

# Safeguarding Protocol for TillVAS

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- In an emergency, if someone's safety is under immediate threat, dial 999 and then report to the Safeguarding Officer
- Using the attached form, any concern to be reported as soon as possible to the named Safeguarding Officer who will advise and liaise as necessary.
- A full report of any alleged incidents will be recorded and investigated. The appropriate authority will be notified.
- All incidents will be reported via Onecall by the Safeguarding officer as soon as possible.  
Onecall telephone: 01670 536 400  
Email: [onecall@northumbria.nhs.uk](mailto:onecall@northumbria.nhs.uk)

## **The main types of abuse are:**

Physical - hitting, slapping, pushing, kicking, restraint, or inappropriate sanctions.

Sexual - including rape and sexual assault.

Psychological - including emotional abuse, threats of harm, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse.

Financial or material abuse- including theft, fraud, exploitation, or the misuse or misappropriation of property.

Discriminatory abuse- including racist, sexist, that based on a person's disability, age or sexuality and other forms of harassment, slurs or similar treatment.

**Initial Cause for Concern Form**

Section 1. To be completed by the person making or receiving a disclosure of abuse.

Date of incident:

Time of incident:

Location of incident:

Name of child or adult who has allegedly been abused:

Name of complainant if different from above:

Names of any others present who witnessed the alleged abuse:

Age of child or adult who has allegedly been abused (if known):

Address of child or adult who has allegedly been abused (if known):

Description of your concern:

Description of the nature of the alleged abuse:

Description of action taken:

Observations to support your cause for concern:

Description of any observed injuries, visible marks, bruising etc:

Name of alleged abuser, relationship with child or adult at risk (if known)

Signature of person completing the form:.....

Date:.....

**Once complete this form must be given to the named Safeguarding Officer within 24 hours.**

Section 2. To be completed by TillVAS Safeguarding Officer.

Date and time the Initial Cause for Concern form was received:

Date and time the alleged incident was reported to the appropriate authority:

Authority incident was reported to:

Name and position of person to whom the matter was reported:

Date the written report was sent to the relevant local social services department/ authority :

Signature of Safeguarding Officer:.....

Date:.....