

Safeguarding Policy

If you require this document in another format such as large print, audio or other community language please contact the Data Protection Officer:

Phone: 01423 503080

Email: dpo@oakdalecentre.org

Oakdale's Equality Impact Statement

When following procedures on behalf of Oakdale, all staff, associate practitioners, and external agencies are expected to ensure no one person or group is disadvantaged on the grounds of race, religion or beliefs, age, sex, gender, gender reassignment, disability, sexual orientation, and/or caring responsibilities.

Policy Statement

Oakdale takes its duty of care to protect people's right to live in safety, free from abuse and neglect seriously. We are committed to the welfare of children, adults, visitors and stakeholders who either access services with us, or are associated with a client. Oakdale will promote that clients and their support network, plus other organisations work together to prevent and stop both risks and experience of abuse and neglect, whilst promoting wellbeing. We will respect clients' views, wishes, feelings and beliefs before deciding any action.

Scope

Oakdale is committed to ensuring safeguarding practices reflect statutory and regulatory responsibilities including best practice guidance. This policy is relevant to all employees, practitioners (including franchisees and consultant associates) and any other colleagues at Oakdale. This policy will detail how all colleagues should exercise and be aware of their responsibilities for safeguarding and how they should respond to concerns. All staff will be made aware of how they can report concerns, or whistleblow concerns if required. This policy will be widely promoted and failure to comply will be addressed without delay and may ultimately result in dismissal/exclusion from Oakdale.

Responsibilities

All Staff and Colleagues:

Safeguarding is everyone's responsibility, as protecting individuals from harm requires the vigilance and commitment of all those interacting with clients, and the wider community. Whether working directly with vulnerable individuals or in a supporting/administrative role, every person has a duty to recognise, report, and respond to signs of abuse, neglect, or exploitation. Oakdale fosters a collaborative approach to ensure that safeguarding is embedded in everyday practices, creating a culture of accountability and care. By staying informed about safeguarding policies, procedures, and the importance of early intervention, individuals can contribute to a safer environment where the welfare and rights of those at risk are prioritised and upheld. All staff are expected to be involved in any investigations around safeguarding concerns including those dealt with under a Human Resources (HR) process.

The Oakdale Safeguarding Governance Group:

This is a group of colleagues whose role it is to review patterns and trends around safeguarding to understand any lessons that can be learned within the organisation to learn and continuously improve. The Senior Management Team (SMT) will receive the outcomes of this review to perform their duties to oversee that appropriate practice is confirmed and action is taken. The Board will also develop and maintain a culture of managing risk effectively.

The Board of Directors has a designated **Safeguarding Champion** who takes the lead on safeguarding and promoting welfare, and whose major responsibilities include:

- Maintaining an effective Safeguarding Policy which is reviewed and updated at least annually, and ensures staff and colleagues adhere to it. The Safeguarding Policy will be updated if there are any changes in legislation and / or government guidance, as required by the Local Safeguarding Children or Adults Board or regulator, or as a result of any other significant change or event
- Ensuring swift and appropriate action is taken in the event of any disclosures, allegations, suspicions, or concerns of abuse raised at any time by any of its clients or colleagues
- Supporting and working in partnership with external agencies
- Ensuring that confidential, detailed, and accurate records of all safeguarding concerns are maintained and securely stored
- Recruiting staff in line with the Safer Recruitment and Selection Policy and establish the level of safeguarding training required for all staff and colleagues
- Ensuring that appropriate procedures for dealing with allegations of abuse made against staff are in place and ensuring staff who are the subject of an allegation have access to support. In addition, maintaining a Whistleblowing Policy with agreed procedures to support the internal whistleblower.

Human Resources (HR):

- Will be responsible for ensuring all colleagues are either provided with or already have the relevant level of safeguarding training in place to carry out their role safely and effectively
- Carry out investigations, where appropriate, should an allegation be made regarding an Oakdale staff member or colleagues.

Clinical Leads:

- Act as the primary point of contact within their division for staff and colleagues who require advice and support on serious safeguarding concerns or disclosures
- Provide clear and practical guidance to staff and colleagues, ensuring timely and appropriate action is taken in line with safeguarding policies and procedures
- Escalate significant or complex safeguarding concerns to the Safeguarding Champion (SC) when additional expertise or intervention is required
- Regularly review safeguarding considerations within the electronic case management system, ensuring that all cases with safeguarding flags are appropriately managed and documented
- Promote best practices and ensure safeguarding is integrated into case management processes, reinforcing a culture of accountability and vigilance.

Heads of Service:

- Collaborate with Clinical Lead(s) and a nominated Safeguarding Advisor within their division to consider any additional training and development needs for staff and colleagues
- Provide informed data on a quarterly basis to SMT regarding their divisional safeguarding records.

Safeguarding Advisors:

- Support staff and colleagues to further develop their confidence and competence in addressing and effectively managing safeguarding matters, and feedback to Heads of Service on any areas where additional training may be beneficial.

Definitions

Client	a person who receives an Oakdale service
Practitioner	a person who delivers a service for the Oakdale
Relevant Person	a person legally responsible for a client and who can make decisions on their behalf if required
Therapy Support	a person the client has agreed to support them
External Professional/Agency	a member of the multidisciplinary team or statutory agency
Child	anyone under the age of 18 years
Vulnerable Adult	someone who is aged 18 or over who is, or may be, in need of community services due to age, illness, or a mental or physical disability, and who is, or may be, unable to take care of himself/herself, or unable to protect himself/herself against significant harm or exploitation.

What is Abuse? (Further definitions available in Appendix C)

- Abuse is the violation of an individual's human and civil rights by any other person or persons and may consist of a single act or repeated acts
- Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. Abuse can be carried out by a person known to the child or vulnerable adult, including those with a duty of care for them, or more rarely by a stranger
- Someone may abuse or neglect a vulnerable adult or child by inflicting harm, or by failing to act to prevent harm.

Multi-agency working

In safeguarding, multi-agency working is an approach that is used in countless different scenarios as a way of taking action, reducing harm and improving the quality of life of individuals affected by things like abuse, neglect or exploitation.

Adult Safeguarding Board

These operate in each local authority area. The overall objective of the board is to enhance the quality of life of the vulnerable adults who are at risk of abuse and to progressively improve the services of those in need of protection. The board is a multi agency organisation with an independent chair. Health, Adult Social Care, Police and provider organisations all take part in the work of the board.

Safeguarding Children Board

The core objectives of the Safeguarding Children Board (SCB) is to coordinate local work to safeguard and promote the welfare of children and to ensure the effectiveness of what the member organisations do individually and together.

Both boards operate in each local authority area and conduct Safeguarding Serious Case Reviews when requested and the learning is shared amongst providers for us to learn and improve.

Aims and General Principles

The Care Act (2014) outlines six key principles that underpin all safeguarding work as follows:

1. **Empowerment** - of people to make their own decisions
2. **Prevention** - take actions before harm occurs
3. **Proportionality** - least intrusive response appropriate to the risk presented
4. **Protection** - support and representation for those with the greatest need
5. **Partnership** - local solution through working together with communities
6. **Accountability and transparency** - requiring agencies to be clear about roles, decisions, and actions, ensuring they are justified and communicated effectively

Oakdale has three key aims in relation to safeguarding:

1. **Prevent or reduce harm** wherever possible,
2. **Make safeguarding personal**; ask, listen, offer choice, work together so a person can control their own life,
3. **Raise awareness** of the importance of safeguarding so we can prevent, identify and respond.

Oakdale' Five Guiding Principles

The child/vulnerable adult's interests are paramount, and their safety and welfare will always be given first priority. Our 5 guiding principles are:

1. **Listening and Taking Concerns Seriously:**
Every concern raised by a child or vulnerable adult will be listened to carefully, taken seriously, and handled with respect.
2. **Transparency and Confidentiality:**
The limits of confidentiality will be clearly explained at the outset, with privacy protected except where necessary to safeguard the individual's welfare.
3. **Cultural Sensitivity and Individual Needs:**
While respecting family relationships, religion, culture, disability, and language needs, the safety and welfare of the child or vulnerable adult will always take precedence.
4. **Clear and Accessible Communication:**
Communication will be adapted to each individual's age, culture, and language, using plain, jargon-free language and providing assistance where needed.
5. **Collaboration and Support:**
Oakdale staff will follow local safeguarding procedures, foster strong partnerships with external authorities, and ensure access to qualified professionals for urgent case discussions and regular support.

When to Report a Safeguarding Concern

Safeguarding procedures will be enacted if a client (adult or child) tells a practitioner or staff member that they, or someone they know, are at risk of harm, including:

- They are being abused, or know of a child or vulnerable adult who is currently being abused
- They are living in fear, or we recognise the vulnerability of a situation
- They themselves are currently abusing a child or vulnerable adult, or have done so in the past
- They report a case of historical abuse (either to themselves or to another) where the abuser is still at large and in a position to abuse others. In cases of historical abuse, it's important to know if the abuse has been reported previously and has already been investigated in the past.
- They or someone they know has accessed, produced, or distributed images of child sexual abuse.

Guidance for Staff When Receiving a Disclosure

Show you care: Give your full attention, listen carefully, show compassion and provide open body language. Reassure them that what they say is taken seriously.

Take your time: Slow down, allow silences, don't interrupt, go at their pace. Remember full disclosure may take several conversations, do not pressure for details.

Show you understand: Ask open questions and reflect back and clarify the details. **Do not** ask leading questions or attempt to investigate the allegations of abuse. Use their language to make them feel heard.

Consent to share information

- Encourage and support the client to report the situation themselves. Provide reporting details and advice. Regarding a disclosure of historical abuse, explain that while the immediate risk to others may no longer exist, the information they provide could still be significant, such as for records, potential patterns of behaviour, or even potentially for closure for other victims. If a client reports the situation themselves, we will need to check this has been done.
- Where appropriate, advise the client that the information given will be shared with the department Clinical Lead for advice and support. **Do not** imply or say that you will keep information about potential or actual abuse secret.
- Explain that information sharing between organisations is essential to safeguard vulnerable adults and children at risk of abuse. We will aim to have their consent but we will explain we can override if consent is refused in particular circumstances. We will advise them if we share the information external to Oakdale. **Do not** do anything that may jeopardise a police inquiry, remembering that an allegation of abuse or neglect may lead to an investigation.

Record notes carefully and legibly within 24 hours of the disclosure on Oakdale's electronic case management system (Acorn) and include:

- date and time of the conversation and clients consent to share information
- exactly what the client said when making the disclosure, including names where appropriate and what discussion took place leading up to the disclosure
- exactly what you said in reply
- In all cases where a client makes a disclosure relating to abuse, notes which are being kept in basic form will have to be fully and clearly written in relation to the disclosure.

Report back to the client the action taken.

Information Sharing

In many cases it is only when information from a range of sources is put together that a child or vulnerable adult can be seen to be in need or at risk of harm.

There may be anxiety for practitioners about the legal or ethical restrictions on sharing information, particularly with other agencies. Practitioners should be aware of the law and should comply with their professional code of conduct or other guidance applicable to Oakdale. These rarely provide an absolute barrier to disclosure. Practitioners must be prepared to exercise their professional judgement. A failure to pass on relevant information that might prevent a tragedy could cause more harm than an unjustified disclosure.

Adults - Mental Capacity

Where an adult has the capacity to make their own decisions they have the right to make unwise choices if they have the understanding of the consequences. Although they may be vulnerable we must be clear the difference between an unwise choice and a safeguarding concern before we consider sharing their information. An adult also has the right to give or refuse consent to allow us to disclose information.

Where an adult (a client aged 16 and above) does not have the capacity to make a decision around sharing information about potential or actual harm, Oakdale must act in their best interests and follow the Consent and Mental Capacity Policy to determine if a disclosure is in their best interests, or to seek consent for a legally authorised person. A Mental Capacity Assessment Form must be completed by the practitioner in these circumstances to record any decisions made, and the form stored securely on Acorn.

Children's Competence

As with adults, children also have the right to have their histories, preferences and lifestyle listened to and to be taken into account when deciding if a disclosure is to be made to other agencies. A child aged 14 or 15 (or below if it is felt Gillick competence is present) who has the understanding and can make their own decisions is classed as Gillick Competent, and they may give or refuse consent to disclosure in their own right. Otherwise, a person with parental responsibility should consent on their behalf and must give consent where the child is under 13 or younger.

Refusal to consent to information sharing

Wherever possible staff and colleagues who receive a disclosure will explain to the person alleged to have been abused that they have a duty to report the concerns and share their information with other agencies such as the local authority to enable the concerns to be investigated and action taken. We will explain that information sharing between

organisations is essential to safeguard vulnerable adults and children at risk of abuse. We will aim to have consent but we will explain we can override if consent is refused.

We hope that the client understands our reasons to share information in these circumstances is allowed without their expressed consent if:

- Their safety is priority and they are at risk
- A court has ordered us to share information
- Other people are at risk
- Sharing would prevent a crime
- Staff are implicated
- We believe they are being coerced or are under duress.

The law recognises that disclosure of confidential information without consent or a court order may be justified in the public interest to prevent harm to others, especially regarding the protection of children and vulnerable adults. Where none of the above apply and consent to share information has been refused we do not have the right to share information. We can however put plans in place to document the risks, actions taken and ongoing monitoring of potential or actual harm.

Process and Procedure

1. Reporting Safeguarding Concerns

Staff and colleagues should determine the appropriate reporting process based on the following criteria:

- **Immediate Emergency Threat:** when there is a safeguarding concern with an immediate risk of harm, action must be taken urgently.
- **Non-Urgent Safeguarding Concerns:** when a safeguarding concern does not pose an immediate threat, follow the non-urgent reporting process.
- **Clinical Risk vs. Safeguarding:** If the concern may relate to clinical risk rather than safeguarding alone, discuss within case management or supervision first.

2. Immediate Emergency Threat

If there is an immediate safeguarding concern:

1. **Contact Emergency Services or Local Authority Safeguarding Team**
 - Call the relevant emergency services if safety is at immediate risk using the contact details in Appendix B of this policy.
 - Contact the local authority safeguarding team using the contact details in Appendix A of this policy.
2. **Ensure Safety**

- If it's unsafe for the client to return home, keep them safe until alternative arrangements are made.
- 3. Inform Key Personnel**
 - Notify the Clinical Lead immediately. If unavailable, contact the Safeguarding Advisor, Safeguarding Champion, or another manager within the team for support.
- 4. Record and Flag the Concern**
 - Document all actions, conversations, and decisions within the Risk Assessment and Safeguarding object on Acorn; specifically the Safeguarding Plan.
 - Raise the current safeguarding flag (Dark Purple Flag) on Acorn.

3. Non-Urgent Safeguarding Concerns

If there is no immediate threat:

- 1. Take Initial Action**
 - Follow safeguarding procedures as outlined in training and policy.
 - Keep accurate and timely records of actions taken.
- 2. Report Internally**
 - Notify the Clinical Lead, who may convene a meeting to:
 - Clarify details.
 - Determine actions taken and next steps.
 - Decide whether to report externally to the local authority or other agencies.
- 3. Escalate if Necessary**
 - The Clinical Lead may consult the Safeguarding Advisor or Safeguarding Champion if the concern is complex or involves Oakdale staff.
- 4. Document Thoroughly**
 - Record all actions, decisions, and safeguarding plans on Acorn.
 - Raise the appropriate safeguarding flag to indicate the status of the concern.

4. Differentiating Safeguarding from Clinical Risk

To determine whether a disclosure involves safeguarding or clinical risk:

1. Gather Information

- Collect relevant details about the client, family composition, nature of the concern, and any previous support provided.

2. Discuss the Situation

- Consult with your Clinical Lead, case manager or supervisor.
- If necessary, involve the Safeguarding Advisor for additional guidance.

3. Engage with Statutory Agencies

- Verify whether the concern is already known to statutory agencies and if action has been taken.
- Obtain the client's consent to contact their support network unless doing so poses a risk.

4. Act Swiftly

- Ensure a decision is made promptly.

Clinical Risk Management

- If the concern relates to known risks managed by statutory agencies, document the disclosure and update the relevant agencies.
- Update the client's risk assessment and record all actions on Acorn.

Safeguarding Reporting

- For unknown risks or actual abuse not covered by clinical risk, follow the safeguarding reporting process outlined above.

5. External Reporting to Local Authorities

External reporting is required when:

- Abuse is disclosed, and the perpetrator is still at large or poses a threat.
- The client discloses they are abusing someone.
- There are disclosures of access to, distribution, or production of child abuse images.

Action Steps:

1. Alert the client or family (if appropriate) and seek consent to report. Avoid this if it may put someone at risk.
2. Contact the relevant Local Authority duty team and emergency services if needed.
3. Record all communications and actions on Acorn.

6. Use of Safeguarding Flags on Acorn

Once you have completed your safeguarding entry, you must select the relevant flag on the contact page to alert others. Please see the two options below:



Historical Safeguarding Concerns (Lilac Flag) - This flag provides context about past safeguarding concerns and informs future care decisions.



Current Safeguarding Concerns (Dark Purple Flag) - This flag indicates active safeguarding concerns requiring immediate attention and ongoing monitoring.

7. Ongoing Responsibilities

- Staff and colleagues must continuously update Acorn with all safeguarding actions and communications.
- The safeguarding plan must be clear, concise, and include all actions to keep the client safe.
- Refer to the Clinical Risk Assessment and Management Policy for guidance on managing clinical risks.

For further guidance on using Acorn, please refer to Appendix D of this policy.

Safe Record Keeping

Client information and case records held by Oakdale are subject to the GDPR and Data Protection Act 2018. All records are held electronically, and securely maintained in Google Cloud storage, or on Oakdale's electronic clinical case management system (Acorn). Access to each system is highly controlled and restricted to authorised staff. The Record Keeping Policy provides an overview of how Oakdale secures data, how long data is stored, and how it is deleted.

Practitioners may also:

- have to provide copies of their notes to a court of law if they are required to do so.
- be required to contribute to reports in relation to child/vulnerable adult safeguarding cases. The Safeguarding Champion will be able to advise in such cases.

Complaints

All complaints that are received about the conduct or behaviour of Oakdale staff and colleagues will be dealt with via the Feedback, Compliments and Complaints Policy. If any complaint is identified as a potential Safeguarding concern, issue or risk then this complaint will be directed to this Safeguarding policy for action to be taken.

Available Support

Safeguarding children and vulnerable adults entails making difficult and risky professional judgements and decisions. Oakdale staff and practitioners have access to advice and support from peers, managers, supervisors, and named and designated professionals.

Effective supervision and leadership is important to promoting good standards of practice and to supporting individual staff members. Oakdale ensures:

- That staff and colleagues are fully supported and understand their roles and responsibilities
- That their practice is soundly based and consistent with all local authority safeguarding entities, as well as with our own internal procedures
- Staff have opportunities to challenge their thoughts and hypothesise in a safe space and explore grey areas of situations. This increases the likelihood that professional curiosity leads to safeguarding children and vulnerable adults.

We do this through leaders being accessible for advice and support and through formal methods such as clinical supervision, case management process, one to one welfare check-ins and team meetings.

Whistleblowing

Oakdale is committed to protecting anyone who raises concerns through our whistleblowing process, ensuring they are safeguarded from reprisals for acting in the public interest. Recognising the vital role whistleblowing plays in identifying and preventing malpractice or abuse involving children and vulnerable adults, we provide clear, practical arrangements to encourage and support individuals to voice concerns made in good faith without fear of repercussions. With a robust Whistleblowing Policy and clear procedures for handling allegations against staff, we actively promote a safe environment where staff, associates, and clients feel empowered to report any concerning behaviour.

Allegations Against a Member of Staff

Where allegations of abuse by a member of staff or associate are received, the Safeguarding Champion will be notified to assess the risk and make a decision regarding the suspension of the alleged perpetrator, pending investigation. Any suspension of staff from their duties will be without prejudice.

Oakdale will notify:

- The relevant Local Authority of the allegations
- Involve the police if and when necessary and if the local authority instructs us
- Care Quality Commission and / or OFSTED where the person was providing a client care as part of a regulated service at the time of the allegations

- If the allegations are made against a clinical practitioner, then their accrediting body would also be informed. The accrediting body may carry out its own investigation into the allegation.

The local authority and police may ask that Oakdale not investigate allegations internally until they have completed their own investigations. Oakdale staff and colleagues will be informed of this decision and progress throughout. Where a decision not to suspend an alleged perpetrator is made then a risk assessment will be carried and recorded to ensure duties are restricted and children and vulnerable adults are safe pending an investigation.

If Oakdale dismisses or removes a person from working with children or vulnerable adults (or would have if the person had not left or resigned) because of concerns over their behaviour towards children/vulnerable adults, then it is the legal duty of the Oakdale to make a referral to the Disclosure and Barring Service (DBS). The HR department will work with the Safeguarding Champion to make any such referrals and the member of staff/associate will be informed a referral has been made. The DBS is an organisation who will review the evidence and determine if the individual should be placed on a barring list preventing them working with vulnerable adults and or children in the future.

Regardless of whether an accusation is found to be justified, Oakdale recognises an allegation alone can have lasting effects on someone. The person being accused will receive support from Oakdale, and that could come in many forms, including counselling sessions, paid time off, or a temporary change in role.

Care for Children/Vulnerable Adults on Oakdale Premises

Clients who are children, and especially adopted children and vulnerable adults who lack capacity will be suitably supervised at all times when visiting Oakdale premises. Their support will be a person they have chosen and who they feel comfortable with. It may be a professional carer support or someone from their support network, such as a parent. The support may be emotional support before and after appointments or support within an appointment. A judgement about this will be made at the start of the work with the client, the practitioner and their supporter.

Where those who are supporting children and/or vulnerable adults to attend in-person appointments, do not join appointments, they are asked to remain in the building to ensure they are available for the duration of the appointment. This can be risk assessed with the practitioner to decide on whether they need to remain, or whether it is agreed and safe for them to leave the building. This is the responsibility of the practitioner.

Similarly, children and vulnerable adults sometimes visit Oakdale premises when their family members or carers are receiving support. They are required to be supervised/supported by a parent or carer at all times. They cannot be left in waiting areas on their own.

To ensure the safety of all, no one will be allowed to enter any of the premises that Oakdale uses without authorisation.

Duty of Candour

Oakdale upholds the duty of candour as a fundamental principle, ensuring openness and transparency with clients when something goes wrong in their care or support. This duty, regulated by the Care Quality Commission (CQC), reflects our commitment to honesty and accountability. A key aspect of the duty of candour is offering a sincere apology, which is not an admission of liability but a compassionate acknowledgment that things could have been better. Apologising is the first step toward learning from the incident and preventing its recurrence. In safeguarding matters, if a concern is found to have been caused by Oakdale, we will provide a clear and transparent outcome to the client or complainant, demonstrating our dedication to rectifying issues and maintaining trust.

Training

All new members of staff will receive training in safeguarding to a level which is commensurate to the level of responsibility of the role that is being performed. e.g. the organisations Safeguarding Champion will require an increased level of safeguarding knowledge to provide support and guidance to others. Associate practitioners are required to provide evidence of up-to-date training and at the appropriate level also.

Safeguarding training will not be regarded as a 'once only' activity, but as on-going development of skills and knowledge of safeguarding. As a minimum, all Oakdale employees must have completed an Oakdale approved **Level 1 Safeguarding Training**, which is confirmed within the induction process. Clinical practitioners who work directly with children or vulnerable adults and their managers are required to complete **Level 3 Safeguarding Training**. Refresher training is due every three years as a minimum. Safeguarding training will be verified and logged in the individual's personnel file.

Every year, Oakdale reviews the key safeguarding knowledge of all staff, including non-clinical staff, the Board of Directors, and practitioners, through a mandatory annual survey.

Linked Policies and Procedures

- Feedback, Compliments and Complaints Policy
- Record Keeping Policy
- Equality, Diversity and Human Rights Policy
- Data Protection Policy
- Modern Anti-Slavery Statement
- Privacy Policy
- Consent and Mental Capacity Policy
- Safer Recruitment and Selection Policy
- Workforce Development, Training and Support Policy
- Whistleblowing Policy
- Accident, Incident and Near-miss Policy
- Governance and Quality Assurance Policy

References

- Children Act 1989
- United Convention of the Rights of the Child 1991
- Sexual Offences Act 2003
- Children Act 2004
- GDPR and Data Protection Act 2018
- Protection of Freedoms Act 2012
- The ethical framework for Good Practice in Counselling and Psychotherapy (British Association for Counselling and Psychotherapy BACP)
- The Care Act 2014
- Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children 2018 in addition to the Summary of Changes published in 2023
- Working Together to Safeguard Children, HM Government, 2018, updated 2020
- Children and Social Work Act 2017
- National Minimum Standards for Adoption 2014
- Equality Act 2010
- Local Authority Social Services Act 1970
- Safeguarding Children and Young People from Sexual Exploitation 2009
- United Nations Convention on the Rights of the Child (UNCRC)
- Domestic Abuse Act 2021
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006
- Disclosure and Barring Service 2013
- Making Safeguarding Personal Guide 2014

Appendix A: Directory for Local Safeguarding Teams

(This list is not exhaustive and contains the areas we currently work in and where Oakdale has premises.)

When contacting a local Adult and Children Social Care Team or local authority, each authority is likely to have specific processes or specific person(s)/team to contact. The local authority to contact will generally coincide with the home address of the client. In some cases, where a child has moved authority, Oakdale may be advised as to which authority to communicate with, even if it is out of the area.

Calderdale

Safeguarding Vulnerable Adults Contacts:

- To report or seek advice contact gateway to care on 01422 393000.
- To alert us about adult abuse, fill in this alert form and email it to gatewaytocare@calderdale.gov.uk.
- Form can be accessed via:
<https://safeguarding.calderdale.gov.uk/report-concerns/#:~:text=I'm%20worried%20about%20an,Duty%20Team%20on%2001422%20288000>.
- To contact us out of normal working hours, call our Emergency Duty Team on 01422 288000.

Safeguarding Children and Young People:

- If you're concerned, please call the Multi Agency Screening Team (MAST) on 01422 393336 during normal working hours.
- When MAST are unavailable, you can call the Out of Hours Emergency Duty Team on 01422 288000.
- Form:
<https://safeguarding.calderdale.gov.uk/wp-content/uploads/2024/01/CSC-and-El-Referral-Form-Aug-2022.docx>
- Referral to MAST: MASTadmin@calderdale.gov.uk.
- There is also an early help pathway that can be accessed via:
<https://safeguarding.calderdale.gov.uk/report-concerns/#:~:text=I'm%20worried%20about%20an,Duty%20Team%20on%2001422%20288000>.

Leeds

Leeds Safeguarding Contacts Safeguarding Vulnerable Adults:

- <https://leedssafeguardingadults.org.uk/contact-us>
- To report abuse or seek advice, contact Adult Social Care: 0113 222 4401
- Complete the form found in the link below:
- <https://www.leeds.gov.uk/adult-social-care/professionals-referrals-and-resources/professionals-care-referrals-and-safeguarding-reports>
- And email it via egress to leedsadults@leeds.gov.uk
- Further information can be found on the Adult Social Care [website here](#)

- SignVideo BSL is also available.

Safeguarding Children and Young People:

<https://www.leadsscp.org.uk/concerned-about-a-child/practitioners>

Duty and Advice Contact Numbers for Children and Young People:

- **During office hours** (Monday, Tuesday, Thursday 9.00am-5.00pm, Wednesday 10:30am - 5pm, Friday 9am-4:30pm) call the Duty and Advice Team on 0113 376 0336 (option 2)
- **Out of office hours** (evenings, weekends and bank holidays) call the Children's Emergency Duty Team (EDT) on 0113 535 0600.
- If you think a child is in **immediate danger**, call the police on **999** out of office hours (evenings, weekends and bank holidays).
- If the child or young person is not at risk of being significantly harmed, practitioners should consider an Early Help response. See website for details:
- <https://www.leadsscp.org.uk/practitioners/working-with-families/early-help>

North Yorkshire

North Yorkshire County Council:

- If the referral is urgent and in relation to a child, contact the Customer Resolution Centre directly by telephone 0300 131 2 131 to make a telephone contact and give a verbal report. This is the same number for the out of hours duty team.
- A written referral using the NYCC universal referral form must be completed and submitted within 24hrs of the telephone call to: Social.care@northyorks.gov.uk via egress.
- It should be emailed securely or sent as a confidential document. If an acknowledgement of the contact is not received, you must follow this up to ensure that the information has been received.
- You can access the form via: <https://www.safeguardingchildren.co.uk/about-us/worried-about-a-child/>.
- If the referral is in relation to a vulnerable adult but they are not in immediate danger, the Safeguarding Officer should complete the Raising a Safeguarding Concern Form via: <https://www.northyorks.gov.uk/adult-care/safeguarding/safeguarding-vulnerable-adults>.
- Email the form securely to social.care@northyorks.gov.uk or send it as a confidential document.
- If an acknowledgement of the contact is not received, this must be followed up to ensure that the information has been received. The form should be completed in accordance with the joint Multi-Agency Safeguarding Adults Policy and Procedures which can be found at <http://safeguardingadults.co.uk/>.



Oakdale Group

Related Information

West Yorkshire, North Yorkshire and City of York Safeguarding Policy:
<https://wynyy-northyorks.trixonline.co.uk/contents/contents>

Appendix B: Oakdale Safeguarding Champion Contact and General Contacts

Safeguarding Champion Contact Details		
Title	Name	Contact Information
Safeguarding Champion and Clinical Director	Caroline Falconer	caroline.falconer@oakdalecentre.org 07878933546

General Contacts	
Emergency Services; Police, Fire, Ambulance	999
Police; Non-Emergency	101
NSPCC National Helpline	0800 800 5000 www.nspcc.org.uk help@nspcc.org.uk

Appendix C: Types of Abuse

Emotional/Psychological	→ Persistent emotional maltreatment or neglect such as to cause severe and persistent adverse effects on emotional health and development. Some level of emotional abuse is involved in all types of maltreatment, though it may occur alone.
Neglect	→ Persistent failure to meet the basic physical and/or psychological needs, likely to result in impairment of health or development.
Physical Including Female Genital Mutilation (FGM)	→ Inflicting harm or failing to prevent harm. Can be caused when a parent or carer fabricates or causes illness and symptoms. FGM is the ritual removal of some or all female external genitalia.
Sexual Including Child Sexual Exploitation	→ Forcing or enticing a child/vulnerable adult to partake in inappropriate sexual activities either in person or online. → Sexual exploitation is where sex is exchanged for attention / accommodation / gifts etc and includes grooming behaviours.
Domestic	→ Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence, or abuse between those aged 16 or over in a relationship. It can encompass the following abuses; emotional, financial, physical.
Child Criminal Exploitation and County Lines	→ Occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. Can also happen through technology. County lines is a term used to describe gangs / organised criminal networks exporting illegal drugs across county boundaries.
Modern Slavery	→ Human trafficking involves recruiting, moving, harboring, or receiving people through force, coercion, or deception for exploitation. This includes slavery, forced labour, or facilitating travel for personal or commercial gain.
Radicalisation	→ A person who has been groomed in person or online to adopt radical views in opposition to a political, social or religious status quo, with the aim of exploiting them. There is an intolerance of diversity which can lead to extremist and terrorist behaviours.
Economic or Financial	→ Unauthorised, fraudulent access to an improper use of, funds, property or any resources of the person at risk. Economic abuse is where a person has control over finances meaning the person cannot support themselves.
Discriminatory	→ Unequal treatment of, or harassment and/or deliberate exclusion of a person based on their age, disability, gender and gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religious beliefs, sex or sexual orientation. This list is not exhaustive.
Organisational	→ Mistreatment brought about by inadequate care or support, systematic poor practice in a care setting. This can be a one off incident but also repeated incidents and ongoing ill-treatment.
Forced Marriage and Honour Based Violence	→ An abuse carried out to uphold the honour of an individual, family, or community due to perceived breaches of their code of behaviour. It involves violence, threats, intimidation, coercion, or various forms of abuse, including psychological, physical, sexual, financial, or emotional.

Appendix D: Guidance for Adding a Safeguarding Entry to Acorn

Create a New Entry

1. To begin a safeguarding entry on Acorn, first go to the client's contact page and select 'New Risk Assessment and Safeguarding Entry' at the top right of the screen, pictured below:

New Risk Assessment and Safeguarding Entry

- Next, add a title that explains the reason for your entry within the 'Reason for Update' text box shown below:

Reason for Update

- 3.** You may complete any relevant information about risk in the 'Risk to Self', 'Risk to Others' and 'Risk from Others/Wider Community' sections as required under the below headings:

- ▼ Risk to Self
- ▼ Risk to others
- ▼ Risk from Others/ Wider Community

For more guidance relating to the recording of risk, please refer to Oakdale's Clinical Risk Assessment and Management Policy, available on the Oakdale Intranet.

4. Scroll down to the section named 'Safeguarding', as pictured below, which you will find underneath 'Overall Rating and Risk Management Plan':

▼ Safeguarding

If within your risk assessment there are specific actions relating to safeguarding, please note the safeguarding concerns here and what action plan you have made specifically in relation to the safeguarding concerns. If none of your risk assessment relates to safeguarding, please leave this section blank

Safeguarding Plan

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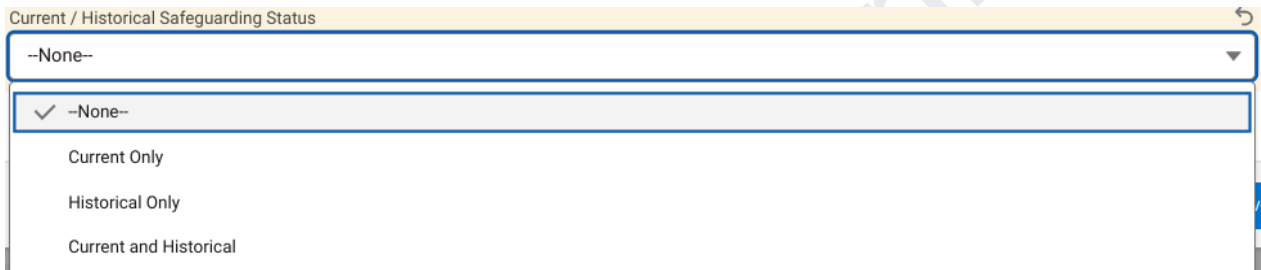
5. In the text box, record the details of the safeguarding concern(s) and the action plan you have made in relation to the safeguarding concern(s).




Safeguarding Flag(s)

Next you must raise a safeguarding flag on Acorn.

As noted in the Safeguarding Policy, there are two options of safeguarding flags, which are used to visually represent any current and/or historical safeguarding concern(s) in relation to a client. These flags will show on the client's contact page and Episodes of Care.

6. Below the 'Safeguarding Plan' text box you have just completed, you will see a drop-down list titled 'Current/Historical Safeguarding Status', as pictured below. Choose the relevant option from this drop-down list, which will then raise the corresponding flag(s).



-  **Current Only** - selecting this option will raise the dark purple 'Current Safeguarding Concern' flag, indicating that there is an active safeguarding concern requiring immediate attention and ongoing monitoring.
-  **Historical Only** - selecting this option will raise the lilac 'Historical Safeguarding Concern' flag, indicating past safeguarding concerns and helping to inform future care decisions. Please note that once raised, the historical flag will be a permanent feature. If you have raised it accidentally, please contact the IT Team; support@oakdalecentre.org.
-  **Current and Historical** - selecting this option will raise both flags.

7. Once you have made your selection from this list, click 'Save' 

Changing a Safeguarding Flag from Current to Historical

When a safeguarding concern is no longer considered to be 'current' you must:

1. Start a new entry on the contact page - refer to step 1 above should you need a reminder of how to do this.
2. Add an appropriate title in 'Reason for Update'. Refer to step 2 above should you need a reminder of how to do this.

3. In the 'Safeguarding Plan' free text box, detail the reasons that the safeguarding concern is no longer considered to be 'current' and is therefore being changed to 'historical' - refer to steps 4 and 5 above should you need a reminder of how to do this.
4. Select 'Historical only' from the drop-down options titled 'Current/Historical Safeguarding Status'. This will remove the dark purple 'current' safeguarding flag, and leave only the lilac 'historical' flag. Please refer to step 6 above should you need a reminder of how to do this.



Oakdale Group

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Authors	Caroline Falconer, Clinical Director Ella Scaife, Governance Administrator
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Next Review Date	One year from last issue or at time of significant change
Version History	
Version	Summary of Changes
Safeguarding PolicyV9_FC_January 2025	New process of contacting the Clinical Lead for support with safeguarding concerns. Removal of designated Safeguarding Officers. Introduction of historical and current safeguarding flags.
Safeguarding PolicyV8_FC_July2023	Policy formatting and updates regarding internal alert process.

Oakdale Group

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