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| Title of policy: | Safeguarding Children Procedure |
| Version: | 1.4 |
| Purpose: | To set out a clearly defined procedure for staff to follow where there are concerns that a child may be at risk from harm. |
| Updated: | September 2023 |
| Next review: | September 2025 |
| By: | Supported Housing Manager |

**1. Purpose**

The purpose of this guidance is to provide North Star staff with information on child welfare and protection issues, clear guidance on how to respond to concerns and information on working together with other agencies.

**2. Overview**

North Star’s staff must prioritise and ensure the protection and safety of children and take responsibility to act on any suspicion of abuse. This procedure underpins North Star’s Safeguarding Vulnerable Adults and Children’s Policy and follows guidance from the Children’s Act 2004.

**3. Responsibility**

3.1 North Star is committed to ensuring that staff are aware of their responsibilities towards safeguarding and promoting the wellbeing of children. North Star acknowledge we all have a responsibility to prevent, recognise and act on abuse and neglect quickly, to keep children safe from harm in the neighbourhoods and communities where we work.

3.2 We have a statutory duty to safeguard and promote the wellbeing of children and we will comply with this legislation.

3.2 The definition of a child is anyone who has not reached their 18th birthday, under the 1989 and 2004 Children Acts.

**4. Procedure**

4.1 If you witness any of the following or any of the risk indicators outlined in the guidance you must share your concerns and take appropriate action if necessary.

* You find an injury which arouses your suspicions.
* Your observations of the child at play or your interactions with the child may give you reason to suspect that the child has been abused.
* A slow but definite change in the child’s behaviour, for example, from an outgoing happy child to becoming withdrawn, quiet and passive, possibly with regressive toilet habits and/or poor eating, may cause you to be suspicious. This may be more evident to hostel workers where day to day contact is greater.
* If you ask the parent or care-giver about an injury to a child and the response is evasive or unnaturally dismissive or inappropriately hostile, or the parent will say nothing at all, then you may be faced with an instance of child abuse.
* A child engaging in inappropriate activity on line or making disclosures of potential on line grooming, exploitation or exposure to adult content.
* A child displaying low mood, indicating mental health concerns or potential risk of self harm or suicide.

4.2 The following procedures have incorporated the non-statutory guidance from Every Child Matters, ‘What to do if you’re worried a child is being abused’.

* Any action taken to safeguard and promote the welfare of children must focus on the outcomes for children.
* When at all possible you must see the child and ascertain his or her wishes and feelings as part of considering what action to take in relation to concerns about the child’s welfare. Communication with the child must be done in a way that is appropriate to their age, understanding and preference.
* That an allegation of child abuse or neglect may lead to a criminal investigation, so do not do anything that may jeopardise a Police investigation, such as asking a child leading questions or attempting to investigate the allegations of abuse.

**5. Emergency Situations**

5.1 In emergency situations there may not be time to consult colleagues so trust your common sense.

Only if it is appropriate and possible, ascertain the child’s wishes and feelings as part of considering what action should be taken in relation to concerns about their welfare. However, if the child is in immediate physical danger, depending on the circumstances you must do one of the following:

* Telephone the Police.
* Telephone an ambulance.
* Telephone for a Doctor.
* Ask the parent to take the child to hospital or to a doctor at once. Obtain confirmation this has been done.

5.2 Having taken the necessary emergency action it is important that you make immediate telephone contact with your line manager or the designated officer from North Star and first contact of the Children’s Social Care department, the NSPCC or the Police. There is an Emergency Duty Team which can be contacted out of hours. It is our responsibility to make the Safeguarding alert we should not rely on another agency to raise the alert.

5.3 As soon as it is reasonably possible it is important to carefully record the incident.

5.4 A multi-agency strategy discussion/meeting may be convened, lead by the local authority to discuss the planning of further investigations that may be required. The relevant reporting or lead officer from North Star representing housing must prioritise attendance at any multi agency meeting in relation to safeguarding children.

**6. Urgent Situations**

6.1 When there has been a specific allegation or incident that provokes concerns about a child’s welfare, but no emergency action is required, you must discuss the matter with a North Star designated lead safeguarding officer. If you still have concerns you could, without necessarily identifying the person in question, discuss your concerns with senior colleagues in another agency in order to develop an understanding of the child’s needs and circumstances. Consent is not required to refer a minor to safeguarding.

6.2 Following this discussion you must decide what action to take. If following this discussion your concern has been dispelled and no action is necessary you must still bring this up in your next one to one session with your line manager, all details must be recorded within the client case notes. If you decide there is a definite issue regarding the child’s welfare discuss it immediately with a designated officer and/or your line manager, if you have not already. You must then report your concerns to the first contact of the Children’s Social Care department and if appropriate the Police if the situation is unclear.

6.3. If a child starts to tell you that they have been or are being abused in any way you must listen carefully to the child. Do not ask questions other than to clarify the statement or allegation made by the child. You must allow the child to complete what he or she wants to say at his or her own pace. You must use language appropriate to the child’s age. Depending on the circumstances of the statement or allegation, advise the child that you need to tell people who can help, that is Social Services or the Police. The child may be very frightened of the consequences of this action it is therefore important to reassure the child but not to promise confidentiality. Your line manager must be informed about statements or allegations made by the child regarding their welfare. If he or she is not available contact a designated officer.

6.4 In all cases any discussion with colleagues and/or agencies and actions must be recorded accurately in the client case notes and/or within the safeguarding file. You must always follow up communications to other agencies in writing and ensure your message is clear and accurate.

**7. General Concerns**

7.1 Any concern about a child’s safety and protection must be discussed either with a colleague, designated officer, line manager or a relevant agency. It is normal to feel unsure of yourself and uncertain about reporting the matter. However, the information given to you by the child or another party, a child’s injuries or your own suspicions may represent vividly the child’s need for help.

7.2 After this discussion you must decide if there is still a cause for concern, a need to seek further advice or a referral should be made to the relevant agency.

7.3 If after the discussion you still feel there is a cause for concern, you must notify the First Contact Team of the Children’s Social Care Department by completing an inter-agency safeguarding children’s referral form, which is located on the Intranet for each local authority area. Upon receipt of the information the First Contact Team will decide on what course of action to take.

7.4 Concerns relating to Self Harm or suicide

When an incident of self-harm/suicidal behaviour is identified, the member of staff should talk to the child or young person in a respectful, calm and non-judgemental way to establish as far as possible whether they have taken any substances or injured themselves in order to establish as a priority whether the young person requires urgent medical attention.  If urgent medical attention is required then this should be arranged without delay.

If medical attention is not required then it would be appropriate to explore with the child or young person the nature of their self-harming behaviour or suicidal ideation.  This is not a formal mental health risk assessment at this stage as most practitioners will not be sufficiently qualified or experienced to undertake one, but a conversation with the young person will hopefully provide useful information which will inform a formal risk assessment by a suitably qualified practitioner (for example a GP, mental health or [CAMHS](https://westmidlands.procedures.org.uk/page/glossary?term=Child+and+Adolescent+Mental+Health+Services&g=0EzN#gl48) practitioner) if a referral is made to a specialist service.

Questions which could be asked at this stage include:

* How long have they felt like this?
* Are they at risk of harm from others?
* Are they worried about something?
* Do they have any health and any other problems such as relationship difficulties, [abuse](https://westmidlands.procedures.org.uk/page/glossary?term=Abuse&g=3EzN#gl51) or sexual orientation issues?
* What other risk-taking behaviour have they been involved in?
* What have they been doing that helps?
* What are they doing that stops the self-harming behaviour from getting worse?
* What could be done in school or at home to help them with this?
* How are they feeling generally at the moment?
* What needs to happen for them to feel better?
* Have they thought about ending their life?  If yes, have they thought about how they would do this?  How often do they think about doing this?  Do they have a plan now?
* Do they know anyone else who has died as a result of suicide?
* Have they told anyone else about how they are feeling and, if so, who and have they arranged support?
* Can they identify an adult they can trust to talk to should they feel the need to self-harm?

7.5 Concerns relating to bullying

Indicators that a child could be experiencing bullying include:

* being reluctant to go to school
* being distressed or anxious
* losing confidence and becoming withdrawn
* having problems eating and/or sleeping
* having unexplained injuries
* changes in appearance
* changes in performance and/or behaviour at school.

Staff may notice that a child isn't spending time with their usual group of friends, has become isolated or that other children's behaviour towards a child has changed.

**Reporting**

If you think a child is in immediate danger, contact the police on **999**. If you're worried a child is at risk of serious harm but they are not in immediate danger, you should share your concerns. If the risk is not imminent follow the procedure below.

**8. Process**

8.1 If you have concerns over a child’s welfare the following flow cart can guide staff as to the appropriate course of action.

Staff member has concern about child’s welfare

Necessary emergency action taken

Emergency action required

No emergency action required

Discuss and keep vulnerable adult informed as appropriate

Staff member discusses with colleague designated officer and/or a relevant agency for advice

No longer has concerns

Still has concerns

Follow recording procedures

Staff member discusses and agrees action with line manager or designated officer

Original concern and discussion brought to line managers attention in next one to one

No further child protection action, although may need to act to ensure

Staff member refers child or parent in need of support to a relevant agency

Staff member refers to LA children’s social care department or the Police or NSPCC; following up oral communications in writing within 48 hours

The duty officer gathers as much information as possible and logs concern on database

Feedback to referrer on next course of action

No further involvement from referral agency, although other action may be necessary e.g. onward referral

Social worker or agency manager acknowledge receipt of referral and decide on next course of action within one working day.

Single agency investigation

8.2 If after initial discussions and seeking appropriate advice there is still a concern about the child’s welfare one of the following actions must be taken.

Telling the Parents/Guardians/Carers

When you have general concerns about the child’s welfare, discuss your concerns the child and with the parent or guardian and agree upon making a referral to the appropriate service or agency. However, this must be not done if you consider informing the parents would place the child at an increased risk of significant harm. This action can be difficult especially if you have a close relationship with the child’s parent, but you should always remember that the child’s interests must come first as they are not in a position to protect themselves. Parents/guardians, understandably, are likely to have a strong reaction to this information. Speak to them calmly, giving them time to absorb what you are saying and ask questions. Ultimately you do not require consent to make a referral to Child Protection.

A Referral for a Child or Parent/Guardian in Need of Support

If you consider the child and their parents would benefit from the support of further services, consider which agency, including within Supported Housing, you should make a referral to. You should also follow the local guidelines which will often include a referral through the Common Assessment Framework (CAF).

A Referral to Social Services, the Police or the NSPCC

When referring a child to one of these agencies you must consider and include any information you have on the child’s developmental needs and their parents/carers ability to respond to these needs within the context of their wider family and environment. This information may have been obtained during the completion of a Common Assessment (2006b).

8.3 If you make your referral by telephone, confirm it in writing within 48 hours. Children’s Social Care should acknowledge your written referral within one working day of receiving it, so if you have not heard back within three working days, contact Children’s Social Care again.

8.4 Written referral reports must be shown to your line manager or designated officer first. Copies of all correspondence must be kept on the tenant’s file until one year after the end of tenancy. All files are kept in a locked cabinet.

8.5 If your referral is declined, and you don’t agree with this decision an appeal can be made by informing the local authority that you would like to “Professionally Challenge” the referral.

**9. Allegations against Staff**

9.1 There will be occasions when abuse is alleged against an employee working with children. The allegations could be against a staff member within North Star.

9.2 The procedure for the protection of a child will need to be invoked if it is suspected that abuse is taking place or has taken place. In all cases of concern regarding the abuse of a child consideration must be given to the suspension of the employee.

9.3 Where a member of staff is alleged to have abused a child, it is important for all agencies involved appreciate that each aspect of the investigation has to be coordinated.

* Local authority of the Social Care Department, NSPCC and/or Police investigation.
* The employing authority’s Disciplinary Procedure.

9.4 The appropriate course of action will be agreed at the strategy meeting as there will be a need for coordination and sharing of information. A Police investigation should take priority over any disciplinary procedure.

9.5 All members of staff subject to an allegation should be made aware of their rights under employment legislation and North Star’s policies and procedures will apply.

**10. Information Sharing**

10.1 Remember that the Data Protection Act 1998 and Human Rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.

10.2 Be open and honest with the individual (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.

10.3 Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

10.4. Share with informed 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, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.

10.5 Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

10.6 Necessary, proportionate, relevant, adequate, 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 individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

10.7 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.

**11. Recording**

11.1 In any cases of abuse or where abuse is believed to be taking place, accurate recording of concerns is very important. Staff must use the recording pro-forma to record their concerns, which is located on the Intranet. A copy of this will be handed to the designated officer and a copy will be kept on the tenant’s file. All files will be kept in a locked cabinet. A password protected central database will also be kept on North Star’s computer system and the designated officers will be responsible for this. Staff are responsible for uploading and updating cases as required. Staff are responsible for following up any cases and updating the designated officer and the documentation.

11.2 Any safeguarding concerns should also be reported to the Local Authority Commissioning teams, where the supported services are delivered.

**12. Group Structured Approach**

12.1 In line with the Care Act 2014 North Star are committed to ensure all safeguarding concerns are dealt with effectively and efficiently and that the six key principles are adhered to. Designated officers (including Team Managers, Supported, General, Asset and Property Services Managers, designated Housing Officers from THA and EHA and Head of Housing & Support) will meet on a quarterly basis to monitor existing cases, closed cases and discuss any new cases.

12.2 The purpose of the group is to embed safeguarding across North Star, identify any gaps, review/evaluate cases, identify and learn from best practice, identify any themes/patters, have robust monitoring in place and regularly review our policies and procedures to ensure they are in accordance with best practice.

**13. Attending Meeting**

The member of staff who reported the abuse or believes that abuse may be occurring may have to attend formal child protection strategy meetings and case conferences. The staff member will be responsible for collating all information and making notes or writing reports.

**14. Training**

14.1 There is a core training program for all staff on the protection of children, and enhanced training for designated officers. Members of staff wishing to attend any relevant additional training should approach their line manager, who will then contact the Local Authority department to arrange this.

14.2 Inductions for new staff also include safeguarding training.

**15. Staff Support**

15.1 Dealing with safeguarding issues can often be upsetting and stressful. Staff should follow guidance in the Professional Boundaries Policy and respond to the situation appropriately, although it is important that staff also obtain support.

15.2 At the time staff should feel free to raise any concerns at one to ones with their line manager and are also welcome to contact any of the designated officers. Talking informally to colleagues is important and helpful, but staff should also be aware of the boundaries of confidentiality.

15.3 On-going support can also be obtained through staff requesting further relevant training courses, counselling, additional reading and/or increased support/supervision sessions.

**16. Tenant Support**

16.1 We aim to ensure that information about safeguarding is available to all tenants. This information will be made available through the Supported Housing handbook, posters and leaflets available at services, 1-1 support and information given to tenants and service users by staff.

16.2 Wherever any concerns are raised regarding the wellbeing of a child the safety of that child is paramount. We will, however, do all that we can to work with and support the parents/guardian of the child to care for their children.

16.3 In some cases concerns may be reported to us by tenants. In all cases we will explain our confidentiality policy to the tenant and make them aware of our reporting obligations and make them aware that we will look into their concerns but cannot pass on any information regarding any action taken. We will treat reports in the strictest confidence and only pass on the source of the report to other professionals. We must be aware that tenants who pass on information may be subjected to intimidation. It is important therefore that tenants who raise concerns are supported and protected by staff.

**Related Documents**

Domestic Abuse Policy and Procedure

Equality and Diversity Strategy

Whistle Blowing Policy

Professional Boundaries Procedure for Supported Housing

Referral and Allocations

Protection of Vulnerable Adults Procedure

Harassment and Bullying Policy

Grievance Policy

Procurement Policy