



Safeguarding Children 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



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Purpose

This document is the Safeguarding Children Policy for n-compass 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 of England.

n-compass 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.

In this policy, as in the Children Act 1989 and 2004, a child is anyone who has not yet reached their 18th birthday. However consideration is taken under the MCA Act (2005) for children aged 16 and 17 years old who are referred to as young people.

Safeguarding and promoting the welfare of children is defined in Working Together to Safeguard Children (2018) 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 and young people who are suffering, or are likely to suffer, significant harm. This is assessed under section 47 of the Children Act 1989 and is the provision of services at a statutory level.

Child In Need is defined under the Children Act 1989 as a child or young person who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. Children in need may be assessed under section 17 of the Children Act 1989 by a social worker (Working Together to Safeguard Children 2018)

Child Protection and Child In Need are part of the continuum of need threshold which refers to unmet needs and underlying risk factors for a child or young person.

'Looked after children and young people' is generally used to mean those whom are looked after by the local authority. This includes those who are subject to an interim care order, care order (The Children Act 1989 section 31, 38) or temporarily classed as looked after on a planned basis for short breaks or respite care. The term is also used to describe 'accommodated' (The Children Act 1989, section 20) children and young people who are looked after on a voluntary basis at the request of, or by agreement with, their parents. We refer to these children as 'children in care'. Unaccompanied asylum-seeking children automatically receive Looked After Child status.

Private fostering is when a child's parent or guardian arranges for them to be cared for and live with someone else, who is not a close relative.

This applies where:

The child is under 16, or if they have a disability is under 18

The arrangement will be for 28 days or more or

The arrangement is for less than 28 days but is one of a series of days that all together add up to 28 days

The person who will look after them is not a close relative of the child (for example is not a brother, aunt or grandparent)

Young carers are children and young people who assume important caring responsibilities for parents or siblings, who are disabled, have physical or mental health problems, or misuse drugs or alcohol

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 adult's 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 –

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 07485 336107

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

Contact details of Children’s Social Care department in Service Delivery Areas;

Area	Office Hours	Emergency Duty Team
Blackburn with Darwen	01254 666400	01254 587547
Blackpool	01253 477299	01253 477299
Bury	0161 2535678	0161 2536606
Cumbria	01228 22633	0333 240 1727
Knowsley	0151 443 2600	0151 443 2600
Lancashire	0300 123 6720	0300 123 6722
Liverpool	0151 233 3700	0151 233 3700
Rochdale	0300 3030440	0300 3038875
Staffordshire	03001118007	0345 6042886
Warrington	01925 443322	01925 444400
Wirral	0151 606 2008	0151 677 6557

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 should 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 three)

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:

- 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 8 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. (See contact details page 8) All professionals should make a follow-up written referral within 48 hours using their agreed referral process.

Area	Link to referral forms – note all referrals should be made by telephone and followed up with a written referral within 24 hours or time specified by LA
Blackburn with Darwen	http://panlancashirescb.proceduresonline.com/pdfs/lancs_maarf_referral_form.pdf .
Blackpool	http://panlancashirescb.proceduresonline.com/pdfs/lancs_maarf_referral_form.pdf .
Bury	https://www.bury.gov.uk/index.aspx?articleid=10831
Cumbria	Cumbria Safeguarding Hub Single Contact Form.
Knowsley	https://marf.knowsley.gov.uk/Home
Lancashire	https://www.lancashire.gov.uk/practitioners/supporting-children-and-families/safeguarding-children/requesting-support-from-childrens-services/
Liverpool	https://liverpool.gov.uk/referrals/childrens-social-care-referrals/make-an-urgent-marf-referral/marf-form/
Rochdale	https://rochdalesafeguarding.com/p/safeguarding-for-children/assessment-tools-forms-templates-other-resources
Staffordshire	https://www.staffsscb.org.uk/procedures/core-procedures/ scroll down to MARAC download Multi Agency referral form Staffordshire
Warrington	https://www.warringtonsafeguardingpartnerships.org.uk/p/i-work-or-volunteer-with-children-and-young-people/how-to-report-abuse
Wirral	https://www.wirral Safeguarding.co.uk/professionals/what-is-early-help/

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 3 for flowchart.

9. Recording

If you have any concerns about a child or young person, 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 Children's 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 Children's 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.

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 six)

A CAF should be considered in every situation where a safeguarding concern is 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 logbooks.
 - 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 the employer will need 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	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

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	Blackburn with Darwen Safeguarding Unit, Ground Floor, 10 Duke Street, Blackburn, BB2 1DH Tel: 01254 585184
Blackpool	LADO, PO Box 4. Blackpool. FY1 1NA Tel: 01253 477541 Email: lado@blackpool.gov.uk
Bury	The Safeguarding Unit Tel 0161-253-6168 Email lado@bury.gov.uk
Cumbria	LADO, Cumbria Safeguarding Hub, Skirsgill Depot, Penrith, Cumbria, CA10 2BQ Tel: 03003 033892 Fax: 01768 812090 Email: lado@cumbria.gov.uk
Knowsley	https://www.knowsleyscp.org.uk/wp-content/uploads/2020/05/LADO-Referral-template-2019-Revised.pdf
Lancashire	Local Authority Designated Officer Tel: 01772 536 694
Liverpool	Careline for children https://liverpool.gov.uk/contact-us/careline-for-children/ 0151 233 3700 https://liverpoolsdp.org.uk/scp/local-authority-designated-officer-lado/what-is-the-lado-and-what-do-they-do

Rochdale	Email lado@rochdale.gov.uk using multi agency management of allegations form https://rochdalesafeguarding.com/p/safeguarding-for-children/allegations-management-children
Staffordshire	First Response Team and Duty Local Authority Designated Officer (LADO) (located within the MASH):0800 1313 126 Staffordshire Police via the MASH or 101
Warrington	LADO@warrington.gov.uk 01925 442079
Wirral	Pamela Cope Local Authority Designated Officer Tel 0151 666 4442. Email safeguardingunit@wirral.gov.uk

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: including assault, hitting, slapping, shaking, throwing, poisoning burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces an illness in a child and Female Genital Mutilation.

Sexual abuse: including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography, witnessing sexual acts, on-line abuse or exploitation, child sexual exploitation (CSE), indecent exposure and sexual assault or sexual acts to which an adult has not consented or was pressured into consenting.

Neglect: Neglect is the ongoing failure to meet a child’s basic needs including ignoring medical, emotional or physical needs or failure to provide appropriate supervision, access to appropriate healthcare and support or educational services. Please see the Pan Lancashire Multi-agency neglect strategy for further information in relation to the local strategy on neglect.

Emotional/Psychological abuse: including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks or witnessing domestic abuse. Domestic Abuse can have a significant detrimental effect on the well-being and development of children. Children are at increased risk of physical injury during an incident, either by accident or because they attempt to intervene. Even when not directly

injured, children are greatly distressed by witnessing the physical and emotional suffering of a parent.

Contextual safeguarding:

CSE: Child Sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes 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 Criminal Exploitation: As set out in the Serious Violence Strategy, published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity. Child criminal exploitation, like other forms of abuse and exploitation, is a safeguarding concern and constitutes abuse even if the young person appears to have readily become involved. Child criminal exploitation is typified by some form of power imbalance in favour of those perpetrating the exploitation and usually involves some form of exchange, for example County Lines may use vulnerable children to carry drugs in return for something. The exchange can include both tangible (such as money, drugs or clothes) and intangible rewards (such as status, protection or perceived friendship or affection). Young people who are criminally exploited are at a high risk of experiencing violence and intimidation and threats to family members may also be made. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

County Lines: County lines is a national issue involving the use of mobile phone 'lines' by organised crime groups to extend their drug dealing business into new locations. These groups exploit vulnerable persons which involve both children and adults who require safeguarding. Fearless.org has further information and tips on how to spot a child who might be involved.

Safeguarding issues where technology is involved: Children and young people's relationship to technology is increasingly embedded across all walks of life and as such we cannot address their wellbeing and safety effectively without considering a potential risk that this can bring. Technology by its nature is constantly evolving and bringing both new opportunities and new risks for all but particularly for our children and young people. We can no longer adequately consider the safeguarding or wellbeing of our children and young people without considering their relationship to technology. Refer to your Safeguarding Boards online safeguarding strategy

PREVENT - 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 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)

Children from Abroad, including Victims of Modern Slavery, Trafficking and Exploitation Special consideration should be given to children arriving in the UK who are

- Alone.
- In the care of adults who, whilst they may be their carers, have no Parental Responsibility for them.
- In the care of adults who have no documents to demonstrate a relationship with the child.
- In the care of agents

This is a broad cohort of children, and it may include (but is not limited to) children who have been subject to trafficking and/or modern slavery, and/or may have been exposed to the additional risks of commercial, sexual or domestic exploitation. It may also include children who have been trafficked internally within the UK. Local Safeguarding Boards offer guidance in these circumstances.

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 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
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

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

The Role and Responsibilities of the above are:

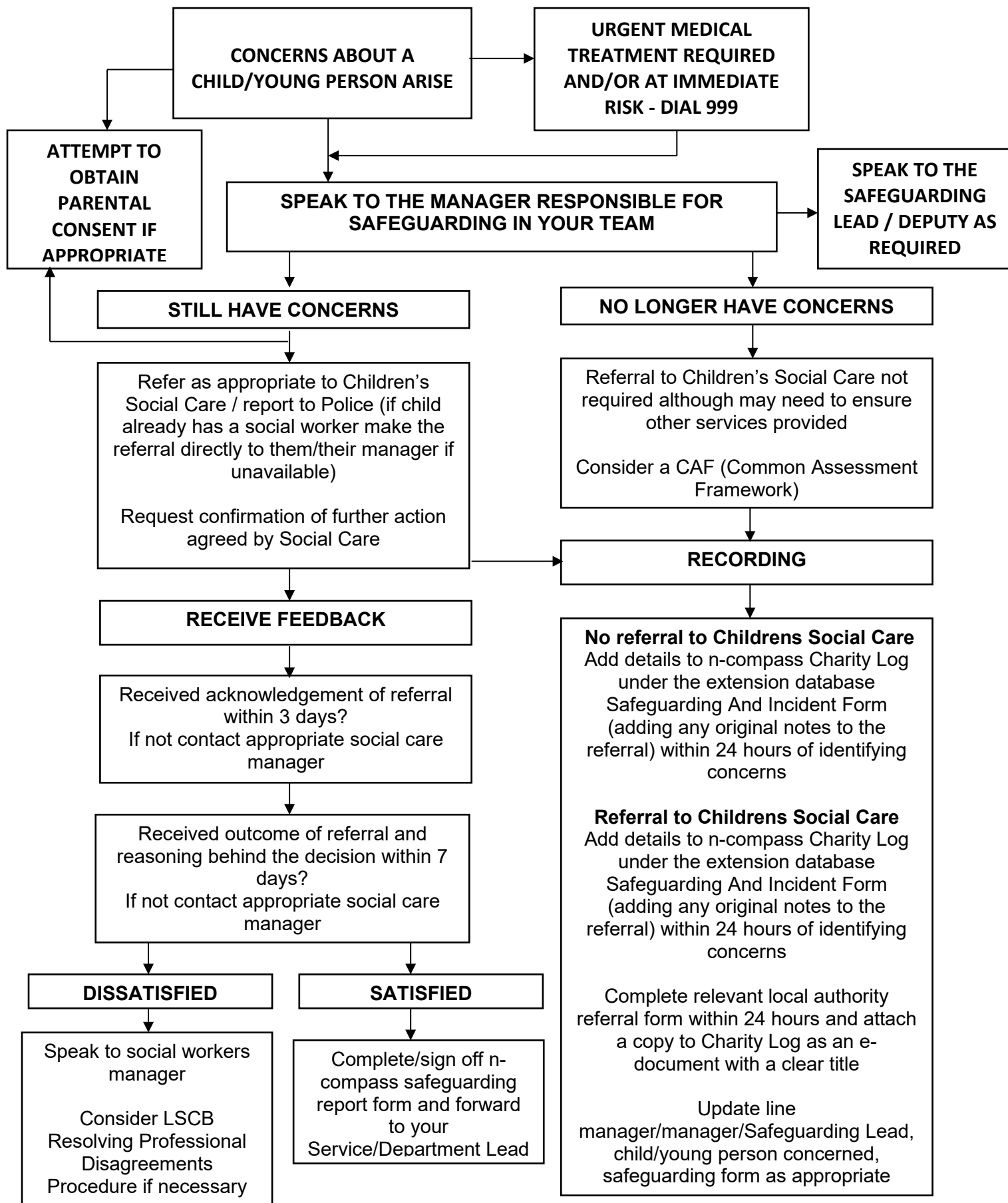
- To ensure all staff, students or volunteers are aware of what they should do and who they should go to if they have concerns about a child/young person
- To ensure any concerns about a child/young person are acted on, clearly recorded, referred on where necessary and, followed up to ensure the issues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

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

APPENDIX 3

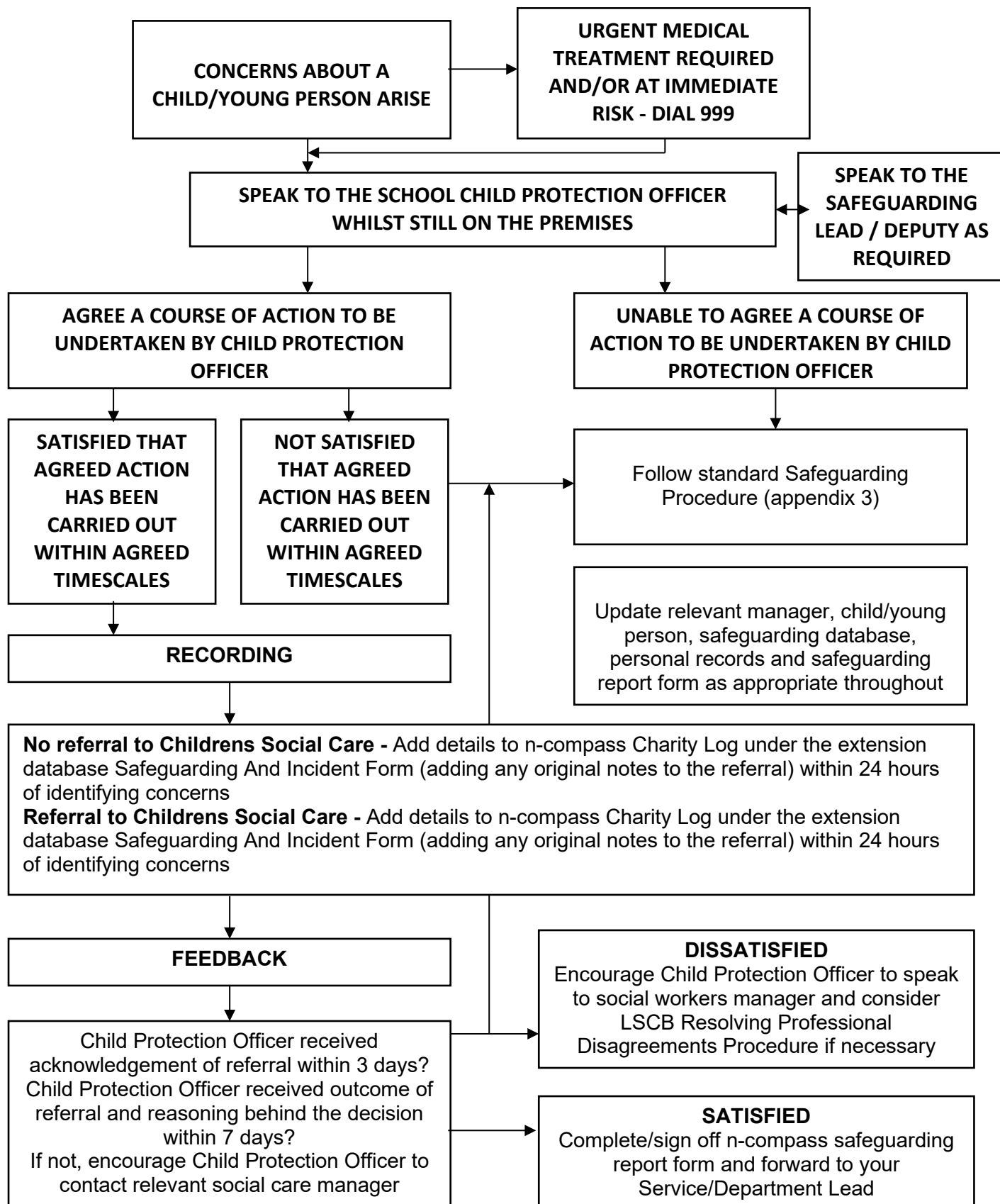
SAFEGUARDING PROCEDURE FLOW CHARTS

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



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



N-COMPASS SAFEGUARDING 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 the outcome. Outcomes are monitored by the Safeguarding Lead/Deputy at sign off and fed up to SMT monthly.

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	

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 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.

- **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 5

MANAGING SAFEGUARDING 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 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 LASCB 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 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 6



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

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 CCG Safeguarding Audit and Cheshire East delivery
0.4	May 2018	AB	Reviewed
0.5	October 2018	AB	Updated to include reporting to Charity Commission
0.6	June 2019	AB	Reviewed
0.7	Jan 2020	AB	Reviewed following Bury Delivery
0.8	April 2020	AB	Reviewed following TSO 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	Reviewed following changes to delivery areas, changes in personnel, inclusion of contextual safeguarding

Equality Impact Assessment Form

Name/ Job Title of Assessor	Karen Jackson – People Services Director
Policy Assessed – Safeguarding Children	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	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: K.Jackson

Date: 27th September 2022