

Safeguarding Protocol for TILVAS

Safeguarding officers: Sue Shaw suecochranshaw@gmail.com

- 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

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:.....