



JSENSE

ADULT SAFEGUARDING

POLICY

Adult Safeguarding Policy and Procedure

Foreword

This document has adapted from a template produced by Salford CVS in partnership with the SSAB

The policy was reviewed & presented to JSENSE Board of Trustees on 30.08.23

Find out more about Adult Safeguarding on the Salford CVS website:

<https://www.salfordcvs.co.uk/adult-safeguarding>

First Written: March 2021	Last Reviewed: August 2026	Next Inspection: August 2027 Next Review: August 2028
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Adult Safeguarding Policy

1. Policy Statement

The policy exists to ensure that *JSENSE* implements appropriate arrangements, systems and procedures to ensure that the organisation has the right skills, means and resources to protect and safeguard adults.

JSENSE recognises safeguarding means protecting an adult's right to live in safety, free from abuse and neglect.

1.1 "The Board of Trustees holds overall responsibility for safeguarding within *JSENSE*.

The Trustees will ensure that:

- Appropriate safeguarding policies and procedures are in place and reviewed annually
- Safeguarding risks are identified, monitored and managed
- Staff and volunteers receive appropriate safeguarding training
- Safeguarding concerns are responded to promptly and appropriately
- Safer recruitment procedures are followed
- Appropriate reporting to statutory agencies and the Charity Commission takes place where required
- A safeguarding culture is promoted throughout the organisation
- Sufficient resources are allocated to safeguarding arrangements

Trustees must act in the best interests of adults at risk and ensure safeguarding remains a standing governance priority."

2. Aim

The Care Act 2014 provides a definition and framework for Safeguarding Adults

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

The aims of adult safeguarding are to:

- Stop abuse or neglect wherever possible;
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- Safeguard adults in a way that supports them in making choices and having control about how they want to live
- Promote an approach that concentrates on improving life for the adults concerned
- Raise public awareness so that communities as a whole, alongside professionals, 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 what to do to raise a concern about the safety or well-being of an adult
- Address what has caused the abuse or neglect

2. Legislation - The Care Act 2014

The practices and procedures within this policy are based on the relevant legislation and government guidance.

- The Care Act 2014
Care and Support Statutory Guidance (especially chapter 14) 2014

Safeguarding Adults in the UK is compliant with United Nations directives on the rights of disabled people and commitments to the rights of older people. It is covered by:

- The Human Rights Act 1998
- The Data Protection Act 2018
- General Data Protection Regulations 2018

Safeguarding Duties

The Care Act 2014 introduced statutory safeguarding duties. The safeguarding duties apply to an adult who:

- I. Has needs for care and support (whether or not the authority is meeting any of those needs)
- II. Is experiencing, or is at risk of, abuse or neglect
- III. As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

3. Key Principles for adult safeguarding

In the safeguarding of adult JSENSE are guided by the principles set out in The Care Act 2014 (See Appendix Two) and aim to demonstrate and promote these principles in our work

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent
- **Prevention** – It is better to take action before harm occurs
- **Proportionality** – The least intrusive response appropriate to the risk presented.
- **Protection** – Support and representation for those in greatest need
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability** – Accountability and transparency in delivering safeguarding

4. Recognising the signs of abuse

Staff / volunteers may be particularly well-placed to spot abuse and neglect; the adult may say or do things that hint that all is not well. It may come in the form of a complaint, or an expression of concern. Everyone within the organisation should understand what to do, and where to go locally to get help, support and advice. It is vital that everyone within the organisation is vigilant on behalf of those unable to protect themselves, including:

- Knowing about different types of abuse and neglect and their signs
- Supporting adults to keep safe
- Knowing who to tell about suspected abuse or neglect and
- Supporting adults to think and weigh up the risks and benefits of different options when exercising choice and control.

The Care Act 2014 (See Appendix Two) defines the following areas of abuse and neglect; they are not exhaustive but are a guide to behaviour that may lead to a safeguarding enquiry. This includes:

Physical abuse

The physical mistreatment of one person by another which may or may not result in physical injury, this may include slapping, burning, punching, unreasonable confinement, and pinching, force-feeding, misuse of medication, shaking, inappropriate moving and handling.

Signs and indicators

Over or under use of medication, burns in unusual places; hands, soles of feet, sudden incontinence, bruising at various healing stages, bite marks, disclosure, bruising in the shape of objects, unexplained injuries or those that go untreated, reluctance to uncover parts of the body.

Sexual abuse

Any form of sexual activity that the adult does not want and or have not considered, a sexual relationship instigated by those in a position of trust, rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Signs and indicators

Signs of being abused may include recoiling from physical contact, genital discharge, fear of males or female, inappropriate sexual behaviour in presence of others, bruising to thighs, disclosure, and pregnancy. Abusers may take longer with personal care tasks, use offensive language, work alone with clients, or show favouritism to clients.

Financial or material abuse

Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits

Signs and indicators

This may include not allowing a person to access to their money, not spending allocated allowance on the individual, denying access to their money, theft from the individual, theft of property, misuse of benefits. There may be an over protection of money, money not available, forged signatures, disclosure, inability to pay bills, lack of money after payments of benefits or other, unexplained withdrawals. An abuser may be evasive when discussing finances, goods purchased may be in the possession of the abuser, there may be an over keenness in participating in activities involving individual's money

Psychological and/or Emotional abuse

This abuse may involve the use of intimidation, indifference, hostility, rejection, threats of harm or abandonment, humiliation, verbal abuse such as shouting, swearing or the use of discriminatory and or oppressive language. A deprivation of contact, blaming, controlling, coercion, harassment, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks. There may be a restriction of freedom, access to personal hygiene restricted, name calling, threat to withdraw care or support, threat of institutional care, use of bribes or threats or choice being neglected

Signs and indicators

Stress and or anxiety in response to certain people, disclosure, compulsive behaviour, reduction in skills and concentration, lack of trust, lack of self-esteem, someone may be frightened of other individuals, there may be changes in sleep patterns

Neglect and acts of omission

Behaviour by carers that results in the persistent or severe failure to meet the physical and or psychological needs of an individual in their care. This may include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health-care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating, wilful failure to intervene or failing to consider the implications of non-intervention in behaviours which are dangerous to them or others, failure to use agreed risk management procedures, inadequate care in residential setting, withholding affection or communication, denying access to services,

Signs and indicators

There may be disclosure. Someone being abused may have low self-esteem, deterioration, depression, isolation, continence problems, sleep disturbances, pressure ulcers. There may be seemingly uncertain attitude and cold detachment from a carer, denying individuals request, lack of consideration to the individual's request, denying others access to the individual health care professionals

Self-neglect

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Resources available on SSAB website – Links in Appendices

Discriminatory abuse

This includes forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation, and religion or health status and may be the motivating factor in other forms of abuse. It can be personal, a hate crime or institutional.

Signs and indicators

There may be a withdrawal or rejection of culturally inappropriate services e.g. food, mixed gender groups or activities. Individual may simply agree with the abuser for an easier life, there may be disclosure, or someone may display low self-esteem. An abuser may react by

saying “I treat everyone the same”, have inappropriate nick names, be uncooperative, use derogatory language, or deny someone social and cultural contact.

Institutional or Organisational Abuse

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

Signs and indicators

This may include a system that condones poor practice, deprived environment, lack of procedures for staff, one commode used for a number of people, no or little evidence of training, lack of staff support/supervision, lack of privacy or personal care, repeated unaddressed incidents of poor practice, lack of homely environment, manager implicated in poor practice. There may be a lack of personal clothing, no support plan, lack of stimulation, repeated falls, repeated infections, unexplained bruises/burns, pressure ulcers, unauthorised deprivation of liberty. Abusers may have a lack of understanding of a person’s disability, misuse medication, use illegal controls and restraints, display undue/inappropriate physical intervention, and inappropriately use power/control.

Domestic abuse

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- Psychological
- Sexual
- Financial
- Emotional

A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015. The offence will impose a maximum 5 years’ imprisonment, a fine or both.

Signs and indicators

May include many of those indicators listed under previous categories in this document, including unexplained bruising, withdrawal from activities, work or volunteering, not being in control of finances, or decision making

Resources available on SSAB website – Links in Appendices Two

Modern slavery

Encompasses slavery, human trafficking, and 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.

Modern Slavery Materials - Duty to Notify

From 1 November 2015, specified public authorities have a duty to notify the Home Office of any individual encountered in England and Wales who they believe is a suspected victim of slavery or human trafficking. The ‘duty to notify’ provision is set out in the Modern Slavery

Act 2015 and applies to all police forces and local authorities in England and Wales, the Gangmasters Licensing Authority and the National Crime Agency. VOLUNTARY NOTIFICATIONS BY AGENCIES NOT COVERED BY THE DUTY Other organisations, including VCSEs, are also encouraged to put forward notifications where they encounter a potential victim of modern slavery.

Resources available on CVS website – Links in Appendices

Signs and indicators

There may be signs of physical or psychological abuse, victims may look malnourished or unkempt, or appear withdrawn. Victims may rarely be allowed to travel on their own, seem under the control, influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work. They may be living in dirty, cramped or overcrowded accommodation, and / or living and working at the same address. Victims may have no identification documents, have few personal possessions and always wear the same clothes day in day out. What clothes they do wear may not be suitable for their work. People may have little opportunity to move freely and may have had their travel documents retained, e.g. passports. They may be dropped off / collected for work on a regular basis either very early or late at night. Victims may avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportation, fear of violence to them or their family.

Radicalisation to terrorism

The Government through its PREVENT programme has highlighted how some adults may be vulnerable to radicalisation and involvement in terrorism. This can include the exploitation of vulnerable people and involve them in extremist activity. Radicalisation can be described as a process, by which a person to an increasing extent accepts the use of undemocratic or violent means, including terrorism, in an attempt to reach a specific political/ideological objective. Vulnerable individuals being targeted for radicalisation/recruitment into violent extremism is viewed as a safeguarding issue.

Signs and indicators

May include being in contact with extremist recruiters. Articulating support for violent extremist causes or leaders. Accessing violent extremist websites, especially those with a social networking element. Possessing violent extremist literature. Using extremist narratives to explain personal disadvantage. Justifying the use of violence to solve societal issues. Joining extremist organisations. Significant changes to appearance and/or behaviour.

Who might abuse?

Abuse of adults at risk, may be perpetrated by a wide range of people including relatives, family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers.

Incidents of abuse may be one-off or multiple and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm. Patterns of abuse vary and include:

- Serial abusing in which the perpetrator seeks out and ‘grooms’ individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;

- Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse;
- Or opportunistic abuse such as theft occurring because money or jewelry has been left lying around.

5.0 Promoting Adult Safeguarding within JSENSE

5.1 Prevention of abuse

To assist in the prevention of abuse the following factors should be considered:

- Rigorous recruitment practices (including volunteers)
- Internal guidelines for staff
- Training
- Making Safeguarding Personal and empowering service users

5.2 Safe Recruitment & Selection

We have a policy and procedure that covers all potential Trustees, paid staff and volunteers in JSENSE which ensures that all potential new staff, volunteers and trustees.

- **Complete an application form or a letter of application.** This includes: address, evidence of relevant qualifications paid work and voluntary work experience and all criminal convictions.
- **Provide two pieces of identification which confirm both identity and address.**
- **Undergo an interview** involving at least two interviewers.
- **Provide at least two references** which are followed up before a post is offered. One reference is from the last employer or an organization that has knowledge of the applicant's work.

Risk assessments will be completed where DBS disclosures identify information requiring further consideration.

Safeguarding responsibilities will be included within role descriptions and interview processes.

All new staff and volunteers must complete safeguarding induction training before working unsupervised with adults at risk where possible.”

If undertaking a regulatory activity or if the post is eligible consent **to a Disclosure and Barring Service check** (formally CRB check) and sign up to the update service and agree to JSENSE requesting an annual update.

JSENSE

- Understands that a person who is barred from working with children or vulnerable adults is breaking the law if they work or volunteer or try to work or volunteer with these groups.

- Understand that an organisation which knowingly employs someone who is barred to work with those groups will also be breaking the law.
- Understand that if our organisation dismisses a member of staff or volunteer because they have harmed a child or vulnerable adult or would have done so if they had not left, we must make referral to the Disclosure and Barring Service.
- [About - Disclosure and Barring Service - Inside Government - GOV.UK](#)

5.3 Management & Support of Paid Staff & Volunteers

JSENSE has the following items in place for managing its staff and volunteers:

- All staff and volunteers are provided with a job description (paid staff) or a role profile (volunteers) outlining their main responsibilities. This includes a requirement to comply with the Safeguarding Policy and Procedures and Code of Conduct.
- All paid staff and volunteers complete a role review at the end of their induction period before being confirmed in post. Inductions will be completed within 6 months.
- All paid staff are given supervision at least every 6 weeks by their line manager.
- All volunteers are given regular support sessions.
- JSENSE disciplinary and grievance procedures are implemented for all paid staff, which comply with the ACAS2 Code of Practice.
- All trustees, paid staff and volunteers attend regular ongoing safeguarding training appropriate to their role.
- All trustees, paid staff and volunteers must have an up to date DBS
- All trustees paid staff and volunteers receive an induction, which includes information on all the organisation's policies and procedures.

JSENSE promotes a culture where staff and volunteers feel able to raise concerns safely. Any individual who has concerns regarding poor safeguarding practice, unsafe behaviour or organisational failings should report these concerns in line with the organisation's Whistleblowing section within the JSENSE Employee Handbook. Concerns raised in good faith will be taken seriously and individuals will not be treated unfairly for raising safeguarding concerns.

5.4 Code of Conduct

We have a Code of Conduct in place for

- Trustees
- Staff and volunteers
- Online and digital safeguarding responsibilities must be followed in line with JSENSE's separate Online Safety and Digital Safeguarding policies and procedures.
- All staff, volunteers and trustees are required to comply with the JSENSE Code of Conduct and Professional Boundaries expectations."

5.5 Training

JSENSE will promote awareness of Adult Safeguarding issues, to its Trustees, Staff, Volunteers, broader membership and services users

Trustees, Staff and Volunteer, all receive Adult Safeguarding training appropriate to their role as outlined in the SSAB Competency Framework (see appendix I).

For all staff who are working or volunteering with adults at risk this requires them as a minimum to have awareness training that enables them to:

- Understand what safeguarding is and their role in Safeguarding Adults
- Recognise an adult potentially in need of safeguarding and take action
- Understand the procedures for making a safeguarding alert
- Understand dignity and respect when working with individuals
- Have knowledge of policy, procedures and legislation that supports safeguarding adult's activity

5.6 Making Safeguarding Personal

Making safeguarding personal means it should be person-led and outcome-focused. It engages the 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.

We aim to empower our service users and provide them with the information they need to make decisions into how to be safe from abuse and reduce risks.

We recognise that adults may make decisions that might be perceived as risky or unwise. Adults must be assumed to have capacity to make their own decisions and be given all practicable help before anyone treats them as not being able to make their own decisions. Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests. We need to understand and always work in line with the Mental Capacity Act 2005 (MCA). And seek support and guidance when we have concerns regarding an adult's capacity.

Where a person lacks mental capacity to make a specific decision, decisions must be made in their best interests and in accordance with the Mental Capacity Act 2005 and its statutory principles

6 Reporting procedures

Any member of staff or volunteer who becomes aware that an adult is or is at risk of, being abused or has safeguarding needs should raise the matter immediately with their supervisor /or with the designated safeguarding lead. **(Contact details for JSENSE designated leads below Section 10)**

Early sharing of information is the key to providing an effective response where there are emerging concerns. To ensure effective safeguarding arrangements no member staff or volunteer should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult.

6.1 Serious Incident Reporting:

JSENSE recognises its duty to report serious safeguarding incidents to the Charity Commission where appropriate.

Serious safeguarding concerns will be managed in accordance with the organisation's Serious Incident Reporting procedures and governance processes.

The Designated Safeguarding Lead and Trustees will consider whether a Serious Incident Report must be submitted to the Charity Commission in line with current regulatory guidance.”

JSENSE will

- Inform the adult of the action we propose to take.
- Seek their agreement for any referral.
- Ensure that they are kept informed about what will happen next, so they can be reassured about what to expect.
- Endeavour to ensure that they are safe and supported before proceeding with any other action.
- Inform the adult if JSENSE are planning to seek advice from or report concerns to an external agency.

In most situations there will not be an immediate threat and the decision about protecting the person with safeguarding needs will be taken in consultation with themselves and/or Social Services.

6.2 Allegations against Staff, Volunteers or Trustees

Any allegation or concern regarding the behaviour of a staff member, volunteer or trustee towards an adult at risk must be taken seriously.

Concerns must be reported immediately to the Designated Safeguarding Lead.

If the concern relates to the Designated Safeguarding Lead, the concern must be reported directly to the Chair of Trustees.

JSENSE may:

- Refer concerns to Adult Social Care
- Refer concerns to the Police
- Seek advice from the Local Authority Safeguarding Team
- Make referrals to the Disclosure and Barring Service (DBS)
- Consider disciplinary action in line with organisational procedures

The safety and wellbeing of the adult at risk will remain the primary consideration throughout

Worried about an adult in Salford

If you believe or suspect an adult at risk is being abused, it is vital you alert the authorities. Please ring:

Adult Social Care Contact Centre on **0161 206 0604** (Monday to Friday 8.00am to 6.00pm)
Out of hours call **0161 794 8888** (6:00pm to 8.00am weekdays and 24 hours over weekends and bank holidays)
You can also email: worriedaboutanadult@salford.gov.uk

Professionals should complete the SG1 form on the [secure uploads page](#).

Call 999 in a medical emergency or where you believe a serious criminal act has taken place.

Inform the emergency services that you consider this to be a Safeguarding Adult concern

Adult Safeguarding Procedures link if you have concerns about an adult at risk:

<https://safeguardingadults.salford.gov.uk/worried-about-an-adult/>

8 Recording

Whenever there is a safeguarding concern raised by a member of staff or volunteer at JSENSE a written record should be compiled. This must include details of the person involved, the nature of the concern and the actions taken.

The recordings must be signed and dated. All records must be securely and confidentially filed and Safeguarding Leads informed. [See appendix 4 and 5 for more detail.](#)

Safeguarding information sharing and confidentiality must be managed in accordance with JSENSE Data Protection, Confidentiality and Information Sharing policies.

Safeguarding records must be securely stored and retained in accordance with JSENSE Data Retention and GDPR procedures.

9 Designated Lead

We are committed to reviewing our policy and good practice annually

This policy was last reviewed **11 October 2023**

Approved by **JSENSE** Board of Trustees: **Insert Date**

Date for Review: **October 2024**

Signed.....

Designated Safeguarding Leads for JSENSE

Adult Leads:

Sam Salomon

sam.salomon@hotmail.co.uk
TBA

Child Lead:

TBA

Appendices

Appendix One – Legislation and Guidance

Chapter Fourteen of the Care Act 2014. Care and Support Statutory Guidance

[Safeguarding - Care and support statutory guidance - Guidance - GOV.UK](#)

Safeguarding Adults Competency Framework

[SSAB_Competency_Framework__endorsed_by_the_SSAB_September_2016.PDF](#)

Adult Safeguarding Policy and Procedures for Salford

<https://safeguardingadults.salford.gov.uk/professionals/policies-and-procedures/safeguarding-policy/>

[Data Protection Act](#)

[Guide to GDPR](#)

[Human Rights Act](#)

[Mental Capacity Act](#)

<https://www.scie.org.uk/mca/introduction/mental-capacity-act-2005-at-a-glance>

Appendix Two – Types of Abuse Further reading and resources

Self-Neglect

Salford Self – neglect policy and procedures

<https://safeguardingadults.salford.gov.uk/professionals/policies-and-procedures/self-neglect/>

Case study relating to Self-Neglect

<https://safeguardingadults.salford.gov.uk/media/1069/mary-7mb.pdf>

Case Study relating to Self-Neglect – Andy

<https://safeguardingadults.salford.gov.uk/media/1070/andy-7mb.pdf>

Domestic Abuse

<https://safeguardingadults.salford.gov.uk/guidance-archive/domestic-abuse/>

Fact Sheet on Domestic Abuse <https://safeguardingadults.salford.gov.uk/media/1066/pt-domestic-abuse-fact-sheet-final-version-july-2020.pdf>

[7 Minute Briefing on Domestic Abuse](#)

<https://safeguardingadults.salford.gov.uk/media/1067/domestic-abuse-7-minute-briefing-final-july-2020.pdf>

Modern Day Slavery

[CVS Website](#)

_____ Duty of Notice Poster

_____ Factsheet Duty to Notify

_____ Modern Slavery Briefing

Government Website

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/328096/Modern_slavery_booklet_v12_WEB_2_.pdf

Female Genital Mutilation

[7 Minute Briefing](#)

<https://safeguardingadults.salford.gov.uk/media/1075/fgm-7-minute-briefing.pdf>

Mental Capacity Act

Conviction of Care Home staff under Mental Capacity Act

<https://safeguardingadults.salford.gov.uk/media/1071/7-min-briefing-mca-prosecution-final.pdf>

Appendix Three – Related Policies

JSENSE Policies Linked to this Policy

The following policies are also linked to the Safeguarding Children policies and procedures for **JSENSE**

JSENSE EMPLOYEE HANDBOOK

CHILDRENS SAFEGUARDING POLICY

Appendix Four - Incident report form

This form will be used by members of staff or volunteers to record disclosures or suspicions of abuse. The completed form should be sent to one of the Safeguarding Leads.

Your name	Your position/Role
	Contact phone number
The child's/adult's details	
Name	
Address/phone number	
Date of birth (if possible)	
Other relevant details about the child/adult: <i>Eg family circumstances, physical and mental health, any communication difficulties.</i>	
Parent/guardian/carers details	
Details of the allegations/suspensions	
Are you recording: • Disclosure made directly to you by the child/adult? • Disclosure or suspicions from a third party? • Your suspicions or concerns?	
Date and time of disclosure	
Date and time of incident	
Details of the allegation/suspensions. <i>State exactly what you were told/observed and what was said. Use the persons own words as much as possible (please use back of form if needed)</i>	
Action taken so far:	
Signed	Date

Appendix 5 - Safeguarding Flow Chart

