

Safeguarding and Child Protection Policy and Procedure

Policy implemented: March 2019
Last reviewed: February 2021
Next review due: February 2022

1a. Summary

Safeguarding and protecting children effectively is central to Salutem's work. We believe that safeguarding is everyone's responsibility irrespective of the role they undertake or whether their role has direct contact or responsibility for our customers or not.

Salutem takes its safeguarding responsibilities very seriously and has a zero-tolerance approach to abuse. The policy and accompanying procedure and guidance applies to all children and young people regardless of their age, ethnicity, disability, religion or gender.

The purpose of this policy is to provide all staff, volunteers and foster carers with the principles to prevent and minimise the risk of harm to children and young people who use our services. All staff, volunteers and foster carers must follow these principles. The procedure details the steps that individuals are expected to take when presented with concerns of abuse or neglect and the guidance documents contain specialist information related to specific safeguarding areas.

This procedure must not be read in isolation but read alongside the relevant Local Multi-Agency Safeguarding Children Policy and Procedures. It is also advisable to read and have access to Salutem's Safeguarding Adults at Risk Policy and Procedure. As Salutem provides services and support to both children and adults, throughout the course of Salutem's work, a 'think-family' approach should be taken

when following this procedure. This means that where there is a concern that an adult is also at risk from abuse and/or neglect Salutem’s Safeguarding Adults Procedure should also be followed.

This policy is issued in accordance with the statutory safeguarding responsibilities, set out in the Children Act 1989, Children Act 2004, Children and Social Work 2017, and the associated statutory guidance, Working Together to Safeguarding Children (DfE, 2018).

This policy document is relevant to all Salutem children education and residential services, and any local documents must fall from this main document. This Policy package includes the following contents:

- 1. Policy
- 2. Procedures
 - G1. Making Safeguarding Personal - [Link](#)
 - G2. Physical Restrictive Interventions - [Link](#)
 - G3. Role and responsibilities of Designated Safeguarding Advisor - [Link](#)
 - G4. Guidance on the assessment for the need for suspension - [Link](#)
 - G5. Record Keeping - [Link](#)
 - G6. What is information gathering? - [Link](#)
 - G7. Preserving or Protecting Evidence - [Link](#)
 - G8. Tackling Extremism and Radicalisation Guidelines - [Link](#)
- GC1. Categories of Child Abuse and Signs and Indicators - [Link](#)
- GC2. Other Specific Safeguarding Issues that Interface with Child Abuse - [Link](#)
- GC3. Responding to a Child or Young Person making a Disclosure - [Link](#)
- GC4. Child Sexual Exploitation Guidelines - [Link](#)
- GC5. Sharing Information and Safeguarding Children - [Link](#)
- GC6. Online Safety Guidelines - [Link](#)
- GC8. FGM Guidance - [Link](#)
- GC9. Peer on Peer Abuse Guidance - [Link](#)
- GC10. Safeguarding Competency Framework – Service Managers and Designated Safeguarding Officers - [Link](#)
- GC11. Salutem Safeguarding Competency Framework – All staff / front line support staff - [Link](#)
- 3.a **Local Template for Schools** - [Link](#)
- 3.b **Keeping Children Safe in Education 2021 Update Part 1** (to be read by all education staff) - [HTML](#)
- 4. Guide to the **Children’s Homes Regulations** including the quality standards - [HTML](#)

Initial purpose and scope of the new policy/procedure agreed by:	Gary Laville, Director of Quality and Governance
Technical review carried out:	Michael Albero, Group Head of Regulation and Compliance
Final quality check carried out:	Melissa Asare, Group Head of Policy and Performance

Date implemented:	January 2019
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Department responsible:	Quality
Job Title of Lead Person:	Michael Albero, Group Head of Regulation and Compliance
Author / Main Contact, including their job title (if different from above):	Melissa Asare, Group Head of Policy and Performance

In addition to this policy, local authorities and other commissioners may have their own policies, procedures and guidance which Services must comply with. These policies should complement this policy.

However, there may be additional requirements put in place by local authorities and other commissioners and these must be adhered to. Changes must not be made to SaluTem's policies and procedures without corporate approval but, where needed, local procedures should be developed to accompany these.

EQUALITY AND DIVERSITY STATEMENT

The Salutem Group is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any such factors and all will be treated with dignity and respect.

[Click Here](#) for our Equality and Diversity Policy

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This policy must be brought to the attention of all employees.

The controlled version of this policy and its associated documents are available on the Blink Hub.
Printed or downloaded copies are uncontrolled and may not be up to date.

1d. Definitions

Child Protection - is one part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect children specifically suffering, or likely to suffer significant harm.

Children - as in the Children Acts 1989 and 2004, a child is anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people' throughout. The fact that a child has

reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital, in prison or in a Young Offenders' Institution, does not change his or her status or entitlement to services or protection under the Children Act 1989.

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as: protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes. (DfE, 2018)

Significant harm - The Children Act 1989 introduced the concept of [Significant Harm](#) as the threshold that justifies compulsory intervention in family life in the best interests of children. There are no absolute criteria when judging what constitutes Significant Harm. Sometimes, a single traumatic event may constitute Significant Harm. In other circumstances Significant Harm is caused by the cumulative effect of significant events, both acute and long-standing, or the damaging impact of neglect which interrupts, and changes or damages the child's physical and psychological development. Where the question of whether harm suffered by a child is significant turns to the child's health and development; his health or development shall be compared with that which could reasonably be expected of a similar child. It is important always to take into account the child's reactions, and his or her perceptions, according to the child's age and understanding.

Harm -The **Children Act 1989** defines 'harm' as "ill-treatment or the impairment of health or development". Whereby a threshold of significant harm is necessary for statutory intervention, for the purpose of Salutem procedures a threshold of significant harm is not necessary in order for staff and volunteers to act. Where there is a concern that **any level of harm** has occurred or is likely to occur then actions must be taken and/or measures put in place to secure the safety and welfare of the child /children to prevent the risk of further and more significant harm. In this instance, other processes such as risk management or early help assessment maybe more appropriate. (Please refer to guidance on thresholds for intervention)

Categories of Abuse- in accordance with Working Together to Safeguard Children (DfE, 2018) there are four recognised categories of abuse when safeguarding children and young people:

- Physical abuse
- Sexual abuse and exploitation
- Emotional abuse
- Neglect

Abuse can be carried out in different forms, some to be particularly aware of are (this is not an exhaustive list):

- Female Genital Mutilation
- Restraint
- Honour-based violence
- Abuse linked to faith and spiritual belief
- Cyber-bullying

E-Safety

Salutem recognises that advances in technology and the use of mobile phones, the web and social media in everyday life, means a greater risk of abuse and exploitation via this technology and online, unless there are appropriate measures and monitoring in place. Salutem recognises that mobile technology can be used for non-contact sexual abuse including those covered in the Voyeurism Offences

Act 2019. (Please see Salutem's position statement and separate guidelines on ['E-Safety'](#))

Child Sexual Exploitation

Salutem recognises the seriousness of sexual exploitation and that it is everybody's business to take steps to safeguard and protect children and young people from this type of abuse. (see Salutem's position statement and separate guidelines on ['Child Sexual Exploitation'](#))

Radicalisation and Extremism

Salutem recognises that the issue of radicalisation is a growing safeguarding concern that can affect children and young people. Please refer to Salutem's position statement and additional guidelines on ['preventing radicalisation and extremism'](#) and your own local authority's policies on this subject. Any concerns that someone you come into contact with through your work is being radicalised this procedure must be followed, and your concern raised with your Designated Safeguarding Lead.

(Please see separate guidance on ['Signs and Indicators of Abuse'](#) and ['Issues that interface with abuse'](#))

1e. Principles

When following this policy and when working within the local multi-agency safeguarding children procedures this should be guided by the following key principles:

- children have a right to be safe and should be protected from all forms of abuse and neglect, **and any level of harm**;
- safeguarding children is everyone's responsibility;
- it is better to help children as early as possible, before issues escalate and become more damaging; and
- children and families are best supported and protected when there is a co-ordinated response from all relevant agencies.

Safeguarding is everyone's responsibility

Everyone who works with children has a responsibility for keeping children safe. No single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with children has a role to play in identifying concerns, sharing information and taking prompt action.

A child-centred approach

A child-centred approach should underpin all safeguarding practice. Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them or placing the interests of adults ahead of the needs of children.

Children want to be respected, their views to be heard, to have stable relationships with professionals built on trust and to have consistent support provided for their individual needs. This should guide the behaviour of all staff and volunteers in Salutem. Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them collaboratively when deciding how to support their needs. Children should be empowered to know how to protect themselves from abuse.

Older Children and Capacity to Make Decisions

Whilst the law states that a child is such until they reach 18 years of age, it is widely recognised that, as a child gets older, they do attain some rights over making decisions. 'Gillick competency' and 'Fraser guidelines' are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. In the high court Mr. Justice Woolf ruled

"...whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent."

Lord Scarman's comments in his judgement of this case in the House of Lords (1985) are often referred to as the test of "Gillick competency":

"...it is not enough that she should understand the nature of the advice which is being given: she must also have a sufficient maturity to understand what is involved."

He also commented more generally on parents' versus children's rights:

"Parental right yields to the child's right to make his own decisions when he reaches a sufficient understanding and intelligence to be capable of making up his own mind on the matter requiring decision."

Service Managers must seek appropriate advice if there is any doubt in these matters.

Preventing abuse

Prevention of abuse is the primary goal. Salutem is committed to ensuring it has systems in place that minimise the risk of abuse. Prevention involves promoting awareness and understanding and supporting children to safeguard themselves from the risk of abuse. It is about having effective

systems and procedures in place for the provision of care and support, training and supervision, and open learning cultures. This principle must be applied when following this procedure. (Please refer to separate guidance on '[Prevention in Safeguarding](#)')

Visitors to Sites

Salutem understands the importance of verifying the identity of all visitors to its sites. All visitors will be required to confirm their identification to staff. Staff understand that any visitor unknown to the setting will have to have their credentials and reasons for visiting checked before being permitted onto the setting. Visitors are expected to legibly sign the visitors' book and to wear a visitor's badge while on site. Visitors, including trainers and other professionals will be accompanied by a member of staff at all times. Staff will take out appropriate checks to ensure that any speaker at the school is not using the facility to disseminate extremist views.

Safeguarding Disabled Children

We recognise the increased vulnerability of disabled children. Disabled children are recognised as the most vulnerable group in respect of safeguarding their wellbeing. They may have physical, sensory and learning disabilities and other impairments. Severely disabled children often rely on parents and carers to meet most or all of their needs. They may have limited mobility and may find it hard to make their feelings and wishes known because of communication or language difficulties. If they have been mistreated, they may find it difficult to know how to express their concerns and may not even know that the care they are receiving is not safe or appropriate. Disabled children trust their care-givers and rely on them to be sensitive to their personal care needs, their health, their emotional well-being and their safety. The [Safeguarding Disabled Children Practice Guidance](#) (DSCF 2009) suggests that disabled children may be more vulnerable due to:

- The need for practical assistance in daily living, including intimate care from what may be a number of carers;
- An inability to communicate concerns;
- Carers working with a disabled child in isolation or the child is socially isolated;
- Professionals identifying with parents/carers and losing focus on the impact of familial stresses on the child;
- Bullying and intimidation due to disability;
- Low self-esteem/negative views of themselves;
- Lack of access to "Keep Safe materials";
- Targeting by some sex offenders in the belief that they are less likely to be detected.

Safeguards for disabled children are essentially the same as for non-disabled children and should include, enabling them to:

- Make their wishes and feelings known;
- Receive appropriate personal, social and health education;
- Raise concerns;
- Have a means of communication and range of adults with whom they can communicate;

All Salutem Services for children must have:

- An understanding that the welfare of a child is paramount.
- An explicit commitment to understand disabled children's safety and a culture of openness;
- An absolute focus upon the child and the child's need for protection from harm, whilst being committed to working in partnership with parents/carers;
- Policies, procedures, local protocols and training for staff on good practice in intimate care, working with children of the opposite sex, handling difficult or challenging behaviour, anti-

bullying strategies and sexual behaviour among young people, especially those living away from home.

Information sharing

Early sharing of information is key to providing effective support where there are emerging concerns. The safety and welfare is likely to be more important than concerns about sharing information. No-one should assume that someone else will pass on information which they think may be critical to the safety and welfare of a child or young person at risk of abuse or neglect. If anyone has concerns about a child's welfare and believes they are suffering abuse or neglect, they should immediately share their concerns with their line manager.

If there has been an allegation about one of our staff members or you are concerned that a staff member has acted inappropriately contact your HR Consultant immediately.

Salutem is committed to working with its safeguarding partners, cooperating and sharing information when there are concerns about the safety or welfare of a child and when we know other children and/or adults could also be at risk. All services need to be fully informed and signed up to their local authority sharing information protocols. (See separate guidance on ['Information Sharing and Safeguarding Children'](#))

1f. Areas of Governance

The application of this policy and its associated documents is mandatory for all services staff, volunteers, agency staff and all other Salutem representatives. Staff understanding of this policy and associated documents will be assured through training, assessment of competency and supervision.

1g. Learning and Development

Salutem is committed to ensuring that all staff are aware of what is expected of them so that everyone is appropriately supported. Staff should speak to their line manager in relation to their learning needs using supervision and the Appraisal and Development Process.

1h. Associated Documents

Safeguarding Children at Risk Procedure

G1. Making Safeguarding Personal - [Link](#)

G2. Physical Restrictive Interventions - [Link](#)

G3. Role and responsibilities of Designated Safeguarding Advisor - [Link](#)

G4. Guidance on the assessment for the need for suspension - [Link](#)

G5. Medication thresholds tool and consideration log

G6. Record Keeping - [Link](#)

G7. What is information gathering? - [Link](#)

G8. Preserving or Protecting Evidence - [Link](#)

G9. Tackling Extremism and Radicalisation Guidelines - [Link](#)

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3.a **Local Template for Schools** - [Link](#)

3.b **Keeping Children Safe in Education 2021 Update Part 1** (to be read by all education staff) - [HTML](#)

4. Guide to the **Children’s Homes Regulations** including the quality standards - [HTML](#)

1.i Associated Polices

- Data Protection and Confidentiality
- Person Centred Care
- Deprivation of Liberty Safeguarding
- Disciplinary
- Suspension
- Recruitment and Selection
- Privacy and Dignity

1.j References

- Children Act 1989
- Children Act 2004
- Children and Social Work Act 2017
- Working Together to Safeguarding Children 2018
- Keeping Children Safe in Education 2019, 2020, 2021 update
- Departmental advice What to do if you are Worried a Child is Being Abused - Advice for Practitioners; and
- Departmental advice Sexual Violence and Sexual Harassment Between Children in Schools and Colleges

In Wales:

- Social Services and Well-being Act 2014
- Keeping Learners Safe 2015

1k. Version Control

This is a controlled document. As a controlled document, any printed copies of this document, or saved onto local or network drives should be actively monitored to ensure the latest version is always available.

Version Number	Date	Status	Changes
V1.0	Feb 2019	Final	New policy
V1.1	Aug 2019		Minor changes following introduction of Keeping Children Safe in Education 2019
V1.2	Dec 2020		Additional Section on Visitors to Sites
V1.3	Jan 2021		Review, no changes
V1.4	Feb 2022		Minor changes following Keeping Children Safe in Education 2020, 2021 update and brought the policy and procedures together into one document

2. Procedure

This procedure outlines Saluitem'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 on our reporting database 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 have 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 our reporting](#)

system. Once submitted this will alert your Regional Director, Managing Director and Quality Director 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 safeguarding incident form.

At this point the incident will become an open safeguarding case within SaluTem and will be monitored by relevant senior managers 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. Regional Director, 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 our reporting system.

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.