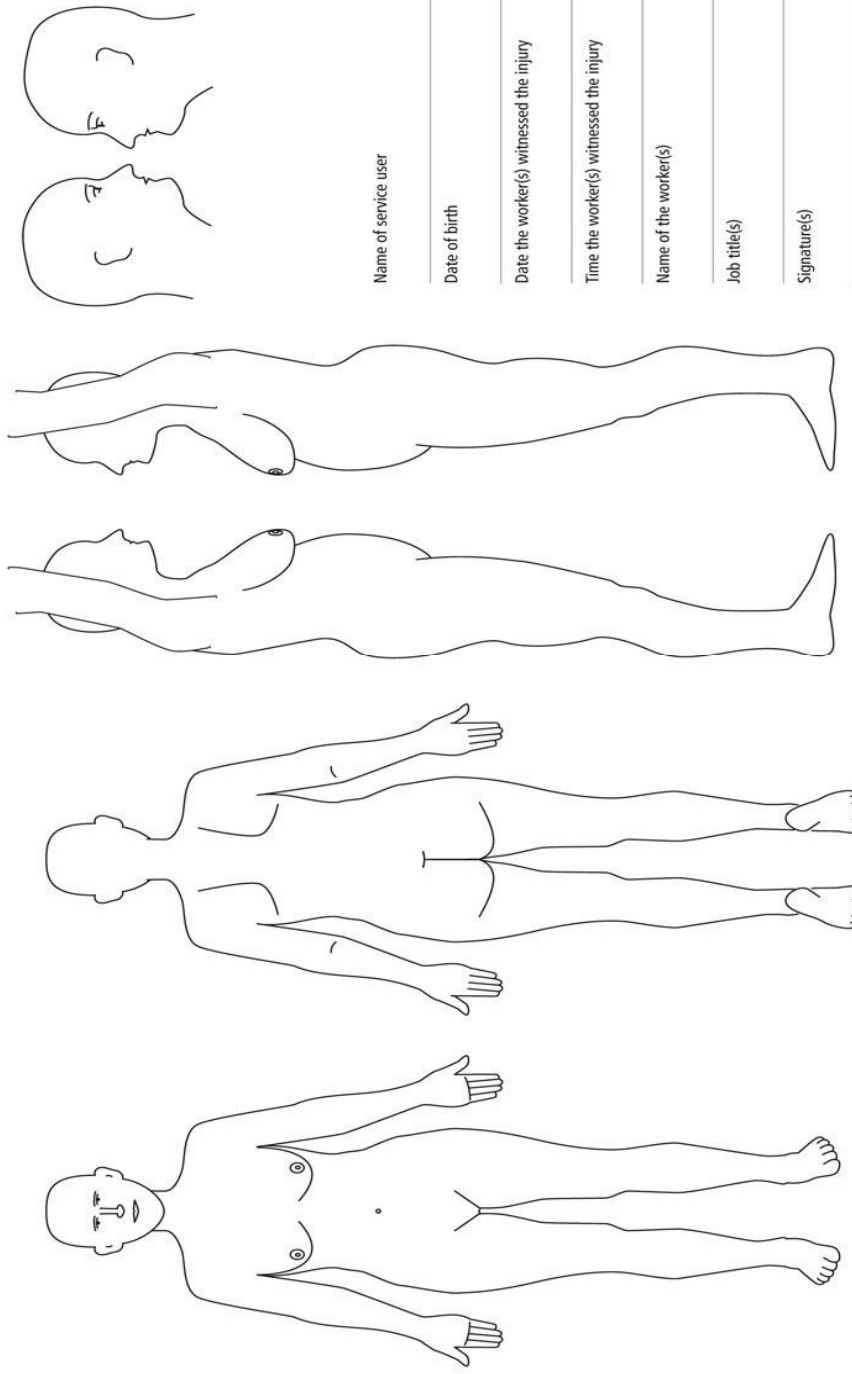
Body map – male



The body map consists of four line drawings of a male figure. From left to right, they are: a front view, a back view, a left profile view, and a right profile view. Each drawing is intended for recording injuries or incidents on the body.

Name of service user
Date of birth
Date the worker(s) witnessed the injury
Time the worker(s) witnessed the injury
Name of the worker(s)
Job title(s)

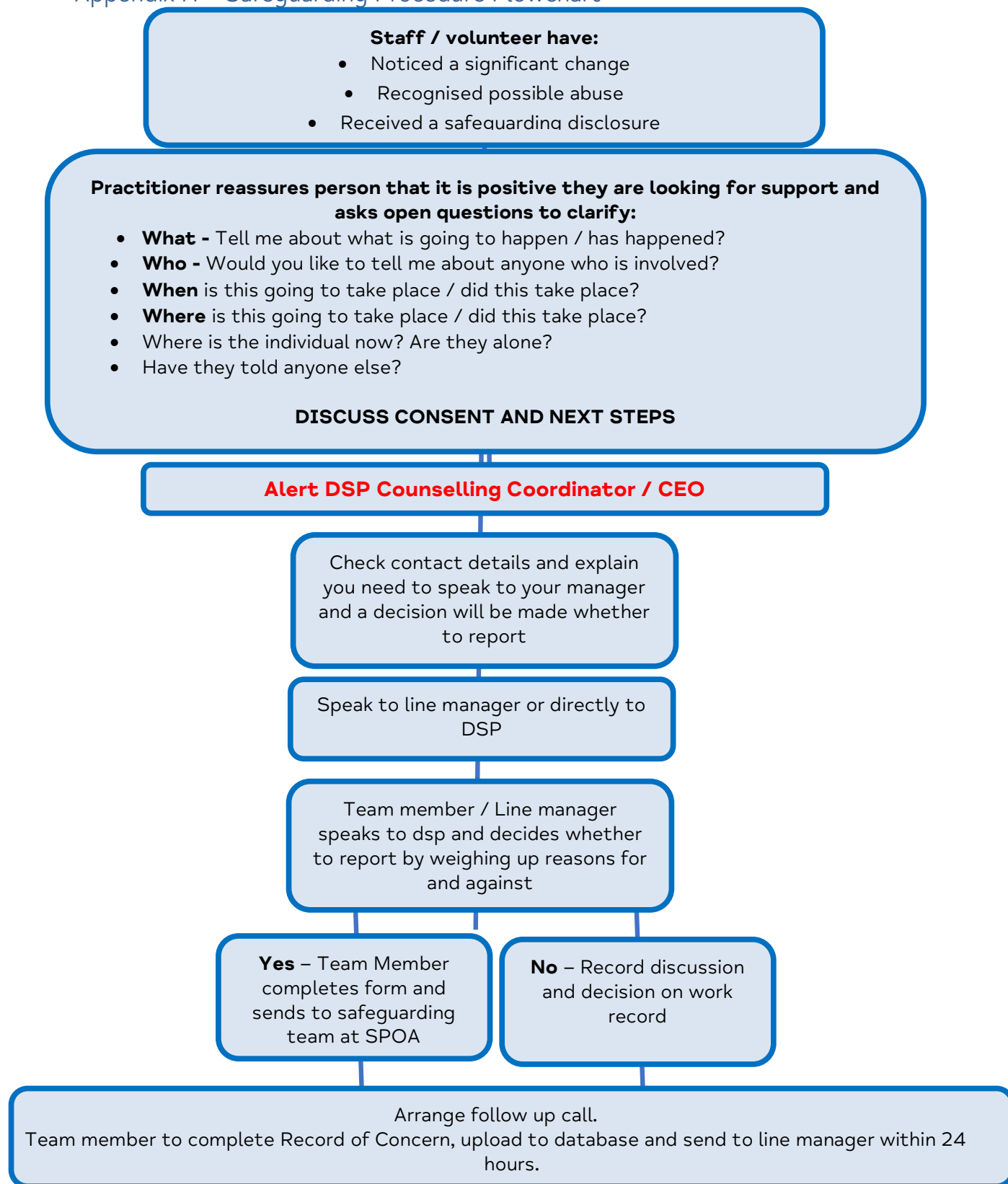
Body map – female



The body map consists of four line drawings of a female figure. The first drawing is a front view, showing the head, torso, arms, and legs. The second drawing is a back view, showing the head, torso, arms, and legs. The third drawing is a side view, showing the head, torso, arms, and legs. The fourth drawing is a profile view, showing the head, torso, arms, and legs. Each drawing is intended for marking the location of an injury.

Name of service user
Date of birth
Date the worker(s) witnessed the injury
Time the worker(s) witnessed the injury
Name of the worker(s)
Job title(s)
Signature(s)

Appendix H – Safeguarding Procedure Flowchart



Appendix I – Key Contacts

Key Contacts

If you know a child who is at risk of abuse or is being abused, it's very important that you let the council or the police know.

If the individual is in direct danger, call the Police immediately on 999. If not, telephone Social Services as soon as possible to share your concerns.

The DSLs at Tyneside and Northumberland Mind are as follows:

- Caroline Cogdon

Appendix J - Mental Capacity

Whilst it is not the role of staff and volunteers to formally assess capacity, there is a need to understand what capacity is and its impact on adult safeguarding in relation to consent. The Mental Capacity Act 2005 provides a statutory framework to empower and protect people (aged 16+) who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. The Mental Capacity Act outlines five statutory principles that underpin the work with people who may lack mental capacity:

- *A person must be assumed to have capacity unless it is established that they lack capacity.*
- *A person is not to be treated as unable to make a decision unless all practicable steps to help him/her to do so have been taken without success.*
- *A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision. (An adult with capacity has the right to make decisions that others might deem to be risky).*
- *An act done or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his/her best interests.*
- *Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.*

Mental Capacity refers to the ability to make a decision about a particular matter at the time the decision is needed. It is always important to establish the mental capacity of an adult who is at risk of abuse or neglect, should there be concerns over their ability to give informed consent. The Act states:

‘...a person lacks capacity in relation to a matter if at the material time he/she is unable to make a decision for him/herself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain. Further, a person is not able to make a decision if they are unable to:

- *Understand the information relevant to the decision; or*

- *Retain that information long enough for them to make the decision; or*
- *Use or weigh that information as part of the process of making the decision; or*
- *Communicate their decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand)'.*

Mental capacity is time and decision-specific. This means that an adult may be able to make some decisions at one point but not at other points in time. Their ability to make a decision may also fluctuate over time. If an adult is subject to coercion or undue influence by another person this may impair their judgement and could impact on their ability to make decisions about their safety, for example, in domestic abuse situations.