**Safeguarding Adults and Children Policy**

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**What the people we support said about safeguarding:**

*“This Service is my home and it is where I feel most protected” “Nobody should hurt me”*

*“Being at home makes me feel safe”*

*“Having people around to support you is important”*

*“I like to know someone is looking out for me on a trip”*

*“Privacy is important to me so it’s good to have the option to lock my door when I want to and have a locked draw when I need it”*

*“I want to know my money is safe”*

**Comments above taken from WCL Bespoke Meetings.**

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# **Policy Strategy**

All people have a right to protection from abuse regardless of age, disability, gender, sexual orientation, intellectual ability, race, religion or culture. We Change Lives (WCL) aims to protect every adult in its care or with whom we come into contact, and we have Promised to keep people safe. WCL will promote a culture of safeguarding across the Organisation and ensure that safeguarding is discussed openly at all levels of the Organisation from individual services through to our Board. To do this we will follow guidance and procedures set out in:

* The Care Act (2014)
* Mental Health Act 1983 and 2007 and Mental Capacity Act Amendment 2019
* Health & Social Care Act 2008 regulations 2014
* Human Rights Act 1998
* Mental Capacity Act 2015 and Amendment Act 2019
* Domestic Abuse Act 2020
* Prevent, Section 26 of the Counterterrorism and Security Act 2015

Local authority safeguarding policies and procedures for any areas we operate in This policy also considers the NICE Safeguarding Adults in Care Homes Guidance Feb 2021

In setting out this policy we will also take into account the relevant CQC Guidance including:

* Regulation 13 – Safeguarding People from Abuse and Improper Treatment.
* Regulation 12 – Safe Care and Treatment.
* Regulation 18 – Notification of other incidents.

Whilst WCL currently only supports adults, we are conscious that we also have a responsibility to safeguard all children and young people especially as they often visit loved ones in residential and supported living settings and colleagues in outreach services will visit families with children and young people. Therefore, whilst the primary role of this policy is to give guidance on supporting adults a detailed section on supporting children and young people is also included.

**Decision Makers**

The Policy Owner will co-ordinate this policy and oversee any amendments brought about by changes in legislation in consultation with The Chief Executive Officer and the Deputy CEO/Head of Care using the organisational values as a guide. It has also been presented to the WCL Senior Management Team. The WCL Bespoke Group will also be consulted.

# **Hierarchy of Safeguarding Responsibility**

The following diagram outlines the hierarchy of safeguarding responsibility within WCL.

Diagram

Description automatically generated

# **Adult Policy Guidelines**

In order to ensure adults are best protected WCL will:

* Ensure we have a nominated safeguarding lead. This is currently the Quality and Safeguarding Manager. We will ensure that all individuals in the Organisation know who the safeguarding lead is and how they can be approached with concerns.
* Promote the role of safeguarding champions across the Organisation.
* Make sure people's wellbeing is promoted, taking their views, wishes, feelings and beliefs into account.
* Place an emphasis on a preventative approach so that we can support people before they get to crisis point.
* Make sure we focus on making safeguarding personal, ensuring that people have a right to be involved in discussions and making informed decisions about their care. For more information see: <https://www.local.gov.uk/msp-toolkit>
* Support people to achieve outcomes that are important to them.
* Where applicable, in accordance with the Care Act we may clarify if the adult at risk wishes to consent to an alert being pursued and what outcome they would like from the process. If they do not wish for an alert to be made, we may still need to override their wishes if other adults are also at risk or if we feel that the person is under duress not to pursue. If the person does not have capacity to consent, we would pursue in their best interests. In most instances WCL will still inform the local authority who commission the care.
* Make appropriate use of Advocacy Services such as Speak Up, where appropriate and ensure colleagues and residents understand the benefits of advocacy and how to access such support.
* Have a ‘zero tolerance’ of abuse and neglect.
* Have clear procedures in place for how to report and record safeguarding concerns. This includes reporting to the Local Authority and if appropriate the CQC and RIDDOR. See RIDDOR policy P00005.
* Follow all relevant regulations and legislation.
* Have effective safer recruitment procedures in place; including carrying out appropriate checks with the Disclosure and Barring Services (DBS). See **DBS Policy P00024 & Overseas Recruitment Policy P00111**
* Provide all colleagues with relevant safeguarding induction training which will be refreshed on an annual basis in line with our learning and development policy. This will include Prevent Training, where appropriate.
* Have clear whistleblowing procedures in place so that concerns about the organisation can be dealt with in an open and transparent manner. See **Whistleblowing Policy P00023**
* Ensure that whistle-blowers including colleagues, residents or relatives know they are protected by law and have policies in place to ensure that no one is victimised.
* Help colleagues understand the indicators of abuse.
* Ensure handovers include all relevant safety information to prevent safeguarding issues arising. See **Handover Policy P00048**
* Expect managers make every effort to involve lone workers or those who do not have regular supervisions such as bank colleagues to be involved in safeguarding discussions and learning.
* Have internal guidelines in place to explain the rights of colleagues and how we will respond where abuse is alleged against them.
* Cooperate with any investigations by the local authority, police, CQC or other relevant body.
* Have a Mental Capacity Act Policy in place so that each person is placed at the heart of decision making and enabling us to support people to make their own decisions wherever possible. See **Mental Capacity Act and Best Interests P00020**
* Have a policy that covers how we support people to manage their money and financial affairs to minimise the risk of any possible financial abuse. See Managing **the Money and Financial Affairs of the People we Support P00059**
* Have clear guidelines in place covering deprivation of liberty safeguards (soon to be known as Liberty Protection Safeguards or LPS) to ensure that people who do not have capacity to consent to care or treatment are supported in a way that is the least restrictive and minimises any limitations of their rights or freedom of action. See **Deprivation of Liberty Policy P00019**
* Have a strong supervision and appraisal process in place to ensure practice is observed, reflected on, guidance is given and there are discrete and regular opportunities to discuss safeguarding. See **Supervision and Appraisal Policy P00008**
* When necessary, ensure colleagues receive sufficient support when they have had to deal with difficult and challenging situations, including times when a person we support may have died, completed suicide or harmed themselves in some way.
* Ensure appropriate debrief are in place after safeguarding incident or significant PBS interventions. See **PSB Policy P00007.**
* Analyse data from safeguarding concerns to learn from and/or prevent future occurrences.
* Have systems in place to share learning across the organisation, for instance at Senior Management Team Meetings and in organisational refresher learning.
* Liaise with relevant local authority safeguarding teams.
* Participate in wider sector groups to promote better understanding and learn from best practice. Such groups include Safeguarding Forums and Managers’ Forums.
* Ensure appropriate procedures are followed when allegations are made about people in positions of trust (PiPoT). **See Relationships with People We Support/PiPot Policy P00101**
* Ensure that were possible and practical colleagues are given the opportunity to read and understand this policy and any relevant procedures.
* Ensure that we continually work towards achieving targets set out in NICE guidelines as and when they are issued.
* We will make our Be Safe Booklet available to new residents when we start supporting them. This will provide useful information on how to stay safe and report safeguarding matters in an easy read format. **Be Safe Booklet F00183 & Be Safe Booklet Voiceover Video F00183 Vid .** This booklet has been coproduced by our Colleague and Culture Group.
* The Good and Outstanding Care Guide Booklets will have a string focus on safeguarding that links to both the CQC requirements and the NICE Guidelines.

# **Section 1: Adult Definitions and Eligibility**

**Adult at Risk** also referred to as **The Adult** describes the person who is the subject of the safeguarding concern. This replaces previous terms such as “vulnerable person” or “victim”.

**Adult in Need of Care and Support** describes adults who are eligible for community care services provided by the local authority under the Care Act and associated legislation and guidance.

**Individual Causing the Concern** is used to describe the person known or suspected to have caused abuse or neglect and replaces the term “perpetrator”.

**Safeguarding Concern** is used to describe a contact with the local authority by somebody to report possible abuse or neglect and replaces the term ‘safeguarding alert”.

There is no eligibility for safeguarding services, only as described in section 42 of the Care Act that safeguarding duties apply to the adult who:

* Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
* Is experiencing, or at risk of, abuse or neglect; and
* As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

# **Section 2: Making Safeguarding Personal**

This refers to person-centred and outcome focused practice. It is about empowering individuals to express what is important to them by whatever means appropriate. WCL must demonstrate through our practice that we have carefully listened to the individual and those important to them and how they want matters to progress. Outcomes of interventions should be meaningful to the person at the centre of any enquiry and reflect their original wishes wherever practicable.

For more detailed guidance see: <https://www.local.gov.uk/msp-toolkit>

# **Section 3: The 6 Principles of Safeguarding**

**Empowerment -** Adults are encouraged to make their own decisions and are provided with support and information.

**Prevention -** Strategies are developed to prevent abuse and neglect and that promote resilience and self-determination.

**Proportionate -** A proportionate and least intrusive response is made balanced with the level of risk.

**Protection -** Adults are offered ways to protect themselves, and there is a coordinated response to adult safeguarding.

**Partnerships -** Local solutions through services working together within their communities.

**Accountable -** Accountability and transparency in delivering a safeguarding response.

# **Section 4: Abuse and Neglect**

Abuse or neglect can take many forms and the individual circumstances for each should be considered carefully. Harm, mistreatment, and bullying can be other ways of describing abuse.

Abuse may consist of a single or repeated act. It may be physical, verbal, or psychological, an act of neglect or an omission to act. Defining abuse can be complex but vigilance and having an understanding of safeguarding issues is important and the early sharing of information is the key to providing an effective response.

Abuse may occur in a public place; it may occur when an adult lives alone or with a relative; it may occur within care settings, in hospitals, custodial situations, support services, in people’s own homes and other places we could assume are safe. Anyone can perpetrate abuse or neglect, including:

* Spouses/partners
* Other family members
* Neighbours
* Friends
* Acquaintances
* Residents
* People who deliberately exploit adults they perceive as vulnerable to abuse
* Paid colleagues, professionals, and volunteers
* Strangers

The Cheshire Police Counter Corruption Unit have put together a guidance document to spot signs of inappropriate police behaviour. A copy of this can be found in our forms directory **F00015 APSP Signs and Signals of Inappropriate Police Behaviour.**

# **Section 5: Types and indicators of abuse and neglect**

The terms considered and suspected abuse should be a part of making safeguarding decisions. **Considered abuse** means there could be a possible explanation for the indicator. **Suspected Abuse** means a serious level of concern exists.

Immediate action should be taken with suspected abuse. See the section on raising a concern later in this policy.

Wider exploration should take place with considered abuse and the service manager should consult with the safeguarding lead to discuss the actions should be taken to ensure the safety of the individual including raising a safeguarding concern, if deemed appropriate.

**Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions. Where there is planned or unplanned physical restraint or intervention by WCL colleagues on people we support reference should also be made to the **Positive Behavioural Support Policy P00007** as to whether this could constitute abuse.

**Possible Indicators**

* Multiple bruising
* Fractures
* Burns
* Bed sores
* Fear
* Depression
* Unexplained weight loss
* Assault (can be intentional or reckless)

**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.

**Possible Indicators**

* Loss of sleep
* Unexpected or unexplained change in behaviour
* Bruising
* Soreness around the genitals
* Torn, stained or bloody underwear
* A preoccupation with anything sexual
* Sexually transmitted diseases
* Pregnancy
* Rape/Indecent Assault

**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.

**Possible Indicators**

* Fear
* Depression
* Confusion
* Loss of sleep
* Unexpected or unexplained change in behaviour

**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.

**Possible Indicators**

* Malnutrition
* Untreated medical problems
* Bed sores
* Confusion
* Over-sedation
* Deprivation of meals may constitute “wilful neglect”

**Self-neglect** – this covers a wide range of behaviours such as neglecting one’s personal hygiene, health or surroundings and includes behaviour such as hoarding. Also see **P00043 Hoarding Policy.**

Self-neglect is one of the most complex areas that professionals can contend with. This is particularly the case when the person presents with significant hoarding behaviours.

Whilst Self-Neglect may not necessarily be a safeguarding issue, it is vital to consider the capacity of the person to understand the risks they are taking in their self-neglectful behaviour.

**Possible Indicators**

This includes various behaviours; disregarding one’s personal hygiene, health or surroundings resulting in a risk that impact on the adult’s wellbeing, this could consist of behaviours such as hoarding.

**Financial or material abuse** - Financial abuse can occur in isolation, but as research has shown, where there are other forms of abuse, there can also be financial abuse occurring. Although this is not always the case, everyone should also be aware of this possibility.

**Possible Indicators**

* Change in living conditions.
* Lack of heating, clothing or food.
* Inability to pay bills/unexplained shortage of money.
* Unexplained withdrawals from an account.
* Unexplained loss/misplacement of financial documents.
* The recent addition of authorised signers on a client or donor’s signature card.
* Sudden or unexpected changes in a will or other financial documents.
* An individual suddenly disengaging from activities they have previously enjoyed.

**Modern slavery** – encompasses slavery, human trafficking, 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.

**Discriminatory abuse** – including forms of hate crime or hate incidents, harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.

**Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a care home, or in relation to care provided in person'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.

**Possible Indicators**

* Inflexible and non-negotiable systems and routines
* Lack of consideration of dietary requirements
* Name calling; inappropriate ways of addressing people
* Lack of adequate physical care – an unkempt appearance

**Domestic abuse** – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence.

* Domestic violence and abuse can be actual or threatened and can happen once every so often or on a regular basis
* It can happen to anyone, in all kinds of relationships
* People suffer domestic abuse regardless of their social group, class, age, race, disability, sexuality or lifestyle
* The abuse can begin at any time – in new relationships or after many years together
* Children are affected by domestic abuse both in the short and long term

More information is available here: <https://safelives.org.uk/> Also see end of this policy for useful domestic abuse support groups.

**Possible Indicators**

Incident of pattern of incidents of controlling, coercive, or threatening behaviour, violence, or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality. Includes: psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence; Female Genital Mutilation; forced marriage.

**Forced Marriage** - It is important to make the distinction between an arranged marriage and a forced marriage. In an arranged marriage the families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remains with the individual. Forced marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. Duress may be used and can include physical, psychological, financial, sexual and emotional pressure.

In a situation where there is concern that an adult at risk is being forced into a marriage they do not or cannot consent to, action should be carefully co-coordinated with the police and other relevant organisations as there will be an overlap between actions, forced marriage provisions and safeguarding processes.

**Female Genital Mutilation** - The Serious Crime Act (2015) brought in new provisions to tackle Female Genital Mutilation (FGM) by:

* Extending the extra-territorial reach of the offences in the Female Genital Mutilation Act (2003) so that they apply to habitual as well as permanent UK residents
* Introducing an offence of failing to protect a girl from risk of FGM
* Granting lifelong anonymity to victims
* Bringing in a civil order (‘FGM protection orders’) to protect potential victims
* Introducing a duty on healthcare professionals, teachers and social care workers, to notify the police of known cases of FGM carried out on a girl under the age of 18.

**Radicalisation** - Radicalisation’s aim is to attract people to another way of reasoning, inspire new recruits and embed extreme views and persuade vulnerable people of another cause’s legitimacy. This may be through face-to face encounters or through social media.

**Prevent** - This is part of the government's counter-terrorism strategy. Prevent has multiple aims including responding to the ideological challenge of terrorism and the threat from those who promote it, prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support and work with sectors and institutions where there are risks of radicalisation. For more information or concerns about an individual there is a government website: **Let’s talk about it**. See link: <https://www.ltai.info/>

In July 2022 the UK Government have also introduced further online advice which can be accessed here: [Get help if you’re worried about someone being radicalised - GOV.UK (www.gov.uk)](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fguidance%2Fget-help-if-youre-worried-about-someone-being-radicalised&data=05%7C01%7CBurnettA%40liverpoolcity.mail.onmicrosoft.com%7C8a71ce9461af4f53ab5608da494dac76%7C270f62b38ca44d638a80ffcb1f61fe04%7C1%7C0%7C637902895194971984%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=BUoNSiWmM501ZB3XeIIgiSYmJWfmqRAcT%2FlpkECXu78%3D&reserved=0)

The content included on this new page has been tested extensively across the Prevent network, Home Office and cross-government staff, as well as with members of the public across a range of demographics. It will also be continually developed to introduce additional features over time.

**Contextual Safeguarding** is an approach to understanding, and responding to, young people and Vulnerable adults experiences of significant harm beyond their families. Traditional approaches to protecting children/young people from harm have focussed on the risk of violence and abuse from inside the home, usually from a parent/carer or other trusted adult and don’t always address the time that children/young people spend outside the home and the influence of peers on young people’s development and safety.

Contextual safeguarding recognises the impact of the public/social context on young people’s lives, and consequently their safety. Contextual safeguarding seeks to identify and respond to harm and abuse posed to young people and vulnerable adults outside their home, either from adults or other young people. It’s an approach that looks at how interventions can change the processes and environments, to make them safer for all young people, as opposed to focussing on an individual.

**Areas of Risk**

Contextual Safeguarding is applicable to a wide range of risks which can potentially cause significant harm to children and young people where the prime cause of harm is outside of the family. This list isn’t exhaustive but includes:

* peer on peer and relationship abuse
* criminal/ sexual exploitation/ online abuse
* missing episodes
* risks associated with gangs
* risks associated with radicalisation
* safeguarding risks in public spaces
* trafficking and modern slavery

Contextual safeguarding also applies in the focussing on Child Safeguarding in this policy.



# **Section 6: Action to take regarding planned or unplanned physical intervention used by colleagues.**

**The relevant Local Authority Care Manager/Social Worker should be notified immediately following any planned or unplanned physical intervention/restraint on a person we support.** This will allow the Care Manager/Social Worker to determine if it was proportionate, reasonable and justified and to determine whether or not a safeguarding concern needs to be raised. Also see **Positive** **Behavioural Support Policy P00007**

# **Section 7: The Allegation or Disclosure of Abuse**

The person to whom an allegation of abuse is first made has an important and responsible role. Gaining the right kind of information from the adult disclosing the abuse will provide a clear foundation for any subsequent investigation or enquiry.

It is important to:

* Listen carefully to the adult’s disclosure and do not ask leading questions.
* Record the disclosure factually as details may be required for subsequent legal or disciplinary proceedings. This is what the police would refer to as a “first account”.
* Assure the adult they have done the right thing in disclosing the abuse.
* Do not promise to keep secrets.
* Ask them what they want to happen with regard to the allegation.
* Clarify if the adult wishes to consent to a safeguarding concern being raised.
* Take any steps necessary to ensure the safety of the adult at risk.
* Inform your Line Manager.
* Provide a contact number for the adult.

# **Section 8: Mental Capacity, Consent and Best Interests**

People must be assumed to have capacity to make their own decisions and be given all practicable help before they are considered not to be able to do so. Where an adult is found to lack capacity, then any action taken, or any decision made for, or on their behalf, must be made in their best interests. Professionals and other staff have a responsibility to ensure they understand and always work in line with the Mental Capacity Act. In all safeguarding activity due regard must be given to the Mental Capacity Act. In all cases where a person has been assessed as lacking capacity to make a decision, a best-interest decision must be made. Even when a person is assessed as lacking capacity, they must still be encouraged to participate in the safeguarding process. Also see **Mental Capacity Act and Best Interests Policy P00020**

# **Section 9: Advocacy and safeguarding**

The Care Act 2014 placed an important emphasis on advocacy in safeguarding. Advocacy can:

* Promote equality, social justice and social inclusion
* Empower people by having their voice heard
* Enable individuals to speak up and express their views and wishes
* Ensure people’s views are heard, respected and acted on
* Helps people to become more aware of and exercise their rights

Mind have information on how to find Advocacy Services. <https://www.mind.org.uk/information-support/guides-to-support-and-services/advocacy/finding-an-advocate/>

# **Section 10: Raising an adult safeguarding concern**

**Identify the concern about abuse or neglect**

* Tell your Line Manager or if out of hours contact the Duty ‘On Call’ Manager as set out in the On Call Rota. If the concern is about your Line Manager, you should tell the Chief Executive Officer or the Head of Care or another Senior Manager at Central Office in line with the organisations’ Whistleblowing Procedures. **Also see Whistleblowing Policy P00023**

**Ensure immediate needs for safety and protection are met.**

* This may mean contacting the police or other emergency services to ensure the safety of others and yourself and/or to secure appropriate medical attention.

**Emergency Services: 999**

**Police non-emergency: 101**

Refer the concern to the relevant local authority safeguarding team.

**Warrington Borough Council Safeguarding Referrals**

The WBC online referral form is to be used for the majority of safeguarding referrals. If the referral is urgent you can contact the First Response Team:

Telephone: **01925 443858**

E-mail: **FirstResponseTeamDuty@warrington. gov.uk**

To access the online referral for follow the link <https://www.warrington.gov.uk/report-abuse-vulnerable-adult> and complete the referral link on the green tab.

The procedures **B00026 WBC Online Safeguarding Referral Procedures**

**Cheshire West & Chester** Telephone: i-ART - 0300 123 7047. The team can be contacted 8.30am to 5pm from Monday to Thursday and 8.30am - 4.30pm on Friday. If you have an urgent concern outside these hours, or over a bank holiday, please call the Emergency Duty Team (out of hours) on 01244 977277

**Wigan Council Follow** link<https://apps.wigan.gov.uk/adultsafeguardingreferrals/>

**Additional Actions**

* Ensure that either you or your Line Manager have completed an incident interaction (following procedures laid out in the **Accident and Incident Policy P00014**) detailing as much information as is relevant. This interaction will prompt you to remember things such as informing the Local Authority, Care Quality Commission (CQC), possibly the police or RIDDOR and remembering to tell the family (Duty of Candour).

**Other steps to consider when raising a safeguarding concern**

* **The Service Manager must notify the CQC about abuse or alleged abuse involving a person(s) using a service. This includes where the person(s) is the victim/ adult at risk or the abuser/person of concern), or both. This should be done at the earliest available opportunity.**
* Neglect or abuse that results in deaths and major injuries should also be reported to the Health & Safety Executive via RIDDOR procedures. See **RIDDOR Policy P00005**.
* Warrington Borough Council have developed a screening tool which can offer guidance to colleagues when deciding what might constitute a safeguarding concern or what might be a care quality concern. This is stored in for reference as a procedure **B00019 WBC Safeguarding & Quality Screening Tool.**
* We must be careful not to disempower adults at risk. Wherever possible we should consult with and keep them and their next of kin/carer informed, unless we are prevented in doing so because it may impede the investigation, or where capacity or ability to communicate make that impossible. Colleagues may wish to consider the use of alternative communication (e.g., easy read or translation) and independent advocates. When an individual lacks capacity they are entitled to an independent advocate as defined by the Care Act 2014. If colleagues believe an individual has not been offered this support, they must report their concerns to their line manager.
* Ensure the safeguarding concern is recorded on the relevant WCL Safeguarding Log.
* Preserve evidence for instance written records, case notes or identify other colleagues who may have directly observed the abuse.
* Consider if there are any others at risk because of the concern.
* Consider other information available so that the wider aspect of the case can be considered rather than just assessing the incident in isolation
* The need to liaise with the family. See **Duty of Candour Policy P00018**

# **Section 11: Safeguarding Against Pressure Ulcers**

WCL take a proactive approach to safeguard individuals. There is a **Pressure Ulcer Policy P00031** in place to cover what action must be taken to prevent them and that those at risk of pressure ulcers are cared for in an appropriate manner.

Where concerns are raised regarding skin damage as a result of pressure there is a need to raise it as a safeguarding concern within the organisation. In a minority of cases it may warrant raising a safeguarding concern with the local authority as set out in this policy.

Further guidance may also be found on this weblink. <https://www.gov.uk/government/publications/pressure-ulcers-how-to-safeguard-adults>

# **Section 12: A Section 42 Enquiry**

An enquiry under section 42 of the Care Act will take place where, as a result of the outcome of the safeguarding assessment, if the local authority reasonably suspects that the adult is experiencing, or is at risk of, abuse or neglect. The objectives of an enquiry into abuse or neglect are to:

* Establish facts
* Ascertain the adult’s views and wishes
* Assess the needs of the adult for protection, support, and redress and how they might be met
* Protect from the abuse and neglect, in accordance with the wishes of the adult
* Make decisions as to what follow-up action should be taken regarding the person or organisation responsible for the abuse or neglect
* Enable the adult to achieve resolution and recovery

What happens as a result of an enquiry should reflect the adult‘s wishes wherever possible, as stated by them or by their representative or advocate. If they lack capacity, it should be in their best interests if they are not able to make the decision and be proportionate to the level of concern. The scope of the enquiry, who leads it and its nature, and how long it takes, will depend on the particular circumstances. It will usually start with asking the adult their view and wishes which will often determine what next steps to take. Everyone involved in an enquiry must focus on improving the adult’s wellbeing and work together to that shared aim.

# **Section 13: Serious Incidents and Safeguarding Investigations**

WCL have procedures in place for investigating and managing serious incidents. **Serious Incident and Safeguarding Investigation Procedures B00121.**

Serious Incidents in social care are adverse events, where the consequences to the people we support, families and carers, staff or the organisation are so significant or the potential for learning is so great, that a heightened level of response is justified.

The procedures include how to learn from such incidents by implementing **Serious Incidents Learning Interaction F00196** and **Managers Debrief Interaction F00197.** Both are stored on Nourish.

# **Section 14: Colleagues Subject to Disciplinary Procedures as a Result of a Safeguarding Concern/ Allegations about People in a Position of Trust (PiPoT).**

Also see **Relationships with People We Support/PiPot Policy P00101**

* The WCL Colleague Handbook sets out our disciplinary procedures.
* In certain circumstances where a colleague has been suspended or dismissed, we must notify the Disclosure and Barring Service. We will handle such matters with sensitivity and in a timely manner.
* Suspension without prejudice may be necessary whilst a thorough investigation is carried out.
* Children’s Safeguarding Procedures must be followed where there are risks relating to children with a referral to the Local Authority Designated Officer (LADO). See the Safeguarding Children and Young People Guidelines of this policy.
* In certain circumstances the details of the safeguarding concern will not be discussed with the colleague until the police have decided whether there is a criminal matter to be investigated as any discussion which takes place prior to the police interview may result in contamination of the evidence.

# **Section 15: Support for colleagues who have had to face difficult or challenging situations**

WCL recognises that there may be times when colleagues face difficult and challenging situations and this may include occasions when a person we support has died, may have completed suicide or to harm themselves. It may also include other complex and challenging safeguarding situations. We understand that such situations can be distressing and that colleagues may need additional support from us and other organisations to cope and build future resilience.

Such support could include:

* Support from their Service Manager/Head of Care.
* Support from the Central Office Management Team.
* Encouragement to speak with their own GP or other relevant health care professional.
* Additional time during supervisions to discuss the situation.
* If appropriate, team meetings so that the whole team can share anonymised learning and support each other.
* Occupational Health Support and Counselling dependant on individual circumstances and in conjunction with doctor’s advice.
* Additional relevant learning support.
* Where appropriate, referral to **Amparo Suicide Liaison Service**. Telephone:**0330 0889 255** for further information. An Amparo Liaison Worker will contact you to confirm receipt of the referral, and will make initial contact with the bereaved / person being referred within 24 hours of receipt of the referral.

This list is not exhaustive, and we would encourage all colleagues who are finding a particular situation challenging or feel that they need additional support to speak with their Line Manager so that we can arrange support to suit an individuals’ needs and circumstances.

# **Children and Young People Safeguarding Guidelines**

# **Section 1: Good Practice Supporting the Voice of the Child**

Effective safeguarding systems must be child centred. Problems can arise in safeguarding systems when organisations lose sight of the needs and views of the children or place the interests of adults ahead of the needs of children. Everyone working with children and families must seek the voice of the child and reflect and respond to it in all aspects of work.

**Children have said that they need:**

* **Vigilance:** to have adults notice when things are troubling them.
* **Understanding and action:** to understand what is happening; to be heard and understood; and to have that understanding acted upon.
* **Stability:** to be able to develop an on-going stable relationship of trust with those helping them.
* **Respect:** to be treated with the expectation that they are competent rather than not.
* **Information and engagement:** to be informed about and involved in procedures, decisions, concerns and plans.
* **Explanation:** to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response.
* **Support:**to be provided with support in their own right as well as a member of their family.
* **Advocacy:** to be provided with advocacy to assist them in putting forward their views.

WCL will endeavour to ensure that these wishes are incorporated into all our policies and procedures.

# **Section 2: The Concept of Significant Harm**

Some children are in need because they are suffering, or likely to suffer, significant harm. The [Children Act 1989](http://www.legislation.gov.uk/ukpga/1989/41/contents) introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries (Section 47) to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

Additionally, a Court may only make a Care Order or Supervision Order in respect of a child if it is satisfied that:

* The child is suffering, or is likely to suffer, significant harm; and
* The harm, or likelihood of harm, is attributable to a lack of adequate parental care or control (Section 31).

In addition, ‘harm’ is defined as the ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include ‘impairment suffered from seeing or hearing the ill treatment of another’ for example, where there are concerns of domestic violence and abuse.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment.

Sometimes, a single traumatic event may constitute significant harm (e.g., a violent assault, suffocation, or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change, or damage the child's physical and psychological development.

Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term neglect, emotional, physical, or sexual abuse that causes impairment to the extent of constituting significant harm.

# **Section 3: Definitions of Child Abuse and Neglect**

The following definitions are based on those identified in Working Together to Safeguard Children 2018:

**Physical Abuse:** Physical abuse may involve hitting, 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 fabricates the symptoms of, or deliberately induces illness in a child.

**Emotional Abuse:** Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

* Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
* Imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
* Seeing or hearing the ill-treatment of another e.g. where there is domestic violence and abuse.
* Serious bullying, causing children frequently to feel frightened or in danger.
* Exploiting and corrupting children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

**Sexual Abuse**: Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (e.g., rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing.

Sexual abuse includes non-contact activities, such as involving children in looking at, including online and with mobile phones, or in the production of, pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

In addition, sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under s5 Sexual Offences Act 2003.

**Neglect:** Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy because of maternal substance misuse, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse and violence towards a carer, the needs of the child may be neglected.

Once a child is born, neglect may involve a parent failing to:

• Provide adequate food, clothing and shelter (including exclusion from home or abandonment);

• Protect a child from physical and emotional harm or danger.

• Ensure adequate supervision (including the use of inadequate care-givers).

• Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional, social and educational needs.

These definitions are used when determining significant harm and children can be affected by combinations of maltreatment and abuse, which can be impacted on by for example domestic violence and abuse in the household or a cluster of problems faced by the adults.

In addition, research analysing Serious Case Reviews has demonstrated a significant prevalence of **domestic abuse** in the history of families with children who are subject of Child Protection Plans. Children can be affected by seeing, hearing, and living with domestic violence and abuse as well as being caught up in any incidents directly, whether to protect someone or as a target. It should also be noted that the age group of 16 and 17 year olds have been found in recent studies to be increasingly affected by **domestic violence** in their peer relationships.

It should therefore be considered in responding to concerns that the Home Office definition of domestic violence and abuse is as follows:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence and abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender and sexuality.

This can encompass, but is not limited to, the following types of abuse:

• Psychological.

• Physical.

• Sexual.

• Financial.

• Emotional.

**Controlling behaviour is:** a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

**Coercive behaviour is:** an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

This list is not exhaustive and children and young people may also be subject to other types of abuse such as cyber bullying, gangs and online abuse. Kidscape offer a comprehensive range of advice and training on how to keep children safe online. See the following weblink:

<https://www.kidscape.org.uk/training/online-safety-and-cyberbullying-awareness-for-parents-and-carers/?gclid=EAIaIQobChMIgdj0m5n5-gIVjbTtCh32jgBsEAAYASAAEgLRuPD_BwE>

**Contextual Safeguarding** – see section 6 of this policy.

**Section 4: Hearing and Observing the Child**

Whenever a child reports that they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all professionals should be to listen carefully to what the child says and to observe the child’s behaviour and circumstances to:

* Clarify the concerns.
* Offer re-assurance about how the child will be kept safe.
* Explain what action will be taken and within what timeframe.

The child must not be pressed for information, led, or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.

If the child can understand the significance and consequences of making a referral to Local Authority children's social care, they should be asked for their views.

It should be explained to the child that whilst their view will be taken into account, colleagues at WCL have a responsibility to take whatever action is required to ensure the child's safety and the safety of other children.

# **Section 5: Parental Consultation**

Concerns which have been raised, should, where practicable, be discussed with the parent and agreement sought for a referral to the Local Authority children's social care **unless** seeking agreement is likely to place the child at risk of significant harm through delay or from the parent's actions or reactions; For example in circumstances where there are concerns or suspicions that a serious crime such as sexual abuse, domestic violence or induced illness has taken place.

Where we decide not to seek parental permission before making a referral the decision must be clearly noted in the child's records with reasons, dated and signed and confirmed in the referral to children's social care. Colleagues should consult with their line manager if at all practicable, for advice.

When a referral is deemed to be necessary in the interests of the child, and the parents have been consulted and are not in agreement, the following action should be taken:

* The reason for proceeding without parental agreement must be recorded.
* The parent's withholding of permission must form part of the verbal and written referral to the Local Authority.
* The parents should be contacted to inform them that, after considering their wishes, a referral has been made.

A child protection referral from us cannot be treated as anonymous and where any court proceedings may follow, whether criminal or family court, the information may be made available.

# **Section 6: Raising a Children or Young Person’s Safeguarding Concern**

* Tell your Line Manager or if out of hours contact the Duty ‘On Call’ Manager as set out in the On Call Rota.
* Report any safeguarding concerns about a child or young person to Children's Safeguarding/Social Work Team.
* If you believe a crime has been committed, contact the police on **101**

**Section 7: Allegations against colleagues**

WCL must inform the local authority designated officer (LADO) within **one working day** when an allegation is made and prior to any further investigation taking place. or other local authorities consult the relevant website.

# **Adult and Children’s Safeguarding: WCL Roles and Responsibilities**

**All Colleagues**

* Ensure that the needs of the individual at risk are at the heart of all actions and that their involvement and desired outcomes are at the forefront of decision making.
* All colleagues and volunteers will be required to provide a satisfactory Enhanced DBS and references before commencing work.
* Should undertake appropriate learning.
* Should report any suspicions of abuse immediately to their Line Manager or other relevant person such as Duty ‘On Call’ Manager.
* To cooperate with any subsequent investigation by Social Services, Police or CQC.
* Should not personally hold monies or sign legal documents on behalf of people we support. This does not include where colleagues are shopping on behalf of residents or need to collect cash card monies on their behalf. Although in such instances all monies in and out should be clearly documented.
* Should never take on Lasting Power of Attorney or act as witness for Last Will and Testament for anybody that we support.

**Line Managers/Service Managers**

* Will lead by example and ensure that relevant safeguarding learning is up to date.
* Will report allegations of abuse to the appropriate local authority safeguarding team.
* Where urgent protection is needed should call the Police.
* Notify the Chief Executive, the Head of Care, the Quality & Safeguarding Manager, and other relevant organisations such as the Local Authority and CQC in all reportable instances of abuse.
* Offer support to the adult (child or young person) at risk.
* Where the adult (child or young person) at risk and the adult causing concern live in the same service, measures should be taken to keep them apart.
* Should be aware of the impact a safeguarding enquiry can have and how it can influence other colleagues and residents’ views about the person involved and steps should be taken to protect them from victimisation and neglect.

**Service Managers**

* Offer support to other colleagues involved.
* Consider the suspension without prejudice of a colleague if they are the adult causing concern.
* Ensure that proper procedures have been followed and keep relevant people advised on further actions in due course.
* Liaise with the Chief Executive, the Head of Care, and the Local Authority to conduct or oversee any necessary internal investigation, which may perhaps lead to disciplinary proceedings in due course.
* Report any dismissals or suspensions to the Disclosure and Barring Service and where appropriate the Local Authority Designated Officer (LADO).
* Will review the safeguarding log on a regular basis to learn from and or prevent future occurrences.

**Quality and Safeguarding Manager**

* Act in an advisory capacity on any safeguarding issues.
* Promote the use of Safeguarding Champions
* Attend forums and other safeguarding events in order to learn and share best practice throughout the organisation.
* Ensure that the organisation is up to date with current legislation and guidelines and cascade the information to the Chief Executive, the Head of Care, Board, Senior Management Team, and other relevant individuals.
* Be responsible for ensuring WCL policy and procedures are up to date and relevant.
* Ensure MCA, Dols (soon to be LPS) and Prevent Strategies are adhered to.

**Chief Executive and Head of Care**

* Report relevant safeguarding matters to the WCL Board of Trustees.
* Have a strategic overview in relation to Safeguarding Adults.
* Act in an advisory capacity on safeguarding and relevant disciplinary issues.
* Have overall responsibility for Child Sexual Exploitation Prevention
* Ensure MCA, Dols (soon to be LPS) and Prevent Strategies are adhered to.

**It is the responsibility of all colleagues to act on any suspicion or evidence of abuse or neglect and all should be able to demonstrate that they are able to respond to abuse with appropriate action.**

# **Adult & Children’s Safeguarding Learning**

Safeguarding learning will be a mandatory part of Induction Training and will be refreshed annually thereafter.

Oliver McGowan training will also be mandatory for colleagues. See **Learning, Development and Induction Policy P00009** for more guidance and relevant procedures.

We will assess staff learning through a variety of methods including supervisions, appraisals, observations, direct questions, team meetings and discussions. Supervisions should encourage reflective supervision to help understand safeguarding concerns. Managers should provide positive feedback on how colleagues have responded to safeguarding reporting and managing concerns and positively praise the acquisition of new safeguarding skills.

We will request feedback on learning sessions to ensure that it is responsive to the needs of colleagues and the roles and daily responsibilities they are carrying out.

There will be two-way communication between the learning provider and the safeguarding lead to ensure that findings from safeguarding concerns, safeguarding audits and children, safeguarding enquiries and Local Authority and CCG updates. Best practice from Safeguarding Adult reviews should be circulated across the Organisation.

At suitable opportunities such a team meeting, safeguarding committees or meetings we will discuss the difference between poor practice (this may be a learning) and neglect (safeguarding concern) so that colleagues have a clear understanding of how to respond.

We will recognise the limitations of e-learning in relation to safeguarding and ensure where it is used it will be accompanied by literacy assessments so that managers are aware of staff understanding.

# **How We Will Advertise This Policy**

We will ensure that every service has access to our policies both online and in written format. Safeguarding is incorporated as part of our induction and regular refresher learning opportunities. Service Managers will ensure that periodic reminders are incorporated into colleague meetings and supervisions.

Where possible we will also promote safeguarding awareness and this policy to external providers.

# **Seven golden rules for information sharing**

Colleagues need to be aware of the following responsibilities when sharing information:

1. Remember that the GDPR legislation is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

2. 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.

3. Seek advice if you are in any doubt, without disclosing the identity of the person, where possible. This may include your organisation’s Senior Managers.

4. 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 and advice given.

5. Consider safety and wellbeing: Base information sharing decisions on considerations of the safety and well-being of the person and any others who may be affected.

6. 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.

7. 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

**Specific Scheme Relevant Information**

The policy applies to all WCL services and its subsidiaries. It also applies to all staff, Board Members, volunteers and may apply to any contractors who work on any of our premises.

# **Our Values**

Seeing the possibility to make a positive difference in all that we do

* By working in a multi-agency way to safeguard adults at risk of abuse and neglect and to promote dignity.

Appreciating every colleague's contribution

* By recognising the vital role colleagues play in protecting people.

Supporting rights needs choices and dreams

* By acknowledging an individual’s right to maintain independence, which may on occasions involve a degree of risk. Also by supporting the rights of people to decide what outcomes they want from the process.

Being financially responsible and economically sustainable

* By being accountable and making sure the roles of colleagues across the organisation are clear and accountable.

Embrace new technology and innovation

* By using software such as Nourish.

# **Our Purpose and Promise**

Our Purpose is ‘Supporting people to live their best life’ and we can do this best when we safeguard the wellbeing of those we support and adopting a preventative approach so as to resolve issues before they become bigger. We Promise to support people to ‘stay safe’ and having robust safeguarding procedures in place allows us to do this with confidence.

# **Associated Documents**

Policies:

P00007 Positive Behavioural Support

P00009 Learning, Development & Induction Policy

P00014 Accident & Incident Policy

P00005 RIDDOR Policy

P00018 Duty of Candour Policy

P00019 Deprivation of Liberty

P00020 Mental Capacity Act and Best Interests

P00023 Whistleblowing Policy

P00024 DBS Policy

P00043 Hoarding Policy

P00048 Handover Policy

P00059 Managing the Money and Financial Affairs of the People we Support

P00101 Relationships with People We Support/PiPot Policy

P00111 Overseas Recruitment Policy

Procedures:

B00121 Serious Incident and Safeguarding Investigation procedures  
B00019 WBC Safeguarding & Quality Screening Tool.

B00026 WBC Online Safeguarding Referral procedures

Forms or interactions

Incident Interaction – Nourish

F00015 APSP Signs and Signals of Inappropriate Police Behaviour

F00183 Be Safe Booklet

F00183 – Vid Be Safe Booklet Voice Over Video

F00196 Serious Incident Learning - Nourish interaction

F00197 Managers Debrief - Nourish interaction

**Review and Update**

The Policy Owner will review this policy and any relevant procedures and forms in line with our Policy Management Action Plan or sooner should a change in legislation occur.

**Useful websites and resources**

**Refuge Independent Domestic Violence Abuse (IDVA) service**  
 [www.refuge.org.uk](http://www.refuge.org.uk/)   
Expert guidance for young people, women and men at risk of injury/harm from all forms of domestic abuse, plus emotional/practical support, safety planning, advice on court/legal options.

**Cheshire Police**   
101 (non emergency)

**Rape Centre UK**

<https://www.rapecentre.org.uk/>

**Women's Aid Refuge**  
[www.womensaid.org.uk](http://www.womensaid.org.uk/)Safe, temporary accommodation for women and their children experiencing domestic abuse. Support and advice to men experiencing domestic abuse.

**Housing Plus**  
01925 246868  
Independent housing advice and services including a sanctuary scheme.

**Cheshire Cares**   
01606 366336  
Victim support.

**National 24-hour Domestic Violence Helpline**   
Freephone 0808 2000 247

**Men's Advice Line**   
0808 801 0327  
Support for male victims of domestic abuse.

**Mankind**  
01823 334244 - [www.mankind.org.uk](http://www.mankind.org.uk/)Support for male victims of domestic abuse

**Karma Nirvana Honour Network Helpline**  
0800 5999 247 - [www.karmanirvana.org.uk](http://www.karmanirvana.org.uk/)Support for victims and survivors of forced marriage and honour based abuse.

**Respect**   
0808 802 4040 - [www.respect.uk.net](http://www.respect.uk.net/)Support for men and women facing up to abusive behaviour towards a partner.

**DV Assist**  
0800 195 8699  
Assistance to obtain Non-Molestation Orders and other orders.

**The Hideout**   
[www.thehideout.org.uk](http://www.thehideout.org.uk/)Support for children and young people.

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| *Policy ratified by* | *Board* | |
| *Policy ratification date* | 13.2.21 & 20.2.24 by recommendation of Quality Committee  Board ratification 27.2.23 | |
|  | *Date* | *Topic* |
| 7.9.21 | Addition of Serious Incident Procedures |
| 7.12.21 | Hierarchy of Responsibility added |
| 25.7.22 | New Govt What to do if you are worried someone is being radicalised web advice added |
| 24.10.22 | Full policy review |
| 23.1.23 | WBC screening tool added |
| 27.2.23 | Contextual Safeguarding added by recommendation of the ICB |
| 6.6.23 | Reference to Overseas Recruitment Policy made |
| 12.6.23 | New WBC online referral form added and new procedures for this referenced. |
| 8.8.23 | New document added regarding inappropriate police conduct F00015 |
| 23.8.23 | Reference to mandatory Oliver McGowan training requirements added with link to Learning and Development Policy P00009 |
|  | 16.6.24 | Full review and widened scope to include new aquistions |
| 24.1.24 | Pressure Ulcer Guidance added and cross reference to policy |
|  | 30.4.24 | Suicide terminology reviewed to match prevention guidance |
| *Wirehouse Approval* | Not Required | |
| *Next Ratification due* | Mar25 | |