

MANAGING SAFEGUARDING ALLEGATIONS AGAINST STAFF POLICY

Policy Folder & Policy Number	Safeguarding
Version:	V. 4.0
Ratified by:	Governing Body Meetings in Common
Date ratified:	24 th June 2021
Name of originator/author:	Designated Nurse Safeguarding Children
Name of responsible committee	Quality & Safety Committee
Date approved by Committee:	10 th June 2021
Date issued:	24 th June 2021
Review date:	30 th May 2023
Date of first issue	April 2013
Target audience:	All ICB staff, lay members and independent Contractors (including those GPs who are not directly employed by the ICB).

CONSULTATION SCHEDULE		
Name and Title of Individual	Groups consulted	Date Consulted
Heather Johnstone, Chief Nurse and Therapies Officer	Internal	23 rd August 2018
Stephanie Nightingale, Designated Nurse for Safeguarding Children	Staffordshire & Stoke-on-Trent CCGs Safeguarding Adult & Children Group	20 th May 2021

APPROVALS & RATIFICATION SCHEDULE	
Name of Committee approving Policy	Date
Quality & Safety Committees in Common	10 th June 2021
Governing Body Meetings in Common	26 th June 2021

VERSION CONTROL			
Version	Version/Description of amendments	Date	Author/amended by
1	New Policy	01.04.13	Designated Nurse Safeguarding
2	Reflects the alignment of the six CCG in Staffordshire & Stoke on Trent	14.03.19	Designated Nurse Safeguarding
3	Update current policy links following the changes in LSCB structure. Update Safeguarding Team contact details.	26.04.21	Designated Nurse Safeguarding Children
4	Updated to reflect new organisation ICB	22.06.22	Designated Nurse Safeguarding

Impact Assessments – available on request			
	Stage	Complete	Comments
Equality Impact Assessment			N/A
Quality Impact Assessment			N/A

Privacy Impact Assessment			N/A
---------------------------	--	--	-----

Contents

Section	Section Title	Page Number
1	Introduction	4
2	Definitions	5
3	Internal Procedures	6
4	Managing the Allegation	8
5	Confidentiality	11
6	Key Responsibilities: Role of the Designated Nurse Safeguarding Children (DNSC) and Designated Nurse Safeguarding Adults (DNSA)	11
7	Complaints against staff who are no longer employed by the ICB	12
8	Referral to Regulatory Bodies	12
9	Informing the Care Quality Commission	12
10	References	13
Appendices	Appendix 1 - Process Flow Chart	14
	Appendix 2 - Record Keeping Checklist	15
	Appendix 3 - Safeguarding Referral & Contact Details	16
Explanation of acronyms used in this report:		
Acronym	Explanation	
CCG	Clinical Commissioning Group	
CIC	Confidential Individual Counselling	
DBS	Disclosure and Barring Service	
DNSC	Designated Nurse Safeguarding Children	
DNSA	Designated Nurse Safeguarding Adults	
GMC	General Medical Council	
GP	General Practitioner (Independent Contractor and non-employed)	
HR	Human Resources	
ICB	Integrated Care Board	
LADO	Local Authority Designated Officer	
DASM	Designated Adult Safeguarding Manager	
LSCB	Local Safeguarding Children Board	
MAPPA	Multi-Agency Public Protection Arrangements	
MARAC	Multi-Agency Risk Assessment Conference	
MASH	Multi Agency Safeguarding Hub	
NMC	Nursing and Midwifery Council	
SI	Serious Incident	
SSCB	Staffordshire Safeguarding Children Board	
SOTSCP	Stoke-on-Trent Safeguarding Children Partnership	

SSASPB	The Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership
--------	---

1.0 INTRODUCTION

- 1.1 This policy relates to situations where an allegation is made that a child/young person/vulnerable adult at risk of abuse are suffering or likely to suffer significant harm from an employee, paid and unpaid professional (eg; GPs; Lay Members) working in Staffordshire and Stoke-on-Trent ICB or that an employee, paid and unpaid professional's behaviour indicates unsuitability to work with children or vulnerable adults. This policy will provide guidance to all staff working in the ICB and specifically those in a managerial / executive position and those working in Human Resources.

The Government has laid down an expected response to any allegations of abuse by members of staff that all statutory organisations must follow. This is described in the statutory part of 'Working Together to Safeguard Children' 2018 as follows:-

NHS organisations, including Clinical Commissioning Groups should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children, including policies that make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint.

An allegation may relate to a person who works with children who has:

- *Behaved in a way that has harmed a child, or may have harmed a child.*
- *Possibly committed a criminal offence against or related to a child; or*
- *Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.*

The Care Act, 2014, formalised the expectations on Local Safeguarding Adult Boards to establish and agree a framework and process for how allegations against people working with adults with care and support needs (i.e. those in a position of trust) should be notified and responded to. Types, patterns and different circumstances of abuse and neglect should be considered within the categories identified in the Care Act, 2014 i.e. physical abuse, domestic violence, sexual abuse, psychological abuse, financial or material abuse, modern slavery, discriminatory abuse, organisational abuse, neglect and acts of omission and self-neglect. These include concerns relating to inappropriate relationship(s) between members of staff and adults in their care, e.g.

- Having a sexual relationship with an adult in a position of trust even if the relationship appears consensual.
- The sending of inappropriate text/email messages or images.
- Possession of indecent photographs/pseudo-photographs of vulnerable adults.

This policy should be read alongside the Local Safeguarding Children Board's guidance for Staffordshire and Stoke-on-Trent and the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership:

Staffordshire Safeguarding Children Board:

<https://www.staffsscb.org.uk/wp-content/uploads/2020/09/Allegations-of-abuse-made-against-a-person-who-works-with-children.pdf>

Stoke-on-Trent Safeguarding Children Partnership:

[Safeguarding Children Partnership | Stoke-on-Trent Safeguarding Children Partnership | Stoke-on-Trent](#)

The Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership:

https://www.safeguardingwarwickshire.co.uk/images/downloads/West-Midlands-Policy-and-Procedure/WM_Adult_PoT_Framework_v2.0.pdf

- 1.2** The **purpose** of this policy is to provide guidance in the event of an allegation of child / adult abuse being made against a member of staff, (including those GPs and Lay Members who are not directly employed by the ICB but who offer support and guidance) and a framework for managing cases where allegations are made. The key principles are also applicable to all services commissioned by the ICB.
- 1.3** Managers may become aware of an allegation by report/complaint from a member of the public, another organisation, another member of staff, GP, Lay Member or by observation/supervision of the staff member themselves.
- 1.4** The allegations would constitute inappropriate conduct whilst on duty or abuse toward a child/adult.
- 1.5** Allegations may require consideration from the following inter-related perspectives:
- Child Protection enquiries by Children's Social Care
 - Adult Safeguarding enquiries by Adult Social Care
 - Criminal investigations by the Police
 - Staff disciplinary procedures (including suspension)
 - Complaints procedures
- 1.6** On occasion allegations within a social context such as abuse towards a child or a member of their own family or through social networks may have an impact on their ability to practice. These incidents should also be considered under this policy.
- 1.7** Procedures for managing allegations against people who work with children and / or adults are contained on the Staffordshire / Stoke-on-Trent Local Safeguarding Children Boards Procedures shared website <https://www.staffsscb.org.uk/> and the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership website <https://www.ssaspb.org.uk/Home.aspx>
- 1.8** **This policy applies to all staff in the ICB**, including those GPs and Lay Members who are not directly employed by the ICB, regardless of role and responsibility.

2.0 DEFINITIONS

- 2.1** Child - As defined in the Children Act (1989; 2004) is any person under the age of 18 years or 25 years if disabled or in Local Authority Care (Children and Families Act 2014).
- 2.2** Safeguarding Children – Categories of Abuse are:
- Neglect
 - Sexual
 - Emotional
 - Physical
- 2.3** Adult – An adult at risk of abuse or neglect is a person aged 18 years or older who is or may be in need of support and services by reason of mental or other disability, age or illness and, because of those needs, is or may be unable to take care of him / herself, or unable to protect

him / herself against significant harm or exploitation.

2.4 Safeguarding Adults – Categories of Abuse are:

- Neglect / Acts of Omission
- Sexual
- Emotional / Psychological
- Physical
- Discrimination
- Organisational / Institutional
- Financial / Material
- Self-Neglect
- Modern Slavery
- Domestic Abuse

2.5 Allegations against Staff (including independent contractors, non-employed GPs and Lay Members):

Any allegation against staff should be considered when there is an allegation or concern that an employee has:

- Behaved in a way that has harmed a child or may have harmed and/or adult.
- Possibly committed a criminal offence against, or related to a child/adult.
- Behaved in a way that indicates that he/she is unsuitable to work with children and or adults.
- Been subject to Multi-Agency Risk Assessment Conference (MARAC).
- Been subject to Multi-Agency Public Protection Arrangements (MAPPA).
- Allegations which occur outside of the work place but which may have an impact upon a child or adult's well-being or safety.

Please note, this is not an exhaustive list and advice must be sought from the Executive Safeguarding Lead /Designated Professionals for the ICB.

3.0 INTERNAL PROCEDURES

3.1 Prevention:

All managers must ensure that the safe recruitment policies are followed and the appropriate references and Disclosure and Barring Service (DBS) checks are completed. The recruitment procedure can be accessed through your individual ICB Human Resources departments.

DBS web link as follows: <https://www.gov.uk/disclosure-barring-service-check/overview>

3.1.1 All staff working within the Human Resource (HR) Department must attend training with regard to the DBS process and the LADO process (HR staff can access in house training or access specialist training via the LSCB website at [Home - Staffordshire Safeguarding Children Board \(staffsscb.org.uk\)](https://www.staffsscb.org.uk)

3.2 Process in the event of an allegation:

An allegation against a member of staff, GP or Lay Member may arise from a number of sources:

- From another member of staff, GP or Lay Member
- From another agency
- Direct sharing of information from the Local Authority Designated Officer (LADO)/ Designated Adult Safeguarding Manager (DASM)
- In a complaint from a parent, carer or member of the public
- From the child or adult involved

3.2.1 In-Hours Procedure:

- The manager receiving the allegation will immediately notify the ICB Executive Lead for Safeguarding (Chief Nurse and Therapies Officer). This will be the Deputy of Chief Nurse and Therapies Officer during the Chief Nurse's absence.
- The Executive Lead should take advice from the Human Resources (HR) Team.
- If the manager receiving the allegation is unable to contact the Executive Officer, they should immediately notify the Designated Nurse for Safeguarding Children / Adults who will also inform the HR Team.
- The Designated professionals can be contacted via the ICB Safeguarding Team Support Officer:

Children - SASCCG.safeguardingchildren@nhs.net

Adults - SASCCG.safeguardingadults@nhs.net

3.2.2 Out of Hours Procedure:

In the unlikely event an incident / issue is raised out of hours involving an allegation of child / adult abuse against a ICB employee, GP or Lay Member, the Senior Manager (silver) on call will be expected to make a decision on the urgency of action required. This may require escalation to the Executive Officer (Gold) on call, particularly in the event of a serious allegation requiring a legal response and / or media interest. In most cases this will be communicated to the Executive Safeguarding Lead, HR and the Designated Professionals on the next working day.

4.0 MANAGING THE ALLEGATION

- 4.1** The person receiving the allegation must treat the allegation seriously and keep an open mind. If the allegation is validated and there is cause to suspect that a child / adult has suffered or is likely to suffer significant harm, processes outlined in this policy will be adhered to. Staff should be aware that where concerns are validated further steps may be taken as part of the disciplinary process which may include dismissal. If a case is unsubstantiated, the ICB employee will be supported by their Line Manager and further discussion will involve the Designated Nurse Safeguarding Children (DNSC) and / or the Designated Nurse Safeguarding Adults (DNSA) and Executive Safeguarding Lead, who will consider what further action, if any, should be taken and seek advice from HR as necessary.
- 4.2** Where the allegation is received by a ICB employee, they should notify their immediate line manager who will notify the DNSC/DNSA, depending on the nature of the concern. Non-employed GPs and Lay Members should notify the Executive Safeguarding Lead and the

DNSC / DNSA. It is important to remember that for any adult where there may be a concern related to abuse, they may also be a parent / carer of children and therefore it could be pertinent to report to either the Adult or Children Safeguarding Designated Nurses.

- 4.3** If the allegation is made against a Senior Executive / Manager, the DNSC / DNSA should be informed. They will decide whether the incident should be highlighted as a potential Serious Incident (SI) and the most appropriate Executive Director / Accountable Officer will be notified, as appropriate. *Serious incidents* are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response. Serious incidents can extend beyond incidents which affect patients directly and include incidents which may indirectly impact patient safety or an organisation's ability to deliver ongoing healthcare. The occurrence of a serious incident demonstrates weaknesses in a system or process that need to be addressed to prevent future incidents leading to avoidable death or serious harm to patients or staff, future incidents of abuse to patients or staff, or future significant reputational damage to the organisations involved. Serious incidents therefore require investigation in order to identify the factors that contributed towards the incident occurring and the fundamental issues (or root causes) that underpinned these. Serious incidents can be isolated, single events or multiple linked or unlinked events signaling systemic failures within a commissioning or health system (*Serious Incident Framework; NHSE 2015*) / *Patient Safety Incident Response Framework (PSIRF)*.

4.4 Where the allegation concerns harm or risk of harm to Children:

Immediate consideration should be given as to whether the allegation is so serious that it be reported to the police and/or children's social care via the Multi Agency Safeguarding Hub (MASH). In other cases, 'Working Together to Safeguard Children' (2018) states that the LADO must be informed within one working day of the allegation/concern being raised.

The Designated Professional will notify the Local Authority Designated Officer (LADO) **within 24 hours** for an 'Initial Discussion' which will allow the LADO to advise on next steps and how the matter should be investigated or progressed. The LADO will also advise whether or not a Child Protection referral should be made.

The Staffordshire LADO for all new referrals is contacted via the Children's Advice and Support on 0300 111 8007

The Stoke-on-Trent LADO for all new referrals is contacted via the Children's Advice and Duty Service on 01782 235100

Staffordshire Police via the MASH or 101

The Designated Nurse for Safeguarding Children should attend all strategy meetings arranged in connection with each incident.

- 4.5** All referrals must be put in writing to Children's Social Care / Adult Social Care (as appropriate) by the referrer **within 24 hours**. Please refer to the Safeguarding Children / Safeguarding Adult Policies on the ICB intranet.

4.6 Where the allegation concerns harm or risk of harm to Adults:

Some allegations are so serious as to require immediate referral to the Police and/or Adult

Social Care.

The Designated Nurse for Safeguarding Adults will notify the Local Authority Designated Adult Safeguarding Manager (DASM) within 24 hours for an 'Initial Discussion' which will allow the DASM to advise on next steps and how the matter should be investigated or progressed. The DASM will discuss with the Police / Designated Nurse Safeguarding Adults and ICB relevant line manager for the ICB employee, or in the case of non-employed GPs and Lay Members, the Executive Safeguarding Lead, regarding investigation and next steps.

The Staffordshire DASM for all new referrals can be contacted on 01785 895216

Adult Social Care safeguarding referral Staffordshire - 0345 604 2719

The Stoke-on-Trent DASM for all new referrals can be contacted on 01782 232396

Adult Social Care safeguarding referral Stoke-on-Trent- 0800 561 0015

Staffordshire Police via the MASH or 101

The Designated Nurse for Safeguarding Adults should attend all strategy meetings arranged in connection with each incident.

4.7 Strategy Meeting Agenda

The strategy / planning meeting will consider:

- The safety of the child/young person/vulnerable adult at risk of abuse is of paramount importance.
- Review what action has already been undertaken so far.
- Decide the in-house investigation strategy to be undertaken. Police and/or Social Care should be consulted when they are involved in any on-going investigation and/or criminal proceedings are pending.
- A decision to be made if a referral is required to the Professional Regulatory Body should the member of staff be a registered professional such as the General Medical Council (GMC) for Doctors, or the Nursing and Midwifery Council (NMC) for Nurses.
- Decide how to present the allegation to the relevant staff member concerned and how to manage the investigatory process.
- Advice should be sought from HR with regards to appropriate policy and process.
- The ICB employee's Line Manager should provide appropriate support to the staff member who the allegations are against if this is appropriate. If the Line Manager is unable to provide support due to a potential conflict of interest, another appropriate person should be appointed. Further support could be considered from Occupational Health and advice should be sought from the HR Team. The Head of Communications and Engagement Manager should be made aware that an allegation has been received in the event that they receive media enquiries however all steps will be taken to ensure confidentiality.
- Decide the frequency and format of review meetings which need to be set up to manage the on-going investigation and the various actions required.

- 4.8** Any formal investigation process and any potential disciplinary action will be conducted in line with the organisation's Disciplinary Policy. Advice and guidance from HR will be as per the Disciplinary Policy. The staff member will have the right to be accompanied as outlined in the Disciplinary Policy. Refer to the ICB Disciplinary Policy on the staff intranet.

- 4.9** The ICB will consider the implications for an employee or individual providing a service to the ICB, of the outcome of any investigations by the Police or Children's / Adults Social Care.
- 4.10** The ICB employee's Line Manager will be responsible for offering staff support including a referral to Occupational Health and will advise on contact with professional organisations.
- 4.11** The Executive Safeguarding Lead will manage any media interest with the appropriate involvement of the Head of Communications and Engagement and will liaise with other agencies as and when necessary.
- 4.12** The Executive Safeguarding Lead will inform the Chief Executive Officer and will ensure the Chief Executive Officer is kept informed of all developments and decisions made.
- 4.13** The Executive Safeguarding Lead and Designated Professionals will be available for police liaison and to support staff through any criminal investigation representing the ICB if there are issues of vicarious liability. Advice can be sought from HR as necessary.
- 4.14** The Executive Safeguarding Lead alongside the ICB employee's Line Manager will also be responsible for managing any resignations, dismissals or disciplinary measures. Decisions will be made in conjunction with advice and guidance provided by the HR Team. The ICB will pursue any investigation or disciplinary procedures until the case is concluded even if the staff member has resigned and left the organisation. It should be noted that in these circumstances the ICB is not obliged to accept a proffered resignation.
- 4.15** All ICB employees involved with the management of the allegations are to ensure that they act in a fair and consistent manner and adhere to the ICB diversity, inclusion, anti-bullying and harassment principles.
- 4.16** The Executive Safeguarding Lead has the responsibility to consider any impact the incident may have on the staff group or if there has been any collusion by colleagues or managers and take appropriate action.
- 4.17** The ICB employee's Line Manager will facilitate the return to work of the member of staff on conclusion of the investigation if dismissal is not deemed necessary. Where it is decided at the end of the investigation that an allegation is unfounded the staff member will be offered ongoing support.
- 4.18** The Local Authority Designated Officer (LADO) / Local Authority Safeguarding Adult Manager will be updated by the Designated Professional on the conclusion of any internal investigation.
- 4.19** It is the responsibility of the ICB employee's Line Manager to keep contemporaneous and complete records and that these are kept confidential in the personnel file. This will be the Executive Safeguarding Lead or non-employed GPs and Lay Members.

5.0 CONFIDENTIALITY

The ICB will maintain confidentiality and guard against publicity whilst an allegation is being investigated. Information will be restricted at all times to those who have a need to know in order to protect children / adults, deal with enquiries, manage related disciplinary and performance processes.

6.0 ROLE OF THE DESIGNATED PROFESSIONALS

6.1 On notification of the allegation the DNSC/ DNSA will:

- Liaise with the Executive Safeguarding Lead, ICB employee's Line Manager and a member of the HR Team to plan the ICB response.
- For children - Contact the Children's Social Care/ LADO for advice/information if appropriate. Make a safeguarding children referral as directed, according to the ICB Safeguarding Children Policy.
- For adults – Contact Adult Social Care / Local Authority Safeguarding Adult Manager for advice / information if appropriate. Make a safeguarding adult referral as directed, according to the ICB Safeguarding Adult Policy.
- DNSC / DNSA to attend all strategy meetings as appropriate. The Designated HR Team member to attend and advise on appropriate process and policy in regard to investigation and disciplinary process.
- Ensure that the appropriate ICB Line Manager is aware of the plan of action from the strategy meetings and that all actions are implemented.
- Ensure that support and protection for the child/adult by an appropriate person/service has been organised in conjunction with Children's/Adult's Social Care.
- Notify the Executive Safeguarding Lead of all progress regarding the investigation.
- Keep detailed records, compiled reports maintaining confidentiality at all times.
- Incidents requiring referral to the regulatory bodies such as CQC, NHSEI, NMC, GMC and DBS, should be discussed with the Executive Safeguarding Lead and a decision made regarding who and when this task is completed.
- Review any lessons learned and implement policies or practice change if necessary.

7.0 COMPLAINTS AGAINST STAFF WHO ARE NO LONGER EMPLOYED BY THE ICB

7.1 When complaints are received against staff once they have left the ICB but which took place whilst employed by the ICB, the ICB has the responsibility to follow the procedure to its conclusion and to notify any new employers/agencies of the allegations and findings.

8.0 REFERRAL TO REGULATORY BODIES

Following the outcome of the enquiry, consideration will need to be taken whether to refer an employee to a regulatory body e.g. General Medical Council, Nursing and Midwifery Council and Health Professions Council as required. This decision will be made in conjunction with HR.

9.0 INFORMING THE CARE QUALITY COMMISSION

The Care Quality Commission (CQC) is the independent regulator of health and social care

services. The CQC has a range of statutory enforcement actions to use where care does not meet the essential standards of quality and safety across the health economy. The ICB would also be able to apply contract sanctions. The CQC will ensure that it responds to child /adult safeguarding issues in accordance with the regulatory framework requirements working with commissioners and providers to respond to all child / adult safeguarding issues in accordance with local policy and procedures. The decision to inform the CQC will be made in conjunction with the Executive Safeguarding Lead and Designated Professionals.

10.0 REFERENCES

Care Act 2014:

http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf

ICB Safeguarding Children & Young People Policy:

ICB Safeguarding Adult Policy:

<https://sesandspccg.nhs.uk/news-and-information/publications/policy-and-procedures/safeguarding>

Serious Incident Framework, Supporting learning to prevent recurrence (NHSE 2015).

<https://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incident-framwrk-upd.pdf>

Staffordshire Safeguarding Children Board:

<https://www.staffsscb.org.uk/wp-content/uploads/2020/09/Allegations-of-abuse-made-against-a-person-who-works-with-children.pdf>

Stoke-on-Trent Safeguarding Children Partnership: [Safeguarding Children Partnership | Stoke-on-Trent Safeguarding Children Partnership | Stoke-on-Trent](#)

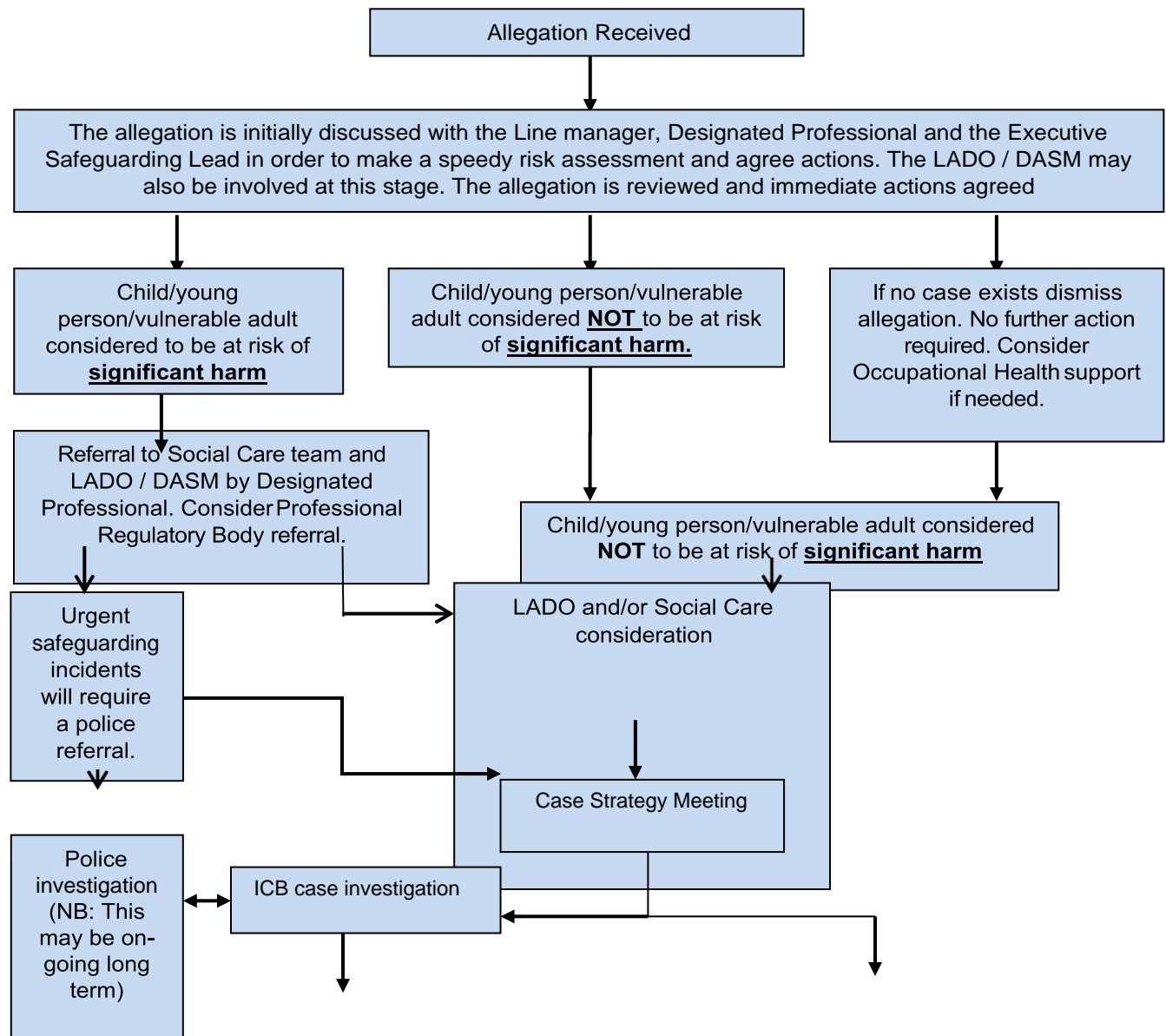
The Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership:

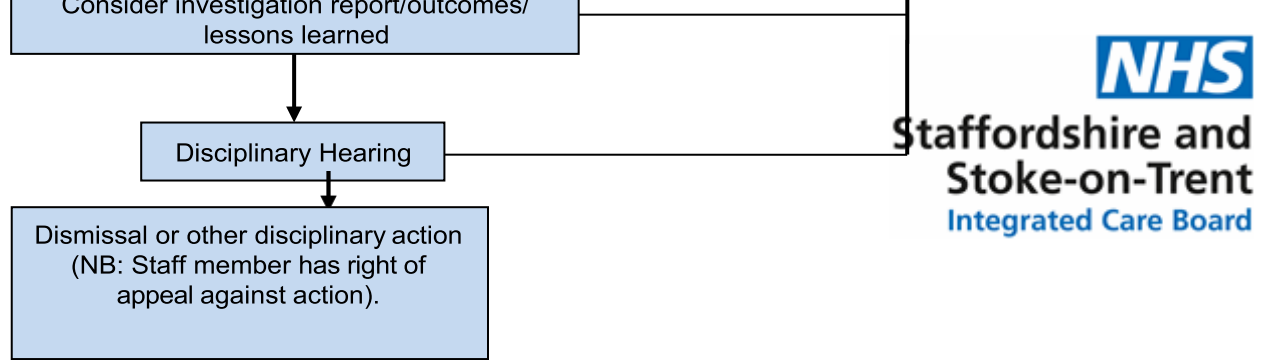
https://www.safeguardingwarwickshire.co.uk/images/downloads/West-Midlands-Policy-and-Procedure/WM_Adult_PoT_Framework_v2.0.pdf

Working Together to Safeguard Children DCSF 2018:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf

Appendix 1: Process Flow Chart





Appendix 2: Record Keeping Checklist

The Designated Professional, Executive Safeguarding Lead and / or employee's Line Manager will have the responsibility for ensuring that records are kept throughout the investigation of the allegation/concern. This checklist reflects the information needed, but this is not exhaustive:-

- The nature of the allegation/concern.
- Who was spoken to and when as part of the process and what statements/notes were taken.
- Local Authority Safeguarding Team / LADO Designated Adult Safeguarding Manager / Police referrals made.
- What records were seen and reviewed.
- Why specific decisions/actions were taken, including suspension and any actions taken under the ICB Disciplinary Procedure.
- Professional regulatory body action, including CQC, NHSE and DBS referrals.
- What alternatives to actions were explored.
- Minutes and actions of all meetings that take place.
- The above information will be held securely by the ICB Safeguarding Team and the employee's personnel file in line with current record retention regulation.

Appendix 3: Safeguarding Referral and Contact Details

IF YOU HAVE AN URGENT SAFEGUARDING CONCERN REGARDING A CHILD OR VULNERABLE ADULT CALL 999

YOU CAN ALSO REFER USING THE RELEVANT CONTACTS BELOW:

- **SAFEGUARDING CHILDREN**

- **Staffordshire** Children's Advice and Support Service:
Tel: **0300 111 8007** (in hours - Mon-Thurs 0830-1700 and Fri 0830-1630)
Email: first@staffordshire.gov.uk
- Outside these hours Tel 0845 6042 886 or
Email: eds.team.manager@staffordshire.gov.uk
- **Stoke-on-Trent** Children's Advice and Duty Service (CHAD):
Tel: **01782 235100**
- Emergency Duty Team (out of hours):
Tel: 01782 234234

- **SAFEGUARDING ADULTS**

- **Staffordshire** County Council Social Care & Health
Tel: **0345 604 2719**
- **Stoke-on-Trent** City Council Contact Centre
Tel: **0800 561 0015**

Designated Nurse for Safeguarding Children (South & East) 07976 584377	Designated Nurse for Safeguarding Adults (South & East) 07800 521569
Designated Nurse for Safeguarding Children (North & Stoke-On-Trent) 07715 807135	Designated Nurse for Safeguarding Adults (North & Stoke-On-Trent) 07800 521569
Safeguarding Children Support Officer <i>SASCCG.SafeguardingChildren@nhs.net</i> 01785 907755	Safeguarding Adult Support Officer <i>SASCCG.safeguardingadults@nhs.net</i> 01785 907754