



Safeguarding Children Policy

Version/Revision	Date Effective From	Reviewed	Next Review
V1 Revised Policy	October 2015	SMT 31 st March 2017 SMT 11 th May 2018 SMT 11 th June 2019	SMT 1 st May 2019 SMT 1 st June 2020

NB: Policies will be reviewed earlier than the next review date if there are any changes in legislation that would affect the policy

This document is the Safeguarding Children Policy for n-compass North West Ltd which will be followed by all members of the organisation and followed and promoted by those in positions of leadership within the organisation.

This document is written in accordance with the relevant Local Safeguarding Children Board (LSCB) multi agency policy and procedure and 'Working Together to Safeguard Children' 2010.

n-compass provides advocacy, carers, health and wellbeing and self harm (counselling) services to children, young people and adults within the North West of England.

n-compass North West Ltd is fully committed to safeguarding the welfare of all children and young people. It recognises its responsibility to take all reasonable steps to promote safe practice and to protect children from harm, abuse and exploitation.

n-compass acknowledges its duty to act appropriately to any allegations, reports or suspicions of abuse.

Trustees, paid staff, volunteers and students will endeavour to work together to encourage the development of an ethos which embraces difference and diversity and respects the rights of children, young people and adults.

Throughout this policy, safeguarding and promoting the welfare of children is defined as protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and taking action to enable all children to have the best outcomes. Child protection is part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering or at risk of suffering Significant Harm. Effective child protection is essential as part of wider work to safeguard and promote the welfare of children. However, we should aim pro-actively to safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced.

A child is anyone under the age of 18, including unborn babies.

To fulfil our commitment to safeguard and promote the welfare of children, n-compass will have:

- A designated trustee lead to take leadership responsibility for the organisations safeguarding arrangements
- A clear commitment from all management to the importance of safeguarding and promoting children's welfare
- A designated professional lead for safeguarding. Their role is to support trustees, paid staff, volunteers and students in the organisation in relation to safeguarding and promoting the welfare of children. The professional lead for safeguarding will be given sufficient time, funding, supervision and support to fulfil their responsibilities effectively
- A clear line of accountability within the organisation in relation to safeguarding and promoting the welfare of children

- Safe recruitment practices for individuals who will work regularly with children, including policies on when to obtain criminal record checks
- Appropriate induction, supervision and support for trustees, paid staff, volunteers and students, including undertaking safeguarding training and keeping this up to date by refresher training at regular intervals
- Procedures for dealing with allegations of abuse against trustees, paid staff, volunteers and students
- Policies and procedures for safeguarding and promoting the welfare of children
- Arrangements to work effectively with other organisations to safeguard and promote the welfare of children, including arrangements for sharing information
- A culture of listening to, and engaging in dialogue, with children - seeking children's views in ways that are appropriate to their age and understanding, and taking account of those views in individual decisions and in the establishment or development of services
- Clear whistle-blowing procedures and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed

Principles

n-compass Safeguarding Children Policy is based upon these principles -

- The welfare of a child or young person will always be paramount
- The welfare of families will be promoted
- The rights, wishes and feelings of children, young people and their families will be respected and listened to
- Keeping children safe from harm requires people who work with children to share information
- Those people in positions of responsibility within the organisation will work in accordance with the interests of children and young people and follow this policy

1. Duty to refer

A referral must be made to Children's Social Care, in the area in which the child resides or is found, if it is believed or suspected that:

- i. A child is suffering or is likely to suffer significant harm. 'Significant harm' is the threshold that justifies compulsory intervention in family life in the best interests of children. Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect are all categories of Significant Harm (see Appendix 1). Harm is defined as the ill treatment or impairment of health and development and may include, "for example, impairment suffered from seeing or hearing the ill treatment of another". There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes a single violent episode may constitute significant harm but more often it is an accumulation of significant events, both acute and longstanding, which interrupt, damage or change the child's development

or

- ii. A child would be likely to benefit from family support services with the agreement of the person who has parental responsibility. A referral for family support must be accompanied by a Common Assessment Framework (CAF) form (or similar) and should be considered alongside the threshold documents/continuum of need for the relevant local authority. If a CAF is already in place the CAF lead professional should be contacted. The consent of the parent and/or child or young person must be gained before making a referral for family support or contacting the existing CAF lead professional.

When there are concerns about significant harm, then the referral must be made immediately. The greater the level of perceived risk, the more urgent the action should be.

The information may relate to harm caused by another child, in which case both children, i.e. the suspected perpetrator and victim, must be referred

Where it is anticipated that prospective parents may need support services to care for their baby or that the unborn baby may be at risk of significant harm, a referral to Children's Social Care must be made as soon as the concerns are recognised

A referral must be made even if it is known that Children's Social Care is already involved with the child/family, as this may be new information

When a child/young person is perceived to be a risk to themselves and/or others follow 'n-compass' incident procedure

2. Urgent Medical Treatment

If the child is suffering from a serious injury or requires treatment, medical attention must be sought immediately by calling an ambulance (dial 999) or, in unusual circumstances, taking the child to the Accident and Emergency Department of the local hospital. The duty Consultant Paediatrician must be informed of the nature of the concerns, and the individual who identified the concerns must make a referral in accordance with this procedure as soon as practicably possible

3. Ensuring Immediate Safety

The safety of children is paramount in all decisions relating to their welfare. Any action taken should ensure that no child is left in immediate danger. Consideration should be given as to whether action is required to safeguard and protect the welfare of any other children in the same household or related to the household or the household of an alleged perpetrator or elsewhere e.g. a work environment such as a school. The law empowers anyone who has care of a child to do all that is reasonable in the circumstances to safeguard her/his welfare. If a child is in immediate danger the Police should be contacted (dial 999) as they alone have the power to remove a child immediately if protection is necessary, via Police Protection Order.

4. Information Sharing and Confidentiality

The safety and welfare of the child overrides all other considerations, including confidentiality, gathering of evidence, commitment or loyalty to clients, relatives, friends or colleagues. The overriding consideration must be the protection of the child - for this reason, absolute confidentiality cannot and should not be promised to anyone. If suspicions or allegations are about relatives, friends or colleagues, professional or otherwise, the concerns must not be discussed with them before making the referral. Referrals made by professionals can never be anonymous.

The organisation shall ensure that any records made in relation to a referral/potential referral shall be kept confidentially and in a secure place.

Effective information-sharing underpins integrated working and is a vital element of both early intervention and safeguarding. Keeping children safe from harm requires practitioners and others to share information about;

- A child's health and development and any exposure to possible harm;
- A parent who may need help, or may not be able to care for a child adequately and safely; and
- Those who may pose a risk of harm to a child.

Often, it is only when information from a number of sources has been shared and is then put together, that it becomes clear that a child has suffered, or is likely to suffer, significant harm. Practitioners should be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children. This includes when problems first emerge, or where a child is already known to local authority children's social care (e.g. they are being supported as a child in need or have a child protection plan). Practitioners should also be alert to sharing important information about any adults with whom that child has contact, which may impact on the child's safety or welfare

5. Listening to the child

If a child makes an allegation or discloses information which raises concern about significant harm, the initial response should be limited to listening carefully to what the child says so as to –

- i. Clarify the concerns
- ii. Offer reassurance about how s/he will be kept safe
- iii. Explain that the information will be passed to Children's Social Care and/or the Police

If a child is freely recalling events, the response should be to listen, rather than stop the child; however, it is important that the child should not be asked to repeat the information to a colleague or asked to write the information down. DO NOT directly question the child.

It is good practice to ask a child why they are upset or how a cut or bruise was caused, or respond to a child wanting to talk to you. However, the child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality. Such well-intentioned actions could prejudice police investigations.

A record of all conversations, (including the timings, the setting, those present, as well as what was said by all parties) and actions must be kept. Do not throw this away as it may later be needed as evidence. Use the child's own words where possible.

If the child can understand the significance and consequences of making a referral, he/she should be asked her/his views

Whilst the child's views should be considered, it remains the responsibility of the professional to take whatever action is required to ensure the safety of that child and any other children

Explain that you cannot promise not to speak to others about the information they have shared - do not offer false confidentiality. Tell the child what you are going to do next and reassure them that they have done the right thing in telling you and have not done anything wrong

In some situations a child may not have spoken to you. You may have made observations or received information which results in you becoming concerned about a child. Once you tell a child that you cannot promise to speak to others if they share something with you

they may decide not to share that information with you. In these situations you should still follow the Safeguarding Procedure (see Appendix three).

6. Parental consultation

In general, concerns should be discussed with the family and, where possible family's agreement to making a referral sought, unless this may, either by delay or the behavioural response it prompts or for any other reason, place the child at increased risk of significant harm

A decision not to seek parental permission before making a referral to Children's Social Care must be approved by the manager responsible for safeguarding within your team, recorded and the reasons given. Possible reasons for not seeking parental permission include, where to do so would a) possibly interfere with a police investigation, b) be prejudicial to the child's welfare or safety, c) cause concern about the adults behaviour towards the child and/or d) cause concern that the child would be at risk of further significant harm.

Where a parent has agreed to a referral, this must be recorded

Where the parent is consulted and refuses to give permission for the referral, further advice and approval should be sought, unless to do so would cause undue delay. The outcome of the consultation and any further advice should be fully recorded

If, having taken full account of the parent's wishes, it is still considered that there is a need for a referral:

- i. The reason for proceeding without parental agreement must be recorded
- ii. The Children's Social Care team should be told that the parent has withheld her/his permission
- iii. The parent should be contacted by the referring professional to inform her/him that after considering their wishes, a referral has been made

7. Discussing your concerns

If you are concerned about a child you must share your concerns. Unless there is a need for urgent medical treatment or to ensure immediate safety you should, as soon as possible, initially speak to the manager responsible for safeguarding children within your team –

Managers responsible for safeguarding within each team

Advocacy Duty Team (Preston based) – Sophie Postlethwaite 07734872475

Blackburn and St Helens Advocacy Teams – Kathryn Dempster 07860 868 042

Wirral Advocacy Team – Karen Blair 07772459802

The Lancashire Carers Service Manager – Steven Varley office 01772 280030 mobile 07734872356

Lancashire Carers Central Team Leader – Melanie Cartwright office 01772 280030, mobile 07710 171853 **3CX 2006**

Lancashire Carers North Team Leader – Carley Fanning office 01772 280030, mobile 07710 171858 **3CX 1034**

Lancashire Carers Review Team Leader – Tracey Dyson mobile 07710 171856 **3CX 3007**

Lancashire Carers Participation and Engagement Lead – Margaret Hall office 01772 280030 **3CX 1015**

Practice Educator – Bernadette Callaghan office 01772 280030 mobile 07710 171840 **3CX 3008**

Carers' Hub Rochdale – Sandra Montgomery, office 03450 138 208, mobile 07702977937, – Janet Riley mobile 07710 171852 3CX 2029, Janet Davidson mobile 07742 401280 3CX 2032

Carers' Hub Cheshire East- Dawn Brown mobile 07736 621786 3CX 2104, Joanne Priest mobile 07718 559639 3CX 2103

Wellbeing Service – Tina Ward office; 03450 138 208, mobile: 07990816141, Wendy Marsh office; 03450 138 208, mobile; 07990802155, Sam Watson; 03450 138 208, mobile; 07990 814178

Self Harm – Ben Powell, office 03450 138 208, mobile 07583705512

Triage and Development Team – Rachel Dawe, office 03450 138 208, mobile 07734872356

In their absence you can speak to any one of the other managers above or n-compass' designated Safeguarding Lead/Deputy. If your responsible manager is implicated in the concerns, you should contact the Safeguarding Lead/Deputy. The above managers can seek further support, and guidance from n-compass designated Safeguarding Lead, or in their absence their deputy, where required -

Safeguarding Lead – Amanda Brooks, office 03450 138 208, mobile 07805479495

Safeguarding Deputy – Asher Beever, office 01772 280030, mobile 07791936924

Safeguarding Deputy – Catherine Hewitt, office 01772 280030, mobile 07393289907

All the above individuals will be trained in safeguarding procedures, including additional awareness and guidance relating to children in specific circumstances e.g. Domestic Violence, Self-Harm, Bullying, Forced Marriage, Child Sexual Exploitation, Sexually Active under 18s, Gangs, Fabricated/Induced illness.

You should consult with the relevant Childrens Social Care department if –

- You are unsure, or disagree, after internal discussion as to whether child protection concerns exist
- When you are unable to consult promptly or at all with your internal contact
- When concerns relate to the Safeguarding Lead/Deputy

Blackburn with Darwen	01254 666400
Blackpool	01253 477299
Lancashire	0300 123 6720
Wirral	0151 606 2008
Rochdale	0300 3030440
St Helen's	01744 676600
Cheshire East	0300 123 5012 (option 3)

Advice can also be sought from NSPCC 24 hour National Child Protection helpline on 0808 800 5000

Where a volunteer/student identifies concerns, upon discussing your concerns the manager with responsibility for safeguarding children in your team will assess, where necessary, who will proceed with making a referral and following the remainder of the Safeguarding Procedure

Where the concern is identified within a school, unless specifically requested not to by the child/young person or to do so would put the child at risk, the schools Child Protection Officer would be approached for advice and a course of action agreed. It will be the responsibility of the Child Protection Officer to follow up on any agreed course of action and provide n-compass with an update. This is to preserve the relationship between child, family and school and ensure the child has on site support throughout. If n-compass disagrees with the Child Protection Officers view of action required, or is not satisfied that the agreed action has been carried out, n-compass will act separately in accordance with this policy. (See Appendix four)

URGENT MEDICAL TREATMENT, ENSURING IMMEDIATE SAFETY AND MAKING A REFERRAL MUST NOT BE DELAYED BY THE UNAVAILABILITY OF INTERNAL/ DESIGNATED CONTACTS

8. Making a referral

Referrals where there is concern about the child being at risk of significant harm must be made in one of the following ways:

- i. In person or by telephone contact to the relevant Childrens Social Care Office
- ii. In an emergency outside office hours, by contacting the Children's Social Care Out of Hours Service / Emergency Duty Team or the Police (see appendix 9 for details of Emergency Duty Teams)
- iii. Verbal and telephone referrals must then be confirmed in writing within 48 hours of being made, utilising the required local authority form (see below)

In the event that an agency does not agree with the response and decisions about the referral by the Children's Social Care, the referring agency should discuss their concerns directly with the line manager of the social worker, in the first instance to seek resolution. Refer to the LASCBS Resolving Professional Disagreements Procedure.

Referrals should be made to the duty officer at the Children's Social Care Team where the child is living or is found. All professionals should make a follow-up written referral within 48 hours using their agreed referral process;

- In Blackburn and Darwen, the referral should be completed on the CAF form
- In Blackpool, the referral must be made on the Blackpool Getting it Right Children's services referral form
- In Lancashire, the referral must be made on the Children's Social Care Referral Form.
- In Wirral, the referral must be made on the Multi Agency Request For Service Form
- In Rochdale, the referral must be made on the multi agency child protection referral form
- In St Helen's the referral must be made on the Service Request Form

- In Cheshire East, the referral must be made of the Multi Agency Referral Form

(see appendix five).

If the child is known to have an allocated social worker, referrals should be made directly to the allocated worker or, in her/his absence, the manager of Children's Social Care on the relevant referral form referred to above.

If the concern arises out of office hours, the referral must be made to the Children's Social Care Out of Hours/ Emergency Duty Team or local Police as appropriate. Any work undertaken by the Emergency Duty Team will be completed by the regular office hours' Children's Social Care.

If it is not possible to contact Children's Social Care, the concern must be reported to the local Police

The person making the referral should provide the following information if available.

Note – absence of information must not delay a referral:

- Full name, any aliases, date of birth and gender of child/children;
- Full family address and any known previous addresses;
- Identity of those with parental responsibility;
- Names, date of birth and information about all household members, including any other children in the family, and significant people who live outside the child's household;
- Ethnicity, first language and religion of children and parents/carers;
- Any need for an interpreter, signer or other communication aid;
- Any special needs of the child/ren;
- Is the child registered at a school or regularly attending a school? If so, identify the school;
- Any significant/important recent or historical events/incidents in the child or family's life;
- Has the child recently spent time abroad or recently arrived in the area?
- Cause for concern including details of any allegations, their sources, timing and location;
- The identity and current whereabouts of the suspected/alleged perpetrator;
- The child's current location and emotional and physical condition;
- Whether the child is currently safe or is in need of immediate protection because of any approaching deadlines (e.g. child about to be collected by alleged abuser);
- The child's account and the parents' response to the concerns if known;
- The referrer's relationship and knowledge of the child and parents/carers;
- Known current or previous involvement of other agencies/professionals;
- Information regarding parental knowledge of, and agreement to, the referral

The duty social worker should acknowledge a referral within one working day of receiving it. If the referrer has not received an acknowledgement within 3 working days, he/she should contact the manager in Children's Social Care.

The Children's Social Care manager is responsible for ensuring that the referrer and the family (provided this does not increase any risk to the child) are informed of the outcome of the referral and reasons for supporting the decision. This will be done as soon as possible and, in all cases, within a maximum of 7 working days.

Feedback on the outcome of a referral should be provided to the referrer, including where no further action is to be taken, including the reason(s) why no further action will be taken. See appendix 5 for flowchart

9. Recording

If you have any concerns about a child, once you have discussed your concerns, you should complete the following **within 24 hours**;

- Complete relevant fields in the n-compass safeguarding concern database
- make a note on the child's electronic and paper individual files, including details of discussion with managers and the reason for the decision to refer or not.

If the child does not have an individual file, for example because it is their parent who is a client of n-compass' services, the most appropriate individual file(s) must be updated.

The safeguarding database and the child's records should be kept up to date as appropriate.

Within 48 hours, if you make a referral to children's social care or a crime is reported to the Police (regardless of the outcome/response), you should;

- Confirm verbal and telephone children social care referrals in writing, using the relevant local authority referral form.
- Begin completion of n-compass' safeguarding report form (See appendix six). This form should be updated as appropriate throughout the referral/feedback process and, once signed off by your Service/Department Lead should be passed to their senior service manager. Any original notes of discussions with the child, parents, managers etc and a copy of the local authority referral form should be attached to the safeguarding report form.

Paper and electronic records will be reviewed regularly to ensure decisions are followed through and recorded appropriately

Safeguarding report forms and attachments will be kept for six years from the date of referral. The database will be cleansed annually.

10. Common Assessment Framework

The Common Assessment Framework for children and young people (CAF) is a shared assessment tool used across agencies in England. It can help professionals develop a shared understanding of a child's needs, so they can be met more effectively. It will avoid children and families having to tell and re-tell their story;

The CAF is an important tool for early intervention. It has been designed specifically to help professionals assess needs at an earlier stage to prevent concerns escalating and then work with families, alongside other professionals and agencies, to meet them and to prevent concerns escalating;

The CAF is not for when there is concern that a child may have been harmed or is likely to be harmed. In these circumstances the above procedures must be followed;

Some children have important disadvantages that currently are only addressed when they become serious. Sometimes their parents know there is a problem but struggle to know how to get help;

The most important way of ensuring that these children can be identified earlier and helped before things reach crisis point is for everyone whose job involves working with children and families to keep an eye out for their well-being, and be prepared to help if something is going wrong;

The CAF has been introduced to help do this. It is a tool to identify unmet needs and should formulate a plan to address the needs of the family. It covers all needs, not just the needs that individual services are most interested in. Even if a professional is not trained to do a common assessment him or herself, knowing about the CAF will help them recognise when it might help so that they can arrange for someone else to do the assessment;

Each area has its own CAF procedures as parts of its inter-agency process for safeguarding children below the threshold for Child Protection (see appendix seven)

A CAF should be considered in every situation where safeguarding concerns are identified but a decision is reached not to make a referral to social care. However, parents and the child/young person must consent to a CAF being put in place

Further information on CAF/TAF/Early Help processes can be found on Local Safeguarding Children Boards websites

11. Safe Recruitment

All organisations which employ staff and/or volunteers to work with or provide services for children have a duty to safeguard and promote the children's welfare. This includes ensuring that safe recruitment and selection procedures are adopted which deter, reject or identify people who might abuse children or are otherwise unsuitable to work with them;

It is the responsibility of each organisation to consult with their human resources adviser, develop and review their own procedure and ensure that their practice satisfies the requirements of employment law;

Making safeguarding and promoting the welfare of children an integral factor in human resources management is an essential part of creating safe environments for children and young people. Safer practice in recruitment means thinking about and including issues to do with child protection at every stage of the process;

To ensure that those involved in recruiting and selecting staff are able to successfully test the candidates' ability and experience against a clearly defined person specification, they must be offered:

- Specific training in respect of safe recruitment and selection;
- Supervised/supported experience of recruitment;
- Periodic evaluation of performance by their supervisors

n-compass must not sub-contract to any personnel who have not been part of a safe recruitment process

See Safer Recruitment Policy and Acceptable Use Policy

12. Allegations against Adults who work with Children

These procedures should be applied when there is an allegation that a person who works with a child 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;
- Behaved towards a child or children in a way that indicates that they may pose a risk of harm to children.

Whilst in connection with his/her employment, voluntary activity or student placement

In order to discharge these duties n-compass will:

- Put in place and operate arrangements for handling allegations in accordance with these procedures;
- Identify a **SENIOR MANAGER** (SM) who will be the Position of Trust Lead and to whom allegations or concerns should be reported, and a deputy in his/her absence or if he/she is the subject of the allegation
- The person to whom the allegation is reported must:
 - Treat the matter seriously;
 - Ensure that, where necessary, the child/young person receives appropriate medical attention;
 - Make a written record of the information (where possible in the child's/parents own words) including when the alleged incident took place; who was present; and what happened;
 - Sign and date the written record;
 - Report the matter immediately to the Senior Manager, or deputy in his/her absence;
 - Maintain confidentiality – this means that the matter must not be discussed or shared with anyone other than Senior Manager to whom it is reported
- The Senior Manager will:
 - Obtain written details of the allegation, signed and dated by the person receiving the allegation;
 - Countersign and date the written details;
 - Record any other information and names of any potential witnesses;
 - Establish a chronology of significant events;
 - Consider any information already known about those involved;
 - Discreetly check any incident or log books;
 - On the basis of these factors, make a professional judgment, and record the reason for any subsequent action taken.
- Procedures need to be applied with common sense and judgment. Some allegations will be so serious as to require immediate referral to Children's Social Care and the Police for investigation. Others may be much less serious and at first sight may not seem to warrant consideration of a Police investigation, or enquiries by Children's Social Care. However it is important to ensure that even apparently

less serious allegations are seen to be followed up, and that they are examined objectively by someone independent of the organisation concerned;

- Consequently the Local Authority Designated Officer (LADO) should be informed of all allegations that come to the employer's attention and appear to meet the criteria within 1 working day so that s/he can consult Police and Children's Social Care colleagues as appropriate. In the event that the Senior Manager is unclear about what action to take i.e. he/she is unsure whether or not the issue meets the criteria, then the LADO is available for support and advice;
- If emergency action is required to safeguard or protect the child concerned, the usual safeguarding procedures will take precedence. Contact with the LADO should not be delayed in order to gather information;
- If an allegation requiring immediate attention is received outside of normal office hours the Senior Manager should consult/refer immediately with the Out of Hours Emergency Social Work Service or Local Police. They must ensure they inform the LADO the next working day, where possible
- The fact that a person tenders his or her resignation or ceases to provide their services must not prevent an allegation from being followed up in accordance with these procedures. Wherever possible the person should be given full opportunity to answer the allegation and make representations about it, but the process of recording the allegation and any supporting evidence, and reaching a judgement about whether it can be regarded as substantiated on the basis of all the information available should continue even if that cannot be done or if the person does not co-operate
- By the same token so called "settlement agreements" by which a person agrees to resign, the employer agrees not to pursue disciplinary action, and both parties agree a form of words to be used in any future reference must not be used in these cases and cannot prevent a thorough Police investigation. Nor can it override an employer's statutory duty to make a referral to the Disclosure and Barring Service where circumstances require that
- The possible risk of harm to children posed by an accused person needs to be effectively evaluated and managed – in respect of children involved in the allegations, and any other children in the individual's home, work or community life. In some cases that will require the employer to consider suspending the person. Suspension should be considered in any case where there is cause to suspect a child is at risk of significant harm or the allegation warrants investigation by the Police, or is so serious it might be grounds for dismissal. People must not be suspended automatically, or without careful thought. Employers must consider whether the circumstances of a case warrant a person being suspended from contact with children until the allegation is resolved. The power to suspend is vested in the employer alone, however the LADO can canvass the view of other agencies involved as to whether the accused member of staff needs to be suspended to inform the employer's consideration of suspension. If suspension is deemed appropriate, the reasons and justification should be recorded and the individual notified of the reasons
- Employers should keep a clear and comprehensive summary of any allegations made, details of how the allegation was followed up and resolved and details of any action taken and decisions reached on a person's confidential personnel file and give a copy to the individual. Such information should be retained on file, including for people who leave the organisation, at least until the person reaches normal retirement age or for ten years if that will be longer. The record will provide accurate information for any future reference and provide clarification if a future Disclosure and Barring Service disclosure reveals an allegation that did

result in a prosecution or conviction. This record will prevent unnecessary re-investigation if the allegation should resurface after a period of time. Details of allegations that are found to be malicious should be removed from personnel records.

- Where there is insufficient evidence to substantiate an allegation the employer should consider what further action, if any, should be taken. Parents and child/young person should be informed in writing as to the reasons why no further action will be taken. The individual against whom the allegation was made should be informed in writing and where necessary reference made to the employer's guidance for safe practice.
- Where an allegation has been determined as unfounded, this may be a strong indicator of abuse elsewhere requiring further exploration. The employer should refer the matter and inform LADO as to whether the matter should be referred to Children's Social Care to determine whether the child is in need of services, or might have been abused by someone else;
- If an allegation has been deliberately invented or malicious, the Police should be asked to consider whether any action might be appropriate against the person responsible;
- If it is decided on the conclusion of the case that a person who has been suspended can return to work the employer should consider how best to facilitate that. Most people benefit from some help and support to return to work after a very stressful experience. The employer should consider how the persons contact with the child or children who made the allegation can best be managed if they are still in the workplace.
- If the allegation is substantiated, and on conclusion of the case, the person is dismissed or the employer ceases to use the person's services, or the person resigns or otherwise ceases to provide his/her services, the LADO should consult with the employer as to whether a referral to the Disclosure and Barring Service and/or a Regulatory Body is required or advisable, and the form and content of a referral. A referral must always be made if the employer thinks that the individual has harmed a child or poses a risk of harm to children.
- If such a referral is appropriate it should be made within one month. It is the responsibility of the employer to make the referral; the LADO will provide support to do so where necessary and will track the progress of the referral;
- Children and families involved in the allegation should be made aware of services that exist locally and nationally which can offer support and guidance, and be provided with any necessary information regarding independent and confidential support, advice or representation;
- Parents or carers of a child should always be kept informed of the progress of an investigation; however the detail of the information considered by the disciplinary panel and their deliberations cannot normally be disclosed;
- Parents or carers of the child should be told of the outcome as soon as possible after the decision of any disciplinary panel has been reached.
- Employers have a duty of care to their workers and should act to manage and minimise the stress inherent in the allegations and disciplinary process. Support to the individual is key to fulfilling this duty;
- Individuals should be informed of concerns or allegations as soon as possible and given an explanation of the likely course of action unless there is an objection by Children's Social Care or the Police. They should be advised to contact their trade

union representative, if they have one, and given access to welfare counselling or medical advice where this is provided by the employer;

- Particular care needs to be taken when employees are suspended to ensure that they are kept informed of both the progress of their case and in developments occurring in the workplace. Social contact with colleagues and friends should not be precluded except where it is likely to be prejudicial to the gathering and presentation of evidence;
- When an employee returns to work following a suspension, or at the conclusion of a case, planned arrangements should be made to facilitate their reintegration. This may involve informal counselling, guidance, support, reassurance and help to rebuild confidence in working with children and young people.
- At the conclusion of a case in which an allegation is substantiated the employer should review the circumstances of the case to determine whether there are any improvements to be made to the organisation's procedures or practice to help prevent similar events in the future. This should include issues arising from any decision to suspend a member of staff, the duration of the suspension and whether or not suspension was justified
- Historical allegations should be responded to in the same way as contemporary concerns. In these cases it is important to find out if the subject of the allegation is still working with children in a paid or voluntary role. If this is the case the LADO will consider the need for an allegations meeting.

Throughout the process consideration should be given as to whether the Charity Commission should be informed. [How to report a serious incident in your charity](#)

Position of Trust Lead Contact Details

Senior Manager	Joanna Solanki (Services Director) 01772 322707 jsolanki@ncompassnorthwest.co.uk
Deputy (to be contacted in Senior Managers absence or if allegations are about the Senior Manager)	Teresa Jennings (Chief Executive) 01772 322707 teresa.jennings@ncompassnorthwest.co.uk

LADO Contact Details (to whom the Position of Trust Lead would contact within 1 working day of receipt of allegations that meet the criteria)

Blackburn with Darwen	Megan Dumpleton Megan.dumpleton@blackburn.gov.uk 01254 585184
Blackpool	Amanda Quirke

	Amanda.quirke@blackpool.gov.uk 01253 477541 or 07833400655
Lancashire	Tim Booth Tim.booth@lancashire.gov.uk 01772 536694 or 07826902522
Rochdale	Louise Hurst 08452265500 Complete form using link below and email to lado@rochdale.gov.uk https://www.rbscb.org/UserFiles/Docs/Forms/LADO%20referral%20form.docx
Cheshire East	LADO referral forms can be accessed via the Cheshire East LSCB website: www.cheshireeastlscb.org.uk Email completed forms to LADO@cheshireeast.gcsx.gov.uk
Wirral	Suzanne Cottrell. suzannecottrell@wirral.gov.uk 0151 666 4582
St Helens	Timba Kanengoni 01744 671809

Where an n-compass employee, student or volunteer has been referred to the Disclosure and Barring Service, a referral to Children's Social Care should also be made if the person has contact with/resides with children

Where it comes to light during the course of our duties that a person may present a risk to children, a referral should be made to Children's Social Care as detailed above

APPENDIX 1

TYPES OF ABUSE AND NEGLECT

Source: 'Working Together to Safeguard Children' – A Guide to inter-agency working to safeguard and promote the welfare of children. Published by: Department for Children, Schools & Families, Revised March 2015

What is abuse and neglect? Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child including involving children in self-flagellation religious/cultural ceremonies. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to

a child whom they are looking after. This situation is commonly described using terms such as, fabricated illness by proxy or Munchausen Syndrome by proxy.

Emotional Abuse

Emotional abuse is the persistent emotional ill treatment 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 or unloved, inadequate, or valued only in so far as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or '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 (including domestic abuse or self flagellation of adults in religious/cultural ceremonies) 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

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts (e.g. masturbation, kissing, rubbing and touching outside of clothing). They may include non-contact activities, such as involving children in looking at pornographic material, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or the grooming (preparing) of a child (including via the internet).

Child Sexual Exploitation (CSE)

Child Sexual Exploitation is a form of sexual abuse. It occurs where an individual or group take advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants and/or(b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. ('Child Sexual Exploitation: Definition and Guide for Practitioners' Feb 17)

Neglect

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. It may involve a parent or carer failing to provide adequate food, shelter and clothing, supervision, failing to protect a child from physical and emotional harm or danger, 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.

Domestic Abuse

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. But it isn't just physical violence – domestic abuse includes emotional, physical, sexual, financial or psychological abuse. Abusive behaviour

can occur in any relationship. It can continue even after the relationship has ended. Both men and women can be abused or abusers. Domestic abuse can seriously harm children and young people. Witnessing domestic abuse is child abuse.

Bullying

Child abuse may occur between children of the same age or of an age which falls within the range of the Children's Act (18 years and below). Such abuse normally manifests itself as bullying. Bullying can be psychological, verbal or physical in nature. It involves an imbalance of power in which the powerful attack the powerless, and occurs over time rather than being a single act. In certain instances, bullying may occur inadvertently. For example, sports coaches must not adopt methods which may be construed as bullying in an attempt to improve performance. Bullying is unacceptable behaviour. Employees who witness or suspect bullying must report it immediately to ensure the practice is stopped.

Staff are to take due regard to Safeguarding guidelines on any intervention of a bullying incident. Examples of bullying behaviour can include:

Cyber-bullying – emails, chat rooms, message boards, social networking sites, instant messaging services, sms text messages, phone calls and misuse of camera phones

Physical – physical assault (pushing, kicking, hitting, punching, etc) or threats of violence

Verbal – name calling, insulting others, sarcasm, lying about others, spreading malicious rumours or persistent teasing

Emotional – ignoring/excluding, tormenting, ridiculing, deliberately embarrassing or humiliating others, making people feel different or like an outsider

Racist – using racial taunts, gestures or racist graffiti

Sexual – unwanted physical contact, abusive comments or homophobic behaviour.

Online Abuse

Online abuse is any type of abuse that happens on the web, whether through social networks, playing online games or using mobile phones. Children and young people may experience cyberbullying, grooming, sexual abuse, sexual exploitation or emotional abuse.

Children can be at risk of online abuse from people they know, as well as from strangers. Online abuse may be part of abuse that is taking place in the real world (for example bullying or grooming). Or it may be that the abuse only happens online (for example persuading children to take part in sexual activity online).

Children can feel like there is no escape from online abuse – abusers can contact them at any time of the day or night, the abuse can come into safe places like their bedrooms, and images and videos can be stored and shared with other people.

'Sexting' means sending sexually explicit messages and/or suggestive images or videos. 'Sexts' can be sent via any messaging service (often Social Media apps) and places children at greater risk of sexual exploitation. Creating or sharing explicit images of a child is illegal, even if the person doing it is a child themselves. A child is breaking the law if they: take, share, possess, download or store an explicit image or video of a child (even if the child gave their 'permission' for it to be created). A referral should be made to children's social care and/or the police if there is Adult Involvement; if there is Coercion or Blackmail; the images/video are Extreme or show Violence; the child is under the age of 13; there is immediate risk of harm

Female Genital Mutilation (FGM)

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting.

Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence.

There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health. See Appendix 11 for DOH Safeguarding Pathway

Honour-based Abuse

Honour based abuse and violence is a collection of practices, which are used to control behaviour and exert power within families to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that an individual has shamed the family and/or community by breaking their honour code. The individual is being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour.

So-called 'honour based violence' is a fundamental abuse of Human Rights. There is no honour in the commission of murder, kidnap and the many other acts, behaviour and conduct which make up violence in the name of honour.

It may be referred to in some communities as 'Izzat'. It is often committed with some degree of approval and/or collusion from family and/or community members. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community, by breaking their honour code. But whilst Honour Based Violence often focuses on the violence experienced by victims, other forms of abuse should not be overlooked.

Women are predominantly (but not exclusively) the victims of 'so called honour based violence', which is used to assert male power in order to control female autonomy and sexuality.

Honour Based Violence can take place across national and international boundaries, within extended families and communities and often cuts across cultures, communities and faith groups; including Turkish, Kurdish, Afghani, South Asian, African, Middle Eastern and European. This is not an exhaustive list.

The term is used to describe violence, which sometimes results in a murder, in the name of so-called honour. This is when - predominantly - women are injured or killed for perceived immoral behaviour, which is deemed to have breached the honour code of a family or community, causing shame.

Radicalisation (Prevent Duty)

Vulnerable children (and adults) can be susceptible to radicalisation and recruitment into terrorist organisations; nationally there have been cases where extremist groups have attempted to radicalise vulnerable children to hold extreme views. Such views include justifying political, religious, sexist or racist violence, or to steer individuals into a rigid and narrow ideology that is either vocal or active opposition to fundamental British values including embracing diversity and mutual respect and tolerance of different faiths and beliefs.

While it remains rare for children and young people to become involved in terrorist activity, they can be exposed to terrorist and extremist influences or prejudiced views from a young age. This can include through the influence of family members or friends and/or direct contact with extremist groups and organisations or, increasingly, through the internet. This can put a young person at risk of being drawn into illegal activity and has the potential to cause significant harm. As with other forms of safeguarding strategies, early intervention is always preferable. All agencies working with children and young people, along with families and communities, play a key role in ensuring young people and their communities are safe from the threat of radicalisation and terrorism.

Prevent is one of the key elements of CONTEST, the Government's counter- terrorism strategy and it aims to stop people from being drawn into terrorist-related activity.

If any type of abuse or neglect is reported or suspected staff must follow the safeguarding procedures outlined in this policy.

APPENDIX 2 NAMED PERSON(S) FOR SAFEGUARDING CONCERNS

n-compass North West Ltd has appointed individuals responsible for dealing with any safeguarding concerns. In their absence, a deputy will always be available for workers to consult with. These individuals will be trained in safeguarding procedures.

Advocacy Duty Team (Preston based): Sophie Postlethwaite 07734872475

Blackburn and St Helens Advocacy Teams: Kathryn Dempster 07860 868 042

Wirral Advocacy Team: Karen Blair 07772459802

Carers Mental Health Team: Melanie Cartwright office 01772 280030, mobile 07710 171853 **3CX 2006**

Carers Fylde and Wyre Team Carley Fanning office 01772 280030, mobile 07710 171858 **3CX 1034**

Carers Lancaster and Morecambe Team Tracey Dyson mobile 07710 171856 **3CX 3007**

Carers Central Lancashire Team Bernadette Callaghan office 01772 280030 mobile 07710 171840 **3CX 3008**

Carers Development Team Lancashire Margaret Hall office 01772 280030 **3CX 1015**

Carers' Hub Lancashire – Steven Varley office 01772 280030 mobile 07734872356

Carers' Hub Rochdale – Sandra Montgomery, office 03450 138 208, mobile 07702977937, – Janet Riley mobile 07710 171852 3CX 2029, Janet Davidson mobile 07742 401280 3CX 2032

Carers' Hub Cheshire East- Dawn Brown mobile 07736 621786 3CX 2104, Joanne Priest mobile 07718 559639 3CX 2103

Wellbeing Service – Tina Ward office; 03450 138 208, mobile: 07990816141, Wendy Marsh office; 03450 138 208, mobile; 07990802155, Samantha Watson; 03450 138 208, mobile; 07990 814178

Self Harm – Ben Powell, office 03450 138 208, mobile 07583705512

Triage and Development Team – Rachel Dawe, office 03450 138 208, mobile 07734872356,

The Role and Responsibilities of the above are:

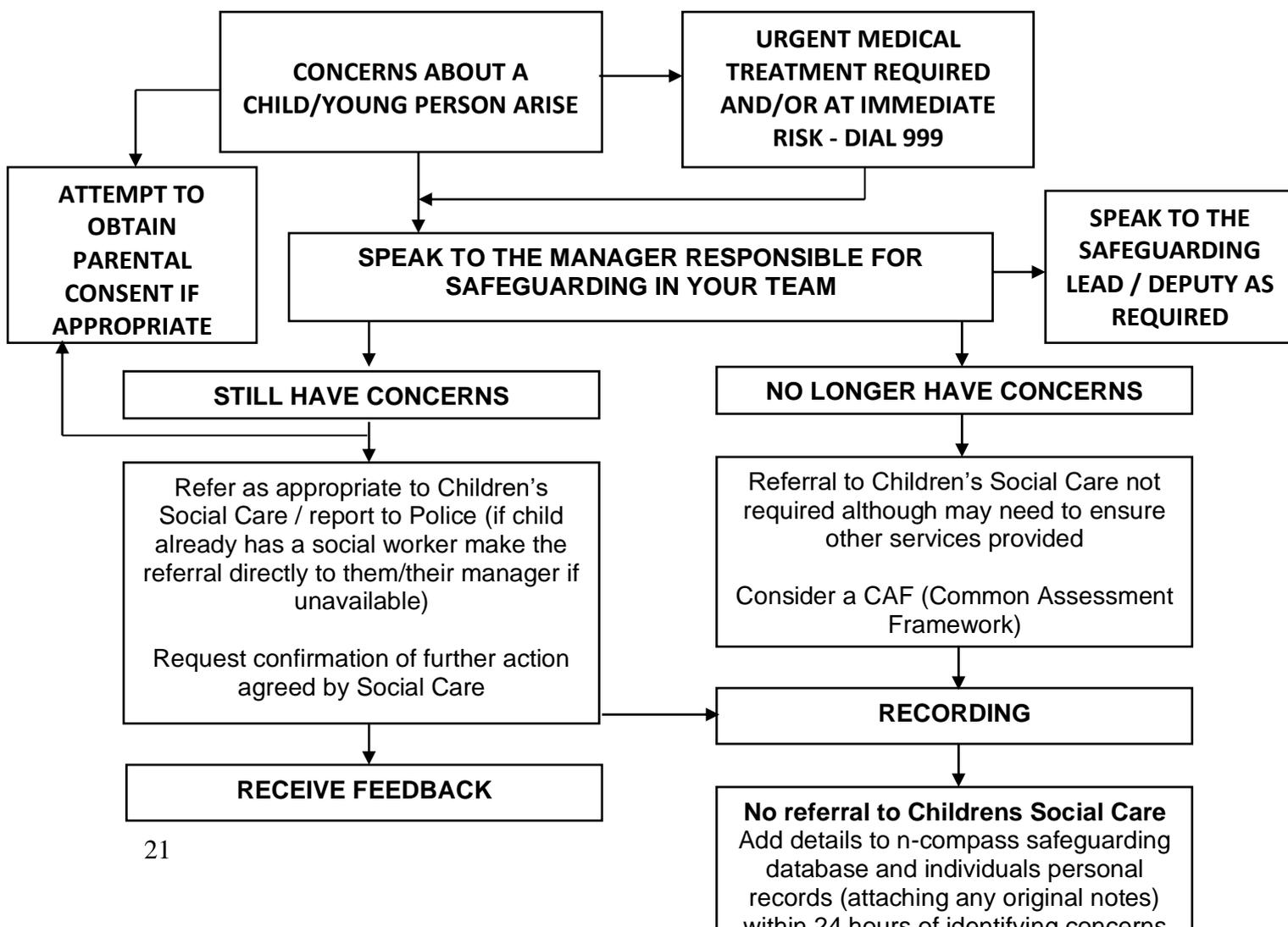
- To ensure all staff, students or volunteers are aware of what they should do and who they should go to if they have concerns about a child/young person
- To ensure any concerns about a child/young person are acted on, clearly recorded, referred on where necessary and, followed up to ensure the issues are addressed.

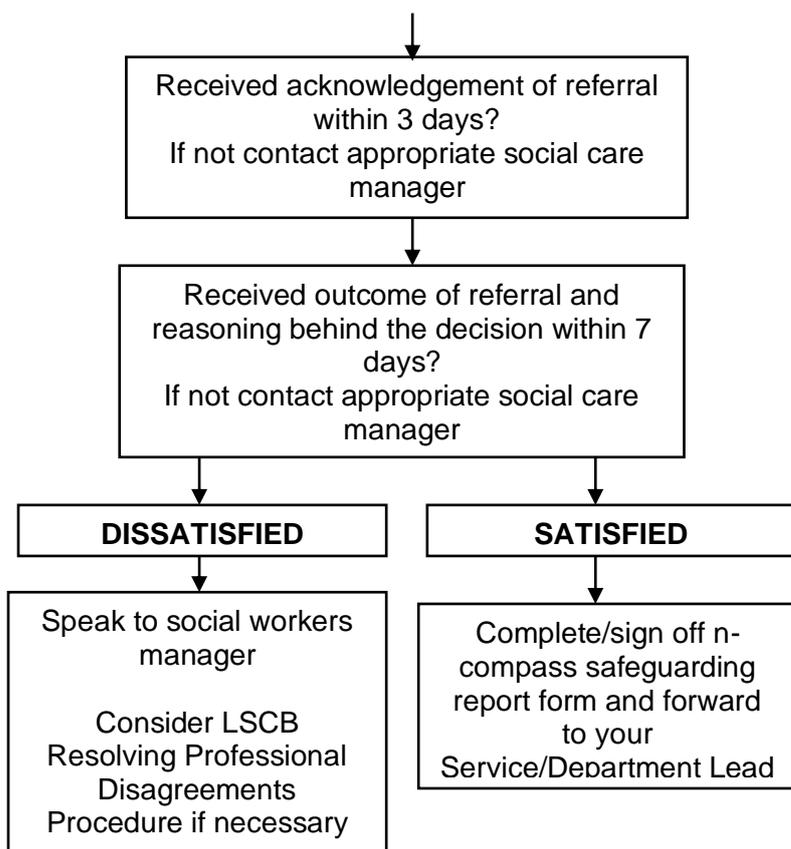
The Safeguarding Lead has additional responsibilities, reflected in their job description

APPENDIX 3

SAFEGUARDING PROCEDURE FLOW CHART

URGENT MEDICAL TREATMENT, ENSURING IMMEDIATE SAFETY AND MAKING A REFERRAL MUST NOT BE DELAYED BY THE UNAVAILABILITY OF INTERNAL/ DESIGNATED CONTACTS

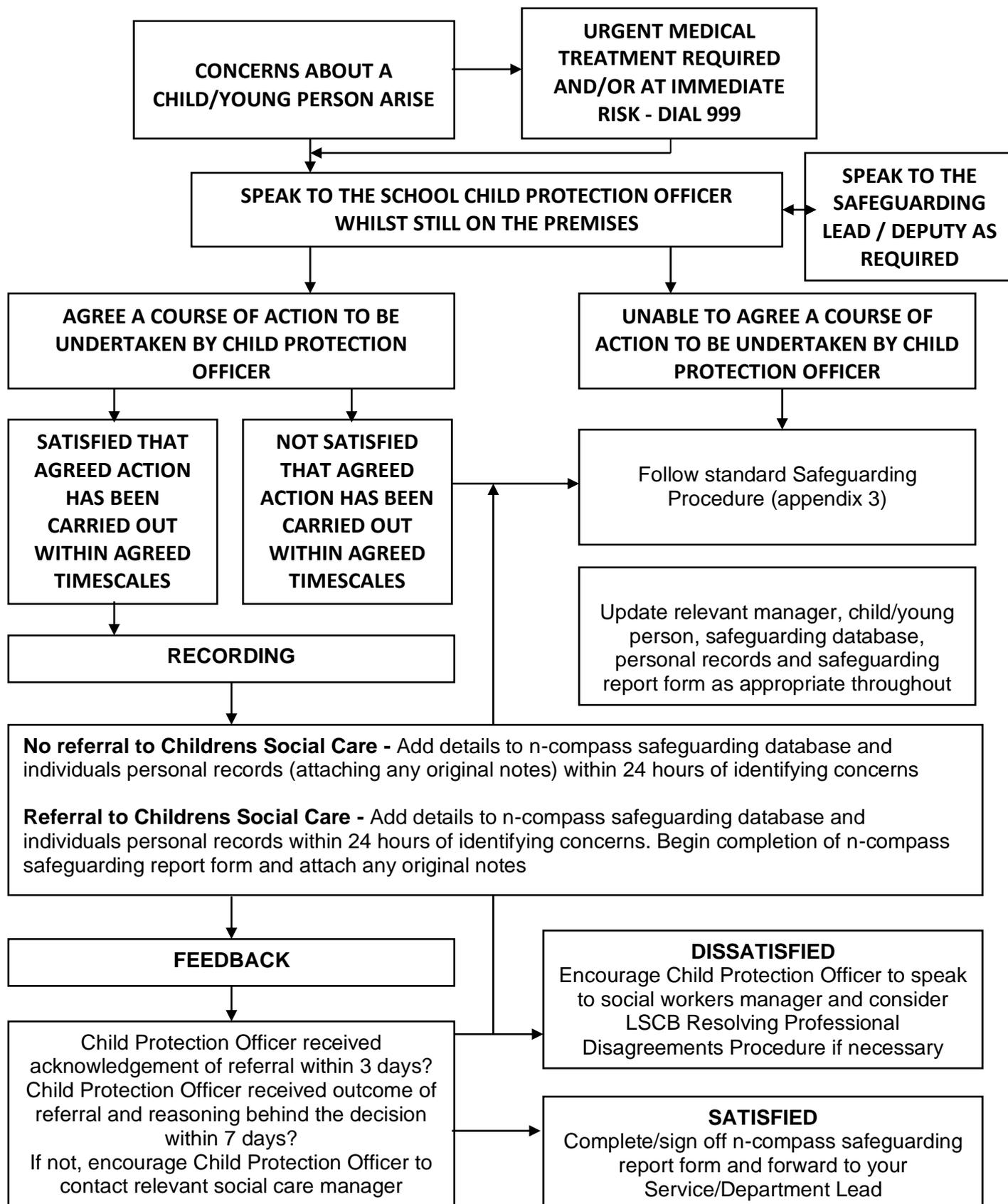




APPENDIX 4

SAFEGUARDING PROCEDURE FLOW CHART – CONCERNS IDENTIFIED IN SCHOOLS AND NO CONCERN IN RELATION TO LIAISING WITH CHILD PROTECTION OFFICER

URGENT MEDICAL TREATMENT, ENSURING IMMEDIATE SAFETY AND MAKING A REFERRAL MUST NOT BE DELAYED BY THE UNAVAILABILITY OF INTERNAL/ DESIGNATED CONTACTS



Appendix 5

Links to local authority referral forms/guidance – note all referrals should be made by telephone and followed up electronically.

Blackpool

http://panlancashirescb.proceduresonline.com/pdfs/lancs_maarf_referral_form.pdf.

Blackburn with Darwen

http://panlancashirescb.proceduresonline.com/client_supplied/mash_ref_form.DOCX

Lancashire

<http://www.lancshiresafeguarding.org.uk/>

Wirral

<https://www.wirralsafeguarding.co.uk/professionals/what-is-early-help/>

Rochdale

<https://www.rbscb.org/> scroll down to bottom of page and download multi agency referral form

St Helen's

http://sthelensscb.proceduresonline.com/chapters/p_report_concerns.html download service request form

Cheshire East

<http://www.cheshireeastlscb.org.uk/docs/multi-agency-referral-form.doc>

Working together to safeguard Children 2018 Action taken when a child is referred to local authority children's social care service flowchart

https://www.workingtogetheronline.co.uk/chapters/chapter_one.html#flow_one

APPENDIX 6

N-COMPASS NORTH WEST LTD SAFEGUARDING REPORT FORM

CONFIDENTIAL

This report should be completed and forwarded to you Service/Department Lead, whenever a referral is made to childrens social care/the Police, regardless of their outcome.

Safeguarding database ref no	
Child/young person full name	
D.O.B (please state if child not yet born and give due date)	
Home address	
Name, relationship, contact details for person with parental responsibility	
Situation details (include timings, settings, who was present, what was said in peoples own words) If any notes taken attach to this form	
Was urgent medical treatment required? If yes provide detail of actions	
Was it necessary to ensure immediate safety? If yes provide detail of actions	
Advice/support received and name/job title of who received from (include contact details if external)	
Rationale for decision	

<p>If Child Protection Officer in school took lead, what action / timescales were agreed?</p>	
<p>Was a referral made to the Police?</p> <p>If so why?</p> <p>Date, time of referral.</p> <p>Name and role of person spoke to.</p>	
<p>Was the child/young person informed about the decision to refer/contact Police?</p> <p>Did the child/young person consent?</p> <p>If no to either provide rationale</p>	
<p>Was the parent/guardian informed about the decision to refer/contact Police?</p> <p>Did the parent/guardian consent?</p> <p>If no to either provide rationale</p>	
<p>Was a referral made to Children's Social Care?</p> <p>Date, time of referral.</p> <p>Name and role of person spoke to- please state if this is the child's/young person's existing social worker or duty social worker.</p>	
<p>Was the child/young person informed about the decision to refer/contact Children's Social Care?</p> <p>Did the child/young person consent?</p> <p>If no to either provide rationale</p>	

<p>Was the parent/guardian informed about the decision to refer/contact Children's Social Care?</p> <p>Did the parent/guardian consent?</p> <p>If no to either provide rationale</p>	
<p>Date, time and details of acknowledgement of referral from duty social worker/and or police.</p> <p>If not acknowledged within 3 working days – date/time, contact details and detail of discussion held with children's social care manager/Police.</p>	
<p>Did you provide written confirmation on appropriate referral form within 48 hours of making referral? If yes attach to form.</p> <p>If no please explain</p>	
<p>Date, time and details of action taken and outcome reached by children's social care/Police</p> <p>If not received within 7 working days of referral - date/time, contact details and detail of discussion held with children's social care manager/Police</p>	
<p>Do you agree with outcome?</p> <p>If no provide rationale, details of support/advice and action taken.</p>	
<p>Details of any other actions taken.</p>	
<p>Referrer from n-compass:</p> <p>Name</p>	

Role Signature Date	
Manager responsible for safeguarding in team: Name Role Signature Date <i>(Your signature indicates full/accurate completion of this report/completion of the safeguarding procedure)</i>	
Manager responsible for safeguarding in team/in discussion with referrer: Learning identified in this case, suggested actions, timescales and responsibilities for discussion with the safeguarding lead/ deputy	
<p>Safeguarding lead/deputy name.....</p> <p>SignatureDate</p> <p>.....</p> <p><i>(Your signature indicates the report/process/decisions have been analysed, urgent actions/additional learning identified and plans in place to address)</i></p> <p>Notes, including any additional learning and trends/themes/concerns to report to the LSCB Charity Commission NB incident/safeguarding should be reported to the charity commission in agreement with SMT and by a member of the Board of Trustees if we are made aware of any concerns that could lead to or risk Significant;</p> <ul style="list-style-type: none"> • Harm to n-compass' beneficiaries, staff, volunteers or others who come into contact with n-compass through its work • Loss of the charity's money or assets • Damage to the charity's property • Harm to the charity's work or reputation 	

APPENDIX 7

Links to local authority CAF forms –

Blackpool

http://panlancashirescb.proceduresonline.com/chapters/contents.html#safeg_pol

Blackburn with Darwen

http://panlancashirescb.proceduresonline.com/chapters/contents.html#safeg_pol

Lancashire

http://panlancashirescb.proceduresonline.com/chapters/contents.html#safeg_pol

Wirral

<http://www.wirral.gov.uk/downloads/4019>

St Helen's

<http://cds.sthelens.gov.uk/social-care/common-assessment-framework/>

Rochdale

Not available at present contact 01706 925127

Common Assessment Framework Team
Number One Riverside
Smith Street
Rochdale OL16 1XU

Cheshire East

http://www.cheshireeast.gov.uk/livewell/care-and-support-for-children/services-from-childrens-social-care/common-assessment-framework/common_assessment_framework.aspx

Local Childrens Safeguarding Boards update their websites frequently, check these for further information should it be required.

APPENDIX 8

MANAGING SAFEGUARDING ALLEGATIONS MADE AGAINST A TRUSTEE, MEMBER OF STAFF, STUDENT OR VOLUNTEER

n-compass North West Ltd will ensure any allegations made against members or a member of staff, students or volunteers will be dealt with swiftly and in accordance with these procedures:

- The individual who is informed of or witnesses an incident/concerns must ensure the child is safe and away from the person against whom the allegation is made
- Joanna Solanki, Services Director must be informed immediately. In the case of an allegation involving the named person or in their absence, the Chief Executive Officer must be informed immediately
- The person named above will seek further advice/make a referral/contact the Police in accordance with LASCBS procedures
- The individual who was first informed of or witnessed the incident/concerns should make a full written record of what was seen, heard and/or told as soon as possible. It is important that this record is an accurate description and is signed and dated. The person named above (if appropriate) can support this individual but must not complete the record for them. This written record must be made available on request from either the Police and/or social services.
- Regardless of whether a Police and/or social services investigation follows, n-compass North West Ltd will ensure an internal investigation takes place and consideration is given to the operation of disciplinary procedures. This may involve an immediate suspension and/or ultimate dismissal, dependent on the nature of the incident.
- n-compass recognize the impact a safeguarding allegation can have for a member of staff, student or volunteer and will provide them with details of independent support available

Throughout the process consideration should be given as to whether the Charity Commission should be informed. [How to report a serious incident in your charity](#)

APPENDIX 9 PIPOT information (Person in a Position of Trust) Lancashire

Name	Contact	Email
Briony Martin	01772 530624 07717513828	Briony.Martin@lancashire.gov.uk

All Pan Lancashire & Cumbria Safeguarding Adults Board relevant partners are to identify a person who will hold responsibility for information management oversight within their respective organisations of individuals within their agencies where concerns have been raised about a person in a position of trust (PiPoT). This person may be a Safeguarding Lead or specifically a Position of Trust Lead.

Each partner agency, in their assurance statements to the SABs will be required to provide assurance that the PiPoT arrangements within their organisation are functioning effectively.

Partner agencies and their commissioned services should have clear recording and information sharing guidance, set explicit timescales for action and are aware of the need to preserve evidence.

Whether through employment or in peoples personal lives, if someone commits abuse or a crime(s) against any child or adult, it may mean that they pose an increased risk to adults who have care and support needs.

It is therefore important that safeguarding concerns about people who hold a 'position of trust' are shared using multiagency safeguarding procedures and that key partners are able to contribute to initial enquiries and any subsequent strategy discussion / meeting

People can be considered to be in a 'position of trust' where they are likely to have contact with adults at risk as part of their employment or voluntary work, and ² Where the role carries an expectation of Trust and

² The person is in a position to exercise authority, power or control over an adult(s) at risk (as perceived by the adult at risk).

Positions of trust may include, but are not limited to any staff working on behalf of:

- Social care
- Health services
- Police and criminal justice
- Housing
- Education

APPENDIX 10

EMERGENCY DUTY TEAMS

Lancashire	0300 123 6722
Blackpool	01253 477299
Blackburn	01254 587547
Wirral	0151 677 6557
St Helen's	0345 0500148
Rochdale	0300 3038875
Cheshire East	0300 123 5022

APPENDIX
11



Department
of Health

FGM Safeguarding Pathway

Presentation prompts clinician to suspect/consider FGM e.g. repeated UTI, vaginal infections, urinary incontinence, dyspareunia, dysmenorrhoea etc. Also consider difficulty getting pregnant, presenting for travel health advice or patient disclosure (e.g., young girl from community known to practice FGM discloses she will soon undergo 'coming of age' ceremony).

INTRODUCTORY QUESTIONS: Do you, your partner or your parents come from a community where cutting or circumcision is practised? (It may be appropriate to use other terms or phrases)

No – no further action required

Yes

Do you believe patient has been cut?

No – but family history

Yes

Patient is under 18 or vulnerable adult

Patient is under 18

Patient is over 18

If you suspect she may be at risk of FGM:

Use the **safer safeguarding risk assessment guidance** to help decide what action to take:

- If child is at imminent risk of harm, initiate urgent safeguarding response.
- Consider if a child social care referral is needed, following your local processes.

Ring 101 to report basic details of the case to police under **Mandatory Reporting Duty**.
Police will initiate a multi-agency safeguarding response.

Does she have any female children or siblings at risk of FGM?
And/or do you consider her to be a vulnerable adult?
Complete **safer safeguarding risk assessment** and use guidance to decide whether a social care referral is required.

FOR ALL PATIENTS who have HAD FGM

1. Read code FGM status
2. Complete FGM **Enhanced dataset** noting all relevant codes.
3. Consider need to refer patient to FGM service to confirm FGM is present, FGM type and/or for deinfibulation.
 - a) If long term pain, consider referral to uro-gynae specialist clinic.
 - b) If mental health problems, consider referral to counselling/other.
 - c) If under 18 refer all for a paediatric appointment and physical examination, following your local processes.

Can you identify other female siblings or relatives at risk of FGM?

- Complete risk assessment if possible OR
- Share information with multi-agency partners to initiate safeguarding response.

Contact details

Local safeguarding lead:

Local FGM lead/clinic:

NSPCC FGM Helpline: 0800 028 3550

Detailed FGM risk and safeguarding guidance for professionals from the Department of Health is available [online](#)

FOR ALL PATIENTS:

1. Clearly document all discussion and actions with patient/family in patient's medical record.
2. Explain FGM is illegal in the UK.
3. Discuss the adverse health consequences of FGM.
4. Share safeguarding information with Health Visitor, School Nurse, Practice Nurse.

If a girl appears to have been recently cut or you believe she is at imminent risk, act immediately – this may include phoning 999.

REMEMBER: Mandatory reporting is only one part of safeguarding against FGM and other abuse.
Always ask your local safeguarding lead if in doubt.

Revision Control

Policy Assessed – Safeguarding Children

Date Assessed: 13/03/2017

		Yes/ No	Comments
1.	Does the policy, function, service or project affect one group more or less favourably than another on the basis of:		
	• Race & Ethnic Background	No	
	• Gender including transgender	No	
	• Disability	No	
	• Religion or belief	No	
	• Sexual orientation	No	
	• Age	No	
2.	Does the public have a perception/concern regarding the potential for discrimination?	No	The forms are for internal staff only

If the answer to any of the questions above is yes, please complete a full stage 2 Equality Impact Assessment

Signature of assessor:



Date: 13/03/2017