SAFEGUARDING POLICY

Children, young people and adults at risk

Organisation	Norfolk Therapy Services / NorfolkCBT
Designated Safeguarding Lead	Russell Wharton
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Policy adopted	29 August 2026
Review date	By 29 August 2027, or sooner if guidance or local pathways change
Applies to	In-person and online assessment, therapy, consultation and supervision

Immediate action

If anyone is in immediate danger or urgent medical attention is required, call 999. Do not delay emergency action while seeking consent or professional consultation.

1. Purpose and status

This policy sets out how NorfolkCBT will prevent, recognise, respond to, record and refer safeguarding concerns involving children, young people and adults at risk. It is designed for an independent psychological therapy practice and applies whether contact takes place in person, by telephone, online, by email or through professional supervision or consultation.

The policy is informed by Norfolk Safeguarding Children Partnership (NSCP) procedures, Norfolk Safeguarding Adults Board (NSAB) policy and procedures, Norfolk County Council referral pathways, and current national law and guidance. It does not replace those procedures. Current local procedures must be consulted whenever a concern arises.

2. Policy statement and principles

NorfolkCBT is committed to safeguarding and promoting the welfare, dignity, rights and wellbeing of every person who uses its services. Safeguarding is everyone's responsibility. Concerns will be taken seriously and acted on promptly, proportionately and without discrimination.

- The welfare and safety of the child or adult at risk are paramount.

- Practice will be person-centred, trauma-informed, culturally responsive and attentive to communication needs, disability, neurodivergence and barriers to disclosure.
- Children and adults will be listened to and involved in decisions wherever safe and practicable.
- Adults will be supported to exercise choice and control, consistent with Making Safeguarding Personal and the Mental Capacity Act 2005.
- Information will be shared lawfully, securely, proportionately and on a need-to-know basis. Data protection law is not a barrier to sharing information where this is necessary to protect someone from harm.
- Professional curiosity will be maintained. A single incident may sit within a wider pattern of coercion, neglect, exploitation, self-neglect or cumulative harm.

3. Scope and definitions

3.1 Child

A child is anyone who has not yet reached their 18th birthday. Safeguarding and promoting the welfare of children includes providing help and support to meet needs as soon as problems emerge; protecting children from maltreatment, whether within or outside the home and including online; preventing impairment of health or development; ensuring safe and effective care; and enabling the best outcomes.

3.2 Adult at risk

For the purposes of the Care Act 2014 safeguarding duty, an adult at risk is aged 18 or over, has needs for care and support (whether or not the local authority is meeting them), is experiencing or at risk of abuse or neglect, and because of those needs is unable to protect themselves from the abuse, neglect or the risk of it. Safeguarding concerns may still require proportionate action even where the statutory section 42 threshold is uncertain; Norfolk Adult Social Care will determine the appropriate response.

3.3 Abuse and neglect

Abuse may be a single act, repeated acts, omissions, coercive control or organisational practice. It may occur in any relationship or setting and may be deliberate or arise through ignorance or poor practice. Relevant forms include:

- physical, sexual, psychological or emotional abuse; domestic abuse; neglect and acts of omission;
- financial or material abuse; discriminatory abuse; organisational abuse; modern slavery and trafficking;
- self-neglect and hoarding; exploitation, including criminal, sexual, financial and online exploitation;
- bullying, cyberbullying, harmful sexual behaviour, forced marriage, so-called honour-based abuse, female genital mutilation and radicalisation;
- fabricated or induced illness, contextual or extra-familial harm, and abuse by another child or young person.

4. Legal and professional framework

This policy should be read alongside the following, as amended or replaced:

- Children Acts 1989 and 2004; Working Together to Safeguard Children 2026; Domestic Abuse Act 2021; Modern Slavery Act 2015; Female Genital Mutilation Act 2003 and mandatory reporting duties where applicable; Counter-Terrorism and Security Act 2015.
- Care Act 2014 and Care and Support Statutory Guidance; Mental Capacity Act 2005 and Code of Practice; Human Rights Act 1998; Equality Act 2010.
- Data Protection Act 2018 and UK GDPR; HM Government Information Sharing Advice for Safeguarding Practitioners (2024).
- NSCP policies and procedures, including referrals, information sharing, allegations against people who work with children and resolving professional disagreements.
- NSAB Multi-Agency Safeguarding Adults Policy 2025 and Procedures 2025, including Making Safeguarding Personal and People in Positions of Trust arrangements.
- NMC Code, BABCP Standards of Conduct, Performance and Ethics, EMDR professional standards, and NorfolkCBT confidentiality, privacy, record-keeping and complaints arrangements.

5. Roles and accountability

5.1 Designated Safeguarding Lead (DSL)

Russell Wharton is the Designated Safeguarding Lead and has operational responsibility for this policy. As an independent practitioner, he is responsible for recognising and assessing concerns, taking immediate protective action, consulting or referring to statutory services, documenting decisions, maintaining competence, reviewing policy and learning from incidents.

Where Russell Wharton is unavailable and delay could increase risk, any clinician or associate must contact emergency or statutory safeguarding services directly. No one needs permission to make a referral where they believe a child or adult may be at risk.

5.2 Supervision and consultation

Appropriate clinical or safeguarding consultation should be sought when it can improve decision-making, but it must never delay protective action. Consultation does not transfer professional accountability. Information should be anonymised where possible unless identifiable disclosure is necessary and lawful for safeguarding.

6. Prevention and safer practice

- Safeguarding responsibilities and the limits of confidentiality will be explained at assessment and revisited when relevant.
- Age, identity, current location, emergency contact details, GP and relevant involved services will be established to the extent appropriate to the service, particularly for online work.

- For clients under 18, consent, parental responsibility, the young person's competence, family context, safe communication arrangements and emergency procedures will be considered and documented.
- Professional boundaries will be maintained across in-person, online, telephone, email and messaging contact. Personal social-media contact will not be used for clinical relationships.
- Relevant DBS status, professional registration, insurance, continuing professional development and safeguarding learning will be maintained. Adult safeguarding learning will be refreshed at least every three years in line with NSAB expectations, with more frequent updating where role or guidance requires.
- Safeguarding records will be accurate, contemporaneous, securely stored and accessible only to those with a legitimate need.

7. Responding to a disclosure or concern

A concern may arise from a disclosure, observation, behaviour, injury, clinical assessment, third-party information, missed appointments, online contact, information in supervision, or an accumulation of lower-level indicators.

1. Ensure immediate safety. If there is immediate danger, serious injury, urgent medical need or a crime in progress, call 999. Consider whether the person can safely leave, whether children or other adults are also at risk, and whether evidence needs preserving.
2. Listen calmly and take the concern seriously. Allow the person to use their own words. Do not investigate, press for detail, ask leading questions, confront the alleged source of harm or promise secrecy.
3. Explain what will happen next. Be honest that relevant information may need to be shared to protect them or someone else.
4. Clarify only what is necessary to understand the nature and immediacy of the risk: who is involved, what happened, when and where, present safety, and whether anyone else may be at risk.
5. Record promptly: date, time, context, the person's exact words where possible, observations, injuries disclosed or observed, immediate action, wishes, consent, capacity considerations, consultation, decisions, rationale and information shared.
6. Decide and act without delay using the child or adult pathway below. If uncertain, seek advice from the relevant Norfolk service. Do not allow uncertainty about threshold to become inaction.
7. Confirm the referral or agreed action, record the outcome and follow up. Escalate if the response does not address the risk.

8. Child safeguarding pathway

8.1 Immediate or child-protection concerns

Call 999 where a child is in immediate danger. For concerns that a child may be suffering or likely to suffer significant harm - including unexplained injury, domestic abuse in the household, exploitation or other immediate safeguarding concerns - a professional should contact Norfolk Children's Advice and

Duty Service (CADS) on 0344 800 8021. Current menu options identify children already supported by a social worker or family practitioner, exploitation, domestic abuse, and immediate child-protection concerns.

Where a child already has an allocated social worker, contact that worker or team directly where practicable, while taking emergency action if required.

8.2 Consent and informing parents or carers

Consent should ordinarily be sought for referrals and parents or carers should usually be involved. However, referral or information sharing must not be delayed where seeking consent or informing them may place the child, another person or the referrer at risk of significant harm, may lead to evidence being destroyed, or may undermine a police or safeguarding investigation. The decision and reasons must be recorded.

8.3 Early help and non-urgent support

From June 2026, non-urgent requests for community-based early help or Family Help are normally submitted through Norfolk County Council's professional Request for Support portal. Phone contact with CADS remains available for safeguarding and child-protection concerns. The current Norfolk "Supporting Children and Families - Right Help at the Right Time" guidance should be used to describe needs and select the appropriate pathway.

8.4 Listening to a child

The child should be listened to carefully, reassured that they have done the right thing by speaking, and told in age-appropriate language that information will be shared with people who can help keep them safe. The child should not be asked to repeat their account unnecessarily.

9. Adult safeguarding pathway

9.1 Immediate danger

Call 999 if an adult is in immediate danger, needs urgent medical attention or a crime is in progress. Contact police on 101 for non-emergency crime reporting where appropriate.

9.2 Raising a concern

Safeguarding concerns about an adult in Norfolk should be reported to Norfolk Adult Social Services on 0344 800 8020 or through the Adult Social Care Online safeguarding concern route. The referral should explain the adult's care and support needs, the abuse or neglect or risk, why they may be unable to protect themselves, immediate safety issues, the adult's desired outcomes, capacity and consent, and action already taken.

9.3 Making Safeguarding Personal, consent and capacity

The adult's views, wishes, desired outcomes and wellbeing will guide the response. Consent should normally be obtained before sharing information. Information may nevertheless be shared without consent where there is a lawful and proportionate reason, including risk to others, serious crime, coercion or undue influence, inability to protect oneself, lack of relevant decision-making capacity, a public-interest justification, or another legal duty. The rationale must be recorded.

Mental capacity is decision-specific and time-specific. Capacity must not be assumed absent because a person makes an unwise decision. Where there is reason to doubt capacity, the Mental Capacity Act principles will be applied and the person supported to decide. Where the person lacks capacity, action must be in their best interests and be the least restrictive practicable option.

9.4 Self-neglect and hoarding

Self-neglect may include severe neglect of personal care, health or surroundings and may coexist with trauma, mental disorder, executive-function difficulties, coercion or other abuse. Patterns, cumulative risk, fire risk, dependent children or adults, and the person's ability to understand and manage the risk must be considered. Current NSAB self-neglect and hoarding guidance should be used; apparent refusal of help does not end professional responsibility to assess and respond proportionately.

10. Suicide, self-harm and clinical risk

Suicidal thoughts or self-harm do not automatically constitute abuse or neglect, but may require urgent clinical, emergency or safeguarding action. A proportionate risk assessment will consider intent, plan, means, timeframe, previous behaviour, protective factors, current location, intoxication, mental state, dependants and ability to collaborate with a safety plan.

- Call 999 or request urgent emergency assistance where there is imminent danger or serious injury.
- Where risk is significant but not immediately life-threatening, support timely contact with the GP, NHS 111 option 2 or the relevant local urgent mental-health service, and involve trusted others where lawful and helpful.
- Consider safeguarding referral where abuse, neglect, coercion, exploitation, care and support needs, parenting risk or risk to another person is present.
- Document the assessment, formulation, advice, information shared, actions, rationale and follow-up plan.

11. Online and remote work

At the start of remote work, the client's identity, age, usual address, current location, telephone number, emergency contact and relevant local services should be known to the extent proportionate. At each session where risk is elevated, current location and a reliable callback number should be confirmed. The client should be told what will happen if connection is lost during an emergency.

Where a client is outside Norfolk, the safeguarding referral must be made to the local authority or emergency service responsible for the person's current location. Norfolk pathways in this policy must not be used merely because the practice is based in Norfolk.

12. Information sharing and confidentiality

Confidentiality is fundamental but not absolute. Information may be shared when necessary and proportionate to safeguard a child or adult, prevent serious harm, comply with law, or support statutory safeguarding functions. A relevant lawful basis under UK GDPR and a condition for special-category data must be identified and recorded where required; consent is not the only lawful basis.

- Be open and honest about sharing unless doing so would increase risk, prejudice an investigation, or be otherwise unsafe or unlawful.
- Share only information relevant to the safeguarding purpose, with the right people, securely and in a timely way.
- Distinguish fact, observation, allegation and professional opinion; correct inaccuracies where identified.
- Record what was shared, with whom, when, why, the lawful rationale, consent or reasons for overriding it, and any advice received.
- If deciding not to share, record the decision and rationale and keep risk under review.

13. Recording and storage

A safeguarding record should include the person's identifiers and contact details; the nature and source of concern; verbatim disclosure where possible; relevant observations; immediate risks; wishes and desired outcomes; parental responsibility or capacity issues; consent; consultations; referrals; decisions and rationale; confirmation of receipt; outcome; follow-up and escalation. Records must be dated, timed and attributable.

Safeguarding information will be stored securely with access restricted to a legitimate need to know. Clinical notes should signpost the existence of safeguarding material without unnecessary duplication. Records will be retained and disposed of in accordance with professional, legal, insurance and data-protection requirements. Where allegations concern a practitioner, those records will be stored separately from the client's safeguarding record where appropriate.

14. Allegations or concerns about a practitioner

14.1 A person working with children

Any allegation that an adult working or volunteering with children has harmed a child, may have harmed a child, may pose a risk, or may be unsuitable to work with children must be treated separately from the child's immediate protection needs. Emergency action and referral for the child come first. The Norfolk Local Authority Designated Officer (LADO) process must then be consulted without delay. LADO referral

and consultation forms are submitted to LADO@norfolk.gov.uk. The person who is the subject of the allegation must not be alerted where this could increase risk or prejudice enquiries.

14.2 A person in a position of trust with adults

Concerns that a practitioner or other person in a position of trust may pose a risk to adults with care and support needs will be reported through the NSAB/Norfolk Adult Social Care People in Positions of Trust (PiPoT) arrangements, alongside any safeguarding concern, police report, professional-regulator notification or DBS referral required.

14.3 Concern about the DSL or sole practitioner

A client, family member, professional or associate who has a concern about Russell Wharton should contact the relevant statutory safeguarding service directly. Depending on the concern, this may include CADS/LADO, Norfolk Adult Social Services/PiPoT, police, the NMC, BABCP, EMDR professional body, DBS or another commissioning or regulatory body. The complaints procedure must not be used to delay safeguarding action.

15. Professional disagreement and escalation

If a referral is not accepted or the response appears inconsistent with the level of risk, the rationale will be requested and recorded, further evidence supplied, and the concern escalated through the relevant team manager and the current NSCP Resolving Professional Disagreements Procedure or NSAB escalation arrangements. Immediate danger must always be addressed through emergency services. The case will not be closed solely because another agency has declined action.

16. Training, supervision and policy review

Safeguarding competence will be maintained through induction where associates are used, relevant children's and adults' safeguarding training, professional supervision and continuing professional development. Learning needs will reflect the client group and include domestic abuse, exploitation, self-neglect, suicide risk, information sharing, mental capacity, online practice and local referral routes.

This policy will be reviewed at least annually and sooner following a safeguarding incident, learning review, complaint, change in law or guidance, change to Norfolk pathways, or material change in services. Contact details and web links should be checked whenever the policy is used.

Appendix A - Quick action guide

Situation	Action	Contact
Immediate danger / crime in progress	Protect life; call emergency services; then follow the relevant safeguarding pathway.	999
Urgent child-protection concern	Professional calls CADS. Use the option matching the concern.	0344 800 8021

Situation	Action	Contact
Non-urgent child/family support	Use the professional Request for Support portal and current Right Help at the Right Time guidance.	norfolk.gov.uk
Adult safeguarding concern	Raise with Norfolk Adult Social Services or Adult Social Care Online.	0344 800 8020
Non-emergency police matter	Report to Norfolk Constabulary.	101
Allegation: adult works with children	Protect the child; consult/refer to Norfolk LADO.	LADO@norfolk.gov.uk
Concern: person in trust with adults	Use Adult Social Care / NSAB PiPoT route alongside other required reports.	0344 800 8020

Appendix B - Minimum safeguarding record

- Date, time, place and method of contact.
- Who was present and the source of information.
- The person's own words and relevant observations.
- Nature, frequency and context of the harm or risk; who may be affected.
- Immediate safety and medical needs; emergency action taken.
- Child/adult's wishes, desired outcomes and communication needs.
- Consent, parental responsibility, competence or mental-capacity considerations.
- Advice or consultation obtained and from whom.
- Information shared, recipient, method, lawful rationale and time.
- Referral details, confirmation of receipt, decision, follow-up and escalation.
- Professional analysis, decision and clear rationale, including any decision not to refer.

Appendix C - Key sources and live links

- **Norfolk Safeguarding Children Partnership - How to Raise a Concern:** https://norfolklscp.org.uk/people-working-with-children/how-to-raise-a-concern
- **NSCP Policies and Procedures:** https://norfolklscp.org.uk/about/policies-procedures
- **Norfolk County Council - Report a safeguarding concern:** https://www.norfolk.gov.uk/article/42510/Report-a-concern---safeguarding
- **Norfolk Safeguarding Adults Board - Policy and Procedures:** https://www.norfolksafeguardingadultsboard.info/protecting-adults/working-with-adults-at-risk/policy-and-procedures
- **Working Together to Safeguard Children 2026:** https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

- **HM Government information-sharing advice:**
  https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice