



CODE OF SAFE CONDUCT

For Staff and Volunteers who work with children,
young people, and adults at risk



Introduction

This code of safe conduct applies to all 3d leisure (3d) staff and to all facility users, staff, and volunteers (including paid staff, volunteers, senior managers, members of boards of trustees, sessional workers, agency staff, students, subcontractors, or anyone else who may be working on behalf of 3d. For all people to whom the code applies will be informed during their induction and at regular intervals thereafter.

The code should be read alongside the 3d policies for safeguarding and lone working and other information issued to staff and volunteers in relation to general duties.



Contents	Page Number
Introduction	1
1. Good Practice – Some Do's	3
2. Some Don'ts. Staff and Volunteers Should Never:	4
3. Signs of Vulnerability to Radicalisation	5
4. Recognising Extremism	5
5. Recognising Abuse	6
6. Categories of Abuse of Adults at Risk Include:	8
7. Indicators of Abuse in Children and Young Adults	9
8. Indicators of Abuse in Adults at Risk	10
9. Ways That Abuse of Children or Adults Might be Brought to Your Attention	10
10. The Procedure for Reporting Child Protection or Adult Safeguarding Concerns	11
11. Talking to a Child or Adult at Risk Who Has Told You That he/she or Someone Else is Being Abused	11
12. Consent and Mental Capacity – Children and Adults	12
13. Helping a Child or Vulnerable Adult in Immediate Danger or in Need of Emergency Medical Attention	12
14. Keeping a Record of Your Concerns	13
15. Summary of Procedure if The Concern is About a Child	14
16. Summary of Procedure if the Concern is About an Adult at Risk	15
17. Useful contacts	17

1. Good Practice – Some Do's

- ✓ Always listen and take seriously the wishes and feelings of the person/people you are working with.
- ✓ Always act in the best interests of a child or of an adult who lacks mental capacity to make their own decisions.
- ✓ Follow the procedure for reporting concerns about a child, young person, or adult at risk if they have any such concerns or become aware of any allegations or suspicions of abuse, harassment, bullying, victimisation and/or discrimination.
- ✓ Take responsibility for ensuring that the public can identify and contact supervisors, managers, and those with designated safeguarding roles.
- ✓ Treat everyone with fairness and respect; demonstrate commitment to ensure safety in all areas of your work, taking action to safeguard children and adults where risk is foreseeable.
- ✓ Work openly, avoiding private or unobserved situations and working in isolation; try to ensure you are not the only adult present and are at least within sight or hearing of others; leave the door open if you find yourself in a room alone with a child or adult at risk.
- ✓ Be aware that any physical contact with children, young people and adults at risk can be potentially subject to misinterpretation or even malicious allegations; the best advice is to avoid physical contact with children, young people, and adults at risk unless:
 - It is clearly demonstrable that the purpose of the contact is to meet the person's needs, and they have indicated that they are comfortable with it
 - The contact is required to avert an immediate danger to the person or someone else
 - The person lacks the capacity to consent and has physical care needs which they cannot meet themselves and which, in their best interests, require immediate attention
- ✓ Take note that, if it does become necessary to have physical contact with a child, young person or adult at risk, this should happen within sight and hearing of another staff member or volunteer, unless the person requires privacy, in which case the staff member's or volunteer's manager should be informed and the matter recorded.
- ✓ Challenge all behaviour that contravenes this code of practice.
- ✓ Ensure that all relationships with children, young people and adults at risk remain professional and respectful, whatever the age, developmental stage, ability, background, gender, sexual orientation/identity, religion or beliefs, or ethnicity of the person in question.
- ✓ Ensure that relationships with colleagues are based upon mutual respect, support and regard, free from discrimination, bullying, harassment or victimisation of any kind.
- ✓ Dress appropriately: for example, in a way that is comfortable, smart and suitable for work, and which is not likely to cause embarrassment or offence to those they meet in a professional capacity; Recreation Assistants should wear their uniform.
- ✓ Carry suitable ID and be prepared to challenge those that don't.
- ✓ Ensure that informed consent is gained for all photographs or photographic images of children, young people, or adults, with clarity about the purposes for which images may be used. Where this involves a child or young person under 18, or an adult who lacks mental capacity, this must be written consent from a parent/legal guardian.

2. Some Don'ts. Staff and Volunteers Should Never:

- ✗ Spend time alone with children, young people and adults at risk away from others (unless for a specific and agreed purpose).
- ✗ Discuss their personal life with children, young people and adults at risk.
- ✗ Give out their personal contact details (personal phone or mobile number, email or home address).
- ✗ Befriend children, young people, adults at risk or their families using the staff member's or volunteer's private accounts on social networking sites e.g., Facebook and Twitter.
- ✗ Establish on-line networking, group or blog forums which are not regulated with controls relating to 3d or their own organisation's governance and scrutiny.
- ✗ Leave a group of children or adults at risk without appropriate supervision.
- ✗ Behave in a way that demonstrates discrimination, prejudice, oppressive conduct, or language in relation to any of the following: race, culture, age, gender, disability, religion, sexuality, socio-economic status, or political persuasion.
- ✗ Use inappropriate or sexual language or allow children, young people, or adults to use inappropriate language without challenging it.
- ✗ Abuse of a position of trust.
- ✗ Undertake aspects of personal care for children, young people, or adults at risk, that they can do for themselves or that their parent/carer can do for them.
- ✗ Use physical contact unnecessarily (see further guidance on this under the 'Do's' list)
- ✗ Allow allegations made by children or adults at risk to be ignored, not recorded or not acted upon.
- ✗ Engage in or pursue sexual contact with anyone in respect of whom they are in a position of power and/or trust.
- ✗ Engage in sexually provocative behaviour, use inappropriate or sexually suggestive language or gestures.
- ✗ Make sexually suggestive comments, even in fun.
- ✗ Allow or engage in any form of inappropriate touching.
- ✗ Reduce a child, young person, or adult at risk to tears as a form of control.
- ✗ Share a room overnight with a child, young person or vulnerable adult or their family or invite them into their room.
- ✗ Go into a child's, young person's, or vulnerable adult's room unless it is absolutely necessary (if it is necessary, two members of staff /volunteers should enter).

3. Signs of Vulnerability to Radicalisation

There are no known definitive indicators that a young person is vulnerable to radicalisation, but there are several signs that together increase the risk. Signs of vulnerability include:

- Underachievement
- Being in possession of extremist literature
- Poverty
- Social exclusion
- Traumatic events
- Global or national events
- Religious conversion
- Change in behaviour
- Extremist influences
- Conflict with family over lifestyle
- Confused identity
- Victim or witness to race or hate crimes
- Rejection by peers, family, social groups or faith

4. Recognising Extremism

Early indicators of radicalisation or extremism may include:

- Showing sympathy for extremist causes
- Glorifying violence, especially to other faiths or cultures
- Making remarks or comments about being at extremist events or rallies outside school
- Evidence of possessing illegal or extremist literature
- Advocating messages similar to illegal organisations or other extremist groups
- Out of character changes in dress, behaviour and peer relationships (but there are also very powerful narratives, programmes and networks that young people can come across online so involvement with particular groups may not be apparent)
- Secretive behaviour
- Online searches or searching extremist messages or social profiles
- Intolerance of difference, including faith, culture, gender, race or sexuality
- Graffiti, art work or writing that displays extremist themes
- Attempts to impose extremist views or practices on others
- Verbalising anti-Western or anti-British views
- Advocating violence towards others

To learn more and for further training about preventing extremism and radicalisation go to:

<https://www.elearning.prevent.homeoffice.gov.uk>

5. Recognising Abuse

Different types of abuse:

Physical abuse

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.

Emotional abuse

Is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless and unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them, 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse

Involves forcing or enticing a child or children to take part in sexual activities, not necessarily involving a high level of violence, whether the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts, such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

Is 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. Neglect may occur during pregnancy as a result of material substance abuse. Once a child is born it may involve a parent or carer failing to provide adequate food, clothing, and shelter, including exclusion from home or abandonment; failure to protect a child from physical harm or danger; failure to ensure adequate supervision, including the use of adequate care takers; or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

There are also emerging types and methods of child abuse, including:

- Female genital mutilation (FGM)
- Trafficking of children in order to exploit them sexually, financially, via domestic servitude, or via the involvement in activity such as the production and sale of illegal drugs
- Abuse linked to beliefs such as spirit possession or witchcraft
- Radicalisation and the encouragement or coercion to become involved in terrorist activities
- Abuse via online methods e.g., from adults seeking to develop sexual relationships with children or to use sexual or abusive images of them

- Domestic violence (either witnessing violence between adults family members, or, in the case of older young people, being subjected to coercion or violence in an intimate relationship in the same way as an older person)

Abuse of adults at risk

The Care Act Statutory Guidance 2014, states that safeguarding duties apply to any adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or at risk of, abuse or neglect; and because of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Factors which can lead to some adults being abused or at risk of abuse include:

- Physical or mental health issues
- Physical or learning disability
- Drug or alcohol use
- History of domestic violence or other abuse in an intimate relationship
- Sexual and/or financial exploitation
- Asylum seeking or refugee status
- Homelessness
- History of offending
- Disrupted care history
- Being a carer of someone else who is vulnerable or dependent
- Radicalisation
- Forced marriage
- Human trafficking

6. Categories of Abuse of Adults at Risk Include:

Physical abuse including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic abuse Including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

Sexual abuse Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Psychological abuse Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse Including theft, fraud, internet scamming, 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.

Discriminatory abuse Including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Modern slavery 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.

Organisational abuse including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice because of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Self-neglect this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

It should be noted that this should not be seen as an exhaustive list, and we should not limit our views of what constitutes abuse and neglect but be sensitive to the experience of individuals in any situations where there is a risk of exploitation.

7. Indicators of Abuse in Children and Young Adults

The NSPCC website provides useful information about the signs and symptoms of abuse - see link for more information

<https://www.nspcc.org.uk/preventing-abuse/signs-symptoms-effects/>

Abuse is not always obvious, and that there are many reasons why children may not tell anyone that they are being abused. They might not even realise that what is happening to them is abusive.

Many of the signs that suggest abuse may also be caused by other issues, and often it is a case of investigating agencies needing to build up a picture of a child's life by piecing together information held by different individuals and organisations.

It is also important to point out that children and young people can experience various types of abuse at the same time. For example, all abuse involves an element of emotional abuse, and neglect often occurs in contexts where children are also being subjected to physical or sexual abuse.

In terms of specific signs and indicators, sometimes there are physical signs such as:

- Unexplained bruises, other injuries or health problems
- Unexplained gifts or additional mobile devices
- Poor appearance or hygiene
- Recurring health problems that are not treated
- Young children not meeting their developmental milestones
- Being left alone
- An unsuitable home environment e.g. cold, dirty, physically unsafe
- Pregnancy, sexually transmitted infections or anal/vaginal soreness
- Any signs that a child/young person is at risk of being subjected to forced marriage or Female Genital Mutilation

A child's behaviour can also help to indicate that they are being abused. It can be helpful to be aware of behaviour that you might normally associate with an older or younger child.

Look out for signs that a child is unsettled or unhappy:

- Withdrawn
- Depressed
- Takes risks
- Suddenly behaves differently
- Anxiety
- Clingy
- Drugs
- Self-harm
- Aggressive
- Wets the bed
- Problems sleeping
- Changes in eating habits
- Eating disorders
- Thoughts about suicide
- Soils clothes
- Nightmares

- Misses school
- Alcohol
- Obsessive behaviour

8. Indicators of Abuse in Adults at Risk

Many of the indicators present in children and young people who are being abused may also be evident in adults at risk. In addition, the Care Act 2014: Statutory guidance for implementation (2014) stresses the importance of noticing patterns of harm such as:

- **Serial abusing** - Whereby perpetrators seek out and groom individuals for sexual or financial abuse
- **Long-term abuse in the context of family relationships** - Such as domestic abuse between spouses or generations
- **Opportunistic abuse** - Such as theft because money or jewellery has been left lying around

Financial abuse of adults at risk is a major concern and where there are other forms of abuse, there is likely to be financial abuse as well. Specific indicators may include:

- Change in living conditions
- Lack of heating, clothing, or food
- Inability to pay bills/ unexplained shortage of money
- Unexplained withdrawals from an account
- Unexplained loss of financial documents
- Recent addition of authorised signers on a client or donor's signature card
- Sudden or unexplained changes in a will or other financial documents

9. Ways That Abuse of Children or Adults Might be Brought to Your Attention

- A child or adult might make a direct disclosure about him or herself
- A child or adult might make a direct disclosure about someone else
- A child or adult might offer information that is worrying but not a direct disclosure
- A member of staff might be concerned about someone's appearance or behaviour or about the behaviour of a parent, family member or carer towards a child or adult at risk
- A parent, family member or carer might make a disclosure about abuse that a child or adult at risk is suffering or at risk of suffering
- A parent, family member or carer might offer information about a child or adult at risk that is worrying but not a direct disclosure
- The welfare of a parent, family member or carer might itself become a focus of concern - the Code of Practice on Special Educational Needs and Disability guidance, for example, focuses almost as much on the need to support carers as it does on the need to safeguard the young adult at risk.

10. The Procedure for Reporting Child Protection or Adult Safeguarding Concerns

This procedure applies to any member of 3d staff or facility users (including paid staff, volunteers, senior managers, members of boards of trustees, sessional workers, agency staff, students, subcontractors or anyone else who may be working on behalf of 3d) who may be concerned about the safety and protection of a child or adult at risk.

We aim to ensure that those children and adults who attend activities run in premises managed by 3d, and any other children or adults at risk who may come to the attention of 3d or facility users, receive the protection and support they need if they are at risk of abuse.

This procedure provides clear direction to staff and volunteers if they have concerns that a child or vulnerable adult needs protection.

11. Talking to a Child or Adult at Risk Who Has Told You That he/she or Someone Else is Being Abused

- Reassure the person that telling someone about it was the right thing to do
- Tell him/her that you now have to do what you can to keep him/her (or whoever is the subject of the allegation) safe
- Let them know what you are going to do next and who else needs to know about it
- Let them tell their whole story. Don't try to investigate or quiz them, but make sure that you are clear as to what he/she is saying
- Ask them what they would like to happen as a result of what they have said, but don't make or infer promises you can't keep
- Give a child the Childline phone number: 0800 1111
- Provide sources of support to an adult at risk or their carer.

Depending on the issues, these might include, for example:-

- Action on Elder Abuse 0808 808 8141
- Citizen's Advice Bureau www.citizensadvice.org.uk
- National Centre for Domestic Violence 0800 970 2070
- Samaritans Victim Support 0808 168 9111
- Men's Advice Line 0808 801 0327
- Rights of Women www.rightsofwomen.org.uk
- Mental Health Foundation www.mentalhealth.org.uk

12. Consent and Mental Capacity – Children and Adults

The wishes and feelings of both children and adults at risk always need to be taken very seriously when dealing with matters of safeguarding and the protection of abuse.

However, whereas in the case of children and young people aged under 18, the child's consent to making a referral to statutory authorities and to informing parents of concerns and allegations of abuse must give way to a paramount need to act in their best interests, the situation regarding adults is different unless the adult concerned is deemed not to have the mental capacity to give or withhold consent in a particular matter.

The general rule, therefore, is that adults should be supported in making their own decisions, even if those decisions may be seen by others as unwise or eccentric. Nonetheless, even if an adult at risk has the capacity to decide to withhold consent to a referral being made to a statutory safeguarding authority, such a referral may still need to be made if others may be put at risk by not doing so, or where it is in the public interest to act because a criminal offence has occurred. If in doubt about whether someone over 18 has the mental capacity to decide of this kind, seek advice from adult social care services, without disclosing the identity of the person.

It should be noted that not all concerns about the welfare or safety of a vulnerable person need involvement from statutory authorities such as the police or local authority adult care services. Sometimes the concern may focus on behaviour and attitudes that are not immediately harmful and then the matter should be dealt with through support or discussion.

The response to any concerns - be they for a child or for an adult - should always be proportionate and appropriate to the issue.

13. Helping a Child or Vulnerable Adult in Immediate Danger or in Need of Emergency Medical Attention

If the person is in immediate danger and is with you, remain with him/her and call the police.

- If he/she is elsewhere, contact the police and explain the situation
- If he/she needs emergency medical attention, call an ambulance and, while you are waiting for it to arrive, get help from your first aider
- If the first aider is not available, use any first aid knowledge that you may have yourself to help the person
- You also need to contact your supervisor/manager or designated safeguarding officer for children or adults to let them know what is happening
- A decision will need to be made about who should inform the person's family and the local authority children's social care or adult social care department, and when they should be informed. If you have involved the police and/or the health services, they should be part of this decision. If the person is under 18, or an adult that does not have the mental capacity to make their own decision in the matter, consider their welfare as the highest priority.

Issues that will need to be considered are:

- The person's wishes and feelings
- The parent's or carer's right to know (unless this would place the person or someone else in danger, or would interfere with a criminal investigation)
- The impact of telling or not telling the parent or carer
- The current assessment of the risk to the person and the source of that risk
- Any risk management plans that currently exist

If the person is an adult at risk that does have the mental capacity to make their own decision in this matter, then offer them support to stay safe and be protected, but abide by their wishes if they do not want help, unless you consider that another person may be placed at risk by the matter not being reported, or that it is the public interest to do so (e.g. to prevent a crime from being committed)

If in doubt about whether an adult has mental capacity or not, seek advice from adult social care services without disclosing the person's name.

14. Keeping a Record of Your Concerns

Make a careful record of your concern and how it is dealt with. The record will need to be added to as the situation unfolds, and it should be signed and dated at each stage of the procedure. It can be used to forward information to the statutory child protection or adult safeguarding authorities if a referral to them is needed.

The record should be signed and dated by all those involved in its completion and kept confidentially on the person's file. The name of the person making the notes should be written alongside each entry.

All 3d and school staff and those attending/responsible for/involved in community activities that take place at the facilities will be asked to report any safeguarding issues to:

Centre Manager:

Name:

Email:

Tel:

Regional Manager:

Name:

Email:

Tel:

Our Designated Safeguarding Officer (DSO) :

Name:

Email:

Tel:

15. Summary of Procedure if The Concern is About a Child

1. Member of staff or volunteer (who may be a direct employee of 3d or an employee/ volunteer from a Facility user) has concerns about a child's safety or welfare
2. Member of staff or volunteer makes notes of their concerns, and discusses them with their supervisor/manager on the same day
3. If the member of staff or volunteer is from a Facility User, he/she should also involve their own organisation's designated officer for child protection in the discussion
4. If the member of staff is employed by 3d, they should involve 3d's own designated officer for child protection
5. If the child's family does not already know about the concern, the member of staff or manager discusses it with them **unless**:
 - a family member might be responsible for abusing the child
 - someone may be put in danger by the family being informed
 - informing the family might interfere with a criminal investigation

If any of these circumstances apply, discussions with the family should only take place after this has been agreed with the local authority children's social care department.

6. If there is still uncertainty about the concerns, the Centre Manager (if DSO not available) can discuss with children's social care department or with NSPCC Helpline without disclosing the identity of the child/family
7. **Concerned?** Centre Manager refers to local authority children's social care department and confirms in writing within 48 hours
8. **No longer concerned?** No further child protection action needed. Staff member and supervisor/manager decide whether to discuss the initial concern with other services (e.g., child's school) to ensure that the child's needs are being met elsewhere
9. If the concern has been dealt with by a Facility User, then a report of the concern and of how it has been dealt with should be made using the appropriate form, and should be forwarded to the centre manager within 3 days. Upon receipt of a concern report, the Centre Manager should notify 3d's DSO within 1 working day, and a discussion involving the Centre Manager and DSO should take place within 1 further working day on the question of whether any further action needs to be taken by 3d. This discussion should be recorded, signed and, together with the concern report, placed in a safeguarding folder by the DSO
10. If the concern has been dealt with by a member of 3d staff, then the Centre Manager and DSO should be informed within one day, and a written concern report submitted to the manager and DSO by the end of the following day by the person who first became aware of the concern. The DSO will then place it in a safeguarding folder
11. Any safeguarding concerns that have been dealt with, will be reported on an anonymised basis by 3d to the school where the activity takes place within one week of the concern having first come to light.

16. Summary of Procedure if the Concern is About an Adult at Risk

1. Member of staff or volunteer (who may be a direct employee of 3d or an employee/volunteer) has concerns about the safety or welfare of an adult at risk
2. Member of staff or volunteer makes notes of their concerns, and discusses them with their supervisor/manager on the same day
3. If the member of staff or volunteer is a Facility User, he/she should also involve their own organisation's designated officer for safeguarding adults in the discussion
4. If the member of staff is employed by 3d, they should involve 3d's own designated officer for safeguarding adults
5. If the person's family does not already know about the concern, the member of staff or manager discusses it with them **unless**:
 - A family member might be responsible for abusing the person
 - The person has the mental capacity to give consent to their family being involved, but chooses not to do so (advice should be sought from the local authority adult social care service, without disclosing the identity of the person, if it is uncertain whether the person has mental capacity or not)
 - Someone may be put in danger by the family being informed
 - Informing the family might interfere with a criminal investigation

If any of these circumstances apply, discussions with the family should only take place after this has been agreed with the local authority adult social care department.

6. If there is still uncertainty about the concerns, the DSO (or Centre Manager if designated officer not available) can discuss with adult social care department without disclosing the identity of the person
7. Concerned? DSO refers to local authority adult social care department and confirms in writing within 48 hours unless:
 - The adult is deemed to have the mental capacity to understand the consequences of refusing to allow a referral, and **does** refuse

And there is neither

 - A risk to anyone else by not making a referral
 - A need to refer to serve the public interest (preventing a crime being committed)
8. No longer concerned? No further protective action needed. Staff member and supervisor /manager decide whether to discuss the initial concern with other services (e.g. school) to ensure that the person's needs are being met elsewhere
9. If the concern has been dealt with by a Facility User, then a report of the concern and of how it has been dealt with should be made using the appropriate form and should be forwarded to the Recreation Assistant and his/her Centre Manager within 3 days. Upon receipt of a concern report, the Centre Manager should notify 3d's DSO for adults within 1 working day, and a discussion involving the Centre Manager and DSO should take place within 1 further working day on the question of whether any further action needs to be taken by 3d. This discussion should be recorded, signed and, together with the concern report, placed in a safeguarding folder by the DSO
10. If the concern has been dealt with by a member of 3d staff, then the Centre Manager and DSO should be informed within one day, and a written concern report submitted to the manager and DSO by the end of the following day by the person who first became aware of the concern. The DSO will then place it in a safeguarding folder

11. Any safeguarding concerns that have been dealt with, will be reported on an anonymised basis by 3d to the school where the activity takes place within one week of the concern having first come to light.



17. Useful contacts

NSPCC Helpline 0808 800 5000 help@nspcc.org.uk
Childline 0800 1111 (textphone 0800 400 222) www.childline.org.uk
Action on Elder Abuse 0808 808 8141
Citizen's Advice Bureau www.citizensadvice.org.uk
National Centre for Domestic Violence 0800 970 2070
Samaritans Victim Support 0808 168 9111
Men's Advice Line 0808 801 0327
Rights of Women www.rightsofwomen.org.uk
Mental Health Foundation www.mentalhealth.org.uk





3d Leisure Limited

Peel House, Upper South View, Farnham, Surrey GU9 7JN
01252 732220 | info@3dleisure.com | 3dleisure.com

Reg. No. 2538054 VAT No. 572 4984 05