



1 Purpose

We work with children and families, this can include supporting people with disabilities who are parents/ carers of children or have children living in their family home. We also directly support children with disabilities in order to provide respite for their parents or carers.

This policy aims to;

- protect children who receive support from us or whose parents/carers use our services,
- provide a safe environment for children,
- support staff to identify children who are suffering or likely to suffer significant harm,
- provide clear direction to staff about how to respond to concerns about a child's welfare.

We believe that:

- all children have the right to live their lives free from abuse and should never experience abuse of any kind,
- everyone has a responsibility to keep children safe,
- everyone has a responsibility to promote the welfare of all children,
- the welfare of the child is paramount,
- all children, regardless of age, disability, gender, race, religion, sex or sexual orientation have a right to equal protection from all types of harm or abuse,
- working in partnership with children, their parents/carers and other agencies and organisations is essential in safeguarding children effectively.

The welfare of the child is paramount.

This policy applies to our whole workforce. This policy will be shared with all staff and stakeholders.

2 Policy definitions

We all have a duty to safeguard any child who uses our services or who we come into contact with. Child safeguarding applies to all children up to the age of 18 years whether living with their families, in state care, or living independently. It also applies to unborn babies. Child abuse can be perpetrated in two ways, through Commission or Omission. Commission refers to deliberate actions taken that lead to harm e.g. hitting a child.

Omission refers to a failure to meet a child's needs or a failure to act that leads to harm e.g. failing to provide adequate supervision.

Abuse/neglect can be a single or repeated act. It can also be deliberate acts or done unknowingly. Abuse/neglect can happen anywhere – in children's own homes, in hospitals, in residential settings etc.

Children with special educational needs and disabilities can be more at risk of experiencing abuse and may be less able to recognise when abuse is occurring, communicate with others to ask for help when abuse is occurring or protect themselves from abuse. It is therefore important that all staff working with children with special educational needs and disabilities are aware of the signs/symptoms of abuse and know how to report any concerns they have.

Abuse in relation to children is defined as; the persistent maltreatment of a child.

There are 4 types of child abuse that can take place:

Physical – a form of abuse that causes physical harm e.g. hitting, shaking, poisoning, drowning, scalding etc. It can also include a parent/carer fabricating symptoms of or deliberately inducing illness, female genital mutilation (FGM) and 'honour-based' violence.

Emotional – persistent emotional maltreatment which causes severe adverse effects on the child's emotional development. This can include; conveying to a child they are worthless, unloved or inadequate, not giving the child an opportunity to express his/her views or making fun of what they say, bullying, inappropriate expectations, corruption, witnessing the ill treatment of another person.

Sexual – forcing or enticing a child to participate in sexual activities, this does not necessarily involve violence and the child may not initially be aware that they are being sexually abused. Sexual abuse can involve physical assault, non-penetrative acts of assault e.g. kissing, masturbation, rubbing or touching outside the clothes. It can also include non-contact acts e.g. involving the child in looking at or producing sexual images, watching pornography or sexual acts, encouraging sexually inappropriate behaviours or grooming in preparation for abuse.

Neglect – persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of a child's health and development. Neglect may involve failing to; provide adequate food, clothing or shelter, protect a child from physical or emotional harm, ensure a child is adequately supervised, respond to a child's basic emotional needs. Neglect can occur during pregnancy.

3 Framework, Legislation and related KEYFORT Policies

This policy has been devised based on legislation, policy and guidance that is in place to protect children in England. This includes;

- The Children's Act (1989), (2004)
- Children and Social Work Act 2017,
- The Education Act (2002), (2011)
- The Adoption and Children's Act (2002), (2006)
- The Safeguarding Vulnerable Groups Act (2006)
- The Children and Young Person's Act (2008)
- The Protection of Freedoms Act (2012)
- The Children and Families Act (2014)
- Working together to Safeguard Children (2023)

A summary of the key legislation is available from www.nspcc.org.uk/childprotection.

This policy works alongside a number of our policies and procedures which all contribute to keeping children safe, these include but are not limited to;

- Training and Competency policy.
- Complaints, compliments and feedback policy.
- Consent Policy.
- Medication policy and procedures.
- Health and Safety policy and procedures.
- Incident – Accident Reporting policy and procedures.
- On Call policy and service.
- Professional Relationships policy and training.
- Staff Code of Conduct.
- Recruitment and Selection policy and procedures.
- Disclosure of Offences policy.
- Whistleblowing policy.
- Confidentiality policy.

4 Roles and Responsibilities

Everyone is responsible for being vigilant for signs/symptoms of abuse and for reporting any concerns, suspicions or disclosures of abuse.

We have an appointed individual who is responsible for leading safeguarding within the organisation. In their absence the Directors are available for staff to contact.

The designated Child Safeguarding Lead for KEYFORT is;

Leah Dodsworth

SEND Lead

ldodsworth@keyfortgroup.co.uk

0191 491 1735

The Lead Teacher based at Brinkburn is also a Designated Safeguarding Lead for that site.

Outside of office hours safeguarding concerns must be reported to regional On Call Managers who will then inform the necessary Safeguarding Lead/ Senior Manager. These can be contacted on the main office number even when out of hours on 0191 4911735.

Our Child Safeguarding Lead is responsible for;

- Ensuring that all staff are aware of this policy and are trained in recognising and responding to signs/symptoms/concerns/suspicions of abuse or neglect;
- Ensuring that any reported concerns or suspicions of abuse/neglect are acted upon, clearly recorded and reported to the relevant Local Authority Safeguarding Children Teams and the Care Quality Commission (CQC);
- Following up on any safeguarding referrals to ensure the issues have been addressed;
- Manage/oversee any investigations involving allegations of abuse/neglect made against our staff members;
- Review the effectiveness of relevant practices and policies in relation to safeguarding referrals;

- Ensuring staff working with children who have experienced abuse/neglect are well supported and receive appropriate supervision;
- Ensuring staff reporting concerns/suspicious of abuse or neglect are supported and protected under our whistleblowing and confidentiality policies.

5 Preventing Abuse/Neglect

We have a number of policies and practices that contribute to minimising the risk of abuse/neglect taking place, these include but are not limited to;

- Child Safeguarding Training for all staff who work with or regularly come into contact with children as part of their work duties.
- Pre-employment checks, including Child and Adult workforce DBS checks and references, completed before new employees have contact with the people and children we support.
- Safeguarding discussed during staff supervisions, appraisals and team meetings.
- Ensuring all stakeholders have a copy of the policy.
- Appointed Safeguarding Leads for the company.
- Valuing, listening to and respecting the children we support and come into contact with.

Please see the section of this policy entitled 'Framework, legislation and related our policies' for a list of company policies that also contribute to preventing abuse.

6 Recognising potential abuse/neglect

Our staff working with and coming into contact with children during their work, receive training in Safeguarding Children which includes recognising the signs and symptoms of abuse. These can vary depending on the individual, the circumstances and the type of abuse being experienced.

Signs/ Symptoms of abuse.

Physical Abuse

- Delay in parents/carers seeking medical help or not seeking medical help for serious injuries.
- Vague or changing accounts from parents/carers or the child for how injuries occurred or no explanation offered when asked.
- Parents/carers preventing the child from being able to tell you how an injury occurred.
- Repeated injuries or types of injuries that don't usually occur accidentally.
- Suspicious areas of bruising – accidental injuries usually result in bruising to places such as knees and elbows. Accidental injuries very rarely result in bruising to places such as the outer ear.
- Suspicious patterns of bruising – bruising from being grabbed (fingertip bruising), slapped or hit with an open palm, or from being hit with a weapon such as belt will leave clear bruising patterns and will usually be in specific places. E.g. finger tip bruising usually occurs on the upper arms/chest wall, slap marks on the cheeks (usually the left cheek if the abuser is right handed)/buttocks.

- Fabricated or Induced illness (previously referred to as Munchausen's Syndrome by proxy) can be indicated by frequent injuries/illnesses, numerous investigations of physical, psychological and educational problems over a period of time. As one problem is diagnosed or an investigation comes to an end another problem develops. Serious medical problems occurring only when the potential abuser is present e.g. blood in the urine, vomiting blood, seizures, episodes where the child stops breathing.

Emotional Abuse

- In infants/babies emotional abuse can result in; impaired social skills, withdrawn, developmental delay, acts of self-stimulation (e.g. head banging, rocking) and lack of responsiveness towards others.
- In pre-school aged children emotional abuse can result in; developmental delay, delay in learning to talk, behavioural problems such as reduced attention span, hyperactivity and aggression. The child having indiscriminate relationships with adults e.g. seeking physical attention from strangers.
- In school aged children emotional abuse can result in; difficulty learning, poor concentration, overactivity, disruptive behaviour, aggression, inappropriate or unusual toileting patterns/habits, low self-esteem, poor social interactions, self-stimulating behaviours and self-harm.

Sexual Abuse

- Sexually transmitted diseases.
- Pregnancy – there may be difficulty in getting the child to identify the father either through refusal or the child not knowing.
- Local trauma and/or infection e.g. bruising, lacerations, bites, burns, scratches or soreness to the inner thighs, breasts, genitals and/or anal region.
- Emotional difficulties such as loss of concentration, poor academic performance.
- Enuresis (bed wetting at an inappropriate age).
- Encopresis (soiling at an inappropriate age).
- Eating disorders.
- Self harm including drug and alcohol abuse, prostitution and suicide attempts.
- Inappropriate sexual behaviour.
- Inappropriate sexual knowledge.
- The child receiving gifts, having access to drugs, alcohol, cigarettes or money and unclear where this is from.
- The child being contacted by usually older 'friends/boyfriends/girlfriends' and seeming anxious to respond.

It is possible for there to be no physical symptoms of sexual abuse.

Neglect

- Frequent and numerous physical injuries – including accidental injuries.
- Signs of emotional abuse.
- Failure to thrive e.g. poor weight gain, below expected norms with no physical explanation, development delay.
- Appearing unkempt or dirty, poor hygiene.
- Inappropriately dressed for the weather e.g. no warm clothes in winter.
- Frequent hunger, searching for food e.g. in bins, stealing/hoarding food.
- Frequent illnesses/infections.
- Medical help or attention not being sought for illnesses/infections/injuries.
- Several or repeated missed medical appointments.
- Frequent tiredness.
- Being left alone for long periods.

- The child carrying out caring duties for others.
- The parents/carers repeatedly failing to engage in school activities.
- The child missing school frequently.
- Drug/alcohol use.
- Self harm.

7 Closed Cultures

A closed culture raises the safeguarding risk for the child being supported and the supporting team. It is a poor culture which raises the risk of harm and abuse and imposes on Human Rights. They reduce the quality of care being provided to the person being supported. They can be intentional, or unintentional but always remain detrimental. Children with learning disabilities, autism or who have high levels of cognitive need are most at risk.

Closed cultures can appear if;

- Children are unable to access their communities
- There is poor leadership
- Staff lack the right skills, training and experience to support people
- There is a lack of positive engagement between staff, families and health professionals.
- Children do not have an opportunity to speak up for themselves, with and without support of others.

We are committed to minimising any risks of closed cultures. They are unacceptable. All policies and procedures are designed to reduce the risk of closed cultures occurring.

If a member of staff feels a closed culture has developed within the support they work in, or they are concerned there is a closed culture developing. They must report this to their manager as soon as practically possible.

8 Bullying

Bullying is when individuals or groups seek to harm, intimidate or coerce somebody who is perceived as vulnerable (Oxford English Dictionary, 2018). It can happen to anybody, anywhere at anytime.

Types of bullying include;

- Verbal abuse – name calling, saying nasty things to or about a child
- Physical abuse – hitting, pushing, physical assault.
- Emotional abuse – making threats, undermining a child or exclusion from groups
- Cyberbullying – excluding, sending threatening messages, creating and sharing malicious images, 'trolling' – using social networks, voting for or against somebody in an abusive poll, setting up hate sites, encouraging young people to self-harm, creation of fake accounts of stealing identities.

Our staff will be aware of the impact of bullying. Signs include;

- Sadness, depression and anxiety
- Low self-esteem
- Social isolation
- Losing confidence
- Having problems eating and/or sleeping

- Changes in appearance
- Self-harm
- Suicidal thoughts
- A change in the child's performance and attendance at school
- A change which is resulting in the child becoming more upset

Guilt can also occur if the child has witnessed another being bullied. They may not know how to help and this could lead to experiences of guilt for not stepping in. They may also be afraid.

9 Photography and filming

We will ensure consent is gained if photography and filming is being used within support. Some children, parents or carers may not feel comfortable with images. For example, if their child or their family are worried about a perpetrator, they wish to have a minimal online presence, or religious or cultural reasons.

For under 16's, parental consent should always be gained.

For 16 to 17 year olds, a decision needs to be taken if it's appropriate to gain parental consent, depending on the activity and the young person. In all aspects, regardless of consent, the child's family or carers should be informed.

All consent should be recorded prior to photography on our written consent form. At all points, the family and child should be informed why an image has been taken, where it will be used and their rights to have the image removed/deleted.

10 Responding to abuse/neglect

All of our staff have a duty to act on any concerns, suspicions or disclosures of abuse, WE will ensure that all staff, people being supported and their next of kin are provided with a copy of this policy.

We will also ensure that the child receiving support and care understands the procedure and is involved and consulted throughout the process.

How to respond if a child discloses an allegation of abuse/neglect;

- Listen and make the child feel safe
- Make sure you and the child are somewhere quiet and confidential
- Offer comfort
- Be reassuring and sympathetic
- Remain calm and do not show shock or disbelief
- Clarify what the child is saying or what they mean. Do this by using open questions (e.g. questions that can't be answered with a Yes/No), questions that start with How/Who/What/Where/When and TED questions (Tell me, Explain, Describe).
- Tell the child that you'll have to pass on what they've told you, explain who you're going to contact and reassure them they've done the right thing by talking to you.
- If needed provide first aid and seek any required medical attention.

- Contact On Call to inform them of the allegation and for support, advice and guidance
- When possible record in detail what the child has told you – in their own words wherever you can. Use an Incident-Accident reporting form to do this.
- Do NOT start to investigate or ask detailed/probing questions
- Do NOT start a full interview – you should only ask questions to clarify what the child is telling you so you can establish if there is a safeguarding concern
- Do NOT ask 'Why' questions
- Do NOT promise to keep the information secret
- Do NOT take photographs of any injuries/marks
- Do NOT examine the child or ask the child to remove clothing to show you any injuries/marks.

If you witness abuse, or abuse has just taken place;

- Keep yourself and others safe
- Call an Ambulance if required or seek appropriate medical attention
- Call the Police if you think a crime may have been committed
- Comfort and reassure the victim
- Preserve any evidence e.g. do not tidy or clean up and discourage the victim from changing their clothes or washing
- Contact On Call to inform them of the incident and for support, advice and guidance
- Record what happened on an Accident-Incident Reporting form and forward to On Call as soon as possible.

If you have a concern/suspicion that abuse/neglect may be taking place;

- Write down your concerns, include details of any incidents you are concerned about or any other potential evidence.
- Contact the Case Manager who oversees the child's support or the Child Safeguarding Leads to report and discuss your concerns and forward them your written concerns.

If you have a concern/suspicion about or witness a staff member committing abuse/neglect;

- Do NOT confront the staff member, take steps to ensure the person being abused is safe, keep yourself and others safe.
- Follow the steps outlined above – where possible we will act in a way that will maintain the confidentiality of the person reporting concerns, staff can refer to our Whistleblowing policy for more information.

11 What happens next

The On Call Manager/ Case Manager/ Child Safeguarding Lead must ensure that everyone involved is safe and not in any immediate danger. They should also ensure that if needed an

ambulance has been called/medical attention has been sought and/or the police contacted.

The On Call Manager/Case Manager/ Child Safeguarding Lead must document exactly what the staff member has reported on an Accident-Incident reporting form.

If the concern is about a member of staff, the On Call Manager must contact one of the Child Safeguarding Leads, or a Senior Manager to decide what steps need to be taken to protect people. This will include assessing whether the staff member needs to be suspended from duty pending an investigation into the allegations/ concerns raised.

12. Making a safeguarding children's referral

Once all of the above have been completed the On Call Manager/Case Manager should link in with one of our Safeguarding Leads or a Manager for advice/guidance about when and how to make a safeguarding referral/alert.

A referral/alert to the alleged victims local authority must be done as soon as possible, on the day that the concern has been reported. If this is at the weekend, the On Call Care Coordinator should contact the local authority emergency duty team and inform one of KEYFORT's safeguarding leads.

If required, the KEYFORT safeguarding Lead will make a referral to the Local Authority Designated Officer (LADO) within 24 hours of concerns being raised, or on the following Monday if this is at the weekend. If there is any doubt, they will call for advice.

Please see appendix 1 for a list of local authority child safeguarding teams contact details.

Different local authorities have different reporting procedures so the On Call Manager should initially make contact via telephone and follow the phone operator's guidance. Some local authorities will record the phone call as the alert, others will ask for a Safeguarding Children Referral or Alert form to be completed and returned. The phone operator will email the On Call Manager this form. It should be completed within any timescales the phone operator gives or immediately and returned without delay.

It is then the Local Authorities duty to investigate and each local authority will follow a process to assess, investigate and act upon safeguarding referrals/alerts. If the incident has been reported to the Police, they will lead any criminal investigation and work with the local authority. It is all of our duty to engage with the Police and Local Authority, follow any instructions they give and provide any information requested. This may include written reports and face to face interviews.

As a general rule we should expect contact from a local authority social worker within 1 working day to confirm receipt of the alert/referral and a decision about how the local authority is going to respond. We are likely to be asked to submit a written report of the incident/concern within 24 – 48 hours of the alert/referral being made.

If we don't receive contact from the local authority within one working day of the alert/referral being made it is the responsibility of the Child Safeguarding Lead/ Senior Manager to follow this up with the local authority.

Information sharing and working with other organisations is vital in effectively managing safeguarding concerns about children and protecting them from potential abuse.

13. Managing an allegation made against a KEYFORT staff member

We will ensure that any allegations made against members of staff are dealt with as quickly as possible.

Where a member of staff is alleged to have committed a criminal offence the Police will be informed.

The safety of the children and people we support and staff is our main priority, therefore a decision will be made about the level of risk posed and whether it is safe for the alleged perpetrator to continue in their role or any other role within the service while the allegations are investigated. If it is deemed that the risk cannot be managed and there is no other suitable role the alleged perpetrator could undertake while the investigation is ongoing, they will be suspended from work duties.

We will then initiate internal disciplinary investigations, with permission from and in coordination with any external bodies involved in the safeguarding investigation (e.g. the Police/Local Authority).

Please see our Whistleblowing Policy for more information.

14 Recording and managing confidential information

We are committed to maintaining confidentiality wherever possible, information about safeguarding concerns/incidents will only be shared with those who need to know. Please see our Confidentiality policy for more information.

Any incidents/concerns/allegations of abuse or neglect should be recorded on an Incident Accident Report form. The information recorded must be:

- Accurate
- Relevant
- Timely
- Necessary
- Proportionate
- Secure
- Legible
- Permanent (written in black pen/ typed and saved in way that cannot be altered).
- Factual

Staff should use initials and role descriptions to identify the people involved. Wherever possible Incident Accident Reports should be completed electronically and emailed to the On Call Manager, Case Manager or Child Safeguarding Lead as soon as possible and within a maximum of 24 hours of the incident taking place.

Staff should then delete any copies from their personal computer/electronic device.

Forms will then be saved onto our internal computer system where access will be restricted in compliance with confidentiality. If forms need to be shared externally any identifying, personal details must be removed/anonymised before it is shared.

15. If you are concerned that we aren't responding appropriately to a Safeguarding concern you've raised

We take safeguarding very seriously and will always act upon concerns raised, however if for any reason you do not think appropriate action has been taken please contact our Child Safeguarding Lead or a Senior Manager.

For more information you can refer to the document 'What to do if you're worried a child is being abused' which can be found using this link:

<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>

16. Safeguarding Children Partnership Procedures

Every local safeguarding Children Partnership will have slightly different policies and procedures but will generally follow the process below when an alert/referral has been received;

- Confirm receipt of the referral/alert within one working day of the referral/alert being made.
- Assess the referral and decide on next steps which could include any or all of the below;
- Contact the child's health visitor, school nurse, GP, school and any other professionals or organisations (including voluntary) involved,
- Start a multi-agency assessment (within 1 working day of referral),
- Arrange a strategy meeting with police and the above professionals and organisations to assess the risks and decide on a joint safeguarding strategy for the child and family,
- Decide how the child and family will be informed of the actions agreed,
- Visit the child as soon as possible,
- Organise a medical examination of the child if appropriate.

17. The role of the Local Authority Designated Officer

Where the allegation is made against a staff member, the Local Authority Designated Officer (LADO) will oversee the safeguarding.

Multi-agency cooperation and information sharing is at the core of child safeguarding and is needed to ensure the best outcome for the child.

The child's welfare is paramount and overrides any concerns about the wellbeing of parents/carers.

The LADO must be contacted within one working day in respect of all cases in which it is alleged that a person who works with children has:

- behaved in a way that has harmed, 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.

There may be up to three strands in the consideration of an allegation:

- a police investigation of a possible criminal offence;

- enquiries and assessment by children's social care about whether a child is in need of protection or in need of services;
- consideration by an employer of disciplinary action in respect of the individual.

The LADO is responsible for:

- Providing advice, information and guidance to employers and voluntary organisations around allegations and concerns regarding paid and unpaid workers.
- Managing and overseeing individual cases from all partner agencies.
- Ensuring the child's voice is heard and that they are safeguarded.
- Ensuring there is a consistent, fair and thorough process for all adults working with children and young people against whom an allegation is made.
- Monitoring the progress of cases to ensure they are dealt with as quickly as possible.
- Recommending a referral and chairing the strategy meeting in cases where the allegation requires investigation by police and/or social care.

The LADO is involved from the initial phase of the allegation through to the conclusion of the case. The LADO is available to discuss any concerns and to assist you in deciding whether you need to make a referral and/or take any immediate management action to protect a child.

18. Supporting children who have experienced abuse

We recognise that children who have experienced abuse, including those who have witnessed the ill treatment of others, may find it difficult to develop a sense of self-worth and to view the world in a positive way. We may be the only stable, secure and predictable element in the lives of some of the children in its care.

We recognise that such children might exhibit behaviours of concern, this may include aggression, difficulty engaging in positive social interactions, difficulty forming and maintaining positive relationships. We also recognise that some children who have experienced abuse may in turn abuse others.

This requires a considered and sensitive approach in order that the child receives appropriate help and support.

We will endeavour to support all its children through:

- Working in partnership with all of the professionals and organisations involved in the child's life in order to assess the child's support needs, define and allocate clear roles and responsibilities and create a comprehensive care and support plan.
- Ensuring staff working with the child are trained and have access to additional supervision and support from suitably qualified staff members.
- Have a clear positive behaviour support plan for each child, which has been developed and shared in partnership with all other relevant professionals.
- Ensure that regular, detailed and clear communication is established with all relevant parties.

19. Summary

- All staff must attend regular training in Child Safeguarding and ensure they are familiar with the signs and symptoms of abuse and how to report any concerns.
- Staff must report any safeguarding concern or disclosure to the On Call Manager, our Child Safeguarding Lead, a Case Manager or a Senior Manager.
- Staff must not promise to keep safeguarding disclosures or concerns 'secret' – they must be reported.

This Policy will be reviewed annually or in light of any changes in legislation and/or guidance.

Appendix 1 – Useful Contact Details

Contact details by local authority:

Local Authority	Contact Number –Office Hours	Contact Number – Out of hours
Newcastle	0191 277 2500	0191 278 7878
Gateshead	0191 433 2653	0191 477 0844
Sunderland	0191 520 5560	0191 520 5552
Durham	03000 267 979	03000 267 979
Northumberland	01670 822386	01670 822386
North Tyneside	0345 2000 109	(0191) 200 6800
South Tyneside	0191 424 5010	0191 456 2093
Stockton	01429 284284	08702 402994
Darlington	01325 406222	08702 402994.
North Tyneside	0345 2000 109	0191 200 6800
Hartlepool	01429 284284	0870 240 2994.
Redcar & Cleveland	(01642) 771500	(08702) 402994
York	01904 551900	01609 780780.
Bradford	01274 437500	01274 431010
Liverpool	0151 233 3700	0151 233 3700
Carlisle	01228 221590	01228 526690
Allerdale	01900 706301	01228 526690
Copeland	01946 506352	01228 526690
Eden	01768 812233	01228 526690
Barrow In Furness	01229 407446	01228 526690
South Lakeland	01539 713378	01228 526690

KEYFORT Office contacts:

0191 491 1735

Emergency Services; 999 (urgent, life threatening, immediate risk of harm)

Police (non urgent): 101 asking for Local Area Police Station or Protecting Vulnerable Persons (PVP) Team.

Medical advice/attention (non urgent): 111

19 Review

This policy will be reviewed every three years or upon changes to regulation or guidance.

Issue:	Modification:	Prepared By:	Approved By:	Approval Date:
1	Initial Document			
2	Review	Danielle Haldane	Kelly Geleman	20/07/2023
3	Review	Kelly Geleman	Danielle Haldane	27/08/2024
4	Review	Kelly Geleman	Danielle Haldane	02/09/2024
5	Review	Kelly Geleman	Kelly Dunn	29/05/2025
6	Review	Kelly Geleman	Danielle Haldane	06/10/2025
7	Review	Kelly Geleman		