

# Safeguarding Policy

<b>Reference:</b> CLo21/3	<b>Version:</b> 3	<b>Status:</b> Current
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<b>Type:</b> Clinical
<b>Policy applies to (area):</b> All staff of Allied Health Professionals Suffolk

<b>Policy applies to (staff groups):</b> All Staff Groups
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**Required compliance:** All staff to read and follow the guidelines contained herein, in consultation with their line-manager or other appropriate reviewer

<b>Owner:</b>	CEO
<b>Author:</b>	Safeguarding Lead
<b>Other contact:</b>	N/A
<b>Previous version dated:</b>	October 2022
<b>Date reviewed:</b>	June 2024
<b>Next review date:</b>	June 2026
<b>Location of electronic master</b>	AHPS Intranet/Sharestor

**AGREED POLICY REVIEW / RATIFICATION / ADOPTION PATH:**

<p><b>Level 1:</b></p> <p>Executive Team</p> <p>Date Agreed: 15/10/24</p>	<p><b>Level 2:</b></p> <p>Quality &amp; Safety Committee</p> <p>Date Agreed: 16/10/24</p>
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## STATEMENT OF OVERARCHING PRINCIPLES

All Policies, Procedures and Guidelines of Allied Health Professionals Suffolk (AHP Suffolk) are formulated to comply with the overarching requirements of legislation, policies or other standards related to equality and diversity.

### 1 Introduction

- 1.1 In line with the principles of Suffolk Safeguarding Partnership this policy will enable AHP Suffolk to demonstrate its commitment to keeping vulnerable adults and children safe. AHP Suffolk acknowledges its duty to act appropriately to any allegations, reports or suspicions of abuse.
- 1.2 The policy and procedures apply to all staff and volunteers. AHP Suffolk will ensure that it has made all patients and contract partners aware of its safeguarding policy.
- 1.3 AHP Suffolk will provide all staff, patients and contract partners with access to this policy and where appropriate ensure it is understood. AHP Suffolk will explain the reporting process should they be concerned about a patient or member of staff.

### 2 Policy Statement

- 2.1 The policy and procedures are in place in order for staff to understand their obligations towards vulnerable adults and children, and are aware of the actions they should take should a concern arise in order to help keep those at risk, safe. This will enable AHP Suffolk to:
  - 2.1.1 Promote good practice and work in a way that can prevent harm and abuse occurring.
  - 2.1.2 Ensure that any allegations of abuse or suspicions are dealt with appropriately, timely, and the person experiencing abuse is supported.

### 3 Definitions

- 3.1 The policy and procedures relate to both the safeguarding of adults at risk and to children.
- 3.2 In this Policy:-

Adults	means adults at risk are defined in the Care Act 2014 as individuals aged over 18 who: <ul style="list-style-type: none"><li>• "Have needs for care and support (whether or not the Local Authority is meeting any of those needs).</li><li>• Is experiencing, or at risk of, abuse, neglect or exploitation</li><li>• People who may be considered to be vulnerable may also include people encountering domestic violence, substance misusers and those vulnerable to radicalisation and modern slavery</li><li>•</li></ul>
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	<ul style="list-style-type: none"> <li>As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.</li> </ul>
Children	<p>Means a child is defined in the Children Act 1989 as:</p> <ul style="list-style-type: none"> <li>“anyone who has not yet reached their 18th birthday even if they are living independently, are a member of the armed forces or are in hospital.”</li> </ul>
Staff	Includes: all staff employed by AHP-Suffolk, current student and apprentices on placement, work experience students, rotational staff from partner organisations, individuals being supported on return to work placements, volunteers
Designated safeguarding lead (DSL)	The DSL has the authority within AHP-Suffolk to commit resources to safeguarding actions and issues. The DSL is required to support and direct staff on safeguarding matters.
MASH	<b>Multi-Agency Safeguarding Hubs (MASH)</b> in the United Kingdom are co-operative arrangements formed between numerous safeguarding focused organisations, with the aim of close collaborative working to put the victim at the heart of all decisions whilst removing to as great an extent as possible any inter-agency rivalries or politics
MARF	Multi-Agency Referral Form; Child Safeguarding concern

#### 4 Responsibilities of AHP Suffolk

- 4.1.1 AHP Suffolk will work to:
- 4.1.2 Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs and children.
- 4.1.3 Promote the wellbeing of any adults and children at risk in safeguarding arrangements.
- 4.1.4 Safeguard adults in a way that supports them in making choices and having control about how they want to live.
- 4.1.5 Promote an approach that concentrates on improving life for the adults and children concerned.
- 4.1.6 Raise awareness of safeguarding to ensure that everyone can play their part in preventing, identifying and responding to abuse and neglect.
- 4.1.7 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 or child.

- 4.1.8 Address what caused any abuse or neglect where appropriate if it occurred on AHP Suffolk property or in an AHP Suffolk workplace/office.
  - a) AHP Suffolk will:
    - 4.1.9 Ensure that all staff are familiar with this policy and associated procedures.
    - 4.1.10 Work within the frameworks of all appropriate and relevant safeguarding agencies reflecting AHP-Suffolks geographical presence.
      - a) For Suffolk Patients (Adults and Children) through "Suffolk Safeguarding Partnership": <https://suffolksp.org.uk/>
    - 4.1.11 Act within its confidentiality policy and will usually gain permission from adult clients before sharing information about them with another agency. The safeguarding of a child or an adult who is at risk or if a crime has been committed will override any need for consent (If a child has disclosed or if AHP Suffolk staff have concerns about a child, and the Designated Safeguarding Lead judges that a referral to Social Care is needed, they will inform the child that they need to tell someone else but will not need to gain consent).
    - 4.1.12 **Make a safeguarding referral if there is an immediate danger or the child/adult is at risk of harm. Please refer to regional contact list below. Remember, in an emergency always call 999. Contact details for regional safeguarding teams can be found at Appendix 1**
    - 4.1.13 Ensure that staff and volunteers are aware of their responsibilities to attend training and support staff in accessing training.
    - 4.1.14 Endeavour to keep up to date with national developments relating to preventing abuse and welfare of adults and children.
    - 4.1.15 Have an appropriately trained Designated Safeguarding Lead and Deputy safeguarding lead and ensures that both the Designated Safeguarding Lead and deputy safeguarding lead understands their responsibility to refer incidents of abuse to the relevant statutory agencies (Police/Social Care) and are appropriately recorded.
    - 4.1.16 Respond appropriately when abuse has or is suspected to have occurred.
    - 4.1.17 Understand how diversity, beliefs and values of people who use services may influence the identification, prevention and response to safeguarding concerns.
    - 4.1.18 Ensure that all employees who come into contact with vulnerable adults and any children, have a DBS check in line with the requirements of the Independent Safeguarding Authority Vetting and Barring Scheme.
    - 4.1.19 Responsibilities of AHP Suffolk Staff
      - 4.1.20 To follow the safeguarding policy and procedures at all times, particularly if concerns arise about the safety or welfare of an adult at risk or a child.
      - 4.1.21 To participate in safeguarding training and maintain current working knowledge of safeguarding.

- 4.1.22 Always discuss any concerns about the welfare of any adult or child with their line manager. If the line manager is unavailable, staff and volunteers must go direct to the Designated Safeguarding Lead.
- 4.1.23 Work collaboratively with other agencies to safeguard and protect the welfare of people who use AHP Suffolk services.
- 4.1.24 Remain alert at all times to the possibility of abuse.
- 4.1.25 Recognise the impact that diversity, beliefs and values of people who use services can have.

## 5 Recognising the Signs and Symptoms of Abuse

- 5.1.1 AHP Suffolk is committed to ensuring that all AHP Suffolk staff undertake training to gain a basic awareness of the signs and symptoms of abuse. Abuse and neglect can take many forms and AHP Suffolk will always consider the circumstances of an individual case.

### 5.2 Abuse in adults includes:

- 5.2.1 **Discriminatory:** Including forms of harassment, bullying, slurs, isolation, neglect, denial of access to services or similar treatment; because of Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. These protected characteristics are as detailed in the Equality Act 2010. Discrimination includes racism, sexism, ageism, homophobia or any other form of hate incident or crime.
- 5.2.2 **Domestic Abuse or Violence:** Including an incident of 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, financial abuse; so, called 'honour' based violence, forced marriage or Female Genital Mutilation (FGM).
- 5.2.3 **Financial or Material:** Including theft, fraud, internet scamming, exploitation, 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.
- 5.2.4 **Modern Slavery:** Modern Slavery is defined in the Modern Slavery Act (2015). 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.
- 5.2.5 **Neglect and acts of Omission:** Includes ignoring medical, emotional or physical care needs, failure to access appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- 5.2.6 **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 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.

- 5.2.7 **Physical:** Including assault, hitting, slapping, pushing, burning, misuse of medication, restraint or inappropriate physical sanctions.
- 5.2.8 **Psychological (sometimes referred to as emotional):** Including threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyberbullying, isolation or unreasonable and unjustified withdrawal of services or support networks.
- 5.2.9 **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' (e.g. 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.
- 5.2.10 **Self-neglect:** Includes a person neglecting to care for their personal hygiene, health or surroundings or an ability 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.
- 5.2.11 Vulnerability to radicalisation: Safeguarding those who are vulnerable or at risk to radicalisation (please refer to Prevent guidance)

### 5.3 Abuse in children includes:

- 5.3.1 **Physical abuse:** a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating 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.
- 5.3.2 **Emotional abuse:** the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.
- 5.3.3 **Sexual abuse:** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.
- 5.3.4 **Neglect:** 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. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
- 5.3.5 It is important to be aware of more specific types of abuse and exploitation that fall within these categories. They are child exploitation, cyberbullying and online abuse,

criminal exploitation, County Lines, trafficking, modern slavery, domestic abuse, FGM, honour-based abuse, grooming, missing. Any suspected FGM for those under 18 shall be reported directly to the police via 101 number.

- 5.4 Abuse may be carried out deliberately or unknowingly. Abuse may be a single act or repeated acts. People who behave abusively come from all backgrounds and walks of life. They may be people in positions of trust; they may also be relatives, friends, neighbours, or people who use the same services as the person experiencing abuse.

## **6 Designated Named Person for Safeguarding**

- 6.1 AHP Suffolk has an appointed Designated Safeguarding Lead(s) who is (are) responsible for leading safeguarding in the organisation. In their absence, a deputy will be available for staff to consult with.
- 6.2 The roles and responsibilities of the Designated Safeguarding Lead (s) are to:
- 6.2.1 Ensure that all staff and volunteers are aware of what they should do and who they should go to if they have concerns that an adult or child at risk may be experiencing or has experienced abuse or neglect.
  - 6.2.2 Ensure that concerns are acted on, clearly recorded and referred to the appropriate agency or specifically Suffolk Safeguarding Partnership (Norfolk Safeguarding Adults Board or Norfolk Safeguarding Children Partnership for Norfolk patients) and/or the allocated social worker where necessary.
  - 6.2.3 Ensures that all staff who have acted upon concerns record the events thoroughly using the AHP-S safeguarding process.
  - 6.2.4 Follow up any safeguarding referrals and ensure the issues have been addressed. The outcome from safeguarding concerns can be addressed to [ahpsuffolk.safeguarding@nhs.net](mailto:ahpsuffolk.safeguarding@nhs.net)
  - 6.2.5 Manage and have oversight over individual complex cases involving allegations against an employee or volunteer.
  - 6.2.6 Consider any recommendations from the safeguarding process.
  - 6.2.7 Reinforce the need for confidentiality and to ensure that staff and volunteers are adhering to good practice with regard to confidentiality and security.
  - 6.2.8 Ensure that staff and volunteers working directly with anyone who have experienced abuse, or who are experiencing abuse, are well supported and receive appropriate supervision.
  - 6.2.9 Ensure staff and volunteers are given support and afforded protection, if necessary, under the Public Interest Disclosure Act 1998; 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. All staff and volunteers should receive a basic safeguarding training at a level according to their role. This should be refreshed as a minimum every three years.



## **7 Training**

- 7.1 All staff and volunteers must receive safeguarding children and safeguarding adults training at a level according to their role. This should be refreshed yearly.

## **8 Responding to Service Users who have Experienced or are Experiencing Abuse**

- 8.1 AHP Suffolk recognises that it has a duty to act on reports, or suspicions of abuse or neglect. It also acknowledges that taking action in cases of abuse or neglect is never easy.

- 8.2 It is not the responsibility of anyone working for AHP Suffolk, in a paid or unpaid capacity to decide whether or not abuse has taken place. However, there is a responsibility to act on any concerns by promptly reporting these to the line manager and Designated Safeguarding Lead.

- 8.3 Allied Health Professionals Suffolk will assure all staff/volunteers that it will fully support and protect anyone, who in good faith reports their concern that a colleague is, or may be, abusing an adult or child.

- 8.4 Where there is a complaint against a member of staff there may be three types of investigation:

- a) a criminal investigation
- b) an adult safeguarding investigation
- c) a disciplinary or misconduct investigation.

- 8.5 The results of the police and adult safeguarding investigation may well influence and inform the disciplinary investigation, but all available information will be used to reach a decision in accordance with Allied Health Professionals Suffolk policies.

- 8.6 Responding if AHP Suffolk receives an allegation:

8.6.1 Reassure the person concerned.

8.6.2 Listen to what they are saying

8.6.3 Record what you have been told/witnessed as soon as possible.

8.6.4 Remain calm and do not show shock or disbelief.

8.6.5 Tell them that the information will be treated seriously.

8.6.6 Ask questions to ensure you gather the full facts but do not start to investigate or ask detailed or probing questions.

8.6.7 Use the vulnerable adult/child's own words where possible.

8.6.8 Do not promise to keep it a secret.

8.6.9 Tell the child or vulnerable adult what you are going to do next and explain that you will need to get help to keep them safe.

- 8.7 If you witness abuse or abuse has just taken place, the priorities will be:

8.7.1 To call an ambulance if required.

- 8.7.2 To call the police if a crime has been committed.
- 8.7.3 To preserve evidence.
- 8.7.4 To keep yourself and others safe.
- 8.7.5 To inform the Designated Safeguarding Lead.
- 8.7.6 To record what happened in the agreed place/file/log.

Allegations made against a member of staff 9.1 If a member of staff has information which suggests a member of staff has:

- a) Behaved in a way that has harmed or may have harmed a vulnerable adult/child.
  - b) Possibly committed a criminal offence against, or related to, a vulnerable adult/child.
  - c) Behaved towards a vulnerable adult/child in a way that has indicated they are unsuitable to work with vulnerable adults/children.
- 8.7.7 The member of staff should immediately report this to their line manager or Designated Safeguarding Lead, in line with the AHP Suffolk Speaking up policy.
- 8.7.8 If appropriate, the Designated Safeguarding Lead (s) will consult with/make a referral to the LADO (Local Authority Designated Officer) or appropriate other body. Follow the procedures for LADO referrals on the Suffolk Safeguarding Partnership website. LADOs can be contacted by e mail on [LADO@suffolk.gov.uk](mailto:LADO@suffolk.gov.uk) or by using the LADO central telephone number: 0300 123 2044.
- 8.7.9 If the allegation is made about the Designated Safeguarding Lead (s), staff must inform the CEO of AHP Suffolk directly.

## **9 Recording and Managing Confidential Information**

- 9.1 AHP Suffolk is committed to maintaining confidentiality wherever possible and information regarding safeguarding issues should be shared only with those who need to know. For further information, please see AHP Suffolk's Confidentiality and Data Protection Policies.
- 9.2 All allegations/concerns should be recorded in the safeguarding log via the [ahpsuffolk.safeguarding@nhs.net](mailto:ahpsuffolk.safeguarding@nhs.net) email address Safeguarding concerns or allegations pertaining to staff shall be stored in a separate safeguarding log viewable to the DSL, CEO and executive assistant only. The information should be factual and not based on opinions. Record what the person tells you, what you have seen and names of witnesses if appropriate.
- 9.3 The information that is recorded will be kept secure and will comply with AHP Suffolk's Records Management and Data Quality Protocol.

## **10 Reporting a Concern/Making a Referral**

- 10.1 Please dial 999 if the person is in immediate danger
- 10.2 Suffolk:

- 10.2.1 To discuss whether or not a referral is required, call the Professional Consultation Line on 0345 6061499 to speak with a MASH (Multi Agency Safeguarding Hub) social worker. The MASH social worker will advise you on the next steps you must take.
  - a) If you have a concern about a child or a young person, you will need to complete and submit a Multi-Agency Referral Form (MARF) using the secure Suffolk Children and Young People's Portal at: <https://suffolksp.org.uk/concerned/>.
  - b) If you have a concern about an adult and wish to make a safeguarding referral you will need to use the Suffolk County Council Adult Care Portal. The first time you complete a form you will be asked to create a new portal account. It's quick and easy to register for an account and means the information you send to us is secure at: <https://suffolksp.org.uk/concerned/>
  - c) Once a concern has been reported to the appropriate agency an email detailing the incident should be sent to [ahpsuffolk.safeguarding@nhs.net](mailto:ahpsuffolk.safeguarding@nhs.net) (Appendix 2)
- 10.3 For any Safeguarding concerns outside Suffolk or Norfolk, please see the relevant local authority Safeguarding guidance. Essex and Cambridge & Peterborough links are available in Section 11.

## **11 Quick Links**

- 11.1 Suffolk Safeguarding Partnership: <https://suffolksp.org.uk/>
- 11.2 Norfolk Safeguarding Adults Board: <https://www.norfolksafeguardingadultsboard.info/>
- 11.3 Norfolk Safeguarding Children Partnership: <https://www.norfolkscb.org/>
- 11.4 Essex Safeguarding Adults Board: <https://www.essexsab.org.uk/>
- 11.5 Essex Safeguarding Children Board: <https://www.escb.co.uk/>
- 11.6 Cambridge & Peterborough Safeguarding Partnership Board: <https://www.safeguardingcambspeterborough.org.uk/>

## **12 Deprivation of Liberty (DoL) Safeguards**

- 12.1 Some people who are in hospital or residential care are unable to make their own decisions about their care or treatment because they lack the mental capacity to do so. These people need more care and protection than others to ensure they are safe. Having mental capacity means being able to understand and retain information and to make a decision based on that information.
- 12.2 Sometimes, caring for and treating people who need extra protection may mean restricting their freedom; for instance, it might be necessary to stop a person leaving the hospital. If there are restrictions like this, it may be considered that the person is being deprived of their liberty. A deprivation of liberty must always be in the person's best interest and for the minimum possible time.
- 12.3 AHP Suffolk does not deliver care to hospital or care home residents within its current service specifications but staff may interact with or be made aware of DoL safeguarding

related issues when managing the care of those who lack capacity. It is essential that capacity is considered in relation to duty of care related to the Mental Capacity Act 2005 which is referenced within the AHP Suffolk Consent Policy.

### **13 Cross Reference to Other Policies**

- All AHPS Data Protection Policies
- Information Governance Policy
- Confidentiality Policy
- Consent Policy
- PREVENT guidance

### **14 Communication and Review**

- 14.1 This Policy shall be communicated to all staff via the Companys digital storage facility (Sharestor)
- 14.2 This Policy shall be reviewed biennially or sooner as required.

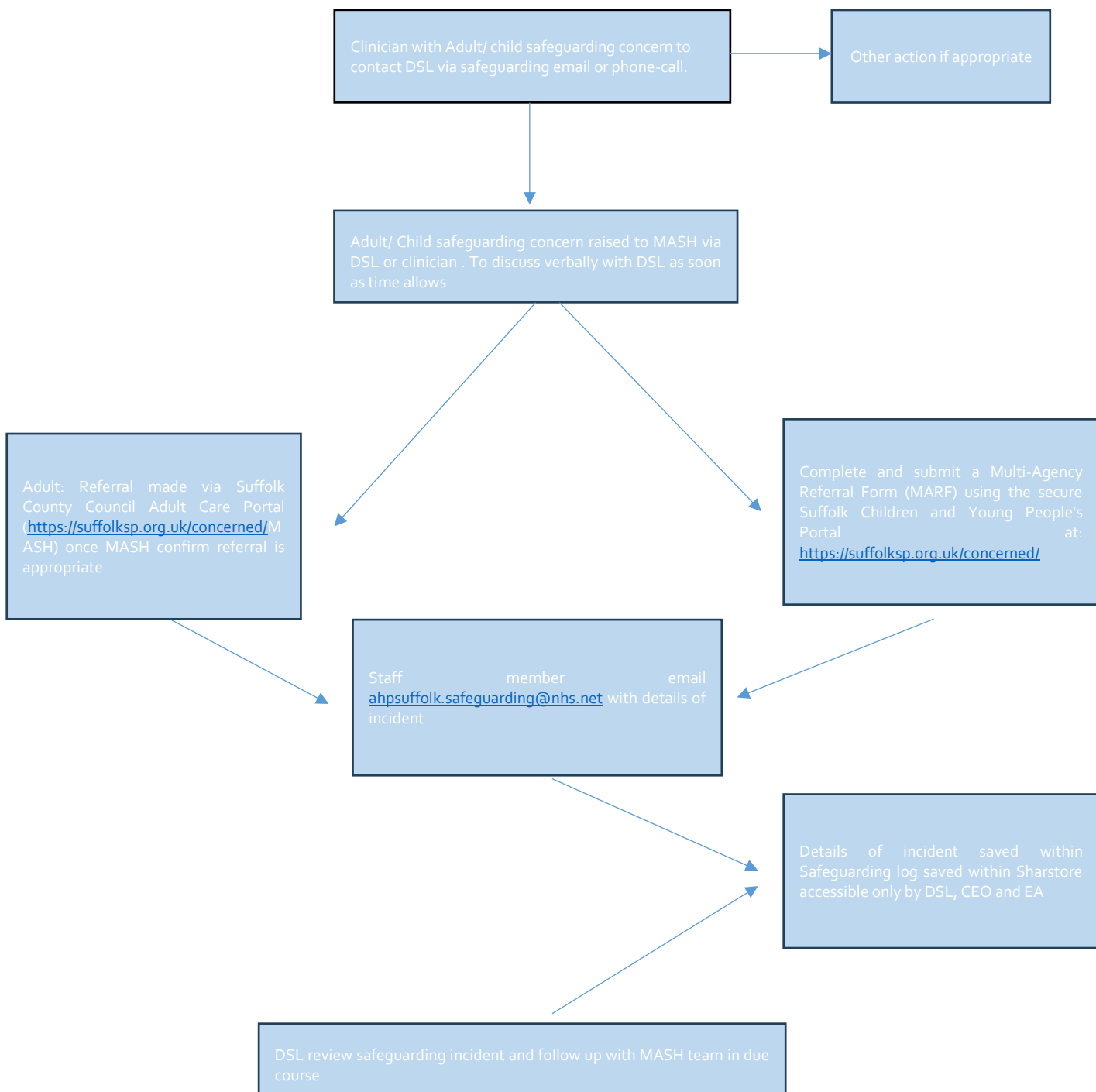
### **15 Waivers**

- 15.1 Where someone is aware of circumstances that would cause non-compliance with this policy, they must contact the Policy Owner.
- 15.2 The owner will review the situation with the manager responsible for the area to determine if compliance can be achieved immediately or whether there has to be some longer-term action to resolve the situation. In the latter case the Policy Owner will issue a waiver that will specify the agreed period of non-compliance and will include an agreed action plan, with an implementation date, to achieve compliance.
- 15.3 The waiver will be attached to the electronic master copy of the policy. The Policy Register will be updated to show the existence of a waiver against this Policy.
- 15.4 The Policy Owner will monitor current waivers and will report instances of failure to meet the agreed action plan to the Company Chief Executive Officer.
- 15.5 There are currently no waivers in respect of this Policy.

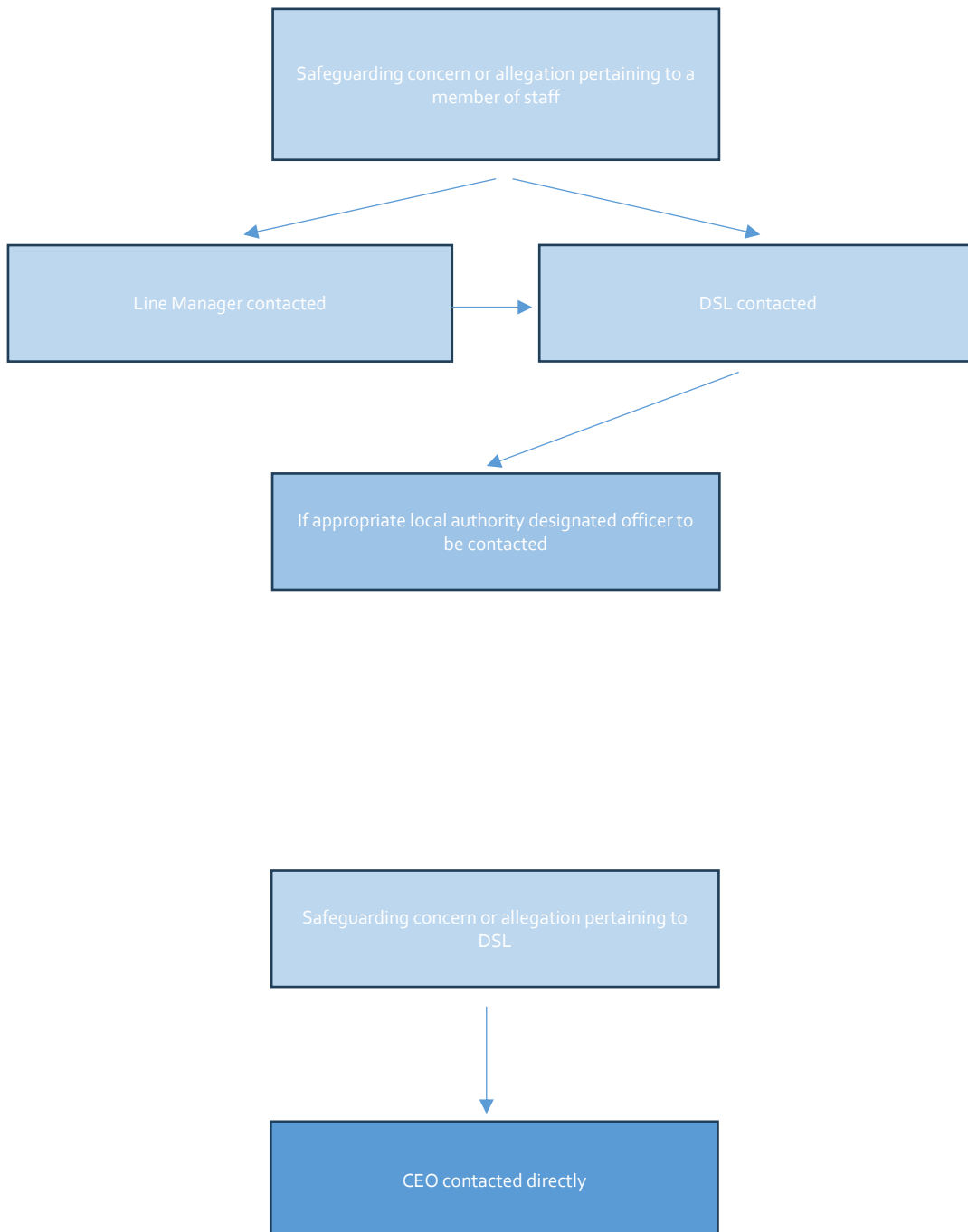
## Appendix 1: Regional Safeguarding Teams

<p><b>Suffolk (Customer First, Suffolk Social Services):</b> Call: 0800 917 1109 (<a href="https://infolink.suffolk.gov.uk/kb5/suffolk/infolink/advice.page?id=NYF1z17NuJU">https://infolink.suffolk.gov.uk/kb5/suffolk/infolink/advice.page?id=NYF1z17NuJU</a>)</p>
<p><b>Norfolk Child:</b> Call: 0344 800 8021 (<a href="https://norfolkscb.org/about/policies-procedures/3-1-referrals/">https://norfolkscb.org/about/policies-procedures/3-1-referrals/</a>)</p> <p><b>Norfolk Adult:</b> Call: 0344 800 8020 (<a href="https://www.norfolk.gov.uk/care-support-and-health/protecting-someone-from-harm/help-an-adult-at-risk-of-harm/report-a-concern">https://www.norfolk.gov.uk/care-support-and-health/protecting-someone-from-harm/help-an-adult-at-risk-of-harm/report-a-concern</a>)</p>
<p><b>Essex Child:</b> Call: 0345 603 7627 (requesting "priority line") (<a href="https://www.escb.co.uk/working-with-children/concerns-about-the-welfare-of-a-child/">https://www.escb.co.uk/working-with-children/concerns-about-the-welfare-of-a-child/</a>)</p> <p><b>Essex Adult:</b> Call: 0345 603 7630 (<a href="https://www.essexsab.org.uk/">https://www.essexsab.org.uk/</a>)</p>
<p><b>Cambridgeshire Child:</b> Call: 0345 045 5203 (<a href="https://safeguardingcambspeterborough.org.uk/concerned/">https://safeguardingcambspeterborough.org.uk/concerned/</a>)</p> <p><b>Cambridgeshire Adult:</b> Call: 0345 045 5202 (<a href="https://safeguardingcambspeterborough.org.uk/concerned/">https://safeguardingcambspeterborough.org.uk/concerned/</a>)</p>
<p><b>Enfield Child:</b> Call: 020 8379 555 (<a href="https://new.enfield.gov.uk/safeguardingenfield/making-a-safeguarding-referral/">https://new.enfield.gov.uk/safeguardingenfield/making-a-safeguarding-referral/</a>)</p> <p><b>Enfield Adult:</b> Call: 020 8379 3196 (<a href="https://new.enfield.gov.uk/safeguardingenfield/making-a-safeguarding-referral/">https://new.enfield.gov.uk/safeguardingenfield/making-a-safeguarding-referral/</a>)</p>

Appendix 2 Safeguarding process



Appendix 3 Process pertaining to allegations made against a member of staff or DSL



Appendix 4 Safeguarding concern email template



Safeguarding Concern Template

Date of concern	
NHS Number	
Nature of concern	
Advice from MASH/ MARF	
Actions to date	

This form must be sent to [ahpsuffolk.safeguarding@nhs.net](mailto:ahpsuffolk.safeguarding@nhs.net) immediately following completion