

Safeguarding Children and Young People Procedure

This document is part of Salutem's Safeguarding Children and Young People Policy. Please refer to the main policy document for the policy statement, principles, associated materials, review schedule and version control.

Introduction

This procedure outlines Salutem's process for reporting, investigating and handling incidences of abuse. **It is mandatory that you understand and have a record of your local area safeguarding referral procedures.**

Step 1: Acting on a Concern (All Staff and Volunteers)

All staff (paid and volunteers) **have a duty** to act immediately (or on the same working day at a minimum) and raise concerns to their line manager (alternatively an on-call manager). A safeguarding concern can be about an individual or a group and the concern itself can be that the individual or group:

- **Is being** abused or neglected; **or**
- **Has been** abused or neglected; **or**
- **Is at risk** of being abused or neglected.

The safeguarding concern can be as a result of:

- What you have **witnessed**
- What you **suspect** (as long as there are reasonable grounds to believe that abuse could be happening)
- What a child or a third party (e.g. staff member, member of the public, another external professional) has told you.

The person who has or may have caused harm to a child could be any of the following (this is not exhaustive):

- A paid staff member, at any level of the organisation
- A volunteer
- Another child or adult
- A member of the public
- A relative
- Another professional / external organisation

Acting in an emergency / taking immediate action

The first priority is making sure that the child is safe. In a situation where there is immediate risk of harm or need for treatment, all staff must be authorised to call the police and/or ambulance service without seeking permission by a line manager, if not doing so would cause unnecessary delay in safeguarding the child's health and welfare.

Failing to act immediately in such cases may later be construed as negligent or failing in duty of care.

Preserving evidence

In cases where a serious sexual assault or physical assault may have taken place, evidence at the scene will need to be preserved. (See separate guidance on '[Preserving Evidence](#)')

Responding to a child that is directly disclosing abuse

Do not make promises about keeping information shared secret. It will need explaining to the child that you have a duty of care to raise concerns with your manager and that you are bound by limited confidentiality. (See separate guidance on '[How to Respond to a Disclosure](#)'.) Failing to act is abusive in itself and can unnecessarily prolong the harm.

When abuse is witnessed

Take care when intervening to stop abuse; you are not required to take certain actions that if by doing so you are placing yourself or the child at further risk of harm. When the abuse has stopped follow the above steps '**acting in an emergency / taking immediate action**' and '**preserving evidence**'.

Do not approach or question the person who has allegedly harmed the child/children.

When you suspect abuse?

When you suspect abuse, there must be grounds for and substance to this. Think about the reasons why you suspect abuse; is this because of something you have seen, something you have been told? Are there a series of signs and indicators that you are concerned about? ([See separate guidance on Signs and Indicators.](#))

Raising concerns with your line manager and record keeping

Report your concerns immediately to a line manager or on-call manager; **do not** share or discuss your concerns with anyone else. Write a record of your concern as soon as possible after the incident / disclosure and provide to your line manager or other relevant manager. Written records must be as detailed as possible, and include what you saw, what you heard, and who was present. (See separate guidance on '[Writing a record and record keeping](#)'.)

Whistleblowing

Whistleblowing is when you raise concerns about unsafe or illegal practice, which can include concerns about abuse and neglect. Your line manager should be your first port of call but if you feel unable to share information with them because you believe they are implicated or involved then you need to be able to speak to someone else instead. You should be able to raise your concern with your manager's line manager. Or you can follow SaluTem's Whistleblowing Policy and Procedure, which will guide you on what steps to take and, in accordance with the Public Disclosure Act 1998, provide some protection from victimisation if you have raised concerns about malpractice, in good faith.

If you have grounds to believe that managers in SaluTem are ignoring your concerns and not taking appropriate action then you have the right to go directly to your Local Authority and/or regulator. Your manager must make sure that these numbers are available to you and displayed somewhere you can access them.

Confidentiality

You must respect and adhere to confidentiality at all times during a safeguarding process. Your line manager will provide feedback to you on what actions are being taken to respond to the concern, but this information must be treated confidentially. Any discussion with other team members will be dealt with as a disciplinary offence.

If, however the child chooses to discuss their concern further with you do not stop them, but do not probe or ask questions; write a record of what the child has told / communicated to you and tell your line manager immediately after.

Step 2: Reporting a concern (Service Managers)

Using the threshold tool

When a line manager receives a concern they must decide if harm has occurred, or if there is an allegation or reasonable grounds to suspect that harm has or is likely to occur. Consideration must be given on the impact of the alleged incident on the child, any previous incidents, the pattern of abuse or whether this is a one-off. (See additional guidance on '[patterns and signs and indicators](#)'.) Consideration must also be given to the views and wishes of the child, in accordance with principles specified in Section 3 of this procedure "Older Children and Capacity to Make Decisions" and "child-centred practice".

Information gathering

It may be necessary to gather more information before deciding if there is reasonable cause to believe that abuse may have occurred. This could include checking rotas, daily records, and on occasion may require some very broad discussion with staff or adults. (See separate guidance on '[What is Information Gathering](#)'). Ensure the staff member who raised the concern has written a formal record, and that body maps for bruising have been filled in. (see appendix 4 for body maps)

Low Risk Reporting (Single Agency Response)

If the concern has been assessed as low risk and will therefore be handled within the service, this must be recorded as a safeguarding incident on c360 by the next working day

Medium to High Risk Reporting (Multi-agency Response)

When you are certain (or in any doubt) that there is an allegation of abuse and you had assessed it as medium to high risk, you must report it to your Local Authority Children's social services no later than the next working day. In order to do this, complete the **Safeguarding Incident Form on c360**. Once submitted this will alert your Area Manager and Regional Director as well as SaluTem's Quality Manager and the Designated Safeguarding Lead. You will then need to follow your local area reporting procedures ensuring that the correct information is submitted in the right way. Much of the content that they require would already be available having already completed the c360 safeguarding incident form.

At this point the incident will become an open safeguarding case within SaluTem and will be monitored by relevant operational area/regional manager and SaluTem's Designated Safeguarding Lead. They will support you with the Local Authority decisions, subsequent investigations if required and any actions that your service, staff or the SaluTem Group will take as a result. There may also be an internal investigation depending on Local Authority recommendations.

When to report the concern to the police

When a serious crime or robbery has just taken place then there is a duty to call the Police via 999, as an emergency situation.

With non-emergency situations, where a safeguarding concern involves a possible crime, the number 101 should be used to contact the police.

If the situation is no longer an emergency and the concern we are reporting to the Local Authority is about another organisation / external professional the Local Authority will advise who is best placed to contact the Police.

Providing support and keeping the child central to the process

In the event that a child has the maturity and understanding to consent or not consent to the concern being reported to the LA, it is important that, unless by doing so causes distress, it is explained to the child what actions have been taken so far. The child should be advised who they can approach if they have a question or need some form of support.

Consent

For children or young people that have an understanding of the concern and have the maturity to give consent it is good practice to discuss what actions are being taken with the child. However, regardless of whether the child has consented or not, if the concern is that a child has suffered or is likely to suffer harm there remains the duty to report the concern to the Local Authority.

Managing allegations against staff, considering suspension or redeployment

In accordance with SaluTem's Disciplinary Procedure and Suspension Procedure, all safeguarding concerns in which a SaluTem employee is alleged to have caused harm must be referred to and discussed with a Human Resources Manager or Consultant. A decision must be made as to whether

suspension without prejudice is required in order to safeguard the child at risk and other children from risk of harm. It may be appropriate to redeploy an employee if this measure eliminates risk.

At the point of suspension the employee can be informed in broad terms and what the nature of the concern is, but not specific details. This is particularly important if the allegations are a possible crime, which may lead to a full police investigation. (See separate guidance on the '[Assessment of the Need for Suspension](#)', and SaluTem's Disciplinary Procedure and Suspension Procedure for guidelines on how to support staff)

Who else needs to be notified?

- **The placing authority**, if different to the host authority will also need to be notified of the concern, and of the actions that have been taken.
- The relevant **Clinical Commissioning Group** will need to be notified if Health funds the child's placement.
- **The child's parents / guardians** will need to be informed of the concern and of the actions being taken to secure the safety and welfare of their child, and who else the concern is being reported to. If the concern is about the parents / guardians, they will be told following the concern being reported to the LA and/or Police and it is agreed that this is appropriate. It is best practice to be transparent, explaining what are the concerns and reasons, and the duty of care to report, however, the safety and welfare of the child concerned has to be of paramount importance.

Do not share the concerns with the parents/guardians if by doing so increases the risk of harm to the child or any other children, and/or the concern is about serious physical abuse or sexual abuse. In this instance seek advice prior to any discussion about the concerns with the parents/guardians.

When a concern is a whole-service concern (an allegation of organisational abuse)

Before a whole-service concern is reported to the Local Authority all relevant senior and executive managers need to be made fully aware of the concern and that there is a need to report externally to the relevant Local Authority.

Step 3: The Local Authority Response

In accordance with a Local Authority's thresholds for intervention how a Local Authority may respond to a concern has been divided into 4 main strands:

Single-agency response

This will be when the threshold for significant harm has not been met, or there are early signs of abuse and neglect; it is deemed proportionate that the Service acts and deals with the concern. [See Guidance Document on Single-agency response.](#)

Early Help Assessment (Common Assessment Framework)

This will be when children and families may need support from a wide range of local agencies. Where a child and family would benefit from a coordinated support from more than one agency (e.g. education, health, housing, police) there should be an inter-agency assessment. These early help assessments, such as the Common Assessment Framework, should identify what help the child and family require to prevent needs, including early signs of abuse and neglect, escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989. See [Guidance on Early Help Assessment](#).

Statutory Assessment under Section 17 (Child in Need)

This is when the Local Authority decides that the concern does not reach the threshold for significant harm but the child is most likely a 'child in need' and requires an assessment under Section 17 of the Children Act 1989. The majority (but not all) children that Salutem provide a service to have complex and multiple disabilities, which therefore will result in, at the very least, a response at this level. A Social Worker should lead this multi-agency assessment, which should be completed within 45 working days of the referral being accepted by the Local Authority. Service Management must contribute to the assessment as requested by the social worker. The child and family's needs and wishes must be reflected within the assessment. The Service Management is responsible for ensuring that the designated safeguarding person, line manager and all other key managers and consultants are kept updated and informed on what the Local Authority requires. See [Guidance on Section 17 \(Child in Need\)](#)

The Response- Section 47 Enquiries

A section 47 enquiry is initiated to decide whether and what type of action is required to safeguard and promote the welfare of a child who is suspected of, or likely to be, suffering significant harm. It is carried out by undertaking an assessment; Local Authority social workers have a statutory duty to lead this assessment in accordance with Section 47 of the Children Act 1989 and it should be completed within 45 working days of the Local Authority accepting the referral. All relevant agencies and professionals (including Salutem Service Management) are required to help the Local Authority in undertaking its enquiries. A strategy meeting or discussion will be convened first to establish whether a section 47 response is required. (See [Guidance on Section 47 Enquiries](#))

Other Measures to Protect

The local authority will always try to keep children with their birth families but can look to other measures to protect if this is felt proportionate and necessary to safeguard the child/children in question; this includes application to the court for orders and police powers to protect.

Step 4: Case Closure

This end process can happen at any of the steps of the process as long as the Local Authority are satisfied that there is no further risk of significant harm to the child or that risks are being appropriately assessed and managed.

Service Management must aim to get the Local Authority to confirm closure of case in writing. If not, then a detailed record must be made of when, and who was spoken with, including their professional title and what was advised. Service Management must ensure that all documentation relevant to the case,

including regulatory notification form, Local Authority referral form (for reporting the concern), meeting minute records, terms of reference, investigation report, completed action plan are saved/filed.

Closure discussion

Once Service Management is confident that the case has been closed by the Local Authority and that all the relevant documentation has been obtained then a closure discussion can take place with all relevant professionals.

In cases where the safeguarding response has ended at a straightforward single-agency response, or early help assessment, this discussion can take place between the designated safeguarding person and Service Management. When the safeguarding response has been considered complex or when a Section 47 enquiry has been required, a teleconference can be convened, so that all key people involved in the concern e.g. Area Manager, HR Consultant, Regional Director, Investigating Officer and Designated Safeguarding lead are included. The Closure Discussion will address the following (but is not limited to):

- Has the child and/or family received feedback on the outcomes of the process?
- If not, why not and what further actions are necessary to achieve this?
- If an employee or volunteer has been dismissed as a result of the concern, has a DBS referral, if appropriate been completed?
- If measures have been recommended against the employee, have those measures been put in place?
- Has the action plan into service improvements been completed?
- If not, what is outstanding and how will these improvements be achieved?
- Are there any further risks to the child and to and other children or adults at risk?
- If so, what further actions are required?

Once this discussion has taken place and all people involved in the Closure Discussion are satisfied that the concern has been appropriately dealt with, and that there is no further risk of harm to the child and any other children the service will complete a closure record on c360.

Progress Reports for ongoing open referrals

For an ongoing open referral or a case where there are delays e.g. there has been a criminal investigation and the case is now waiting to go to court or where a disciplinary hearing has resulted in an ongoing appeal situation, it is imperative that the Service management keeps all other key people informed of any developments, and reasons for any delay in progress. Regular case discussion should take place and where there is little progress monthly case discussion is the required minimum between the local Service management and the Area/Regional Manager. This discussion should include, but not be limited to what actions are outstanding, is the child at risk aware of the delay, and in the meantime, have any desired outcomes for the child at risk been achieved?

When a concern has media interest/reputational risk or financial risk

The [protocol for the escalation of serious incidents](#) must be followed in all cases where there is media interest / reputational risk and financial risk.