



Tell Us North CIC

Safeguarding Adults Policy and Procedures

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Document details and review

Organisation	Tell Us North CIC
Responsible person	Chief Executive Officer/Designated Adult Safeguarding Lead
Date approved	January 2022
Reviewed	March 2022
Next review	March 2023

This policy will be reviewed annually or whenever regulations or guidance are updated.

1. Policy statement

- 1.1. This policy will enable Tell Us North CIC (TUN) to demonstrate its commitment to addressing safeguarding concerns for any of the adults that it works with. TUN acknowledges its duty to act appropriately to any allegations, reports, or suspicions of abuse.
- 1.2. This policy and its procedures apply to all Directors, committee members, staff, associates, volunteers, and anyone else working on behalf of TUN. The purpose of this policy and its procedures is to ensure that anyone who works for TUN, in a paid or voluntary role, can work to prevent abuse and know what to do should a concern arise.
- 1.3. This policy and its procedures have been drawn up to enable TUN to:
 - Promote good practice and work in ways that can prevent harm, abuse, neglect, and coercion from occurring.
 - Ensure that any allegations or suspicions of abuse are dealt with appropriately and the person experiencing abuse is supported.
 - Stop abuse occurring.
- 1.4. This policy and its procedures relate to the safeguarding of **adults at risk**. Adults at risk are defined as individuals aged over 18 who may:
 - Have needs for care and support (whether the Local Authority is meeting any of those needs or not) such as:
 - The elderly and frail who are being supported due to ill health.
 - A person with a Learning Disability.
 - Someone with a physical disability or sensory impairment.
 - A mental health need including Dementia or a personality disorder.
 - A long-term illness or condition.
 - Prevalence of alcohol or drug misuse.
 - A person unable to make their own decisions.
 - A young adult over the age of 18 who is cared for and supported and in transition from Children's to Adult services.
 - A carer (looking after another person with care and support requirements).
 - Are experiencing, or at risk of, abuse or neglect.
 - As a result, those care and support needs are unable to protect themselves from either the risk of or the experience of abuse or neglect (Care Act, 2022).
 - Are at risk of radicalisation (under the Counter Terrorism and Security Act 2015, where they are not defined as an adult at risk under the Care Act 2022).
- 1.5. TUN will work to:
 - Stop abuse or neglect wherever possible.
 - Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.

- Promote the wellbeing of the adult(s) at risk using safeguarding adult's arrangements.
- Safeguard adults in a way that supports them in making choices and having control over how they want to live.
- Promote an approach that concentrates on improving life for the adults concerned.
- Raise awareness of safeguarding adult's principles to ensure that everyone can play their part in preventing, identifying, and responding to abuse and neglect.
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe, and how to raise a concern about the safety or wellbeing of an adult.
- Address, where possible, what caused the abuse or neglect.

1.6. TUN will:

- Ensure that all Directors, committee members, staff, associates, and volunteers are familiar with this policy and associated procedures.
- Ensure that Directors, committee members, staff, associates, and volunteers are aware of, and have access to, safeguarding adults' policies and procedures and relevant safeguarding adults' contacts in any area in which TUN works.
- Work with other agencies within the framework of relevant Local Authority policies and procedures.
- Act within its [Confidentiality Policy](#) and where applicable gain permission from service users before sharing information about them with another agency.
- Pass information to the appropriate Local Authority when more than one person is at risk. For example, if the concern relates to a worker, volunteer, or organisation who provides a service to adults with care and support needs or children.
- Inform service users that where a person is in danger, a child is at risk or a crime has been committed, a decision may be taken to pass information to another agency without the service user's consent.
- Make a safeguarding adult's referral to the relevant Local Authority as appropriate.
- Endeavour to keep up to date with National developments relating to preventing abuse and the welfare of adults.
- Ensure that the designated Safeguarding Lead understands their responsibility to refer incidents of adult abuse to the relevant statutory agencies (Police/Local Authority).

2. Safeguarding adult's procedures — introduction

- 2.1. These procedures have been designed to ensure the welfare and protection of any adult who accesses activities provided by TUN. The procedures recognise that adult abuse can be a difficult subject for staff to deal with. TUN is committed to the belief that the protection of adults from harm and abuse is everybody's responsibility, and the aim of these procedures is to ensure that all Directors, committee members, staff, associates and volunteers act appropriately in response to any concern involving adult abuse.
- 2.2. This policy should be read in conjunction with the relevant Local Authority's multi-agency safeguarding adults' policy and procedures documents.

- Newcastle Safeguarding Adults Board multi-agency policy and procedures
www.newcastlesafeguarding.org.uk/safeguarding-adults/policy-procedures/
- Gateshead Safeguarding Adults from Abuse Multi-Agency Policy and Procedures
www.gatesheadsafeguarding.org.uk/article/9286/Multi-agency-policies-and-procedures

3. The Designated Safeguarding Lead for safeguarding adults

3.1. The Designated Safeguarding Lead (DSL) for Tell Us North is:

Yvonne Probert

07746 137433

Yvonne@healthwatchnewcastle.org.uk

Tell Us North,
MEA House, Ellison Place,
Newcastle upon Tyne,
NE1 8XS

3.1.1. If the DSL is not available, you should contact the Board DSL:

Post of deputy	TUN Board Member
Name of deputy	Kate Israel
Phone Number	0191 3385722

3.2. Allocation of the DSL is subject to the [Conflicts of Interest Policy](#).

3.3. Should none of the above-named people be available then Directors, committee members, staff, associates, volunteers, and service users should contact the relevant Adult Social Care Department and/or the Safeguarding Adults Unit in the relevant Local Authority directly (see Section 11 for contact details).

3.4. The DSL should be contacted for support and advice on implementing this policy and associated procedures.

3.5. If the DSL is unavailable, safeguarding adults' issues will be referred to the TUN Directors. There are named Directors who have experience in safeguarding issues.

3.6. The roles and responsibilities of the named lead(s) are to:

- Ensure that the Safeguarding Adults Policy is followed and acts as a source of advice on safeguarding matters.
- Ensure that all staff and volunteers are aware of what they should do and whom they should go to if they have concerns that an adult may be experiencing, or has experienced, abuse or neglect.
- Ensure that concerns are acted on appropriately (within relevant timescales as shown in Section 6), clearly recorded, and referred to the appropriate body (for

example, Adult Social Care or the allocated Social Worker/Care Manager where relevant).

- Follow up on any safeguarding adult's referrals and ensure the issues have been addressed.
- Manage and have oversight over individual complex cases involving allegations against a member of staff or volunteer.
- Consider any recommendations from the safeguarding adult's process.
- Reinforce discretion and ensure that staff and volunteers are adhering to good practices in respect of confidentiality and security. Vitrally important, because as a person starts to challenge abuse, the risk of abuse escalating is greatest.
- Ensure that staff and volunteers working directly with service users who have experienced abuse, or who are experiencing abuse, are well supported and receive appropriate supervision.
- Ensure staff and volunteers are given support and afforded protection, if necessary, under the Public Interest Disclosure Act 1998 where they will be dealt with in a fair and equitable manner and they will be kept informed of any action that has been taken and its outcome.
- Ensure that any records are kept safely, securely, and in line with data protection requirements.
- Make the policies available on the Healthwatch and TUN websites.
- Ensure that safeguarding is a standing item on the TUN board meeting agenda.

- 3.7. This policy will be available on our website and any website created for a service we run. All directors, committee members, staff, associates, and volunteers are required to review this policy as part of our ongoing safeguarding training and support.

4. Preventing abuse

- 4.1. TUN is committed to putting in place safeguards and measures to reduce the likelihood of abuse taking place within the services it offers, ensuring all those involved within TUN will be treated with respect. This policy should be read in conjunction with all other TUN policies.
- 4.2. TUN is committed to safer recruitment policies and practices for staff and volunteers. This includes enhanced Disclosure and Barring Service (DBS) checks and Barred List checks for relevant staff and volunteers, ensuring references are taken up, and the provision of adequate training on safeguarding adults.
- 4.3. TUN will work within the current legal framework for referring staff or volunteers to the DBS who have harmed or posed a risk to vulnerable adults and/or children. If TUN dismisses a member of staff or a volunteer, or moves them to another post or activity, because they harmed or posed a risk of harm to an adult or child (or would have dismissed or moved them if the person had not resigned or been made redundant), TUN is legally required to notify the Disclosure and Barring Service (DBS). For further information, see the [TUN Disclosure and Barring Service Policy and Procedure](#).
- 4.4. Information about Safeguarding Adults and the Complaints Policy will be available to service users and their carers/families.

5. Recognising the signs and symptoms of abuse

- 5.1. TUN is committed to ensuring that all relevant staff and volunteers undertake training to gain a basic awareness of the signs and symptoms of abuse. TUN will ensure that the DSL and other members of relevant staff and volunteers have access to higher levels of training around safeguarding adults provided by relevant Safeguarding Adults Boards.
- 5.2. TUN will not be limited in its view of what constitutes abuse or neglect, as this can take many forms and the circumstances of an individual case will always be considered. Abuse may be carried out deliberately or unknowingly. Abuse may be a single act or repeated acts.
- 5.3. People who behave abusively come from all backgrounds and walks of life. They may be Doctors, Nurses, Social Workers, Advocates, staff members, volunteers, or others in a position of trust. They may also be relatives, friends, neighbours, or people who use the same services as the person experiencing abuse.

5.4. **Definitions of abuse under the Care Act 2014 include:**

5.4.1 **Discriminatory behaviour**

For example, forms of harassment, bullying, slurs, isolation, neglect, denial of access to services, or similar treatment because of race, gender, gender identity, age, disability, religion, or because someone is lesbian, gay, bisexual, or, transgender. This includes racism, sexism, ageism, homophobia, or any other form of a hate incident or crime.

Possible indicators of discriminatory behaviour

- The person appears withdrawn and isolated.
- Expresses anger, frustration, fear, or anxiety.
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic.

5.4.2 **Domestic abuse or violence**

For example, an incident or a pattern of incidents of controlling, coercive or threatening behaviour, violence, or abuse, by someone who is, or has been, an intimate partner or family member regardless of gender or sexual orientation. This includes psychological/emotional, physical, sexual, and financial abuse; and so called 'honour' based violence, forced marriage, or Female Genital Mutilation (FGM).

Possible indicators of domestic abuse or violence

- Low self-esteem.
- Feeling that the abuse is their fault when it is not.
- Physical evidence of violence such as bruising, cuts, and broken bones.
- Verbal abuse and humiliation in front of others.
- Fear of outside intervention.
- Damage to home or property.
- Isolation — not seeing friends or family.

- Limited access to money.

5.4.3 **Financial or material**

For example, theft, fraud, internet scamming, exploitation, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance, and financial transactions, and the misuse or misappropriation of property, possessions, or benefits.

Possible indicators of financial or material abuse

- Missing personal possessions.
- Unexplained lack of money or inability to maintain lifestyle.
- Unexplained withdrawal of funds from accounts.
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity.
- The person allocated to manage financial affairs is evasive or uncooperative.
- The family or others show an unusual interest in the assets of the person.
- Recent changes in deeds or title to the property.
- Rent arrears and eviction notices.
- A lack of clear financial accounts held by a care home or service.
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person.
- Disparity between a person's living conditions and their financial resources, for example, insufficient food in the house.
- Unnecessary property repairs.

5.4.4 **Modern slavery**

Modern Slavery Encompasses slavery, human trafficking, forced labour, and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude, and inhumane treatment.

Possible indicators of modern slavery

- Signs of physical or emotional abuse.
- Appearing to be malnourished, unkempt, or withdrawn.
- Isolation from the community, seeming under the control or influence of others.
- Living in dirty, cramped, or overcrowded accommodation and/or living and working at the same address.
- Always wearing the same clothes.
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers.
- Fear of law enforcers.

5.4.5 **Neglect and acts of omission.**

Including ignoring medical, emotional, or physical care needs, failure to access appropriate health, care, support, or educational services, and the withholding of the necessities of life, such as medication, adequate nutrition, and heating.

Possible indicators of neglect and acts of omission.

- Poor environment — dirty or unhygienic.
- Poor physical condition and/or personal hygiene.
- Pressure sores or ulcers.
- Malnutrition or unexplained weight loss.
- Untreated injuries and medical problems.
- Inconsistent or reluctant contact with medical and social care organisations.
- Accumulation of untaken medication.
- Uncharacteristic failure to engage in social interaction.
- Inappropriate or inadequate clothing.

5.4.6 Organisational (sometimes referred to as institutional)

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

Possible indicators of organisational abuse

- Lack of flexibility and choice for people using the service.
- Inadequate staffing levels.
- People being hungry or dehydrated.
- Poor standards of care.
- Lack of personal clothing and possessions, and communal use of personal items.
- Lack of adequate procedures.
- Poor record-keeping and missing documents.
- Absence of visitors.
- Few social, recreational, and educational activities.
- Public discussion of personal matters.
- Unnecessary exposure during bathing or using the toilet.
- Absence of individual care plans.
- Lack of management overview and support.

5.4.7 Physical

Including assault, hitting, slapping, pushing, burning, misuse of medication, restraint or inappropriate physical sanctions, and Female Genital Mutilation (FGM) (all acts of FGM are a crime in the UK and the girls and women subjected to FGM are victims of this crime).

Possible indicators of physical abuse

- No explanation for injuries or inconsistency with the account of what happened.
- Injuries are inconsistent with the person's lifestyle.
- Bruising, cuts, welts, burns, and/or marks on the body or loss of hair in clumps.
- Frequent injuries.
- Unexplained falls.
- Subdued or changed behaviour in the presence of a particular person.

- Signs of malnutrition.
- Failure to seek medical treatment or frequent changes of GP.

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

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

Possible indicators of psychological abuse

- An air of silence when a particular person is present.
- Withdrawal or change in the psychological state of the person.
- Low self-esteem.
- Un-cooperative and aggressive behaviour.
- A change of appetite, weight loss/gain.
- Signs of distress: tearfulness, anger.
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment.

5.4.9 **Sexual**

Including rape, indecent exposure, sexual assault, sexual acts, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography, or witnessing sexual acts to which the adult has not consented or was pressured into consenting. It also includes sexual exploitation which is exploitative situations, contexts, and relationships where the person receives 'something' (for example, food, accommodation, drugs, alcohol, mobile phones, cigarettes, gifts, money) or perceived friendship/relationship as a result of them performing, and/or another or others performing sexual acts.

Possible indicators of sexual abuse

- Bruising, particularly to the thighs, buttocks, and upper arms, and marks on the neck.
- Torn, stained, or bloody underclothing.
- Unusual difficulty in walking or sitting.
- Foreign bodies in genital or rectal openings.
- Infections, unexplained genital discharge, or sexually transmitted diseases.
- Pregnancy in a woman who is unable to consent to sexual intercourse.
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude.
- Incontinence not related to any medical diagnosis.
- Self-harming.
- Poor concentration, withdrawal, and sleep disturbance.
- Excessive fear/apprehension of, or withdrawal from, relationships.
- Fear of receiving help with personal care.
- Reluctance to be alone with a particular person.

Possible indicators of sexual exploitation

- Change in physical appearance/clothing.
- Having money/mobile phones/other items without a plausible explanation.
- Becoming involved in criminality.
- Getting into cars with unknown people.
- Increased use of drugs or alcohol.
- Sending sexually explicit content via phone/social media.
- Multiple miscarriages/terminations.
- Sexually transmitted diseases.
- Unsuitable or inappropriate accommodation.
- Developing inappropriate/unusual relationships/associations.

5.4.10 Self-neglect

For example, a person neglecting to care for their personal hygiene, health, or surroundings; or an inability to provide essential food, clothing, shelter, or medical care necessary to maintain their physical and mental health, emotional wellbeing, and general safety. It includes behaviour such as hoarding. Responding to self-neglect will depend on the level of risk/harm that has been identified.

Possible indicators of self-neglect

- Very poor personal hygiene.
- Unkempt appearance.
- Lack of essential food, clothing, or shelter.
- Malnutrition and/or dehydration.
- Living in squalid or unsanitary conditions.
- Neglecting household maintenance.
- Hoarding.
- Collecting a large number of animals in inappropriate conditions.
- Non-compliance with health or care services.
- Inability or unwillingness to take medication or treat illness or injury.

5.4.11 Radicalisation

The process by which a person is influenced or coerced into supporting violent extremism, including terrorism.

Possible indicators of radicalisation

- Being in contact with extremist recruiters.
- Accessing violent extremist websites, particularly those with a social networking element.
- Possessing or accessing violent extremist literature.
- Using extremist narratives and a global ideology to explain personal disadvantage.
- Justifying the use of violence to solve societal issues.
- Joining or seeking to join extremist organisations.
- Significant changes to appearance and/or behaviour.
- Experiencing a high level of social isolation resulting in issues of identity crisis and/or personal crisis.

5.4.12 Safeguarding women who are at risk of Female Genital Mutilation (FGM)

- If any woman has signs or symptoms of FGM, or there is reason to suspect that they are at risk of FGM, information should be shared with the Police and the relevant Local Authority adult social care.
- Female siblings and other females in the wider family could also be at risk and therefore need to be considered.
- TUN recognises that there should be increased awareness of FGM when working with service users from the population at risk as assessed by Public Health, i.e. women and girls from countries where there is a prevalence of FGM.

6 Responding to people who have experienced or are experiencing abuse

- 6.1 TUN recognises that it has a duty to act on reports or suspicions of abuse or neglect. It also acknowledges that acting in cases of adult abuse is never easy. Directors, committee members, staff, associates, and volunteers must be aware that this duty is mandatory.
- 6.2 How to respond if you receive an allegation of abuse:
- Reassure the person concerned; abuse is not their fault.
 - Listen to what they are saying.
 - Record what you have been told, or have witnessed, as soon as possible.
 - Remain calm and do not show shock or disbelief.
 - Tell them that the information will be treated seriously.
 - Do not start to investigate or ask detailed or probing questions.
 - Do not promise to keep it a secret.
- 6.3 If you witness abuse or abuse has just taken place, the priorities (the sequence of priorities will depend on the circumstances) are to:
- Call an ambulance if required.
 - Call the Police if a crime has been committed.
 - Preserve evidence.
 - Keep yourself and others safe.
 - Inform your line manager or the DSL.
 - Record what happened and pass this record to the DSL so it can be stored/saved securely (see Section 8).
- 6.4 All situations of abuse or alleged abuse will be discussed with a line manager and/or the DSL. If anyone feels unable to raise their concern with their line manager or the DSL, concerns can be raised directly with the relevant Local Authority body (see Section 11 for contact details).
- 6.5 If it is appropriate and the individual has given their consent, or there is a good reason to override consent, such as risk to others, a referral will be made to the relevant Local

Authority Adult Social Care Department (see Section 11). If the individual experiencing abuse does not have the mental capacity to consent to a referral, a best interest decision will be made on their behalf.

- 6.6 The line manager and/or DSL should refer to the relevant Safeguarding adults board multi-agency policy and procedures (see Section 12) and may also take advice from the relevant adult social care department and/or the safeguarding adult's unit and/or other advice-giving organisations such as the Police (see Section 11 for contact details).

7 Managing an allegation made against a member of staff or volunteer

- 7.1 TUN will ensure that any allegations made against a member of staff or volunteer will be dealt with swiftly.
- 7.2 Where a member of staff or volunteer is thought to have committed a criminal offence the Police will be informed. If a crime has been witnessed the Police should be contacted immediately.
- 7.3 The safety of the individual(s) concerned is paramount. A risk assessment must be undertaken immediately to assess the level of risk to all service users posed by the alleged perpetrator. This will include whether it is safe for them to continue in their role or any other role within TUN while the investigation is undertaken.
- 7.4 The DSL will liaise with the relevant safeguarding manager/safeguarding unit (see Section 11 for contact details) to discuss the best course of action and to ensure that the [TUN Disciplinary Procedures](#) are coordinated with any other inquiries taking place as part of the ongoing management of the allegation.
- 7.5 TUN has a [Whistleblowing Policy](#) and staff are aware of this policy. Staff will be supported to use this policy.

8 Recording and managing confidential information

- 8.1 TUN is committed to maintaining confidentiality wherever possible and information about safeguarding adults' issues should be shared only with those who need to know. For further information, see the [TUN Confidentiality Policy](#).
- 8.2 All allegations/concerns should be recorded on the relevant Local Authority's enquiry form or online referral process.
- 8.3 The information should be factual and not based on opinions, record what the person tells you, what you have seen, and record witnesses if appropriate. The information that is recorded will be kept secure and will comply with data protection. Information should be collated onto the safeguarding concern form. **Appendix A**

- 8.4 Paper information will be secured in a locked filing cabinet or saved in a confidential folder on the IT network. Access to this information both paper and electronic will be by the DSL and relevant TUN manager. The Chief Executive of TUN will keep information regarding any allegations about staff members.

9 Induction, training, and supervision of staff and volunteers

- 9.1 TUN will provide effective management for staff and volunteers through induction, training, supervision, and support.

9.2 Induction

- 9.2.1 All TUN Directors, committee members, staff, and volunteers will complete an induction that includes the TUN Safeguarding Adults Policy and Procedures. Following their induction, they should be aware of and have an understanding of, safeguarding adults. This includes the different categories of abuse, the signs, and indicators of abuse, knowing whom to contact if they have any concerns about an adult at risk, and how to obtain the necessary contact details.

9.3 Training

- 9.3.1 It is important that staff and volunteers attend the right level of training for their role. When assessing the training needs of the staff member or volunteer, any children and young people safeguarding training that has been undertaken will be considered.
- 9.3.2 Safeguarding training should be renewed at least every three years. There are face-to-face courses at levels 1, 2, and 3, specialist courses, including free e-learning online courses. Training in sexual exploitation should also be included.
- 9.3.3 The Newcastle safeguarding adults board provides training for organisations active in Newcastle, as well as providing guidance on the appropriate levels of training needed.
www.newcastlesafeguarding.org.uk/training-category/safeguarding-adult-courses/
- 9.3.4 Gateshead's safeguarding partnership provides safeguarding adults training for practitioners and volunteers active in Gateshead
www.gatesheadsafeguarding.org.uk/article/9209/Training-
- 9.3.5 Reference material for front line staff is available in **Appendix B**.

9.4 Supervision

Safeguarding issues and staff and volunteer safeguarding training needs will be discussed in supervision sessions where appropriate.

10 Disseminating/reviewing policy and procedures

- 10.1 This Safeguarding Adult's policy and procedure will be clearly communicated to Directors, committee members, staff, associates, volunteers, and service users. The DSL will be responsible for ensuring that this is done.

11. Useful information

11.1 The Safeguarding adults' policy and procedure will be reviewed annually, and any significant changes approved by the TUN board of directors. The DSL will be involved in this process and can recommend any changes. The DSL will also ensure that any changes are clearly communicated to directors, committee members, staff, associates, and volunteers.

11.2. Newcastle upon Tyne: to make or discuss a referral

Community health and social care direct

Phone	0191 278 8377 (Monday to Friday, 8 am to 5 pm)
Email	scd@newcastle.gov.uk
Out-of-hours Emergency Duty Team	0191 278 7878
Website	www.newcastle.gov.uk/social-care-and-health/safeguarding-and-abuse/safeguarding-adults/report-suspected-adult-abuse

11.3 Gateshead: to make or discuss a referral*

Adult social care direct

Phone	0191 433 7033 (24-hour line)
Email	adultsocialcaredirect@gateshead.gov.uk
Out-of-hours Emergency Duty Team	0191 477 0844
Website	www.gatesheadsafeguarding.org.uk/article/10317

*If you have a safeguarding adult query you can speak to the safeguarding adult's duty worker on 0191 433 2222.
This number is for safeguarding queries only, we do not take safeguarding referrals on this number. Safeguarding adults' duty operates between 9 am and 4.30 pm, Monday to Friday.

11.4 For advice

Newcastle safeguarding adults	
Phone	0191 278 8377
Website	www.newcastlesafeguarding.org.uk/safeguarding-adults/
Gateshead safeguarding adults' co-ordination team	
Phone	0191 433 3361
Website	www.gatesheadsafeguarding.org.uk/article/9176/Gateshead-Safeguarding-Adults-Board

11.5 Northumbria Police

Phone

999 (if you suspect the person is at immediate risk or danger)

101 (ask for the safeguarding department)

12 Resources

Newcastle safeguarding adults board multi-agency policies and procedures

www.newcastlesafeguarding.org.uk/safeguarding-adults/policy-procedures/

Gateshead safeguarding adults board multi-agency policies and procedures

www.gatesheadsafeguarding.org.uk/article/9217/Policy-procedures-and-practice-guidance

Appendix A

Safeguarding Concern Form

Name of Organisation:

Date:

Time:

Name of individual the concern is about:

Date of birth/age (if known):

Address (if known):

Describe your concern (including the setting in which the concern was noted and anyone present):

Any observations to support cause for concern:

Description and location of any visible marks, bruising, etc:

Name of alleged abuser and relationship with the individual (if known):

Outline actions taken; include discussion with DP, Safeguarding Director, Adult or Children's Services, etc., and agreed next steps:

Name of the person completing the form:

Signed:

Date:

Name of Designated Person in receipt of this form.

Signed:

Date:

Appendix B

Safeguarding Adults at Risk

Safeguarding is everyone's business – if you are concerned about an adult at risk, you have a duty of care and must take appropriate action.

An adult at risk is defined as any person aged over 18 years with care and support needs (regardless of whether the authority is meeting any of those needs) and because of their needs, they are not able to protect themselves from abuse and/or neglect or the risk of it. If you are concerned about a person under the age of 18 years, refer to Children's safeguarding policy and procedures.

