

Birchall Safeguarding Policy

Version 4 — February 2026

This policy supersedes Version 3 (May 2024) and integrates updated forms, guidance, and local pathways for Lancashire & Cumbria.

Version	4
Date	February 2026

Birchall Safeguarding Policy

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1. Purpose

This policy sets out the key principles, processes and procedures all Birchall workforce members must follow to safeguard children, young people and adults at risk. It aligns with the 2024 policy and incorporates 2026 updates to recording standards, forms and local pathways (Lancashire & Cumbria).

2. Audience

Applies to all trustees, staff, freelancers, volunteers, applicants, contractors; people who use our services; supporters and stakeholders.

3. Introduction

Safeguarding is everyone’s responsibility. We operate trauma informed and person-centered practice and take an “it can happen here” approach. Victims and survivors must never feel blamed or shamed for reporting harm. The organisation supports the recovery of those affected by rape, sexual abuse, exploitation and sexual assault; we promote the wellbeing and safety of every person who comes into contact with Birchall.

4. Related Documents

- Birchall Safeguarding Process (2026) Appendix 1
- Equality & Diversity Policy
- Lone Working Policy
- Remote Therapy and Support Policy
- Data Protection & Information Sharing Policy
- Public Interest Disclosure (Whistleblowing) Policy

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4.1 Further resources

- [SCIE – safeguarding guidance](#)
- [Cumbria Safeguarding Children Partnership](#)
- [Cumbria Safeguarding Adults Board](#)
- [Lancashire County Council – safeguarding](#)
- [CEOP Safety Centre](#)
- [NSPCC](#)

5. Legislation

- Children Act 1989; Children Act 2004; Children and Families Act 2014; Children and Social Work Act 2017.
- Care Act 2014; Sexual Offences Act 2003; Mental Capacity Act 2005; Safeguarding Vulnerable Groups Act 2006; Protection of Freedoms Act 2012; Criminal Justice and Courts Act 2015.

6. Definitions

Client	The individual who receives support from Birchall. Includes survivors and their family or friends. “Person”, “service user” and “victim” are included.
Supporters and Stakeholders	People involved in our services who may not receive direct support.
Safeguarding	Protecting health, wellbeing and human rights; enabling people to live free from harm, abuse and neglect; includes preventative and protective actions.
Adult at risk	Adult (18+) with care/support needs, experiencing or at risk of abuse/neglect, and unable to protect themselves because of those needs.
Child	Under 18. Young people aged 16–17 living independently are still “children”.
Child in Need	Section 17 Children Act 1989: a child who needs help and protection due to risks to development/health or disability.
Abuse and Neglect	Abuse/neglect can occur in families, institutions, communities or online; by adults or other children; may be acts or omissions. See Appendix A for indicators.
Serious Harm	Where confidentiality may be breached to prevent/respond to murder, manslaughter, rape, kidnapping, child abuse or similar serious harm.
Prevent	Part of CONTEST; safeguards those vulnerable to radicalisation and aims to stop people becoming/supporting terrorists.
The Organisation	“The organisation” refers to The Birchall Trust.
Transactional Safeguarding	Recognises complexity of harm across the 18th birthday; supports continuity from children’s to adults’ safeguarding with person centered planning.

7. Trauma Informed Principles

7.1 Safety

Prioritise physical and emotional safety in all decisions and actions.

7.2 Choice

Embed Making Safeguarding Personal principles: empowerment, prevention, proportionality, protection.

7.3 Collaboration

Work with people and partners; do safeguarding together where possible.

7.4 Trustworthiness

Be clear, consistent and transparent; explain what will happen and why.

7.5 Empowerment

Support people to make their own decisions; seek and record informed consent.

7.6 Gender & Cultural Considerations

Build cultural competence; consider faith and culture sensitively; neither culture nor faith can excuse abuse or override children's rights.

8 Roles & Responsibilities

8.1 All team members

- 8.1.1 Know and follow Birchall policies, procedures and DSL roles; complete safeguarding training (refresh at least every 2 years).
- 8.1.2 Identify concerns early; act to keep people safe; share concerns with DSL; record promptly and accurately on DPMS.
- 8.1.3 Escalate concerns about safeguarding practice to SLT when required.

8.2 Designated Safeguarding Leads (DSLs)

- 8.2.1 Hold lead responsibility for safeguarding; trained to Local Authority DSL standards.
- 8.2.2 Oversee referrals to safeguarding partners; ensure policy compliance; act as point of contact with external agencies.
- 8.2.3 Advise/support staff; participate in the Board's Safeguarding/Clinical Sub Committee (as requested).

8.3 Senior Leadership Team (SLT)

- 8.3.1 Ensure compliance with legislation, statutory guidance and local arrangements (including online safety.)
- 8.3.2 Liaise with the Case Manager and LADO where allegations concern a staff member.
- 8.3.3 Coordinate training and awareness; maintain safeguarding log; report annually to the Board.
- 8.3.4 Ensure recruitment checks and procedures; ensure systems for people to raise concerns and provide feedback.

9. Training & Induction

Safeguarding training is mandatory during induction (within first 3 months) and must be refreshed at least every 2 years or sooner if trends/issues are identified.

10. Data Protection

Birchall keeps written/digital safeguarding records in DPMS and complies with the Data Protection Act 2018 and UK GDPR. Records are confidential and shared externally only when legally required or where necessary and proportionate to protect people from serious harm. Adults' rights to independence, choice and control over information may be overridden in emergencies, to prevent/detect serious crime, or where others are at risk. Information sharing must be necessary, proportionate, relevant, adequate, accurate, timely and secure.

10.1 Non consent in terms of data sharing

- i. Explain responsibilities and seek consent where possible; Birchall decides on external sharing unless immediate risk requires contacting emergency services first.
- ii. Sharing without consent may be justified where: the person lacks capacity (Mental Capacity Act 2005); others (including children) are at risk; a serious crime may be prevented/detected; the alleged abuser has care/support needs and may be at risk; staff are implicated; the person is under duress/coercion; risk meets MARAC or similar thresholds; or a court/legal authority requires disclosure.
- iii. If not sharing: support the person to weigh risks and benefits; offer advocacy; record risk taken and reasons on DPMS/CRMS; review regularly.
- iv. Where unclear: seek advice from police/LA without disclosing identity in the first instance. Consider whether sharing could increase risk (e.g., domestic abuse/hate crime) and document proportionality case by case.

11. Working online and remotely

Delivering services online/remotely can make signs of abuse harder to recognise; apply additional vigilance; verify identities; manage privacy; document risk indicators and safety plans; follow the Remote Therapy & Support Policy.

12. Safer Recruitment

- Scrutinise applicants; verify identity/qualifications; obtain and check references; review employment history; ensure fitness for role.
- Undertake appropriate DBS, barred list and prohibition checks (including overseas, if applicable).
- Use application forms (CVs alone are not accepted).
- Conduct online searches on shortlisted candidates as part of due diligence and inform candidates.
- Include a safeguarding commitment in recruitment materials.

13. Concerns regarding a member of the organisation’s workforce

Allegations or suspicions of abuse by a workforce member must be reported to the CEO or Chair of Trustees (Designated Senior Officer – DSO). If the allegation is against the CEO/Chair, report to another Trustee.

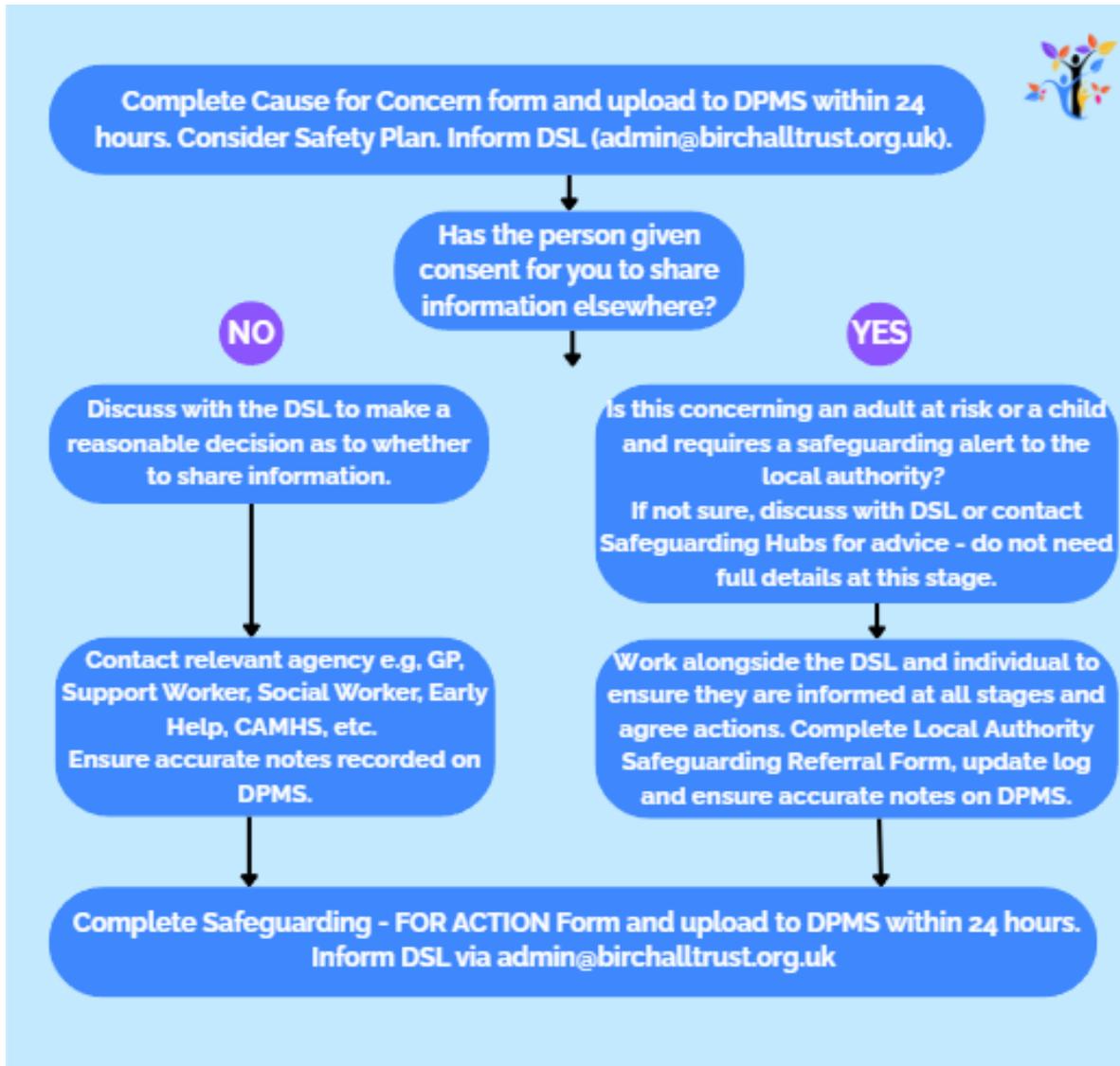
- 1) Ensure the child/young person/adult at risk is safe from the person alleged to have caused harm.
- 2) Treat the matter seriously and keep an open mind; do not investigate or ask leading questions; do not promise confidentiality; record what is said in the person’s words; sign/date; inform the DSO immediately.
- 3) The DSO records details (times/dates/locations, potential witnesses), records decisions/rationale, and reports to the Local Authority Designated Officer (LADO) within one working day.

13.1 Local Authority Designated Officer (LADO) pathways

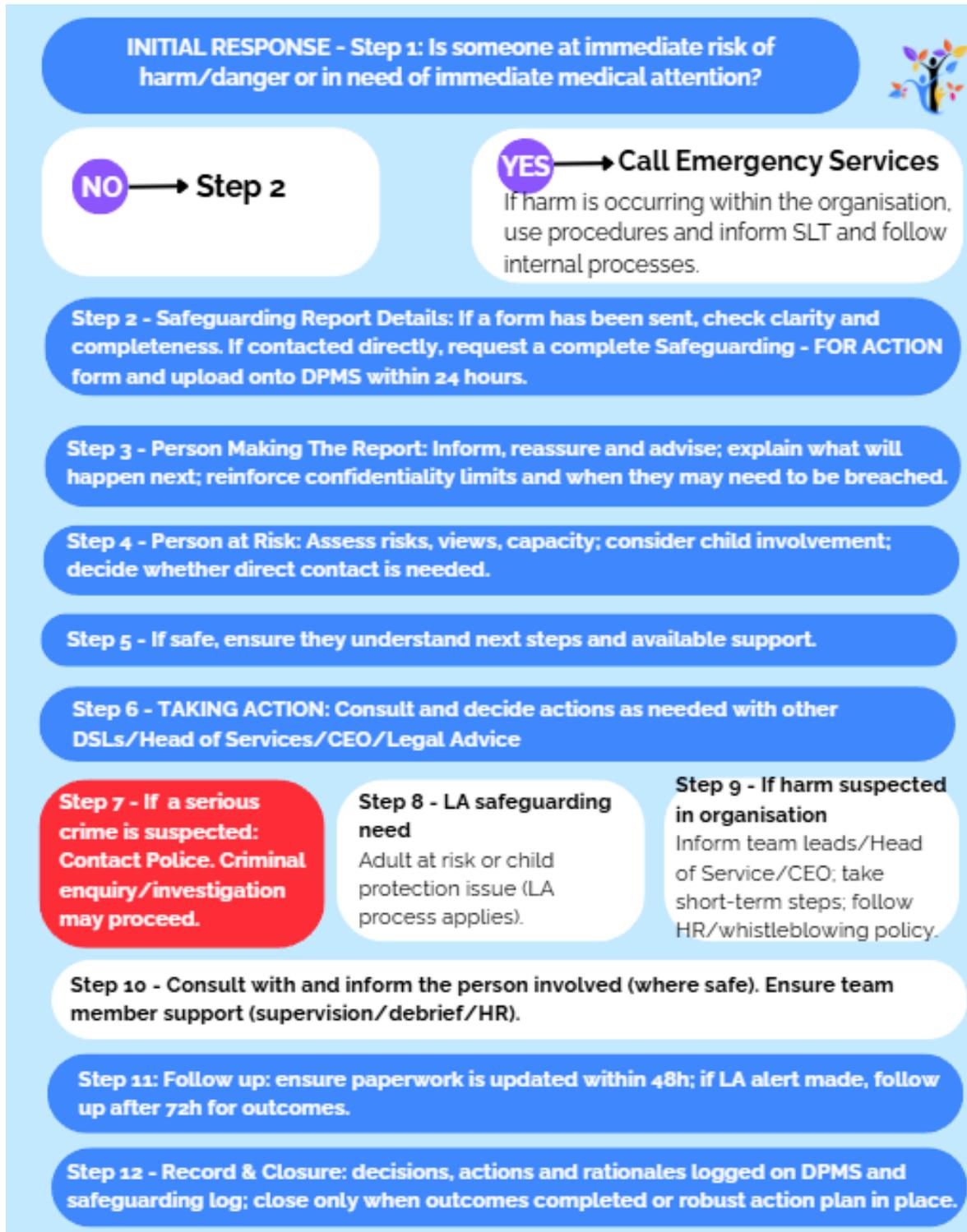
- i. Lancashire LADO: online referral form or 01772 536 694;
Address: Safeguarding Unit, Room B16, County Hall, Fishergate Hill, Preston PR1 8RJ
- ii. Westmorland & Furness (Cumbria) LADO: lado@westmorlandandfurness.gov.uk
0300 303 3897
Address: LADO, Cumbria Safeguarding Hub, Skirsgill Depot, Penrith CA10 2BQ

14 Safeguarding Flowcharts

14.1 Frontline – Everyone



14.2 Safeguarding Flowchart - DSL



15. Version History

Version	Date	Approved by
1.0	2019	Board of Trustees
2.0	September 2021	Board of Trustees
3.0	May 2024	Board of Trustees
4.0	February 2026	

Appendix A – Indicators of Abuse (detailed)

Who abuses?

Abuse may be by partners, family, neighbours, friends, acquaintances, residents, those who exploit perceived vulnerability, staff, professionals, volunteers or strangers.

Physical Abuse

Hitting, shaking, throwing, poisoning, burning/scalding, drowning, suffocating; fabricated/induced illness; indicators include unexplained injuries or patterns inconsistent with explanations.

Emotional Abuse

Persistent maltreatment affecting development; indicators include low self-esteem, regression, sudden speech disorders, neurotic behaviours, withdrawal or aggression.

Sexual Abuse

Contact and non-contact abuse; grooming, coercion, online exploitation; indicators can include STIs, pregnancy, genital injury, sexualised behaviour, nightmares, running away.

Neglect

Persistent failure to meet basic needs; indicators include failure to thrive, poor hygiene, missed (“was not brought”) appointments, developmental delay.

Domestic Abuse

Pattern of controlling/coercive behaviour or violence between those aged 16+ who are or have been intimate partners/family members; includes honour-based abuse, forced marriage and FGM.

FGM

Non-medical procedures removing external genitalia; illegal in UK; mandatory reporting duties for regulated professionals; safeguarding pathways apply.

Contextual Safeguarding

Risks beyond family settings – peers, schools, neighbourhoods, online; includes county lines, trafficking, extremism.

Child Sexual Exploitation (CSE)

Power imbalance used to coerce/manipulate/deceive into sexual activity for something in return or for perpetrator gain.

Trafficking & Modern Slavery

Organised exploitation in which people are treated as commodities.

Gang Activity

If weapons and significant harm risk are suspected, refer to Safeguarding Hub; consider sibling risks.

Extremism/Radicalisation

Treat as significant harm; follow Prevent referral routes.

E-Safety

Online grooming, cyberbullying, image-based abuse; same impacts as contact abuse.

Financial/Material Abuse

Theft, fraud, scamming, coercion; indicators include unexplained withdrawals, missing documents, disparity between assets/living conditions.

Self-Neglect

Neglect of personal hygiene, health or environment, including hoarding.

Appendix B – Safeguarding – FOR ACTION (Lancashire & Cumbria) – Form Template (2026)

- Practitioner Details: Name / Role / Team
- Client Details: Reference / Age / Gender (if relevant) / Date / Session / Time / Modality (F2F/Phone/Video)
- Nature of Safeguarding Concern (tick): Emerging suicide concern; Reported attempt between sessions; Imminent suicide risk; Immediate suicide risk (999 contacted); Self-injury/self-harm; Deteriorating mental health/reduced capacity; Domestic abuse; Risk of harm to others; Risk posed by a third party; Child safeguarding/child protection
- External Referral (Local Authority / Safeguarding Board; Date submitted)
- Professional Assessment: Is the client safe to engage? YES/NO – Rationale
- Description of Concern (include quotes where appropriate)
- Risk Assessment: Identified Risks; Protective Factors
- Action Taken During Session (incl. consent; agencies contacted; date/time)
- Ongoing & Planned Work
- Wider Support: GP; external services; emergency contact verified
- Information Sharing Rationale
- Office Use Only: Review, logging, further actions

Appendix C - Practitioner Guidance – How to Complete This Safeguarding Form

This guidance is for Wellbeing Practitioners and Counsellors working across Lancashire and Cumbria. It supports clear, proportionate, and defensible safeguarding practice.

WHEN TO USE THIS FORM

Complete this form whenever a safeguarding concern requires action, escalation, or formal recording. This includes suicide risk, self-harm, abuse, neglect, risk to others, or concerns about children or vulnerable adults.

If there is immediate risk, contact 999 first, then complete this form as soon as practicable.

COMPLETING THE FORM

- Ensure all practitioner and session details are accurate, including session modality.
- Tick all relevant safeguarding categories – risk can span more than one area.
- Clearly state whether the client is safe to engage in counselling and explain why.
- Record facts, observations, and professional judgement separately where possible.
- Use bullet points for risks and protective factors.
- Document all actions taken and any escalation or referrals.
- If information is shared without consent, clearly record the safeguarding rationale
- Safeguarding form and details shared with DSL.

KEY PRINCIPLES

Safeguarding is everyone’s responsibility. Act proportionately, in the client’s best interests, and seek advice early from the Safeguarding Lead if unsure.

Safeguarding – FOR ACTION FORM (Lancashire & Cumbria)

This form is for use when action is required or action has been taken in relation to the safety, welfare, or protection of a client, child, or member of the public.
 If you believe a client or another person is in immediate danger, contact 999 without delay.

PRACTITIONER DETAILS:

Name:

Role:

Team:

CLIENT DETAILS

Client Reference Number:

Client Age:

Client Gender (if relevant):

Date of Concern:

Session Number:

Time of Concern:

Location of Session (face-to-face / telephone / video):

NATURE OF SAFEGUARDING CONCERN (tick all that apply)

Emerging suicide concern

Reported suicide attempt between sessions

Imminent suicide risk

Immediate suicide risk (999 contacted)

Self-injury / self-harm

Deteriorating mental health / reduced capacity

Domestic abuse

Risk of harm to others

Risk posed by a third party

Child safeguarding / child protection concern

External Referral (Lancashire & Cumbria):

Local Authority / Safeguarding Board:

Date submitted:

PROFESSIONAL ASSESSMENT

Is the client currently safe to engage in counselling? YES / NO

Rationale:

DESCRIPTION OF CONCERN

RISK ASSESSMENT
Identified Risks:
Protective Factors:

ACTION TAKEN DURING SESSION
Client informed safeguarding form would be completed: YES / NO
Concerns discussed with client: YES / NO
Information or advice provided: YES / NO
Immediate action taken: YES / NO
Client consent to contact external agencies: YES / NO
Agency contacted:
Date & Time:

ONGOING AND PLANNED WORK:

WIDER SUPPORT
GP involvement: YES / NO
External support services:
Emergency contact verified: YES / NO

INFORMATION SHARING RATIONALE

OFFICE USE ONLY
Reviewed by Safeguarding Lead: YES / NO
Name:
Team:
Date:
FURTHER ACTIONS REQUIRED:
Logged on DPMS: YES / NO
Logged on Safeguarding Log: YES/NO

Appendix C – Practitioner Guidance – How to Complete the Safeguarding – FOR ACTION Form

- When to use: Use whenever a safeguarding concern requires action, escalation or formal recording; if immediate risk, call 999 first and complete form ASAP.
- Completing: Ensure practitioner and session details (incl. modality) are accurate; tick all relevant categories; say if client is safe to engage and why; separate facts/observations/judgement; bullet risks and protective factors; document all actions/referrals; if sharing without consent, record legal/safeguarding rationale; share form with DSL.

Key principles: Safeguarding is everyone’s responsibility; act proportionately and in the client’s best interests; seek DSL advice early when unsure

Appendix D – Cause for Concern (Information Only) – Form Template (2026)

- Client & Practitioner Details: Client Reference / Practitioner Name / Date / Session
- Nature of Concern (tick): Emerging suicide concern; Self-injury/self-harm; Welfare concerns; Domestic abuse – suspected/current; Child safeguarding concern; Deteriorating mental health/reduced capacity; Third party risk
- Is the client safe to continue counselling? YES NO (If NO, consult Senior Wellbeing Practitioner same day)
- Reasoning (label clearly): Facts / Observations / Professional Judgement
- Description of Concern (use quotes where appropriate)
- Risk & Protective Factors (bullet both)
- Work Undertaken in Session (bullet)
- Planned/Ongoing Work (bullet)
- Client Awareness – informed? YES NO (If NO, record rationale)

Cause for Concern Form

This form is for recording concerns that DO NOT require immediate safeguarding action. Upload to DPMS within 24 hours. If unsure, contact Head of Services or Senior Counsellor/Wellbeing Practitioner. Anything requiring action must use the full Safeguarding – FOR ACTION form.

Client & Practitioner Details

Client Reference Number: _____

Counsellor/Wellbeing Practitioner Name: _____

Date of Concern: _____

Session Number: _____

Nature of Concern (Tick all that apply)

- Emerging suicide concern
- Self-injury / self-harm
- Concern for the welfare of the client
- Domestic abuse – current or suspected
- Child safeguarding / child protection concern
- Deteriorating mental health / reduced capacity
- Risk posed by a third party

Is the client safe to continue counselling?

YES NO

If NO, contact the Senior Wellbeing Practitioner immediately.

Reasoning (Facts, observations, professional judgement)

Description of Concern (Use quotes where appropriate)

Risk & Protective Factors

RISKS:

- _____
- _____

PROTECTIVE FACTORS:

- _____
- _____

Work Undertaken in Session

- | |
|---------|
| • _____ |
| • _____ |

Planned/Ongoing Work

- | |
|---------|
| • _____ |
| • _____ |

Client Awareness

Has the client been informed this form is being completed? YES <input type="checkbox"/> NO <input type="checkbox"/>

If NO, please give rationale: _____

Trauma-Informed Practitioner Guidance
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Trauma-Informed Practitioner Guide to Completing the Cause for Concern Form (2026)
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1. Use this form for non-urgent concerns only.
2. Apply trauma-informed principles: safety, collaboration, transparency, empowerment.
3. Record facts, observations, and professional judgement separately.
4. Use client quotes where possible.
5. Note risks and protective factors clearly.
6. If concern escalates, switch to the Safeguarding – FOR ACTION form immediately.
7. If unsure, consult Senior Wellbeing Practitioner or DSL.

Appendix E - Practitioner Guidance – How to Complete the Cause for Concern Form (2026)

For Wellbeing Practitioners and Counsellors working across Lancashire & Cumbria

This guidance supports clear, proportionate, trauma-informed, and defensible recording when completing the Cause for Concern Form. It mirrors the structure of the Safeguarding Form guidance while recognising the lower threshold and early-warning function of this form.

1. When to Use This Form

Use the Cause for Concern Form when you have a worry, observation, or emerging issue that does not currently require immediate safeguarding action. Appropriate situations include:

- A change in presentation, mood, or emotional stability
- Early or emerging suicide concern without imminent intent
- Self-injury/self-harm indicators without escalation
- Concerns about welfare, wellbeing, or unmet needs
- Early signs of domestic abuse or coercive control
- Low-level child safeguarding concerns that do not yet meet referral threshold
- Concerns about third-party risk, influence, or environmental stressors

This form ensures small concerns are captured, monitored, and revisited if patterns emerge. If at any time the concern becomes urgent, immediate, or meets safeguarding thresholds, stop and complete the Safeguarding – FOR ACTION Form instead.

2. Trauma-Informed Approach

When completing this form, apply trauma-informed principles:

- Safety
- Choice
- Collaboration
- Trustworthiness
- Empowerment
- Cultural/Gender Sensitivity

3. Completing Each Section

A. Client & Practitioner Details

Include correct client reference, practitioner name, date of concern, and session number.

B. Nature of Concern (Tick All That Apply)

Select all relevant categories reflecting updated safeguarding indicators.

C. Is the Client Safe to Continue Counselling?

Consider emotional regulation, grounding, clarity, dissociation, and emerging risks.

D. Reasoning (Facts, Observations, Professional Judgement)

Record factual information, observations, and professional interpretation separately.

E. Description of Concern

Provide context, use quotes, avoid assumptions, and note patterns or triggers.

F. Risk & Protective Factors

List relevant risks and protective factors to support balanced assessment.

G. Work Undertaken in Session

Document grounding, safety planning, psychoeducation, and emotional support.

H. Planned/Ongoing Work

Record follow-up plans, monitoring, and internal discussions.

I. Client Awareness

Record whether the client is aware of the form and rationale if not.

4. When to Escalate to a Safeguarding Form

Escalate immediately if imminent risk, safeguarding thresholds, serious harm, or rising domestic abuse/third-party risk is present.

5. Key Trauma-Informed Phrases You Can Use

- "I'm making a note of this because I want to make sure we're supporting you properly."
- "You're not in trouble — this is simply part of keeping track of changes that matter."
- "You have a lot of strengths; we just want to make sure nothing is missed."
- "If anything changes, we'll review this together."

6. Summary of Good Practice

Be factual, proportionate, trauma-informed, separate facts from judgement, balance risk with protective factors, and seek guidance when unsure.

Appendix F - Birchall Safeguarding Process

Version 2 – Date: February 2026

1. Introduction

The Birchall Trust is committed to providing a safe environment for everyone to participate in our services. This procedure must be read alongside the Birchall Safeguarding Policy and supporting information. It sets out the steps to respond to any concern that someone using our services is at risk of or experiencing harm. We use the 5 R's: Recognise – Respond – Reassure – Refer – Record.

2. Glossary (selected terms)

Adult: A person over the age of 18.

Adult at Risk: Adults whom the Local Authority has a responsibility to support to prevent them from experiencing (further) harm caused by abuse and neglect.

Child: Anyone who has not yet reached their 18th birthday.

Cause for Concern: A reason to be worried about health, development or welfare and which may be preventable by seeking services for the adult, child and/or their family.

Safeguarding: Work to prevent and stop abuse and neglect.

LADO: Local Authority Designated Officer for managing allegations against staff.

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3. Section 1: Reporting concerns – for everyone

3.1 How to respond

- Make the situation safe. If immediate medical attention is needed, call 999.
- If someone is in immediate danger or a serious crime is occurring, contact police on 999 without delay.
- It is not your role to investigate; it is everyone’s responsibility to respond to and report concerns.
- Be person-centred: where safe, discuss concerns with the person and ask what they would like to happen next.
- Capture brief details of what happened and what actions the person would like, without probing.
- Inform the person you will pass concerns to the Designated Safeguarding Lead (DSL) or Head of Services.
- Seek consent to share information externally where appropriate; record rationale if sharing without consent.

3.2 Types of concerns (tick all that apply)

- Emerging suicide concern
- Reported suicide attempt between sessions
- Imminent suicide risk
- Immediate suicide risk (999 contacted)
- Self-injury / self-harm
- Concern for welfare / deteriorating mental health / reduced capacity
- Domestic abuse – current or suspected
- Risk of harm to others / serious criminal intent
- Risk posed by a third party (e.g., known perpetrator influence)
- Child safeguarding / child protection concern

3.3 Working with suicide

- Be informed about signs and symptoms of suicidality and vigilant to changes.
- Discuss suicidality openly and honestly where relevant; assess intent, plans, means and protective factors.
- Apply proportionate safeguarding measures in every instance where suicidality is a concern.

4. Record keeping

Record all concerns on DPMS. Distinguish clearly between: (a) facts and client quotes; (b) your observations; and (c) professional judgement/rationale. Attach relevant evidence where available. There are two recording routes: Cause for Concern (information only) and Safeguarding – FOR ACTION (action required).

4.1 Cause for Concern (information only)

Low/medium-level worries to be monitored; aim is proportionate action to reduce recurrence. Use the updated form in Appendix 1 and complete within 24 hours of session.

4.2 Safeguarding – FOR ACTION

Use when action is required, including external alerts/referrals. Use the updated template in Appendix 2 and notify the DSL the same day. Each action taken must be logged on DPMS in chronological order.

5. External referrals – safeguarding alerts

- Discuss potential referrals with a DSL where possible. If none available, consult Local Authority safeguarding teams for advice.
- Consider: the adult’s wishes; mental capacity; safety of children/other adults; any person in a position of trust; and whether a crime has been committed.

Children’s safeguarding portals: Lancashire; Cumbria.

Adult safeguarding portals: Blackburn with Darwen; Blackpool; Cumbria; Lancashire.

6. Section 2: What happens next – Designated Safeguarding Lead (DSL)

See DSL response flowchart.

7. Further guidance and useful contacts

- Lancashire SAB: Guidance for Safeguarding Concerns
- Lancashire: Reporting criteria (Adults)
- Lancashire Safeguarding Children Board – policies and procedures
- Adult safeguarding protocol (Lancashire)

8. Version history

Version 1.0 – May 2024 – Safeguarding Sub-Committee approval

Version 2.0 – February 2026 – Updates: new categories; facts/observations/judgement standard; updated Cause for Concern form and guidance; refreshed FOR ACTION template; signposting and process clarification

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