



Safeguarding Adults Policy

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

Safeguarding Adults Policy

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Purpose

This document is the Safeguarding Adults Policy for n-compass Towards A Brighter Future which will be followed by all members of the organisation and followed and promoted by those in positions of leadership within the organisation. It is written in accordance with the relevant Local Safeguarding Adults Board (LSAB) multi agency policy and procedures and takes account of National Policy including Care Act (2014), No Secrets, Department of Health (2000), Adult Social Care Outcomes Framework (ASCOF) and Statement of Government Policy on Adult Safeguarding, Department of Health (2011).

n-compass provides advocacy, carers, health and wellbeing and self-harm (counselling) services to adults, children, and young people within the North of England and is fully committed to safeguarding the welfare of those we support. It recognises its responsibility to take all reasonable steps to promote safe practice and to protect adults experiencing or at risk from abuse and neglect.

n-compass acknowledges its duty to act appropriately to any concerns of abuse and neglect. 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 adults is defined as taking steps to protect an adult who (a) has needs for care and support (whether or not the local authority is meeting any of those needs)

(b) is experiencing, or is at risk of, abuse or neglect, and

(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it

An adult is anyone aged 18+

This could include people with learning disabilities, mental health problems, older people and people with physical disabilities or impairments. This can include people who are vulnerable themselves as a consequence of their role as a carer for such a person. They may need additional support to protect themselves, for example, in situations such as domestic violence, physical frailty or chronic illness, sensory impairment, challenging behaviour, drug or alcohol problems.

Support provided should be appropriate to the person's physical and mental abilities, culture, religion, gender, and sexual orientation and tailored to enable people to live lives that are free from violence, harassment, humiliation, and degradation.

Abuse is defined as a violation of an individual's human and civil rights by another person or persons (No Secrets 2000).

Abuse may consist of single or repeated acts. Anyone could be abused. Abuse can take many forms including physical abuse, sexual abuse, emotional abuse, bullying, financial abuse, neglects and acts of omission and discriminatory abuse (see appendix 1 for further details of the different forms of abuse). Abuse can happen anywhere, for example, in someone's own home, in a public place, in a care home or in a college. Abuse can occur in any relationship; potential perpetrators include spouses/partners, other family members, neighbours, friends, acquaintances, local residents, paid staff, professionals, volunteers, and strangers.

Neglect is determined as the repeated deprivation of assistance that the person needs for important activities including daily living and failure to intervene in behaviour which is dangerous to them or others.

When an individual is perceived to be a risk to themselves and/or others n-compass' incident procedure should be followed

To fulfil our commitment to promoting an adult's right to live safely, free from abuse and neglect, 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 adults
- A designated professional lead for safeguarding. Their role is to support trustees, paid staff, volunteers, and students in the organisation in relation to safeguarding. The professional lead for safeguarding will be given sufficient training, time, funding, supervision, and support to fulfil their responsibilities effectively
- A clear line of accountability within the organisation in relation to safeguarding adults
- Safe recruitment practices for individuals who will work regularly with adults, including policies on when to obtain DBS 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
- Have in place safeguarding policies and procedures
- Arrangements to work effectively with other organisations to safeguard adults from abuse and neglect, including arrangements for sharing information
- Deliver services that promote access to mainstream community resources such as accessible leisure facilities, safe town centres and community groups that can reduce the social and physical isolation which in itself may increase the risk of abuse or neglect; and
- Clear whistle-blowing procedures and a culture that enables issues about safeguarding adults to be addressed

Safeguarding Principles and Values

n-compass Safeguarding Adult Policy is based upon six overarching principles applicable to all who work with adults (Department of Health 2011) The principles should inform the ways in which professionals and other staff work with adults. The principles can also help Safeguarding Adults Boards (SABs) and organisations more widely, by using them to develop and improve their local arrangements.

Empowerment	Adults are encouraged to make their own decisions and are provided with support and information	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens
Prevention	Strategies are developed to prevent abuse and neglect that promotes resilience and self- determination.	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help
Proportionate	A proportionate and least intrusive response is made balanced with the level of risk.	I am confident that the professionals will work in my interest and only get involved as much as needed
Protection	Adults are offered ways to protect themselves, and there is a co-ordinated response to adult safeguarding	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able
Partnerships	Local solutions through Services working together within their communities.	I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation

Accountable	Accountability and transparency in delivering a Safeguarding response.	I am clear about the roles and responsibilities of all those involved in the solution to the problem,
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Duty to refer

All practitioners have a duty of care to prevent or act on incidents or concerns of abuse and/or neglect. Practitioners must take concerns seriously and own their responsibilities to safeguard adults. The wellbeing and the rights of the adult at risk must always be promoted and poor practice challenged. This involves all staff and volunteers working together to ensure practice is carried out with dignity and respect, compassion, and choice – making safeguarding personal.

The responsibilities of all staff, volunteers, and organisations, include the following:

- Are to be alert to the potential indicators of abuse for adults at risk and know how to act on those concerns in line with local guidance.
- Understand the principles of both confidentiality and information sharing in line with local and government guidance and to contribute, when requested to do so, to the multi-agency meetings established to safeguard and protect adults.
- Keep records in relation to safeguarding concerns, actions taken, referrals and outcomes
- Decision making is researched in accordance with the Mental Capacity Act 2005 and its Code of Practice
- Support adults at risk and to access support through the principles and values of making safeguarding personal.

A duty of care is fulfilled when all the acts reasonably expected of a person in their role have been carried out with appropriate care, attention, and prudence. Duty of care will involve actions to keep a person safe but will also “include respecting the person’s wishes and protecting and respecting their rights” (Department of Health, 2011 Safeguarding Adults: Role of Health Service Practitioner).

Immediate risk and need for urgent medical attention

If an adult has a serious injury, requires treatment or is at immediate risk, medical or police involvement must be sought immediately by calling emergency services (dial 999) or, in unusual circumstances where medical attention is required, by taking the individual to the Accident and Emergency Department of the local hospital. The medical professional(s) / police 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. Practitioners must not place themselves at risk or in danger in these situations. To ensure there is no delay, all practitioners are authorised to call emergency services without prior discussion with a manager.

Confidentiality

Where there are safeguarding concerns about an adult absolute confidentiality cannot and should not be promised to anyone. The individual should be informed about the limits of confidentiality and what will happen next, specifically that concerns will be discussed with a manager, and it may be necessary to inform the relevant authorities.

If suspicions or allegations are about relatives, friends, or colleagues, professional or otherwise, the concerns must not be discussed with them before making a safeguarding adult’s referral to adult social care.

Referrals made by professionals can never be anonymous.

n-compass shall ensure that any records made in relation to a safeguarding adults concern shall be kept confidentially and in a secure place.

Listening to the individual

If an individual makes an allegation or discloses information which gives cause for concern ***practitioners must.***

- Remain calm and not show shock or disbelief
- Listen carefully to what is being said
- Clarify the bare facts of the allegation/grounds for suspicion
- Record what has been said as soon as possible using the individual's own words
- Demonstrate a sympathetic approach by acknowledging regret and concern that what has been reported has happened
- Confirm that the information will be treated seriously
- Give them information about the steps that will be taken
- Inform them that they will receive feedback as to the result of the concerns they have raised and from whom
- Give them contact details so that they can report any further issues or ask any questions that may arise

practitioners must not.

- Ask detailed or leading questions e.g. suggesting names of those who may have perpetrated abuse if the person does not disclose it. Such questioning can also risk the contamination of evidence and cause unnecessary stress through repeatedly describing events and create a perception that they are not believed.
- Start an investigation
- Contact the alleged perpetrator
- Touch or move anything which could be used as evidence

Consent to share information

Adults have the right to make decisions regarding their own lives, including decisions about their own safety and the risk that they are exposed to. Therefore, when a decision is made to refer a concern to an appropriate authority, the consent of the individual believed to be experiencing or at risk of abuse or neglect should be sought. This can be achieved by explaining to the individual that, to keep them safe, it is necessary to share information with others.

If the individual concerned provides consent to share information, the consent should be clearly recorded on their individual record.

If the individual concerned does not consent to sharing information with the appropriate authorities, this must also be recorded on their individual record. In these cases, undue pressure should not be exerted to change their mind, however, the issue should be discussed fully, and they should be given all the relevant information available in order to make an informed decision, including who will be involved and the various possible outcomes which might result from their decision. They should be reassured that their case would be dealt with sensitively and professionally under safeguarding procedures and any specific concerns that they raise should be addressed.

There are, however, circumstances in which it is necessary to disclose information to an appropriate authority without the individual's consent, including.

1. If there is an overriding public interest; where it is essential to share information to prevent a crime or to protect others (adults or children)
2. If a serious crime has taken place
3. If the individual is exposed to life threatening risk and they are unreasonably withholding their consent

4. If the individual has impaired capacity or decision making in relation to the safeguarding issues and the withholding of consent. (See section Mental Health Capacity Act 2005)

If these cases, the decision to and rationale for disclosing information without the individual's consent should be clearly recorded on their individual record

In all cases where an individual is withholding consent and disclosing information to the relevant authorities is still felt necessary the Safeguarding Lead/Deputy should be consulted about the best way to proceed, unless to do so would cause delays that would be detrimental to the individual. If it is necessary to ensure the individuals immediate safety or to obtain urgent medical treatment, this must be arranged without delay.

Mental Capacity

The presumption is that adults have mental capacity to make informed choices about their own safety and how they live their lives. Issues that affect a person's ability to make a particular decision may be affected by duress and undue influence and/or lack of mental capacity. There may be a fine distinction between a person who lacks the mental capacity to make a particular decision and a person whose ability to make a decision is impaired by duress of undue influence but it is an important distinction to make as additional support may be required to make decisions; where there is a lack of capacity to make a particular decision the Mental Capacity Act provides the authority to make a best interests decision without consent; duress and coercion may affect a person's judgment and ability to make a decision but there remains a presumption of capacity. The right to make the decision remains but there may be a need for additional support to exercise that right.

The Mental Capacity Act 2005 is underpinned by a set of 5 key principles applicable to safeguarding: -

1. A person must be assumed to have capacity unless it is established that s/he lacks capacity
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him do so have been taken without success.
3. A person is not treated as unable to make a decision because he makes an unwise decision
4. An act, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in their best interests
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's right and freedom of action

Someone is said to lack capacity if they are unable to make a particular decision. This inability must be caused by an impediment or disturbance of the mind or brain whether temporary or permanent. In order to make a decision, the person needs to be able to: -

1. Absorb basic information about the pros and cons of the issue.
2. Retain the information for long enough to process it.
3. Weigh up the pros and cons against their own value system and arrive at a decision.
4. Communicate that decision.

Where an individual does not consent to information being disclosed to the appropriate authorities, and there is reasonable belief that the individual may lack capacity to make that decision and it would be in their best interests to disclose that information, this should be highlighted when discussing concerns/sharing information

Information Sharing

Information sharing is essential to safeguard adults at risk of abuse and neglect. Whilst the decision of the information shared will be on a case-by-case basis or whether the information is shared with or without consent the following rules apply:

- Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
- Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so;
- Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
- Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
- Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
- Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely;
- Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose

Deprivation of Liberty Safeguards (DoLS)

Deprivation of liberty occurs when an individual is under constant supervision and control and is not free to leave the premises where they reside. An amendment to the Mental Capacity Act 2005 (introduced by the Mental Health Act 2007) introduced procedures to authorise the deprivation of liberty of a person who lacks the capacity to make that decision. These are known as the MCA Deprivation of Liberty Safeguards (MCA DoLS). Their purpose is to secure independent professional assessment of:

1. Whether the person concerned lacks the capacity to make his/her own decision about whether to be accommodated in the hospital or care home for care or treatment; and
2. Whether it is in his/her best interests to be detained.

Unlawful deprivation of liberty is unacceptable. If practitioners, through the course of their duties, identify any instances where an individual may be being unlawfully deprived of their liberty, whether in a residential or domestic setting, this must be dealt with as a safeguarding adults concern.

Discussing concerns

If practitioners have safeguarding concerns about an adult, unless there is immediate risk or a need for urgent medical treatment they should, as soon as possible, initially speak to the manager responsible for safeguarding adults within their team. Concerns must be discussed at least within the same day –

Team	Managers responsible
Advocacy Bury and Blackburn w Darwen	Affia Khan 07933389767
Advocacy Cumbria	Affia Khan 07933389767

Advocacy Greater Manchester	Sophie Postlethwaite 07734872475
Knowsley Advocacy Hub	Mel Murphy 07708389735
Advocacy Liverpool	Stuart Taylor 07874616203 and Sue Caveney 07753426225
Advocacy Merseyside	Lesley Myers 07483 077328
Advocacy Wirral	Neil Dawson 07736168579
Carers Lancashire	Steve Varley 07734872356
Carers North Lancashire	Rebecca Armstrong 01772 280030
Carers Review Lancashire	Tracey Dyson 07710171856
Carers Central Lancashire	Melanie Cartwright 07710171853
Carers Participation Lancashire	Margaret Hall 07734872426
Carers Hub Bury	Jayne Harrison 07523922621
Carers' Hub Rochdale	Aimee Clarke 07702977937 Nat Patin 07742 401274, Cara Fullelove 07704 544494
Carers Staffordshire Together for Carers	Helena Tranter 07845336106, Cathryn Rayner 07704544497
Carer's Hub Warrington	Anna Zammit 07736621789, Deb Fitzsimmons 0773487212
Service Access Team	Rachel Dawe 07514 953838, ext. 1020
Self-Harm	Ben Powell 07583705512, Emma Neilson 07935069941
Practice Educator	TBC

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

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

Safeguarding Deputy - Elaine Jones, office 01772 280030, mobile 07485336107

All the above individuals will be trained in safeguarding procedures, including additional awareness and guidance relating to adults in specific circumstances e.g. Domestic Abuse, Self-Harm, Bullying, Forced Marriage, Honour Based Abuse, Modern Slavery, Terrorism & Extremism, Gangs, Fabricated/Induced illness

Practitioners should consult directly with the relevant Adult Social Care department if –

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

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

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

Making a referral

Safeguarding Adult referrals should be made to the relevant Adult Social Care office for the area where the alleged abuse or neglect happened, on the same day as the concerns are identified. Verbal and telephone referrals must be confirmed in writing within 24 hours, within the local authority areas, utilising the required local authority form

Area	Office Hours	Emergency Duty Team	Link to electronic referral form
Blackburn with Darwen	01254 585949	01254 587547	http://www.yoursupportyourchoice.org.uk/safeguarding-adults-policies,-procedures-and-forms.aspx
Blackpool	01253 477592	01253 477600	https://www.blackpool.gov.uk/Residents/Health-and-social-care/Social-care-for-adults/Forms/Referral-form.aspx
Bury	0161 2535151	0161 2535151	https://burysafeguardingpartnership.bury.gov.uk/index.aspx?articleid=14747
Cumbria	*	01228 526690	No electronic referral form, enquire at point of contact if this is a requirement and if so how.
Knowsley	0151 443 2600	0151 443 2600	https://forms.knowsley.gov.uk/AdultSafeguarding
Lancashire	0300 123 6721	0300 123 6721	http://www.lancshiresafeguarding.org.uk/lancashire-safeguarding-adults.aspx
Liverpool	233 3800	0151 709 6010	https://liverpool.gov.uk/referrals/adults-social-care-referrals-and-training/report-an-adult-at-risk/
Rochdale	0300 303 8886	0300 303 8875	No electronic referral form, enquire at point of contact if this is a requirement and if so how.
Staffordshire	0345 604 2719	0345 604 2866	No electronic referral form, enquire at point of contact if this is a requirement and if so how.
Warrington	01925 443322	01925 444400	https://www.warrington.gov.uk/report-abuse-vulnerable-adult
Wirral	0151 514 222(option 3)	0151 677 6557	No electronic referral form, enquire at point of contact if this is a requirement and if so how.

*call your local social care office

<https://www.cumbria.gov.uk/healthsocialcare/ccs/contact.asp>

Note – the police can also be called out of hours, additional information available from local safeguarding boards.

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

Absence of information must not delay a referral:

Details of referrer:

- name, address, and telephone number
- name of organisation
- relationship to the adult concerned

Details of the adult concerned:

- name(s), address, and telephone number
- date of birth, or age
- details of any other members of the household including children
- information about the primary care needs of the adult, that is, disability or illness
- ethnic origin and religion
- gender (including transgender and sexuality)
- communication needs of the adult concerned due to sensory or other impairments (including dementia), including any interpreter or communication requirements
- whether the adult concerned knows about the referral
- whether the adult concerned has consented to the referral and, if not, on what grounds the decision was made to refer
- what is known of the person's mental capacity and their views about the abuse or neglect and what they want done about it (if that is known at this stage)
- details of how to gain access to the person and who can be contacted if there are difficulties
- Information about the abuse or neglect
- how and when did the concern come to light?
- when did the alleged abuse occur?
- where did the alleged abuse take place?
- what are the details of the alleged abuse?
- what impact is this having on the adult concerned?
- what is the adult concerned saying about the abuse?
- are there details of any witnesses?
- is there any potential risk to anyone visiting the adult concerned to find out what is happening?
- is a child (under 18 years) at risk?

Details of the person (or organisation) alleged to be causing the harm (if known):

- name, age, and gender
- what is their relationship to the adult concerned?
- are they the adult concerned main carer?
- are they living with the adult concerned?
- are they a member of staff, paid carer, or volunteer?
- what is their role?
- are they employed through a personal budget?
- which organisation are they employed by?
- are there other people at risk from the person causing the harm?

Any immediate actions that have been taken:

- were emergency services contacted? if so, which?
- what action was taken?
- what is the crime number if a report has been made to the police?
- what details of any immediate plans have been put in place to protect the adult concerned from further harm
- have children's services been informed if a child (under 18 years) is at risk? *

*Where there are concerns that a child may also be at risk a referral should also be made to Children's Social Care. See n-compass Safeguarding Children Policy.

Where appropriate a body map (appendix 5) should be used to record physical injuries and attached to the Local Authority referral form.

A referral must be made even if it is known that Adult Social Care is already involved with the individual, as this may be new information.

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 Adult Social Care.

The Adult Social Care manager is responsible for ensuring that the referrer and the individual are informed of the outcome of the referral, including where no further action is to be taken, and reasons supporting the decision. This will be done as soon as possible and, in all cases, within a maximum of 7 working days.

In the event that the referrer does not agree with the response and decisions about the referral by the Adult Social Care Team, 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 LSAB Resolving Professional Disagreements Procedure. (Appendix 10 details the general local authority approach when responding to a referral)

It may also be necessary, following a referral to adult social care, for the concern to be reported to the Police as a crime may have been committed, for example, someone is alleging that they have been sexually assaulted. This is in addition to the requirement to contact emergency services when there is immediate risk or urgent need for medical attention

Where there is any suspicion of abuse and or neglect which relates to an adult living in a private, voluntary, or local authority care home, (nursing or residential) or adult placement, or is supported by a domiciliary or nursing care agency, the Care Quality Commission must be informed, following the referral to adult social care. To alert **CQC** – Email: enquiries@cqc.org.uk

Prevent, reduce, delay

In cases where a safeguarding adult's referral is not appropriate, alternative sources of support which aim to prevent, reduce, or delay the impact of their circumstances, should be discussed with the individual and, where appropriate, their consent gained to make referrals on their behalf. For example, for a Care Act or Carers assessment/review, to local voluntary and community organisations.

Safeguarding Adults Reviews (SAR)

There may be circumstances in which attendance at a Safeguarding Adults Review is necessary. A Senior Service Manager or the Services Director will in all cases attend these along with an appropriate representative of the service that has had involvement.

Additional Procedures

Some safeguarding concerns can involve very complex and sensitive issues that require the organisation to follow additional procedures and ensure the involvement of safeguarding adult specialists.

Concerns regarding Domestic Abuse, Forced Marriage, Honour Based Abuse, Female Genital Mutation (FGM), Violent Extremism (see appendix one for definitions of these terms) must be discussed with the Safeguarding Lead/deputy unless it is necessary to ensure the individuals immediate safety or to obtain urgent medical treatment-this must be arranged without delay.

Domestic Abuse including Forced Marriage, Honour Based Abuse and FMG; When dealing with concerns about Domestic Abuse including Forced Marriage and Honour Based Abuse, whilst it will be necessary to contact specialists as soon as possible, there may be occasions when practitioners will need to gather some information from the person to establish facts to support a referral. When doing so practitioners must.

- See the individual at risk immediately in a secure and private place where the conversation cannot be overheard
- See the individual on their own
- Explain all the options to them
- Recognise and respect their wishes
- Reassure them about confidentiality i.e. practitioners will not inform their family
- Establish a way of contacting them discreetly in the future
- Obtain full details to pass on to the trained specialist as appropriate

Do Not:

- Send them away
- Approach members of their family or the community
- Attempt to be a mediator.
- Contact the perpetrator

Additional Steps:

- If necessary, record any injuries using a body map
- Give them personal safety advice
- In the case of forced marriage advise them not to travel overseas.
- Refer them, with their consent, to appropriate local and national support services that have a history of working with survivors of domestic abuse and forced marriage as appropriate

Victims of Domestic Abuse, Forced Marriage and Honour Based Abuse may be reluctant to consent to information sharing with other agencies due to fear of the possible repercussions. It is therefore vital to provide a careful explanation of the benefits of sharing information with agencies that can support them. Practitioner's must also provide assurance that information will not be shared with the perpetrator/their family and inform them of what will happen once a referral is made to the appropriate agency.

Where an individual does not consent to sharing information with appropriate authorities, to protect them, it may be necessary to share information with authorities such as the police without their consent. Situations where practitioners must refer with or without consent include.

- There is a high risk of serious harm or homicide.
- There are children at risk.
- There are other dependant adults at risk.
- The individual has care and support needs that prevent them from safeguarding themselves.
- There are concerns that the individual does not have the capacity to make decisions about their own safety and the risk they are exposed to.
- There is evidence to suggest that the adult at risk has been unduly coerced / threatened into not seeking intervention.

In all the situations described above, a referral must be made to the Police.

Referrals to the Police can be made by calling 101 and ensuring that key words are used to describe the situation such as Domestic Abuse, Forced Marriage and Honour Based Abuse etc. This will ensure that the referral is passed to the appropriate specialist without delay.

Where there are children at risk, a referral must be made to Children's Social Care in addition to the Police, in line with local procedures- see n-compass Safeguarding Children Policy.

Where the individual themselves has care and support needs that prevent them from safeguarding themselves or there are other dependant adults at risk, a referral must be made to Adult Social Care in addition to the Police following the procedures set out in this policy.

If the individual does not consent to sharing information with appropriate authorities, they must be told if there is to be disclosure of confidential information, explaining why you have acted against their wishes.

Where an individual who has the capacity to make their own decisions about their own safety and risk they are exposed to, does not consent to sharing information with other agencies, this must be respected unless one of the factors above applies. Practitioners should consider providing information about local and national support services that have a history of working with survivors of domestic abuse and forced marriage as appropriate and offer a supported referral.

(see appendix 6 for details of local and national agencies that provide support to victims of Domestic Abuse including Forced Marriage, Honour Based Abuse and DOH Safeguarding FGM Pathway)

PREVENT - Adults who may be vulnerable to Radicalisation;

Radicalisation is defined as the process by which people (children or adults) begin to support terrorism and violent extremism and in some cases, to then participate in terrorist groups. Radicalisation is the process where someone has their vulnerabilities or susceptibilities exploited towards crime or terrorism – more often by a third party, who has their own agenda; this may take place face to face or via social media or the internet

Prevent is a vital part of the UK's counter-terrorism strategy, to stop people becoming terrorists or supporting terrorism. It seeks to:

- Respond to the ideological challenge of terrorism and aspects of extremism, and the threat we face from those who promote these views;
- Provide practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and support;
- Work with a wide range of sectors where there are risks of radicalisation and a multi-agency approach is needed including education, criminal justice, faith, charities, the internet, and health.

Prevent addresses all forms of terrorism, including Far Right extremism and some aspects of non-violent extremism. Work is conducted with the Police, Local Authorities, Government Departments, and health services.

Channel is a multi-agency process within Prevent, which aims to support those who may be vulnerable to being drawn into violent extremism. It works by Identifying individuals who may be at risk, assessing the nature and extent of the risk; and where necessary, referring cases to a multi-agency panel which decides on the most appropriate support package to divert and support the individual at risk.

Channel aims to draw vulnerable individuals away from violent extremism before they become involved in criminal activity. Partnership working and effective information sharing is crucial in ensuring that multi-agency partners are able to build a comprehensive picture of an individual's vulnerability and therefore provide the appropriate type and level of support to safeguard the individual at risk.

Voluntary and community providers may provide services to people who are vulnerable to radicalisation. People with mental health issues or learning difficulties may be more easily drawn into terrorism.

It is important to be vigilant for signs that someone has been or is being drawn into terrorism.

The Prevent Strategy now sits under safeguarding and depends on an integrated approach from all organisations in its success. Safeguarding procedures should be followed where there is a concern for adults or children at risk.

- NOTICE – if you have a cause for concern about someone, perhaps their altered attitude or change in behaviour
- CHECK - discuss concern with appropriate other (safeguarding lead)
- SHARE – appropriate, proportionate information (safeguarding lead/police)

There are different arrangements for Channel in our delivery areas.

Area	Arrangements
Blackburn with Darwen	Contact DS Maxine Monks: 01772 413029 (office hours) 07943050822 Channelreferrals@lancashire.pnn.police.uk
Blackpool	Contact DS Maxine Monks: 01772 413029 (office hours) 07943050822 Channelreferrals@lancashire.pnn.police.uk
Bury	Complete the Channel referral form https://burymbc-self.achieveservice.com/AchieveForms/?mode=fill&consentMessage=yes&form_uri=sandbox-publish://AF-Process-dcf1a19e-f905-41bc-970a-e2ee88f8d150/AF-Stage-4e127729-c0f9-4f94-9948-d4cd5f40baf3/definition.json&process=1&process_uri=sandbox-processes://AF-Process-dcf1a19e-f905-41bc-970a-e2ee88f8d150&process_id=AF-Process-dcf1a19e-f905-41bc-970a-e2ee88f8d150
Cumbria	Complete the Channel referral form https://www.cumbria.police.uk/advice/advice-and-information/t/prevent/prevent/
Knowsley	https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.knowsley.gov.uk%2Fknowsleycouncil%2Fmedia%2Fknowsley-Media%2FPrevent-Referral-Form-July-2022.docx&wdOrigin=BROWSELINK
Lancashire	Contact DS Maxine Monks: 01772 413029 (office hours) 07943050822 Channelreferrals@lancashire.pnn.police.uk
Liverpool	Advice – Det Sgt Paul Storey 0151-777-8328 Det Sgt Darren Taylor 0151-777-8311 E-mail MSOC.Special.Branch@Merseyside.pnn.police.uk Prevent Co-ordinator Clive Finch 0151-233-7015 Clive.Finch@Liverpool.Gov.uk https://liverpool.gov.uk/prevent
Rochdale	Contact DC Claire Donnelly – claire.donnelly@gmp.pnn https://www.rochdale.gov.uk/downloads/download/213/radicalisation-referral-form
Staffordshire	Contact Prevent Team 01785 232054, prevent@staffordshire.pnn.police.uk
Warrington	Complete referral form https://www.proceduresonline.com/pancheshire/warrington/p_sg_ch_extremism.html
Wirral	Merseyside Police have a dedicated Prevent team who can be contacted for advice: Telephone: 0151 777 8311 or email msoc.prevent@merseyside.police.uk

Following discussion with the Channel Co-ordinators you may be asked to provide details of your concerns in an email. Where there are concerns that an individual is vulnerable to recruitment by terrorists/extremist and has care and support needs that prevent them from safeguarding themselves, a referral must also made to Adult Social Care.

Recording

If you have any concerns about an adult, once you have discussed your concerns, you should complete the following **within 24 hours**.

- Add details to n-compass Charity Log under the extension database Safeguarding and Incident Form (adding any original notes to the referral) within 24 hours of identifying concerns
- make a note on the individuals electronic and paper files, including details of discussion with managers and the reason for the decision to refer or not.
- Confirm verbal and telephone Adult Social Care referrals in writing, using the relevant local authority referral form.

Update line manager/manager/Safeguarding Lead, adult concerned, safeguarding form as appropriate

Within 5 working days, if you make a referral to Adult Social Care, a crime is reported to the Police or the concern is reported to CQC (regardless of the outcome/response), you should.

- Complete the Charity Log extension database Safeguarding Form. This form should be updated as appropriate throughout the referral/feedback process and, once completed signed by your Team/Service Lead who should then pass it to the Safeguarding Lead/Deputy. Any original notes of discussions with the individuals, 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. Outcomes of Safeguarding issues will be monitored by Safeguarding Leads and Deputies who have responsibility for signing off all Safeguarding and Incident Forms and initiating further action if required. Trends and themes will be reported to and monitored by the Senior Management team via monthly SMT reporting mechanisms.

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

Safe Recruitment

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

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 adults an integral factor in human resources management is an essential part of creating safe environments. Safer practice in recruitment means thinking about and including issues to do with adult safeguarding at every stage of the process.

To ensure that those involved in recruiting and selecting staff can 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

Allegations against trustees, staff, students or volunteers

These procedures should be applied when there is an allegation that a person who works with adults has:

- Behaved in a way that has harmed or may have harmed an adult
- Possibly committed a criminal offence against an adult.
- Behaved towards an adult in a way that indicates that they may pose a risk of harm to other adults

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/Senior Nominated Officer 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 individual receives appropriate medical attention.
 - Make a written record of the information (where possible in the individuals' 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 Position of Trust Lead/Senior Nominated Officer 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 logbooks.
 - Based on 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 the appropriate Social Care Department 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 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 Lead for Managing Allegations (LALMA) (Also referred to as LADO Local Authority Designated Officer) 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 Social Care colleagues as appropriate. If 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 LALMA/LADO is available for support and advice.

- If emergency action is required to safeguard or protect the adult concerned, the usual safeguarding procedures will take precedence. Contact with the LALMA should not be delayed 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 LALMA/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 adults posed by an accused person needs to be effectively evaluated and managed – in respect of adults experiencing or at risk of abuse or neglect involved in the allegations, and any other adults in the individual's home, work or community life. In some cases the employer will need to consider suspending the person. Suspension should be considered in any case where there is cause to suspect individuals are 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 adults experiencing or at risk of abuse or neglect until the allegation is resolved. The power to suspend is vested in the employer alone, however the LALMA 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. The alleged victim 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 LALMA/LADO as to whether the matter should be referred to the relevant Adult Social Care Department to determine whether the individual 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 individual 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 LALMA/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 or poses a risk of harm to adults.
- 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 LALMA/LADO will provide support to do so where necessary and will track the progress of the referral.
- The individual 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.
- The individual 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 Adult 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, and reassurance and help to rebuild confidence in working with adults.
- 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 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 adults in a paid or voluntary role. If this is the case the LALMA will consider the need for an allegations meeting.
- For allegations relating to abuse of children by a Person in a Position of Trust please see n-compass Safeguarding Children policy which includes contact details for the LADO

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](#)

n-compass operates across several Local Authorities with slightly different procedures for the above. See Appendix 10 for area specific information.

Position of Trust Lead/Senior Nominated Officer Contact Details

Senior Manager	Asher Ayres (Services Director) 01772 322707 Asher.Ayres@n-compass.org.uk
Deputy (to be contacted in Senior Managers absence or if allegations are about the Senior Manager)	Joanna Solanki (Chief Executive) 01772 322707 joanna.solanki@n-compass.org.uk

Individuals who pose a risk to adults

Where an n-compass employee, student or volunteer has been referred to the Disclosure and Barring Service, a referral to Adult Social Care should also be made if the person has contact with/resides with adults experiencing or at risk of abuse and neglect. Where it comes to light during the course of our duties that a person may present a risk to adults, a referral should be made to Adult Social Care as detailed above.

APPENDIX 1

CATEGORIES OF ABUSE AND NEGLECT

The Care and Support Statutory Guidance identifies types of abuse, but also emphasises that This should not limit the view of what constitutes abuse or neglect. The specific circumstances of an individual case should always be considered. All three factors need to be satisfied for a safeguarding enquiry to be addressed in accordance with Section 42 of the Care Act.

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

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

Financial or material abuse: including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.

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

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

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

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

Domestic Abuse: including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence, forced marriage or female genital mutilation.

The cross-government definition of domestic violence and abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those age 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.

Stalking is also a type of domestic abuse which involves a pattern of repeated and persistent unwanted behaviour that is intrusive and engenders fear, it is when one person becomes fixated or obsessed with another and the attention is unwanted. Threats may not be made but victims may still feel scared. Importantly threats are not required for the criminal offence of stalking to be prosecuted. Stalking within an abusive relationship is very common and a high percentage of victims of domestic homicide had been stalked. Stalking is a crime and any concern related to stalking should be taken seriously. The victim should be advised to report stalking to the Police.

Honour based abuse is a crime or incident which may have been committed to protect or defend the honour of the family or community. These are crimes which are committed in the name of Honour but in which there is no justification. This may include forced marriage, and domestic violence and abuse or female genital mutilation. Children, young people, and adults can suffer these types of abuse.

In all cases of domestic abuse, stalking, honour-based abuse, and female genital mutilation safeguarding advice should be sought. It is important to not discuss these concerns with the victim's family members or friends and specialist advice should always be obtained in the case of an emergency if you think someone is at immediate risk contact the police (Tel 999 or 101).

Modern Slavery: encompasses slavery, human trafficking and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude and inhumane treatment. The Modern Slavery Act 2015 was introduced in the UK with the intention of combatting slavery and human trafficking and provides law enforcement the tools to fight modern slavery; ensuring perpetrators can receive suitably severe punishments for these crimes and enhance support and protection for victims.

Self-Neglect: covers a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Self-neglect may not prompt a section 42 enquiry however an assessment will be made on a case-by-case basis. A decision as to whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when the individual is no longer able to do this without external support. The Lancashire Self Neglect framework [Multiagency self-neglect framework] should be referred to for the management of cases where an adult is at high risk due to severe injury and/or death due to lifestyle/self-neglect/refusal of services. This framework is currently going through a review process, but it can continue to be used at this time. There is no perpetrator in these cases and the adult at risk has mental capacity to make choices about their care and support. It is designed to ensure effective multi-agency working and decision making.

It is important to note that any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence, or ignorance.

Hate Crime

Identifying Hate Crime:

A hate crime is any criminal offence which is perceived, by the victim or any other person, to be motivated by a hostility or prejudice based on:

- Disability
- race or ethnicity
- religion or belief
- sexual orientation
- transgender identity

This can be committed against a person or property. A victim does not have to be a member of the group at which the hostility is targeted. In fact, anyone could be a victim of a hate crime.

Reporting Hate Crime:

Hate crime in any form is wrong, which is why it is important that if hate crime happens, that it is reported. Some people may feel that the incident is too minor to bother the police but reporting it makes a difference – to the victim, their friends/family and to their community. Under-reporting is a major issue in relation to all hate crime. Research has established that much higher levels of hate crime take place than are currently reported. By reporting hate crime when it happens, it can help stop it happening to someone else. It will also help the police to better understand the level of hate crime in the local area and improve the way they respond to it.

How to Report a Hate Crime or Hate Incident:

If you have witnessed or been a victim of hate crime you must report it. This can be done in a number of ways:

- In an emergency always ring 999
- For non-emergencies ring 101
- Report anonymously online via True Vision
- Anonymous Reporting

If you do not want to talk to the police or fill in the reporting forms, you can still report a hate crime by contacting Crimestoppers on 0800 555111. You do not have to give your name and what you say is confidential. It is free to call.

APPENDIX 2

NAMED PERSON(S) FOR SAFEGUARDING CONCERNS

n-compass 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.

In their absence any of the other managers below or n-compass' designated Safeguarding Lead/Deputy should be contacted. If the responsible manager is implicated in the concerns, the Safeguarding Lead/Deputy should be contacted directly. The above managers can seek further support and guidance from n-compass designated Safeguarding Lead or their deputy, where required –

Team	Managers responsible
Advocacy Bury and Blackburn w Darwen	Affia Khan 07933389767
Advocacy Cumbria	Affia Khan 07933389767
Advocacy Greater Manchester	Sophie Postlethwaite 07734872475
Advocacy Knowsley	Mel Murphy 07708389735
Advocacy Liverpool	Stuart Taylor 07874616203 and Sue Caveney 07753426225
Advocacy Merseyside	Lesley Myers 07483 077328
Advocacy Wirral	Neil Dawson 07736168579
Carers Lancashire	Steve Varley 07734872356
Carers North Lancashire	Rebecca Armstrong 01772 280030
Carers Review Lancashire	Tracey Dyson 07710171856
Carers Central Lancashire	Melanie Cartwright 07710171853
Carers Participation Lancashire	Margaret Hall 07734872426
Carers Hub Bury	Jayne Harrison 07523922621
Carers' Hub Rochdale	Aimee Clarke 07702977937 Nat Patin 07742 401274, Cara Fullelove 07704 544494
Carers Staffordshire Together for Carers	Helena Tranter 07845336106, Cathryn Rayner 07704544497

Carer's Hub Warrington	Anna Zammit 07736621789, Deb Fitzsimmons 0773487212
Service Access Team	Rachel Dawe 07514 953838, ext. 1020
Self-Harm	Ben Powell 07583705512, Emma Neilson 07935069941
Practice Educator	TBC

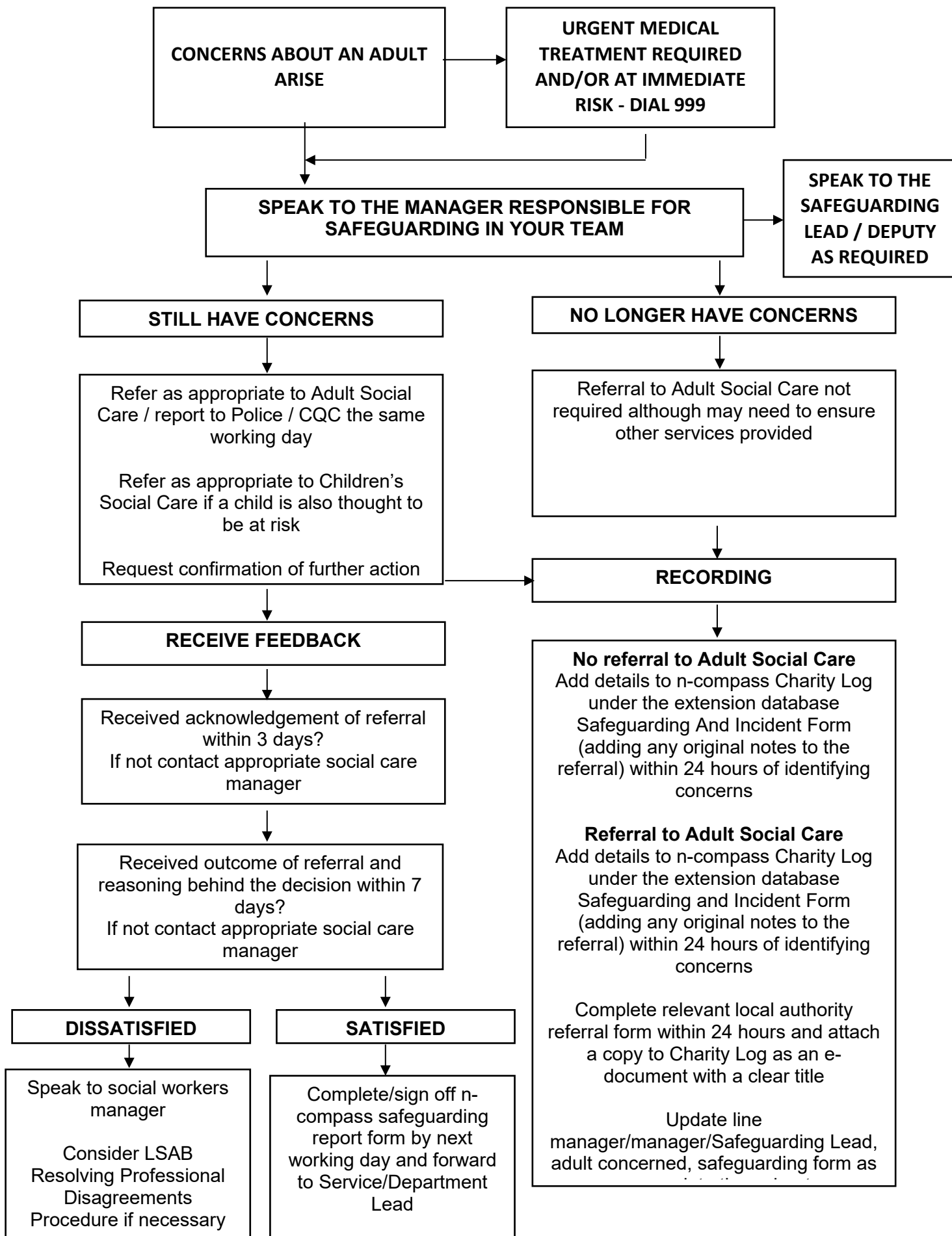
The Role and Responsibilities of the above are:

- 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 an adult experiencing or at risk of abuse or neglect
- To ensure any concerns are acted on within timeframes, clearly recorded, referred on where necessary and, followed up to ensure the issues are addressed.

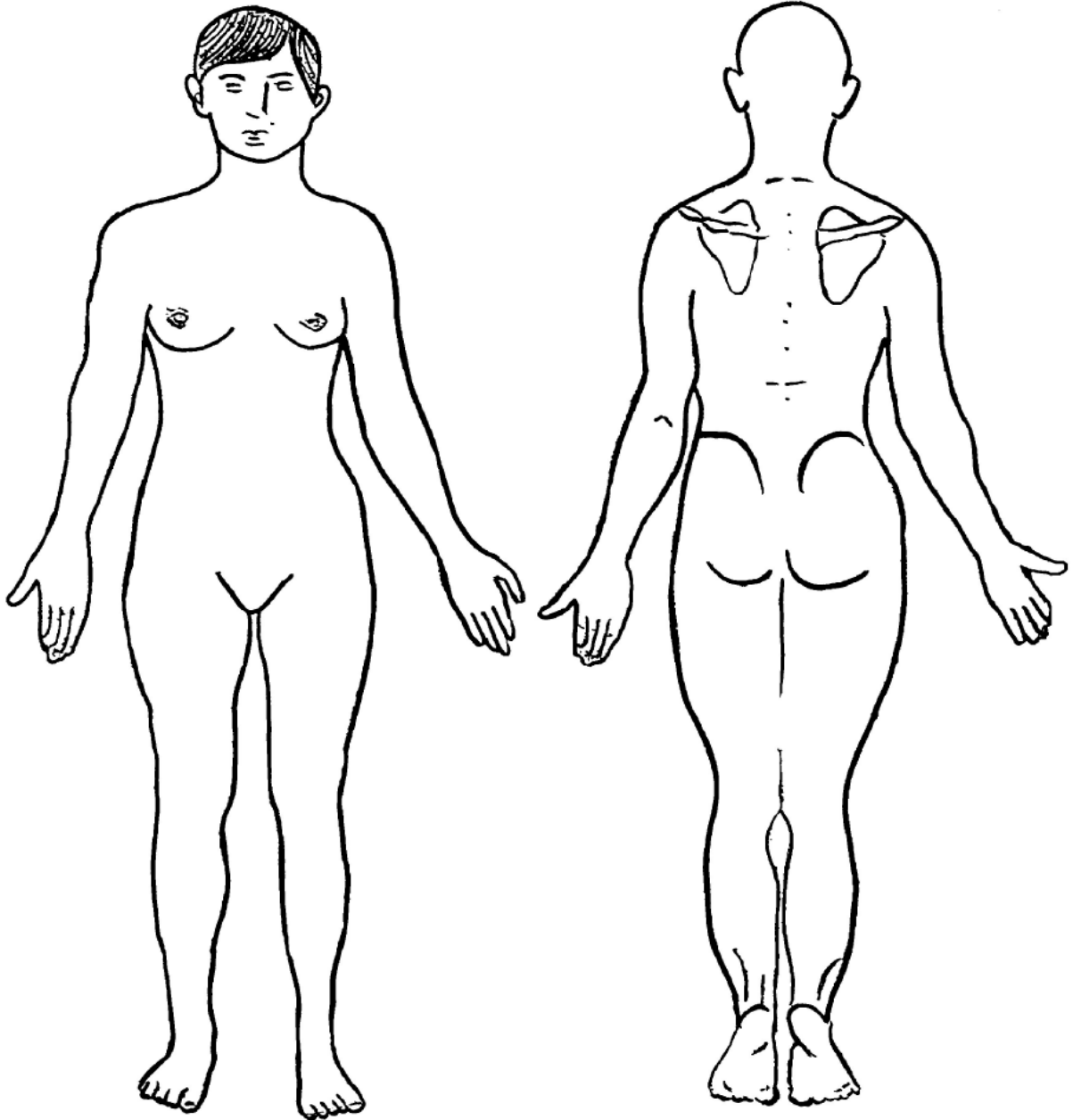
The Safeguarding Lead and Deputy have additional responsibilities, reflected in their job description

**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**



BODY MAPS- FRONT & BACK VIEWS



DOB or ID code:

Date and time form completed:

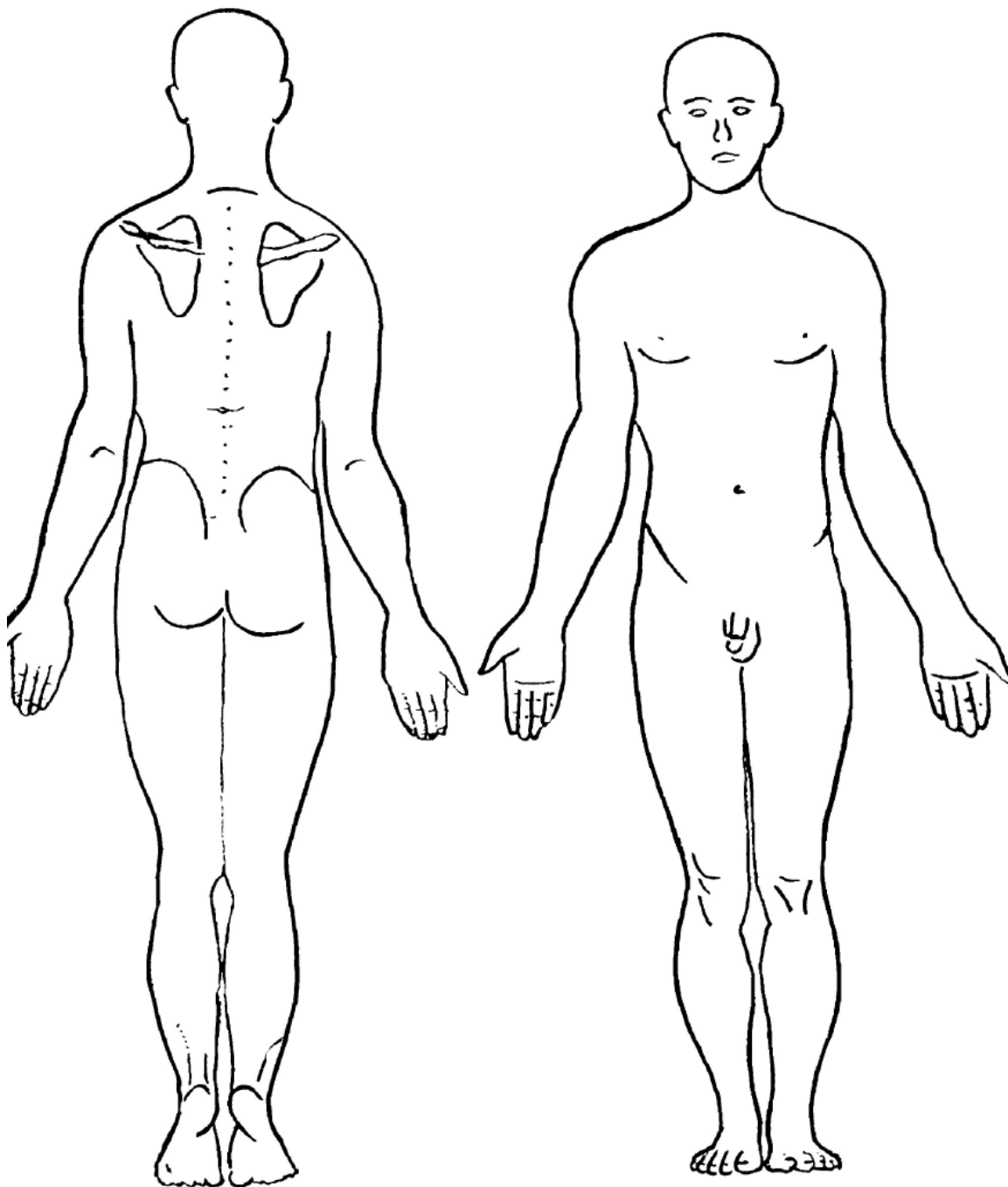
Date and time injury witnessed:

Signature(s):

Name of worker(s):

Description of injury:

BODY MAPS- FRONT & BACK VIEWS



Name of adult:

Job title(s):

DOB or ID code:

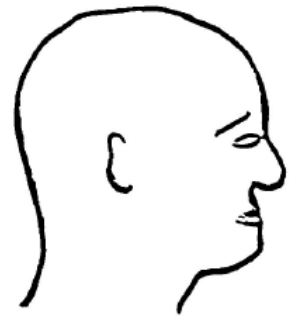
Date and time form completed:

Date and time injury witnessed:

Signature(s):

Name of worker(s):

Description of injury:



Name of adult:

Job title(s):

DOB or ID code:

Date and time form completed:

Date and time injury witnessed:

Signature(s):

Name of worker(s):

Description of injury:

When completing a body map, you must-

- Use black or blue pen, if recording on paper, so that notes can be photocopied.
- Keep to factual information. Opinion should not be included unless you are an expert in the field in which opinion is given.
- Sign and date the record. Make sure the body map is signed by the person completing it, plus anyone who witnessed.
- Record the location, size, and number of injuries.
- Distinguish between the injuries, e.g. pressure sore, bruising, cuts or wounds, red areas, scalds, or burns, other (describe).
- Make it clear, with accurate labels on the body map.
- Include, wherever possible, measurements of the injury.
- Record the colour of bruises.
- Ensure the body map has a date and time of completion.
- Ensure the name of the person is on the body map.

APPENDIX 5

DOMESTIC ABUSE – LOCAL AND NATIONAL CONTACTS

Local support services will be able to provide advice and information regarding a range of Domestic Abuse Concerns such as psychological, physical, sexual, financial, emotional abuse, honour-based abuse, forced marriage and female genital mutilation.

Blackburn with Darwen	Blackburn & Darwen District Without Abuse Phone; 01254 260465 (7 days a week, 9am - 5pm), outside of these hours 0808 2000 247 Web; https://bddwa.org/ info@womens-aid-blackburn.co.uk
Blackpool	Blackpool- Interpersonal violence and abuse team Phone; 01253 476203 Email; domesticabuse.team@blackpool.gov.uk Web; https://www.blackpool.gov.uk/Residents/Health-and-social-care/Domestic-abuse.aspx
Bury	Greater Manchester Police have a specialist department with trained domestic violence and abuse officers who can help. They can be contacted on 0161 856 8064.
Cumbria	Cumbria Domestic Abuse Partnership https://www.carlisle.gov.uk/Residents/Housing-and-Homeless/Cumbria-Domestic-Abuse-Partnership
Knowsley	The First Step – 0151 548 3333
Lancashire	Victim Support 0300 323 0085 Web https://www.victimsupport.org.uk/help-and-support/get-help/support-near-you/north-west/lancashire
Liverpool	https://liverpool.gov.uk/communities-and-safety/crime-and-safety/domestic-abuse/
Rochdale	WHAG Phone; 01706 346 897 Email; whag@whag.info Web; www.whag.info
Staffordshire	New Era Domestic Abuse - 0300 303 3778 Live chat - http://www.new-era.uk/
Warrington	Refuge – Warrington IDVA Service 01925 243359 https://refuge.org.uk/
Wirral	Women & Children’s Aid Phone; 0151 6439766 Email; staff@wwaca.org Web; https://itsneverokwirral.org/support-for-victims-and-survivors

National Helplines

National 24-Hour Domestic Abuse helpline 0808 2000 247.
<http://www.nationaldomesticviolencehelpline.org.uk/>

National Helplines specific to Forced Marriage/Honour Based Abuse

Karma Nivarna- 0800 5999247 <http://www.karmanirvana.org.uk/>
Forced Marriage Unit (for general advice/support) - 020 7008 0151
<https://www.gov.uk/guidance/forced-marriage#forced-marriage-unit>



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 [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 [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.

APPENDIX 7

RECORDING

N-COMPASS SAFEGUARDING ADULTS REPORT FORM

CONFIDENTIAL

This report should be completed on Charity Log and signed off by your Team/ Service/ Lead, whenever a referral is made to Adult Social Care/the Police/QCQ, regardless of their outcome. Outcomes are monitored by Safeguarding Lead/Deputy before sign off and reported to SMT monthly.

Safeguarding database ref no	
Individuals full name	
D.O.B	
Home address	
Situation details (include timings, settings, who was present, what was said in people's own words) If any notes taken attach to this form	
Any significant points about the adult's appearance and emotional presentation?	
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)	

<p>Rationale for decision</p>	
<p>Was a referral made to QCQ? If so, why? Date, time of referral. Ref number</p>	
<p>Did the adult consent to the QCQ referral?</p> <p>If no, was confidentiality broken? Include reasons why i.e. in the public's interest, individual does not have capacity to make decisions to their own decisions.</p> <p>If no and confidentiality was not broken provide details of discussions regarding risk they are exposed to, support that can be provided.</p>	
<p>Was a referral made to the Police?</p> <p>If so, why?</p> <p>Date, time of referral.</p> <p>Crime number</p>	
<p>Did the adult consent to the Police referral?</p> <p>If no, was confidentiality broken? Include reasons why i.e. in the public's interest, individual does not have capacity to make decisions to their own decisions.</p> <p>If no and confidentiality was not broken provide details of discussions regarding risk they are exposed to, support that can be provided.</p>	
<p>Was a referral made to Adult Social Care?</p> <p>Date, time of referral.</p>	

<p>Name and role of person spoke to.</p>	
<p>Did the adult consent to the Adult Social Care referral?</p> <p>If no, was confidentiality broken? Include reasons why i.e. in the public's interest, individual does not have capacity to make decisions to their own decisions.</p> <p>If no and confidentiality was not broken provide details of discussions regarding risk they are exposed to, support that can be provided</p>	
<p>Date, time, and details of acknowledgement of referral from duty social.</p> <p>If not acknowledged within 3 working days – date/time, contact details and details of discussion held with Adult Social Care manager</p>	
<p>If relevant for local authority area, did you provide written confirmation on appropriate referral form within 24 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 Adult Social Care.</p> <p>If not received within 7 working days of referral - date/time, contact details and details of discussion held with Adult Social Care manager.</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>	

Referrer from n-compass: Name 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	

Safeguarding lead/deputy name.....

Signature Date

(Your signature indicates the report/process/decisions have been analysed, urgent actions/additional learning identified and plans in place to address)

Notes, including any additional learning and trends/themes/concerns to report to the LSAB/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.

- **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 8

WHAT TO EXPECT WHEN REFERRING

Once a concern has been raised with the local authorities then that authority will make enquires or ask another agency to do so. This will determine the most appropriate response within the safeguarding procedures. The objectives of the enquiry involve:

- Establishing the facts about the allegation/concern.
- Ascertain the individual's views and wishes and seek consent.
- Establish any need for representation/independent advocate.
- Ascertain if the response under safeguarding procedures is appropriate and proportionate to the concern raised.
- Assess the needs of the adult for protection, in accordance with the wishes of the adult.
- Make decisions as to what follow-up action should be taken regarding the person responsible, or the organisation, for the abuse or neglect; and
- Enable the adult to achieve resolution and recovery through agreed desired outcomes

Once initial enquires are completed the local authority will determine what, if any, further action is required and acceptable. This may require actions by the adult at risk to safeguard themselves, actions to be undertaken by other organisations or the local authority or a combination of all three. Usually if the concern is not resolved at the initial enquiry stage, then this will progress to either a risk management response or a formal enquiry

Managing Risk - if there is no requirement for a formal enquiry but there remains the need to safeguard the adult or others then risk management response may be appropriate. Employers are expected to take responsibility for the management of risk within their own organisation and

share information responsibly where others may be at risk from the same source. A plan to manage the identified risk and put in place safeguarding measures includes:

- Multi-agency risk assessment
- Assessment of care and support needs
- Adult Local Area Designated Officer interventions (or equivalent to area)
- Commissioning and /or contractual actions
- Serious incident processes
- Social work intervention
- Carer's assessment
- Mediation/family group conferences

Whichever risk management responses are undertaken the following factors will be key:

- What immediate action must be taken to safeguard the adult and/others.
- Who else needs to contribute and support decisions and action, e.g., independent advocacy?
- What the adult sees as proportionate and acceptable.
- What options there are to address risks.
- When action needs to be taken and by whom.
- Reaching decisions in line with the Mental Capacity Act
- Recording issues and actions

Throughout, the actions will need to be re-evaluated to ensure they are addressing the risk and promoting wellbeing as well as responding to the desired outcomes of the adult at risk. If not alternatives will need to be considered.

Formal Enquiry - Should a formal enquiry under section 42 of the Care Act be necessary there is a formal process that will be followed to establish facts but gathering evidence and identify or provide a basis for any safeguarding actions required.

Strategy Discussion or Meeting - the strategy will be defined most effectively by gathering information from all the relevant people. On other occasions it will be necessary, and more effective, to formulate the initial strategy through a virtual meeting conducted via the telephone, e-mails, etc. All information known about the situation should be shared in accordance with information sharing and confidentiality procedures. The timing of Safeguarding Strategy Discussions/Meetings will be determined by the level of risk presented and, in any case, will be

completed within five working days of the referral being made. A Strategy Plan will be produced which will:

- Conclude if further action is needed based on information and evidence gathered from all parties.
- Identify action required to address immediate risk to the adult concerned.
- Describe an interim Safeguarding Plan; including actions to ensure the immediate safety of the adult.
- Identify any specific coordinated action required in respect of the alleged perpetrator to minimise risks to victims, witnesses, and whistle-blowers.
- Determine a plan for carrying out the Safeguarding Assessment which will include:
 - Identification of the agency with the appropriate legal powers and responsibilities to lead any investigation or assessment.
 - In cases where a joint investigation is necessary, an agreement between the respective agencies as to their respective roles.
 - A plan for communication between agencies.
 - Identification of staff to undertake the assessment.
 - A written record will be made of discussions and meetings and sent to all relevant agencies following completion.

The enquiry may also be informed by other enquiry/investigation processes and there may be additional actions for the enquiry to ensure these have been appropriately addressed through the Safeguarding Plan as required.

Case Conference - the main purpose in convening of a case conference is to draw some conclusions from the evidence which has been obtained during the investigation and to determine the level of risk of the adult. The Conference will:

- Support the alleged victim, if attending.
- Share the findings of the investigation via written and verbal reports.
- Offer professional opinion.
- Make and contribute to recommendations - set time scales.
- Develop and contribute to protection plans.
- To decide on the balance of probabilities whether abuse has happened.
- Decide who needs to be informed of the outcome e.g., Care Quality Commission, the Alerter, alleged victim, alleged perpetrator, Disclosure and Barring Service.
- Immediately following a case conference, a protection plan will be drawn up by key people identified by the chairperson.

There may be a review conference. This will be determined at the case conference. Once enquires are complete the local authority should determine the risk to the adult and what if any further action is necessary and acceptable. Whereby all actions have been completed or at the point the adult is no longer at risk of abuse and safeguarding adult procedures no longer apply then they will be discontinued. However other streams of work may continue to support the adult.

APPENDIX 9

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

n-compass 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 worker must ensure the adult 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 LSCB procedures
- The individual who first received/witnessed the concern should make a full written record of what was seen, heard and/or told as soon as possible after observing the incident/receiving the report. It is important that the report is an accurate description and is signed and dated.
- The person named above (if appropriate) can support the worker during this process, but must not complete the report for the worker. This report must be made available on request from either the Police and/or social services.
- Regardless of whether a Police Force and/or social services investigation follows, n-compass 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.

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 10

PIPOT INFORMATION AREA SPECIFIC

Blackburn With Darwin

<http://www.lsab.org.uk/wp-content/uploads/People-in-a-Position-of-Trust-Policy-1.pdf>

Blackpool

<http://www.lsab.org.uk/wp-content/uploads/People-in-a-Position-of-Trust-Policy-1.pdf>

Bury – no specific information refers to Manchester

<https://www.manchestersafeguardingpartnership.co.uk/wp-content/uploads/2021/02/2022-02-22-MSP-PIPOT-Policy-Refresh.pdf>

Cumbria

<https://www.cumbria.gov.uk/elibrary/Content/Internet/327/949/38231/4451891828.pdf?timestamp=4452115375>

Knowsley – no specific information refer to North west Policy

<http://www.stopadultabuse.org.uk/pdf/north-west-pipot-policy-june-2019.pdf>

Lancashire

<http://www.lsab.org.uk/wp-content/uploads/People-in-a-Position-of-Trust-Policy-1.pdf>

Liverpool

<https://liverpool.gov.uk/adult-social-care/professional-referrals/safeguarding-adults/safeguarding-adults-procedure/>

Rochdale – no specific information refer to Manchester

<https://www.manchestersafeguardingpartnership.co.uk/wp-content/uploads/2017/12/2018-03-26-MSAB-PIPOT-Policy-Published.pdf>

Warrington

<https://www.warringtonsafeguardingpartnerships.org.uk/p/i-work-or-volunteer-with-adults/pipot>

Wirral

<https://www.wirral.gov.uk/sites/default/files/all/Health%20and%20social%20care/adult%20social%20care/safeguarding%20adults/North%20West%20People%20in%20Positions%20of%20Trust%20Policy%20Apr%202018.pdf>

Equality Impact Assessment Form

Name/ Job Title of Assessor	Karen Jackson – People Services Director
Policy Assessed – Safeguarding Adults	Date Assessed: 27 th September 2022

		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	

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

Signature of assessor: K.Jackson

Date: 27th September 2022

Revision Control

Version	Date	Author	Changes
0.1	October 2015	DP	New revised policy
0.2	March 2017	AB	Reviewed
0.3	March 2018	JS	Reviewed following Cheshire East delivery
0.4	May 2018	AB	Reviewed
0.5	October 2018	AB	Reviewed to reflect reporting to Charity Commission
0.6	June 2019	AB	Reviewed
0.7	January 2020	AB	Reviewed following Bury delivery
0.8	April 2020	AB	Reviewed following Tameside, Stockport and Oldham delivery
0.9	June 2020	AB	Reviewed
0.10	April 2021	AB	Reviewed following Staffordshire delivery
0.11	July 2021	AB	Reviewed
0.12	September 2021	AB	Reviewed following Liverpool delivery
0.13	July 2022	AB	Reviewed
0.14	April 2023	AB	Reviewed following changes to delivery areas
0.15	July 2023	AB	Annual review and changes to delivery areas