



## Coram Group Safeguarding Policy & Procedures

Operational from April 2014	
Reviewed:	August 2015, November 2016, June 2017, December 2018. December 2019, July 2020, November 2020. July 2021.
Next Policy Review:	July 2022.
Owner:	Coram Group Head of Quality Assurance and Safeguarding



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## Part One: The Coram Group Safeguarding Policy

### 1. Introduction

- 1.1. This policy and associated procedures set out Coram's commitment to ensure that the safety and welfare of children and adults at risk is paramount. The term 'Coram' or 'Coram Group' refers to the group of services operating under the Coram name. This includes all operational services such as parenting support, adoption and early permanence, creative therapies, children's legal services, children's voice and advocacy services, life education, family care, life education, Shakespeare in schools and Coram Beanstalk.
- 1.2. It is a key principle for the Coram Group that children or adults at risk are kept safe and prevented from suffering harm. All Coram Group staff members and volunteers have a responsibility to do all they can to safeguard and promote the welfare of children and adults at risk with whom they come into professional contact. The Coram Group approach to safeguarding children or adults is based on the principles recognised in the Children Act 1989, the United Nations Convention on the Rights of the Child, the Human Rights Act 1998, the Care Act 2014, and the Equality Act 2010.
- 1.3. The **overall aim** of the Coram Group safeguarding policy and procedures is to safeguard children and adults at risk. Specific objectives are to:
  - Provide staff and managers working with children and young people with the information they need in respect of safeguarding;
  - Guide staff as to steps they should follow when they have safeguarding concerns in respect of a child/young person and /or adult at risk;
  - Inform staff as to what might happen after they have reported a concern and of continuing responsibilities to safeguard children or adults at risk after referral;
  - Assist and support decision making when there are concerns about the

safety and welfare of a child or adult; and,

- Assist staff and managers dealing with cases where there are reported potential safeguarding children and adults at risk concerns about the actions of other staff members.

- 1.4. Adherence to the safeguarding policy and procedures (relevant to role) is mandatory for all the Coram Group staff, i.e., all Children's Services operational staff, operational support staff, administrators, Associates, Volunteers, Freelance workers, Managers, Senior Managers, Directors, the CEO, Trustees and Governors. Safeguarding is the business of everyone working for Coram.
- 1.5. Each Manager should ensure that at least one copy of the Coram Group safeguarding policy and procedures is available to staff. In addition, a copy of the policy and procedures is available on SharePoint. In the Coram Group children's operational teams, managers should also ensure that a copy of Working Together to Safeguard Children 2018 is readily accessible to all staff members.
- 1.6. The Coram Group safeguarding policy and procedures should be read and used by the Coram Group Children's operational teams in conjunction with the Local Safeguarding Partners Arrangements (formerly the Local Safeguarding Children Board procedures) and the Safeguarding Adults Board procedures for the area in which they operate. Managers should ensure these procedures are accessible to all staff. Copies of local procedures can be accessed via contact with the Local Authority staff employed to support the Safeguarding Partners (formerly LSCB) and are usually available on Council websites and Safeguarding Partners websites for each relevant authority. Staff members have a responsibility to familiarise themselves with these key documents.
- 1.7. Staff should bring any discrepancies between local procedures and the Coram Group safeguarding procedures to the attention of the Coram Designated Person for Safeguarding for that service and the Coram Group Head for Quality and Safeguarding.
- 1.8. These procedures should also be read in conjunction where appropriate with other



Coram Group policy and procedure documents, for example, the whistle-blowing policy. Each manager in Coram must ensure that s/he knows the full extent of the Coram group policies and procedures and therefore is able to advise staff as to whether there exists a relevant additional procedure. The appropriate HR lead for each service can advise if required.

- 1.9. In respect of all concerns about safeguarding, these procedures take precedence over all other Coram Group procedures in matters relating to service provision. Delay in referring and sharing information can never be justified in cases where there is a child protection concern. Consent should not delay the making of a referral in these circumstances.
- 1.10. The term 'child' denotes all children and young people that have not yet reached their 18th birthday. The term 'adult' is employed to denote all people aged 18 years and over. The term 'young person' is often used to describe our work with older teenagers and those in their late teens and early twenties but in order to avoid confusion the terms child or adult will be used in this document.
- 1.11. **The Coram Group safeguarding adult procedures** are underpinned by the Care Act 2014 and the accompanying Care and Statutory Support Guidance published in March 2016. Within our safeguarding adult procedures, Coram recognise the six principles which underpin safeguarding work: empowerment, prevention, proportionality, protection, partnership, and accountability.
- 1.12. Coram is in contact with a number of service users who are no longer children in law as they have passed the age of 18 years old. It is important that where concerns of abuse including exploitation exist in relation to them, action should be taken swiftly to refer concerns, where consent is given to do so. If consent is not given staff should refer to the guidance in the adult safeguarding procedures (in part two). The Local Authority Adult Social Care Services and the Police will be

the lead agencies for investigation, unless the young person qualifies for an ongoing service from Children's Social Care over the age of 18 years old (in which case Children's Social Care should also be involved or a combination of Adult and Children's services). Local Authorities have the lead role in coordinating work to safeguard adults. However, the Coram Group recognises that successful responses require effective multi-agency and multi-disciplinary working.

1.13. **The Coram Group safeguarding children** procedure underpinned by Working Together to Safeguard Children Guidance (July 2018), which sets out what should happen when a child is believed to be in need of support and/or protection. Local authorities along with their partners have overarching responsibility for safeguarding and promoting the welfare of all children and young people in their area. The Coram Group safeguarding policy and associated procedures will direct staff on making appropriate referrals to statutory agencies (Local Authority Children's Social Care and the Police) when required. As such it is the Local Authority and Police who are named throughout this document.

1.14. Effective safeguarding of children should aim to meet the following two key principles:

- Safeguarding is everyone's responsibility: for services to be effective each individual and organisation should play their full part; and
- A child centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

1.15. Coram's safeguarding children procedures recognise that:

- The welfare of the child is paramount
- All children, regardless of age, disability, gender, racial heritage, religious

belief, sexual orientation, or identity have the right to protection from all types of potential or actual harm

- Working in partnership (whenever this is possible) with children, their parents, carers and other agencies is key to promoting children's welfare

1.16. Safeguarding and promoting the welfare of children is defined in [Working Together 2018](#) as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring 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.

1.17. Child Protection is part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or likely to suffer, significant harm.

1.18. The nature of the work undertaken by the Coram Group means that in some services it is imperative that staff ensure that children or adults at risk are also safeguarded whenever possible outside of normal office opening hours. To this end, senior staff members will, where required, make available to staff members in relevant services their out of hours telephone number for the purposes of an out of hours rota to ensure management advice and support is available to staff at all times. General procedures in this document apply to all work regardless of the time of day or day of the week on which the work is being undertaken.

## **Part Two: The Coram Group Safeguarding Procedures**

### **2. Introduction**

- 2.1. The purpose of these procedures is to advise Coram Group staff on what to do if they are worried about a child or adult at risk and to support staff in responding to safeguarding concerns.
- 2.2. Where safeguarding concerns involve a member of staff operating within the Coram Group, please see section 9, Managing Allegations and Concerns about Staff Members. Refer the concerns to the Managing Director or Head of Service for that service. In a situation where the concern relates to the relevant head of that service then inform the Managing Director for HR and the Group Head of Quality Assurance and Safeguarding.

### **3. Role of the Designated Person**

- 3.1. All voluntary organisations should have a Senior Board level lead to take leadership responsibility for championing safeguarding arrangements. Within the Coram Group, the named person is Cathrine Clarke, Group Head of Quality Assurance and Safeguarding.
- 3.2. Day to day responsibility for managing safeguarding concerns is delegated to the Managing Director/ Head of Service or equivalent Manager in each service, called the Designated Person for Safeguarding. Managers must clearly identify who the Designated Person for Safeguarding is in their team and ensure that staff are aware and inform the Group Head for Quality and Assurance and Safeguarding of any changes. The responsibilities of the Designated Person are to:
  - Provide support and advice to staff
  - Advise on all referrals as appropriate to Social Care and/or Police (investigation of criminal offences is a Police responsibility)

- Ensure the Group Head of Quality Assurance and Safeguarding, Managing Director or Head of Service for their service is notified of the number and nature of safeguarding incidents reported by following the internal reporting processes.
- Take action in escalating safeguarding concerns when required and where concerns have not been responded to appropriately.

- 3.3. In all cases of suspected child or adult abuse and neglect, the staff member should report the concerns to his /her Line Manager who in turn must report to the Designated Person for Safeguarding in their service.
- 3.4. The Designated Person for Safeguarding to whom the concerns are reported has responsibility for deciding whether to refer the matter onto the relevant Children's Social Care service and/or the Police and, if so, for ensuring the referral is made. If in doubt advice can be sought from their Manager, the Group Head for Quality Assurance and Safeguarding and/or Local Authority Children's or Adults Social Care services regarding onward referral. Consultation and advice may be sought from LA safeguarding teams without disclosing family details to an external agency.
- 3.5. In some circumstances Coram services are commissioned by another organisation, such as a local authority. In these circumstances where appropriate in terms of partnership working joint protocols will be put in place to clarify the safeguarding reporting and referral process. This will support consistency in safeguarding practice and ensure compliance with the Coram Group policy and procedures and those of other agencies and government legislation and guidance.
- 3.6. In all cases where a Line Manager recommends that safeguarding concerns do not warrant a referral to the Local Authority, the Line Manager must also report and record the details and reasons for the recommended decision to the Designated Person for Safeguarding responsible for that service.

- 3.7. In the case of any serious concerns involving prospective adopters approved by Coram, whether a child has yet been placed with that prospective adoptive parent or not, the Designated Person for Safeguarding for the service must notify the Adoption Registration Authority (Ofsted). For more information on the notification schedules, please see Appendix H (The Voluntary Adoption Agencies and the Adoption Agencies (Miscellaneous Amendments) Regulations 2003, Reg 19(1) Schedule 4).
- 3.8. In the case of safeguarding concerns involving staff members, the Designated Person for Safeguarding for the service should ensure that s/he speaks to the Managing Director HR, and the Group Head of Quality Assurance and Safeguarding. An alert to the relevant Designated Officer/ Local Authority Designated Officer (LADO) will be made if the safeguarding allegations involve a person working with children, or the relevant Adult Safeguarding Co-ordinator/Principal Social Worker, if they involve a person working with adults at risk. Further information is contained within section 9.

#### **4. The Coram Group Safeguarding Procedures for Operational Support Staff**

- 4.1. Operational support staff includes all the Coram Group staff who are not directly involved in delivering services or advice to children and families. For example, Coram staff in Communications, Fundraising, Human Resources, IT, Finance etc.
- 4.2. If Coram Operational Support staff have any concerns about a child or adult's welfare or any suspicion, allegation or information about an incident of abuse they must report this to their Line Manager within one working day. If there is an immediate risk of harm the concern should be discussed with the Line Manager as soon as the concern is identified. Within one working day the line manager should discuss the concern with their Designated Person for Safeguarding and either:
- the Group Head of Quality Assurance and Safeguarding
  - a Designated Person for Safeguarding within one of the Coram Group children's services teams or Managing Director for that service
- 4.3. The Designated Person for Safeguarding will then take a lead on managing the concerns, making a referral to Children's Social Care if required and completing the

Coram safeguarding alert form.

- 4.4. Where a safeguarding concern comes to the attention of Coram staff via the Coram website 'chances' email address, the information should be passed to the Coram Head of HR, the Group Head of Quality Assurance and Safeguarding or a named manager identified to act on their behalf who will decide on any action to be taken. The Group Head of Quality Assurance and Safeguarding and Head of HR can advise on the identity of the named manager, as this may change over time. Further information on managing the 'Chances' email process when safeguarding concerns are mentioned is available in Appendix K.
- 4.5. Where a safeguarding concern comes to the attention of Coram Voice staff via the Coram Voice email address "info", the information should be passed to the Coram Voice Designated Lead who will decide on any action to be taken. Advice maybe sought from the Group Head of Quality Assurance and Safeguarding.

## **5. The Coram Group Safeguarding Procedures for Solicitors**

- 5.1 Where Coram Group staff are engaged in providing legal advice, assistance, or representation in their role as solicitors, or are undertaking such activities under the supervision of solicitors, their practice will be guided by their professional regulator, the Solicitors Regulation Authority (SRA) or Bar Standards Board (BSB). Advisers who work under different regulatory regimes must all ensure that they meet the same standards found in the SRA Handbook, which provides a greater level of protection for clients. A client or outreach user must be able to expect the same level of confidentiality and safeguarding regardless of the qualification of their adviser or the context in which they are seen.
- 5.2 The SRA Handbook's Code of Conduct does not allow for client confidentiality to be breached unless that disclosure is pursuant to a court order/statutory authority or the client consents. [SRA Handbook – Code of Conduct – Chapter 4: Confidentiality and disclosure – Outcome 4.1].
- 5.3 Solicitors working within the Coram Group may need to consider potential

safeguarding issues (for an adult or a child) in a different way to those working in private practice and agree an appropriate response that reflects the Coram Group policy on responding to safeguarding concerns. In relation to outreach services, outreach users must be informed of who information will be shared with and it will be for the host organisation to ensure that they are able to approach any safeguarding issues reported to them in an outreach setting. Where someone makes a disclosure and requests that this is not shared with the host organisation then the adviser must ensure that the action that is taken is in line with the SRA Handbook, and the guidance below, and that a note of any actions and discussions is updated. Partnership agreements should ensure that this responsibility is clearly set out. For clients of the Legal Practice Unit (LPU) this may involve discussions with the client or other persons supporting the client as to what measures can be taken to deal with the safeguarding concern, although ultimately whatever action is taken, it must be in line with the SRA Handbook and the guidance below.

- 5.4 The SRA recognises that there may be situations where you believe that it is necessary to disclose confidential information in order to prevent the client or a third party committing a criminal act that you reasonably believe is likely to result in serious bodily harm of an individual, or indeed if you discover that that a child has been the subject of continuing abuse or neglect. The SRA recognises that, in the strictest sense, any disclosure would be a breach of client confidentiality. However, the SRA suggest that where you take the view that this disclosure is necessary to uphold the rule of the law and the proper administration of justice (principle 1) and to act in the best interests of your client (principle 4) it is unlikely that you would be criticised for such disclosure, provided that you can evidence the fact that you have carefully considered the matter prior to making the disclosure. The source material for this information is not found in the SRA Handbook but rather is held centrally by the LPU's Director of Legal Practice following liaison directly with the SRA in 2014.



5.5 Under the Coram Group safeguarding policy all solicitors, or those working under the supervision of solicitors, are required to follow the safeguarding procedures for children's services staff in line with the following guidance:

- If you believe that there is a requirement to make a disclosure in line with the SRA professional conduct rules, then you should do that.
- If you have a safeguarding concern but do not believe the professional conduct rules allow you to make a disclosure, then you should seek your client's consent to make the disclosure.
- If the client does not consent you should seek advice from the Designated Person for Safeguarding in your service (for the LPU, this is the Director of Legal Practice; for the Migrant Children's Project, this is the Legal & Policy Manager).
- Where a decision is made to make a safeguarding referral to a local authority, the Coram Group safeguarding procedures should be followed.
- If a safeguarding referral is made against the wishes of your client, then you may need to consider if you can continue to act for the client and this should be considered by you and your supervisor or the Director of Legal Practice so that a decision can be taken and logged.
- If a safeguarding concern arises in the context of an outreach session, the outreach host organisation should be informed, and the concerns discussed with their safeguarding lead. Information about the concerns should be discussed with the Legal & Policy Manager and then logged, including any follow up to be undertaken by the host organisation or by Coram.
- If a safeguarding concern arises in the context of a telephone advice call or email, the adviser should discuss next steps with the Legal & Policy Manager and ensure that concerns are logged.

5.6 In all situations where a safeguarding issue is discussed with a Designated Person for Safeguarding for a service, the Coram Group internal reporting form for safeguarding alerts should be completed. Advice from the Coram Group Head for Quality Assurance and Safeguarding may be sought if required at any point in this process.

## **6. The Coram Group Safeguarding Procedures for Children's Services Staff**

- 6.1. 'Children's services staff' includes all the Coram Group staff who deliver services, or provide advice to children, adults and families. The safeguarding procedures for children's services staff are split into two sections – adult safeguarding procedures and children's safeguarding procedures.

### ***The Coram Group Safeguarding Adults Procedures for Children's Services Staff***

- 6.2. The purpose of these procedures is to support staff working with adults to develop swift and personalised responses to safeguarding concerns about any adult who may be at risk and provide a framework for the reduction or removal of safeguarding risks for the adult concerned, as well as to secure any support to protect the adult and, where necessary, to help the adult recover and develop resilience.
- 6.3. Staff should be aware of the six principles underpinning safeguarding work with adults as outlined in paragraph 1.11. In addition safeguarding should where possible be person-led and outcome-focused and engage the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.
- 6.4. Safeguarding applies to an adult who:
- has needs for care and support (where the local authority is or is not involved in meeting those needs)
  - is experiencing, or at risk of abuse, neglect, or exploitation
  - because of their care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect
- 6.5. The Care Act 2014 requires that each local authority to have in place multi agency procedures for safeguarding adults. Coram staff working within and across local authority areas should be aware of the relevant local procedures when responding to safeguarding adult concerns.

6.6. All local authorities are required to make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should

- Establish whether any action needs to be taken to prevent or stop abuse or neglect and if so, by whom;
- Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them.
- Co-operate with each of its relevant partners (as set out in Section 6 of the Care Act) in order to protect the adult. In their turn each relevant partner must also co-operate with the local authority.

***Local authority's role in carrying out enquiries***

6.7. Local authorities must make enquiries, or cause others to do so, if they reasonably suspect an adult who meets the criteria at paragraph 6.4 is, or is at risk of, being abused or neglected.

6.8. The purpose of the enquiry is to decide whether or not the local authority or another organisation, or person, should do something to help and protect the adult. If the local authority decides that another organisation should make the enquiry, then the local authority should be clear about timescales, the need to know the outcomes of the enquiry and what action will follow if this is not done.

***Making a Referral in relation to a safeguarding concern about an adult.***

6.9. Referrals of concern about an adult should be made in the first instance to the Local Authority Adult Services duty service unless there is an allocated Case Manager involved, in which case the referral should be made to him or her or the respective Line Manager and duty desk. Where a service user aged 18 to 25 years old is

receiving services from Children's Social Care, under the Children (Leaving Care) Act, Coram staff should consult with the allocated Local Authority worker to agree if referrals should be made to the Adult or Children's Social Care teams or to both.

- 6.10. Referrals should be made without delay and within one working day. When a staff member has a safeguarding concern for an adult they must first discuss matters with his or her line manager who will in turn discuss matters with the Designated Person for Safeguarding for that service. The Designated Person for Safeguarding will direct if a referral should be made. The Group Head of Quality Assurance and Safeguarding, Managing Director for that service should be informed of all cases where there is a serious incident.
- 6.11. Whenever a concern about an adult at risk requires consultation with a Line Manager to discuss if a referral should be made, staff must report their concerns and the actions taken on the Coram Group Safeguarding Adults Alert form (Appendix J) and submit it to the Designated Person for Safeguarding for that service within one working day. All forms should be actioned, signed and dated on the day of activity with counter-signatory from the Designated Lead or Managing Director of that services within 5 days of initial discussion. Consultation with the Coram Group Head of Quality Assurance and Safeguarding may be accessed at any point in the decision making and case review process.
- 6.12. Reports on safeguarding will be reviewed by the Senior Management Team to monitor effective response and action by Coram staff to safeguarding adult concerns. The Group Head of Quality Assurance and Safeguarding reports on a regular basis on safeguarding activity to the Coram Children's Services Committee and Trustees.
- 6.13. A referral should be made to the Local Authority and/or the Police when:
- the person is an adult at risk and there is a concern that they are being, or are at risk of being, abused or neglected, and at risk of significant harm and they consent to a referral being made;
  - the person is an adult at risk without mental capacity and there is a concern that they are being, or are at risk of being, abused or neglected, and at risk of

significant harm;

- a crime has or may have been committed against an adult at risk without the mental capacity to report a crime and a 'best interests' decision is made;
- the abuse or neglect has been caused by a member of staff or a volunteer;
- other adults or children are at risk from the person causing the harm;
- the concern is about institutional or systemic abuse;
- an adult at risk has been harmed and the person causing the harm is also an adult at risk, in which case a referral should be made for both people.

6.14. Factors to consider in making an adult safeguarding referral:

- Is there any doubt about the mental capacity of an adult at risk to make decisions about their own safety? We should assume capacity unless there is evidence to the contrary. (Capacity can be undermined by the experience of abuse and where the person is being exploited, coerced, groomed or subjected to undue influence or duress.)
- How vulnerable is the adult at risk? What personal, environmental and social factors contribute to this?
- What is the nature and extent of the abuse?
- Is the abuse a real or potential crime?
- How long has it been happening? Is it a one-off incident or a pattern of repeated actions?
- What impact is this having on the individual? What physical and/or psychological harm is being caused? What are the immediate and likely longer-term effects of the abuse on their independence and well-being?
- What impact is the abuse having on others?
- What is the risk of repeated or increasingly serious acts involving the person causing the harm?
- Is a child (under 18 years) at risk?
- Does the adult at risk have capacity to make decisions about their own safety and wants this to happen?
- Has the adult at risk been assessed as not having capacity to make a decision about their own safety, but a decision has been made in their best interests to make a referral?

- 6.15. Coram has a commitment to work in partnership with service users and to share with them any issues or concerns. Staff should expect to discuss the concerns with the person and seek consent for a referral to Local Authority Adult Social Care services unless seeking agreement is likely to place the adult, or others, at risk. If this is the case, the decision should be made in consultation with the Designated Person for safeguarding for that service as to whether the referral is made without consent and, if so, this should be shared with the Local Authority when the referral is made and clearly recorded on the service user file. When there is a safeguarding adult concern, the service user may be assessed as having the capacity to make decisions about their own safety and they may decide that they do not want a referral to be made. If there is an overriding public interest or vital interest, a referral must be made even if the adult does not consent. This would include situations where:
- other people or children could be at risk from the person causing harm
  - it is necessary to prevent crime
  - where there is a high risk to the health and safety of the adult at risk
  - the person lacks capacity to consent.
- 6.16. The key issue in deciding whether to make a referral is the harm, or risk of harm, to the adult at risk and any other adults or children who may have contact with the person causing harm.
- 6.17. If the Designated Person for Safeguarding for that service is unsure whether to refer, they should seek advice from the Coram Group Head of Quality Assurance and Safeguarding or from the relevant Local Authority Safeguarding Adults duty service.
- 6.18. If safeguarding allegations are made against Coram Group staff who are working with adults (see section 9 - Managing Allegations and Concerns about Staff Members), the Designated Person for Safeguarding should ensure that she or he speaks to the Managing Director of HR and a referral is made to the relevant local authority if required. This should be in consultation with the Group Head of Quality Assurance and Safeguarding, and the Managing Director for that service. For further guidance please refer to the link:
- [London Multi- Agency Adult safeguarding procedures .](#)

### *The Coram Group Safeguarding Children Procedures for Children's Services Staff*

- 6.19. If a member of staff has any concerns about a child's welfare or a suspicion, allegation or information about an incident of abuse they must report this to their Line Manager who, in turn, will report this to the Designated Person for Safeguarding for that service within one working day of the concern arising or immediately if there is an immediate risk of harm to a child. If the Line Manager is not available, the concern should be raised directly with the Designated Person for Safeguarding for that service.
- 6.20. The Designated Person for Safeguarding in each service is the Managing Director/Head of Service or a named Manager. If they are not available, the concern should be discussed with the Coram Group Head of Quality Assurance and Safeguarding or another Designated Person for Safeguarding. The only exceptions for not reporting concerns to the Designated Person for Safeguarding (or one of the roles mentioned above) is if they are themselves suspected of the abuse, in which case an alternative designated lead should be informed. In all cases the Group Head of Quality and Assurance and the Managing Director for HR should be consulted, and the Chief Executive of Coram if they are not available.
- 6.21. The Designated Person for Safeguarding for that service, in discussion with the Line Manager and/or member of staff, will decide on one of the following options within **one working day** of the concern being raised:
- Where there is a risk to the life of a child or a likelihood of serious immediate harm, a child protection referral should be made as a matter of urgency to the Local Authority and/or the Police who can use their statutory powers to act immediately to secure the safety of the child. The Group Head of Quality Assurance and Safeguarding, Managing Director or Deputy Director for that service should be made immediately aware of these cases;
  - Where there is reasonable cause to suspect that the child is suffering or likely to suffer significant harm, a child protection referral should be made to the Local Authority;
  - Where there are concerns about the welfare of a child but it is unclear if they

meet the threshold of significant harm, the Designated Person will direct that either a safeguarding referral should be made to the Local Authority for further assessment, as the child is believed to be in need and there are safeguarding concerns or that the Local Authority should be contacted for consultation on the case before a decision about referral is made (this can be done without disclosing the identity of the service user);

- That contact should be made with other agencies that are providing services to the child/family to discuss the concern, before a decision about referral is made;
- That a referral will not be made at that time but the case should remain under review/further information sought and a referral made if the concerns escalate. In this scenario a clear action plan should be recorded with review points in place and an explicit timeframe for tasks to be completed. The Head of Safeguarding should be informed.

6.22. In some circumstances, staff will be able to anticipate the likelihood of significant harm with regard to an expected baby (e.g., where there are other risk factors such as domestic abuse, parental substance misuse or mental ill health). These concerns should be addressed and referred to the Local Authority as early as possible before the birth, so that a full assessment can be undertaken, and support offered to enable the parent/s (wherever possible) to provide safe care.



- 6.23. The Safeguarding Partners (formerly LSCB) in the relevant local area will have a published threshold document that includes:
- the criteria, including the level of need, for when a child should be referred to Local Authority Children's Social Care for assessment and for statutory services under:
    - ❖ Early help provision;
    - ❖ Section 17 of the Children Act 1989 (child in need);
    - ❖ Section 47 of the Children Act 1989 (reasonable cause to suspect children suffering or likely to suffer significant harm- child protection)
    - ❖ Section 31 of the Children Act 1989 (care orders)
    - ❖ Section 20 of the Children Act 1989 (duty to accommodate a child) and,
  - clear procedures and processes for cases relating to the sexual exploitation of children and young people as well as other children at risk of harm in specific circumstances i.e. children missing from home and care and children at risk of radicalisation to name a few.
- 6.24. Coram Managers should ensure all staff have access to the thresholds document for their area in order to support them in reaching decisions about making referrals to the Local Authority.
- 6.25. The thresholds document should also include the process for early help assessment (previously known as a common assessment framework CAF) and the type of early help services to be provided. For more information on early help assessments see the practice guidance in Appendix E.
- 6.26. Whenever a concern about a child requires consultation with a Line Manager in the Coram Group, to discuss if a referral to the Local Authority should be made, staff must report their concerns and the actions taken on the Coram Group

Safeguarding Children Alert Reporting form (Appendix F) and submit it to the Designated Person for Safeguarding for that service within one working day. All forms should be sent to the Designated Person for Safeguarding and counter-signed within five working days of the initial discussion. Consultation with the Group Head of Quality Assurance and Safeguarding can be accessed at any point in the decision making process.

- 6.27. Reports in respect of safeguarding will be reviewed by the Senior Management Team on a regular basis in order to monitor effective response and action by Coram Group staff to safeguarding concerns. The Group Head of Quality Assurance and Safeguarding reports on a regular basis on safeguarding to the Children's Services Committee and Trustees.
- 6.28. The Designated Person for Safeguarding for the service should undertake regular reviews of the progress of any safeguarding concerns on a weekly basis for the first 4 weeks and monthly thereafter until such time as satisfied that the child no longer requires safeguarding. Review notes should be clearly recorded on the child's file within the supervision record or relevant section.
- 6.29. For more information on definitions of significant harm, signs and symptoms of child abuse and neglect and categories of abuse please refer to the practice guidance in Appendices A and C.

#### ***Making a Safeguarding Referral for a Child***

- 6.30. Where it is decided by the Designated Person for Safeguarding for the service that a safeguarding referral should be made, the information of concern obtained from or about a child must always be shared by telephone with the Children's Social Care service where the child resides. It is highly preferable for referrals to be made before late afternoon as this will permit investigation agencies to plan an investigation for the same working day and therefore minimise the risk of further abuse

- 6.31. When contacting the local Children's Social Care service the referrer should always have the opportunity to discuss the referral with a qualified Social Worker. In some areas the referral will be made via a Multi-Agency Safeguarding Hub (MASH) who will assess the information provided and reach a decision about an appropriate response to the concerns. In either situation, by the end of the conversation, the referrer should be clear about the proposed initial course of action, timeframes and who will be taking the actions. This information should be recorded in the child's file by Coram staff.
- 6.32. Where a child is in care or otherwise Looked After and is living in a different Local Authority to that which is responsible for her or his care, the referral should be made by Coram Group staff both to the Local Authority that holds responsibility for the child (the 'home' Authority) and to the Authority where the child currently lives, with a request to both that Coram Group staff be advised as to which will take the lead for assessment or investigation. The 'home' Authority maintains responsibility for the child, even when they are living in a different authority area.
- 6.33. The referral information should then be followed up in writing to the Local Authority within 48 hours from the point of telephone referral. Most Local Authorities have a standard multi-agency referral form to aid such written referrals and Coram Group staff should use this wherever possible. Alternatively where a local authority will accept a referral in another written format the completed Safeguarding Alert Reporting form could be submitted provided it is appropriately and comprehensively completed by the Coram member of staff and signed off by the line manager (refer to paragraph 7.16 of these procedures). The Local Authority services should acknowledge receipt of this referral and provide advice on their decision about the type of response that will be required to meet the needs of the child, within one working day. If acknowledgement has not been received within three working days, the Local Authority Children's Social Care services should be contacted again to ensure that the referral is receiving attention and to seek their decision and plan in

response to the concerns shared. (NB this is a requirement of government guidance, “Working Together to Safeguard Children” DfE, 2018 for feedback to be given to referrers on the next course of action). If Coram Group staff do not agree with the decision reached by the Local Authority in response to the referral information shared, the Designated Person should decide if a Line Manager should escalate the concern to a Local Authority Line Manager or the Designated Person for Safeguarding for that service and discuss their concerns directly with a Local Authority Service Manager or equivalent. Coram should continue to escalate concerns until they are satisfied with the proposed course of action. Coram has an escalation policy which forms part of these procedures and can be found in Section 21.

6.34. It is important that all concerns are properly recorded and shared and the following information must always be captured where available:

- Name and address of the child, including any alternative spellings of the name or alternative name
- Age and date of birth
- Name and address of adults involved, including any alternative spellings of names or alternative names
- Date and time of the alleged incident
- Nature of injury or behaviour
- If the child arrived with an injury
- The child’s explanation of what happened in their own words
- Adult’s explanation of what happened (if obtained – Coram Group staff should not seek this but may be advised by a parent or other adult)
- Any questions that were asked
- Any known details of difficulties being experienced by the family such as substance misuse, domestic abuse, mental health or learning difficulties
- Date and time of the record being made
- Signature of person recording the incident

- 6.35. Staff should be aware that an early help assessment (previously referred to as a CAF) is not always necessary to make a referral to Children's Social Care and the lack of such an assessment should not delay the referral process.
- 6.36. In some cases, it will be known that a child receives services from an allocated Social Worker in the Local Authority. In such cases, the referral should still be made to the Duty Social Worker in the initial contact team or via the Multi Agency Safeguarding Hub and the referral copied to the allocated Social Worker.
- 6.37. In some circumstances Coram Group services are placed in services/projects where they are part of a team led or commissioned by another organisation such as a local authority. In these circumstances joint protocols will be put in place to clarify the safeguarding reporting and referral process. This will support consistency in safeguarding practice and ensure compliance with Coram's procedures and government legislation and guidance. Generally, this will require discussion and decisions being made with the Coram Designated Person for Safeguarding regarding a referral being made either:
- to the Named Safeguarding Lead in the host organisation who is then responsible for making the referral to the Local Authority or the Police, or
  - to the host authority Team Manager/Head of Service who will direct a referral to the appropriate social care team or Multi Agency Safeguarding Hub (MASH).

Coram staff are responsible for ensuring they discuss any safeguarding concerns with the Coram Designated Person for Safeguarding for their service and the host agency /local authority and following up on the outcome of referrals made. The Coram safeguarding alert form should be completed in these circumstances. Joint protocols should reflect that the Coram Designated Person for Safeguarding for that service can decide to go direct to the Local Authority or Police to make a safeguarding referral, if Coram do not agree with the outcome of a referral made, or there is a difference of opinion between the Coram Designated Person for Safeguarding and

the Named Safeguarding Lead in the host organisation about referral thresholds. They should also reflect that a referral should be made directly to the Local Authority or Police by Coram Group staff if an immediate response is required, as there is a risk to the life of a child or a likelihood of serious immediate harm.

### ***Out of Hours***

- 6.38. All Local Authority Children's Social Care services have an 'out of hours' or emergency duty service. This means that a concern which comes to light out of normal office hours can be referred on without delay. Managers should establish the contact details of the Emergency Out of Hours Duty Team for the local Children's Services for those local Authorities where Coram Children's Services are operating.
- 6.39. Coram Managers across the Group must ensure that, where required as part of service delivery (which is only relevant to some services), a Coram out of hours contact number and process is put in place to ensure management advice is always available to those staff.

### ***Historic Abuse***

- 6.40. Some cases of concern relate to reports of past abuse of children. Such reports should be followed up in the same way as current reports of safeguarding concerns. This is important as there may be other children living with an alleged perpetrator of abuse and the welfare of those children will need to be assessed by the Local Authority Children's Social Care services. It is also important as past reports of abuse can still be investigated by the Police on occasions and ensures justice is achieved for victims of crime.

- 6.41. Therefore all allegations or expressions of concern about abusive behaviour towards children in the past should still be reported in the same manner as any other form of safeguarding concern. The Group Head of Quality Assurance and Safeguarding, Managing Director or Head of Service for the service should be informed of all historic abuse allegations.

### ***Data Protection***

- 6.42. Coram is committed to being transparent about how it collects and uses personal data, and to meeting its data protection obligations under the General Data Protection Regulations 2018 and Data Protection Act 2018. Personal data is any information (including opinions and intentions), photographs and images which relates to an identified or identifiable living person. Personal data is subject to certain legal safeguards and other regulations, which impose restrictions on how organisations may process personal data.
- 6.43. Coram ensures it complies with the seven GDPR principles to govern its collection, use, retention, transfer, disclosure and destruction of personal data.
1. Lawfulness, fairness and transparency
  2. Purpose limitation
  3. Data minimisation
  4. Accuracy
  5. Storage limitation
  6. Integrity and confidentiality
  7. Accountability
- 6.44 Coram ensures that privacy notices are available and up-to-date and sets out our approach to requesting, collating, using, managing and storing personal data. Our privacy notice demonstrates this is done with the knowledge and consent of the individual concerned. Where a need exists to request and receive the consent of an individual prior to the collection, use or disclosure of their personal data, Coram seeks consent.

- 6.45 Personal data will not be retained by Coram for longer than necessary in relation to the purpose for which it was originally collected, or for which it was further processed. All personal data will be deleted or destroyed in line with GDPR obligations and only retained where there is a legal basis for doing so. Individuals have the right to make a subject access request. No administrative fee will be charged for considering and /or complying with such a request unless the request is deemed to be unnecessary or excessive in nature.
- 6.46 All employees, workers, volunteers and contractors are required to complete the mandatory on-line GDPR and safeguarding training modules. Compliance against these modules is reported to the Coram Board and to the Coram Safeguarding and Quality Board. The complete suite of policies covering GDPR/Data Protection is available to all employees and volunteers and should be read in conjunction with this safeguarding policy. These can be accessed via SharePoint the Coram intranet.

#### ***Sharing Information with Parents and Carers***

- 6.47 The Coram Group has a commitment to work in partnership with parents and carers, whenever it is appropriate to do so, and to share with them issues or concerns related to their children. Where practical, staff should expect to discuss the concerns with parents or carers and, if possible, seek agreement for a referral to be made to Children's Social Care unless seeking agreement is likely to place the child at risk of significant harm through delay or through that parent's actions or reactions. The decision should be made in consultation with the Designated person for safeguarding for that service and shared with the Local Authority when the referral is made. If such a decision is made, the reasons for this should be clearly recorded in the child's file. The decision may be made to inform the parents and carers after the referral, as a referral from a professional cannot be treated as anonymous, so the parent will become aware of the identity of the referrer. However, if there is any doubt that in sharing this information a child may be placed at future risk, silenced or removed from the area, then staff should not engage in discussion with parents or carers about the referral until after agreement to do so is provided by the Local Authority. In all cases, staff should not impart the fact of a referral



to parents or carers without agreement from a Line Manager and the Designated Person for Safeguarding for that services. Coram staff should refer to the Government Guidance in relation to information sharing which Coram adheres to as part of these procedures. (Refer to Section 8 of these procedures).

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## **After Referral**

- 7.1 Further to referral and receipt of acknowledgement, staff should be prepared for further contacts with agencies. It is certainly likely that a Social Worker will seek to clarify aspects of the referral details with the staff member and/or their Line Manager. Staff should always respond speedily and within one working day to such requests for clarity or for further detail.
- 7.2 It is possible in some cases relating to physical injuries, serious neglect or allegations of sexual abuse that the Police will launch a criminal investigation. In such cases the Police will be likely to seek a statement from staff involved with the referral or otherwise involved with the child and family. Staff should always respond positively to such requests and provide the witness statement requested without delay to assist the Police to use the criminal law to protect children where necessary.
- 7.3 In some situations, the Local Authority will convene a planning or strategy meeting to review information and decide on a plan to make further enquires. It is expected that the referring agency should be invited to this meeting and when staff members are invited to such a meeting, they should immediately consult with their Line Manager. The Line Manager will need to identify whether she or he also needs to attend to assist the staff member in this meeting. Such meetings must take priority and require consideration of changes to other work commitments in order that the Coram Group can play the fullest part possible in efforts to keep the child concerned safe.

### ***Child Protection Conference***

- 7.4 Where the Local Authority, Police or other agency remains concerned about the likelihood of further significant harm beyond an investigation of circumstances, a Child Protection Conference is likely to be called. Staff may be invited to the conference and asked to submit a written report in advance. These meetings must always be attended and where the staff and Line Manager directly involved are not able to attend, the Designated Person for Safeguarding for that service should be notified to make arrangements for a substitute to attend. This should however only be the case where annual leave, ill health, other leave, or a vital existing work commitment prevent those directly involved from attending. If staff receiving an invitation to attend a conference or strategy meeting believes they are unable to attend, they must ensure that agreement to this is obtained from both Line Manager and the Designated Person.
- 7.5 The Child Protection Conference is a meeting held under the auspices of the local Safeguarding Partners (formerly LSCB) procedures in all Local Authority areas. Its purpose and functions are set out in government guidance: Working Together to Safeguard Children 2018. The conference exists to enable the sharing of information and analysis about a family and consider whether a child is likely to suffer further significant harm. In the event that such likelihood is agreed by the agencies and the Chair of the meeting, a formal child protection plan will be put into place. This plan will outline a number of agency activities to be undertaken in order to ensure that children are safer in future. Where a conference determines a formal child protection plan is needed, the Conference Chair may request that Coram Group staff undertake certain roles consistent with the purpose of Coram services to participate in keeping the child or children safe. The Line Manager has an important part to play in this part of the conference in ensuring that the Coram Group accepts responsibilities for which it is suited.
- 7.6 In such situations, Coram Group representatives might also be asked to be a part of a core group. This is a group of professionals most closely involved with a family and which meets regularly between child protection conferences in order to evaluate the

impact of the plan in safeguarding children. Coram would wish to be part of such core groups where there is relevant and substantial involvement with a child.

- 7.7 Where a formal child protection plan has been put into place, review conferences will be convened until it is thought safe by the inter-agency network involved to remove the need for such a plan. In some cases where a child protection conference is held, a decision is reached that a formal child protection plan is not required. In such cases, Coram Group staff may still be required to provide support services in a manner coordinated with other professional agencies as part of a support plan for a child in need.
- 7.8 The child protection plan should be reviewed regularly and recorded in supervision and if there are any concerns that Coram Group staff will be unable to complete their agreed actions then written feedback should be provided to the core group and to the chair of the child protection conference stating which actions are unlikely to be completed and giving an explanation.
- 7.9 In all cases, the Designated Person for Safeguarding for the particular service area will need to undertake regular review of the progress of the case on a weekly basis for the first 4 weeks and monthly thereafter until such time as satisfied that the child no longer requires safeguarding. Review notes should be clearly recorded on the case file.
- 7.10 It should be noted that if Coram Group staff were involved in a child protection referral and section 47 investigations, then they have the right to request that a child protection conference be convened if they have serious concerns that a child's welfare may not otherwise be adequately safeguarded. This request should be made by the Designated Person for Safeguarding within the service area.

### ***Safeguarding Practice Case Reviews***

- 7.11 Working Together 2018 states that the Child Safeguarding Practice Review and Relevant Agency (England regulations 2018) sets out the functions of Local Safeguarding

Partner. This includes the requirement for Safeguarding Partners to undertake reviews of serious cases in specified circumstances. The Local Safeguarding Partners function in relation to safeguarding practice reviews is to undertake reviews of serious cases and advise The National Child Safeguarding Practice Review Panel, and their partners on lessons to be learned. A serious case is one where:

- a) abuse or neglect of a child is known or suspected; and
- b) either — (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their partners or other relevant persons have worked together to safeguard the child.

‘Seriously harmed’ includes, but is not limited to, cases where the child has sustained, as a result of abuse or neglect, any of the following:

- A potentially life-threatening injury:
- Serious and/or likely long-term impairment of physical or mental health, or physical, intellectual, emotional, social, or behavioural development).

Cases which meet one of these criteria must always trigger a safeguarding practice review. In addition, even if one of these criteria are not met a safeguarding practice review should always be carried out when a child dies in custody, in Police custody, on remand or following sentencing, in a Young Offender Institution, in a secure training centre or a secure children’s home, or where the child was detained under the Mental Capacity Act 2005. Regulations also include cases where a child died by suspected suicide (and abuse and/or neglect was a factor).

- 7.12 Where a case is being considered, unless it is clear that there are no concerns About Inter-agency working, the Local Safeguarding Partners must consider the commission of a practice review. The final decision on whether to conduct the safeguarding practice review rests with the Safeguarding partnership. If a child safeguarding practice review is not required because the criteria are not met, the Safeguarding Partners may still decide to commission a practice review or they may choose to commission an alternative form of case review.

Safeguarding Partners should also consider reviewing instances of good practice and consider how these can be shared and embedded. Safeguarding Partners are free to decide how best to conduct these reviews. The Safeguarding Partners should oversee implementation of actions resulting from reviews and reflect on progress in its annual report.

- 7.13 Where a Safeguarding Practice Review is agreed, and the child concerned is or has been recently in receipt of services from Coram, and a request is made by the Safeguarding Partners for Coram Group staff to undertake a review of its actions, such a request should always be notified to the Group Head of Quality Assurance and Safeguarding and the Managing Director or Head of Service for that service who will take responsibility for allocating the task of producing any information required and appropriate membership of the case review panel in the case in question. In such cases, the case file should be secured at the point Coram is made aware of the request to review actions, so no further information can be added to, or taken from, the file record.
- 7.14 The format of any information required will be provided by the Safeguarding Partnership. The Group Head of Quality Assurance and Safeguarding, Managing Director or Head of Service for that service will approve all information submitted to a case review and will also ensure that Coram puts into place a plan to secure improvements where a safeguarding practice review suggests this is required.

#### ***Recording safeguarding concerns***

- 7.15 Where a safeguarding concern is being referred to a Local Authority, staff will need to write up the referral, following the initial telephone call, on the local Safeguarding Partners referral form (if provided). The Local Authority Duty Social Worker will provide such a form electronically or how this form might be accessed. Some Local Authorities will accept the Coram Safeguarding Alert Reporting Form (SARF) as a referral. In these cases Coram staff should ensure the SARF is recorded in such a way as the details of the concern and the key information is well

presented in such a way as to facilitate the Local Authority response to the safeguarding concern. Whenever SARF's are submitted to a Local Authority agreement to refer should always have been sought from a manager and the SARF reviewed and signed by a manager in line with Coram's safeguarding reporting procedure. Emails accompanying SARF's should always emphasise that the information contained within the SARF relates to a safeguarding referral and constitute a record of the referral.

Coram Group staff should keep a signed formal electronic case record, of:

- 7.15.1 Discussions with the child.
- 7.15.2 Discussions with the parent.
- 7.15.3 Discussions with their Managers.
- 7.15.4 Information provided to Children's Social Care and/or Police.
- 7.15.5 Decisions and actions taken (with time and date noted and signed).

Coram Group staff should keep a copy of the written referral, confirming the verbal and telephone referral. In all case recording it is important not to write speculative comments but to adhere to the facts. Staff's opinion may be crucial, but they should ensure that it is recorded as an opinion and that evidence can be stated to support opinions. Records pertaining to issues of safeguarding may be accessible to third parties such as social services, Police, the courts, and solicitors.

7.16 In line with GDPR individuals have the right to see information that is held on them.

Records are available to service users and care should be taken to ensure that details are correctly recorded, including details such as spelling of name and recording of address, ethnicity and religion. Records should avoid value-laden terminology and describe facts. Records should provide an analysis of needs and an analysis of how well Coram Group services are meeting or not meeting needs. These sections should be clearly marked as analysis.

7.17 Records should be signed. Each new entry should be dated, timed, and signed by the staff member. The Manager should sign records in supervision as agreed and when a decision has been made. Supervision records relating to case management should be placed on the individual file relating to the service user. When a safeguarding

referral has been made, the Designated Person for Safeguarding for that service area will need to undertake regular review of the progress of the case and clearly record this.

## **8. Information Sharing**

- 8.1 Many services provided by the Coram Group are of a highly personal and sensitive nature and children, adults and their families can usually expect to receive such a service in a confidential manner. Coram works in line with GDPR and will not ordinarily share individual information without consent. However, all service users should be aware that information will be shared about them with other agencies, including Local Authority services and the Police, where there exist concerns in the Coram Group or another professional agency about the protection of children or adults at risk. For solicitors working within the Coram Group, their usual practice may mean this is not brought to a service user's attention at the beginning of the work.
- 8.2 Working Together 2018 states that effective sharing of information between professionals and local agencies is essential for effective identification, assessment, and service provision.
- 8.3 Early sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective child protection services. Serious Case Reviews (SCRs) have shown how poor information sharing has contributed to the deaths or serious injuries of children.
- 8.4 Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children. To ensure effective safeguarding arrangements no professional should assume that someone else will pass on information which they think may be critical to keeping a child safe. If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they should share the information with Local Authority Children's Social Care.

- 8.5 The Government Guidance [Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers \(2015\)](#) supports practitioners, working in child or adult services, who have to make decisions about sharing personal information on a case by case basis. The Coram group will adhere to the principles set out in this guidance and the Coram Group information sharing policy when responding to safeguarding concerns and working with children, young people and their parents within operational services. This guidance will also be used to base decisions about when and how to share sensitive information and information of a safeguarding nature appropriately.

## **9 Managing Allegations and Concerns about Staff Members**

- 9.1 Concerns may arise about the behaviour of members of staff or others engaged by the Coram Group to work with children and families. In this section, the terms member of staff and staff member should be read as relating equally to all those engaged to work with children or adults on behalf of the organisation. This includes employed staff, associates, freelance workers, lawyers and volunteers for example.
- 9.2 Where an allegation and concern is in relation to a staff member who works with adults, Coram Group staff should refer to the local Adult Safeguarding Procedures. The concern should be reported to the Designated Person for Safeguarding for that service. The Managing Director of HR and the Group Head of Quality Assurance and Safeguarding should also be informed and a decision will be made regarding the need to refer to the Local Authority Adult Safeguarding. Where it is believed that a staff member has harmed, or poses a risk of harm to an adult at risk, there is a duty to make a referral to the Disclosure and Barring Service (DBS). Coram has clear procedures in place setting out the process, including timescales, for investigation and what support and advice will be available to individuals against whom allegations have been made. Coram's disciplinary procedures are compatible with the responsibility to protect adults at risk of abuse or neglect.



9.3 Whenever a member of staff has behaved in a manner which could indicate that they are **unsuitable to work with children**, whether at work or in any capacity, the Coram Group safeguarding policy and procedures should be followed. They should always be used when a member of staff has:

9.3.1 Behaved in a way which has harmed or may have harmed a child.

9.3.2 Possibly committed an offence against or related to a child.

9.3.3 Behaved towards a child in a way that indicates she/he is unsuitable to work with children.

9.4 Coram has assigned the Group Head of Quality Assurance and Safeguarding, Managing Director for that service and the Managing Director of HR as the Senior Managers to whom all such allegations or concerns should be reported. The Group Head of Quality Assurance and Safeguarding and the Managing Director for that service will maintain the lead focus for the service user involved and the Managing Director of HR will maintain the lead focus for the member of staff. Some allegations may be so serious that they will require immediate referral to the Police and Social Care. All concerns and allegations that appear to meet the criteria set out in paragraph 9.3 should be referred to the Designated Officer/ Local Authority Designated Officer (LADO). The Group Head of Quality Assurance and Safeguarding and/or the Managing Director of HR can advise Coram Group staff regarding next steps and consult with the Police and Social Care as appropriate. The Group Head of Quality Assurance and Safeguarding, in conjunction with the Managing Director for that service and the Managing Director of HR will decide if the LA LADO should be informed.

9.5 The Designated Officer/LADO should also be informed of any allegations that have been made directly to the Police or Social Care. They will monitor and track any investigation with the expectation that it is resolved as quickly as possible.

9.6 There are a number of ways in which such concerns emerge:

9.6.1 Direct observation of physical assault however minor the assault might appear.

9.6.2 A perception restraint been used without justification and/or to too great a degree.

9.6.3 Concerns about inappropriate touching.

9.6.4 Concerns about a staff member meeting a child outside of work hours or at the staff member's home or similar engagement in a personal relationship.

9.6.5 Disclosure by a child of feeling "uncomfortable" or similar with a staff member.

9.6.6 Disclosure of direct concern of alleged assault by a child.

9.6.7 Allegations or concerns that come to light in respect of a staff members own children.

9.7. In dealing with such matters, staff and managers need to be aware that there may be a number of separate but related investigations which need to be undertaken i.e.

9.7.1 Police investigation of a possible criminal offence.

9.7.2 Enquiries and assessment by Children's Social Care to ascertain if a child needs protection or service.

9.7.3 A disciplinary investigation by Coram.

9.7.4 An investigation under the complaint's procedures

9.8 Such concerns can sometimes come to light after the reported incident but must still be dealt with under safeguarding procedures. Where the concern raised is a matter of conduct such as use of drugs or alcohol, the disciplinary code should be used; whilst such matters may have serious consequences for service users and could be criminal offences, there exists adequate recourse in the disciplinary code to deal with such matters. Wherever an offence is suspected, the Police should be advised.

9.9 Such concerns might initially at least begin as suspicion without "hard" evidence.

In such cases, the staff member with concern must inform the Line Manager and Designated Person for Safeguarding for that service unless one of them is the subject of suspicion or allegations. It is important that suspicion is dealt with thoroughly as the Coram Group wishes to avoid harm to children before it takes place wherever possible.

9.10 If the parents/carers have not been already informed of the allegation or concerns the LADO will discuss with the referring Manager how and by whom they should be informed. It will also be decided when the employee will be informed of the allegation, unless it is decided that a strategy meeting should be held, in that case the strategy

meeting will agree what information can be disclosed to the employee. If it is decided that a strategy meeting will be held it is important that the Coram Group is represented at all such meetings by both the Managing Director/Head of Service, the Group Head of Quality and Safeguarding and a senior Human Resources Officer.

- 9.11 For cases that are deemed not to require a formal strategy meeting but where a Police Investigation may still be required; the LADO will lead on discussions with the Police and the organisation to determine how the investigation will proceed.
- 9.12 In some cases, a criminal investigation will be made. This will be led by the Police. The Investigation may involve the taking of statements from any staff involved, any child or adult involved and interviewing the member of staff or other such person about whom there are concerns or suspicions. This interview will sometimes take place using the Police's power of arrest and under caution. Staff will co-operate with any such criminal investigation and will make records available to assist the investigation
- 9.13 Many cases will require no further action from the Police or Children's Services, in these circumstances the LADO will discuss the next steps with Coram and will advise on how an internal management investigation under the disciplinary proceedings will be conducted. The LADO should regularly monitor progress of the case at fortnightly or monthly intervals.
- 9.14 The fact that a member of staff resigns or ceases to offer his or her services must not prevent an allegation being followed through by these procedures, likewise "compromise agreements" in which the member of staff agrees to resign and the organisation agrees not to pursue the allegation and a future reference is agreed must never be made. It is important that every effort is made to reach a conclusion in every case of an allegation being made against staff.
- 9.15 Clear and comprehensive records must be kept regarding the details of the allegation, how it was followed up and resolved and any actions taken. This should be retained on the employee's confidential file for 10 years or until the person reaches normal

retirement age. A copy should be given the employee.

- 9.16 Where there is an ongoing Child Protection investigation involving the Local Authority or Police or both, all actions in the disciplinary investigations should be checked with the Police and LADO before taken in order not to compromise the investigation of children's safety. Where there is delay and it is important that the Coram Group proceed in spite of lack of closure to Local Authority or Police investigations, this decision can only be taken by the Group Head of Quality Assurance and Safeguarding, Managing Director or Chief Executive, in consultation with the LADO.

***Suspension and return to work***

- 9.17 When a concern about a member of staff is raised in a safeguarding context, the Coram Managing Director/Head of Service for the relevant service and the Group Head of Quality Assurance and Safeguarding, will need to consider with their Human Resources advisers how best to ensure the continuing safety of children or adults at risk in contact with the organisation and protect the reputation of Coram itself. Managers should not seek to automatically suspend staff but action may be taken to remove the member of staff concerned from contact with children or adults at risk and from access to service user records. This should be undertaken on a precautionary basis and without prejudice to that individual's employment rights. The availability of other work in the organisation and the individual concerned will dictate to managers whether suspension is required and managers will need to balance concerns to protect children and/or adults at risk and the organisation with a need to be fair and proportionate to members of staff. The decision to redeploy or suspend members of staff in such circumstances lies with the Group Head of Quality Assurance and Safeguarding and the Managing Director/Head of Service for that service.
- 9.18 In some cases, an investigation produces no clear outcome, and it is impossible to say Whether an incident has occurred. In other cases, the Local Authority and Police take The view that it is not worthwhile to pursue an investigation.
- 9.19 In these circumstances, Coram Managers have a difficult task to achieve. The Managers must consider whether the evidence or suspicion is of such weight that

they wish to undertake disciplinary action in any event or whether to allow the member of staff to resume duties with children and families. Advice regarding this decision should be taken at the strategy meeting and from the LADO, although the decision will ultimately be for Coram to make. This decision needs to be one which is based in evidence but not one for which there is a procedural formula. The Managers concerned must form a view that a member of staff poses no significant risk of

harming children or adults at risk if the individual staff member is allowed to return to work. In all cases where a staff member is allowed to resume duties this decision must be taken by the Group Head of Quality Assurance and Safeguarding, Managing Director/Head of Service for that service or the Chief Executive of the Coram Group. Where it is not clear that allegations are simply unfounded and where there is no clear outcome from other agencies investigations, Coram will need to consider use of its own management investigation procedures in respect of the member of staff. Such an investigation is likely to be carried out within the disciplinary framework of the organisation and take into consideration whether the member of staff, volunteer or a carer has committed a disciplinary offence.

9.20 Some of the indications of situations where there should be more serious concern would be as follows but this is not an exhaustive or prescriptive list:

9.20.1 Evidence exists of a member of staff having contact with a child or other service user outside of work hours and/or where that relationship has become personal or sexual.

9.20.2 A child has disclosed directly to a professional about abuse by a staff member where there is not a context of antagonism with the worker or agency.

9.20.3 Concerns are supported or expressed by more than one service user.

9.20.4 Where the staff member seeks to justify actions which are clearly outside of safer care or seeks to alter records of contacts.

9.20.5 Evidence of sexual or physical abuse by way of medical examination but where the Police has insufficient evidence to proceed or decide with the Crown Prosecution Service that a formal charge is unlikely to succeed in court or is not in

the public interest possibly because of the need to make the young person give evidence in court.

9.20.6 Where there exists evidence of previous concerns about a member of staff behaving in a concerning manner with young people and children.

- 9.21 In determining whether to allow a staff member to resume normal duties with Children and families, The Group Head of Quality Assurance and Safeguarding and the Managing Director/Head of Service must consider:

9.20.1 Is it likely that the child or adult at risk has been harmed because of the actions or inactions of the staff member?

9.20.2 Is it likely that a child or adult at risk will suffer harm in the future because of knowledge about a staff member gained through this investigation?

9.20.3 Can the organisation continue to have trust and confidence in allowing the member of staff to have access to vulnerable children and families in future?

- 9.22 Consideration of use of these procedures will also be necessary where a member of Staff concerned does not have direct access to children. The member of staff might still have access to personal details held on files or databases and will still need to be viewed as a representative of the Coram Group and its commitment to keeping children safe.

- 9.23 In all cases, it is likely that Coram will need to ensure that it supports the colleagues of the member of staff concerned in a way which enables them to understand that there are confidential personnel reasons for actions taken and reminds staff of the importance of ensuring that professional boundaries are properly observed at all times in work with children and families.

- 9.24 The member of staff against whom concerns have been raised may also require support and should always certainly be encouraged to seek advice from a trade union and/or a lawyer. The Line Manager should take responsibility for ensuring that information about progress of enquiries is passed to the member of staff and should agree the contents of this exchange with the Police whilst a criminal investigation

is under way. It is true that in many cases, the member of staff is likely to return to work. It is important that Coram Managers take steps to ensure that they learn lessons across a series of investigations each year to inform improving practice and safeguarding children and the rights of staff members in continuous fashion.

- 9.25 The Coram Group maintains other policies relating to safe recruitment of staff, volunteers and carers. Human Resources advice should always be sought before completing a reference request for staff members who have been subject to investigations where there is an inconclusive outcome. The Coram Group will appoint staff, volunteers, and carers to work directly with children and families only where there is an enhanced Disclosure and Barring Scheme check showing no offences of relevance to working with children. Where Disclosure and Barring Scheme checks indicate any offence at all in the background of an applicant, the decision to appoint can only be taken by the Head of Quality Assurance and Safeguarding, who must record reasons for decision to appoint or not.

#### ***Referral to regulatory bodies***

- 9.26 If the allegation of abuse is substantiated and the person is dismissed or Coram ceases to use their services, or the person resigns, then Coram Group staff should discuss with the Head of Safeguarding who will clarify with the LADO whether a referral to the Disclosure and Barring Service (DBS) is required. A referral should always be made if Coram believes the employee has harmed a child or poses a risk to children. The LADO will also advise whether a referral or notification should be made to a professional or regulatory body such as Social Work England, HCPC, Ofsted, the Solicitors Regulation Authority or the Bar Standards Board or other such body as relevant to the area of services relevant to the employee under consideration.

## **Managing Allegations and Concerns Relating to Prospective Adopters**

- 10.1 There may be occasions when prospective adopters approved by Coram will be subject to child protection allegations. These concerns should be investigated by the Local Authority and the Police and the lead for investigation should be taken by the Local Authority responsible for services where the child is living. The role of Coram staff during such investigations is to share information relevant to the matters concerned and to provide any support to the carers in a manner agreed with the investigating agencies.
- 10.2 In the case of any serious concerns involving prospective adopters approved by Coram, whether a child has yet been placed with that prospective adoptive parent or not, the Designated Person for Safeguarding for the service must notify the Adoption Registration Authority (Ofsted)). Please see information on the notification schedules, Appendix H (The Voluntary Adoption Agencies and the Adoption Agencies (Miscellaneous Amendments) Regulations 2003, Reg 19(1) Schedule 4).

## **Concerns Relating to the Welfare of Staff Members Children**

- 11.1 Staff may become aware of safeguarding concerns about the children of a member of staff, through direct observation or through hearing things said to or about them. These concerns should be shared with the Designated Person for Safeguarding for that service. Equally, where there has been a concern about a member of staff having contact with children professionally, it will be necessary to ensure that consideration is given by the relevant authorities to the welfare of his/her own children.
- 11.2 It is never the responsibility of Coram staff to investigate such matters. However, the Designated Person for Safeguarding for that service should ensure that where safeguarding concerns may be present in relation to staff member's own children, the welfare of the children is considered appropriately with the Group Head of Quality Assurance and Safeguarding, and referral made to Children's Social Care if required.



## Part Three: Safeguarding Children in specific circumstances

### 12 Introduction

- 12.1 This guidance must be read in conjunction with the Coram Safeguarding Policy and Procedures and is intended to supplement the safeguarding procedures.

### 13 Children who go missing from Home and Care

- 13.1 Children running away and going missing from care, home and education is a key safeguarding issue. There is a need to ensure that there is an effective collaborative response from all agencies involved with a child or young person when this occurs. Current research findings estimate that approximately 25 per cent of children and young people who go missing are at risk of serious harm. There are particular concerns about the links between children running away, trafficking and the risks of sexual exploitation.
- 13.2 Coram staff and managers should ensure that in relation to identifying and locating children who go missing the following principles are adopted:
- 13.2.1 The safety and the welfare of the child is paramount.
  - 13.2.2 Locating and returning the child to a safe environment is the main objective;
  - 13.2.3 Child protection procedures will be initiated whenever there are concerns that a child who is missing may have suffered or is likely to suffer significant harm.
- 13.3 Based on the '[Statutory guidance on children who run away or go missing from home or care](#)' DfE (2014), the definitions are set out as follows:
- 13.3.1 **Child:** anyone who has not yet reached their 18th birthday. 'Children' and 'young people' are used in this guidance to refer to anyone under the age of 18;
  - 13.3.2 **Young runaway:** a child who has run away from their home or care placement, or feels they have been forced or lured to leave.
  - 13.3.3 **Missing child:** a child reported as missing to the police by their family or carers.

13.3.4 **Responsible local authority:** the local authority that is responsible for a looked after child's care and care planning.

13.3.5 **Host local authority:** the local authority in which a looked after child is placed when placed out of the responsible local authority's area.

13.3.6 **Missing from care:** a looked after child who is not at their placement or the place they are expected to be (e.g., school) and their whereabouts is not known.

13.3.7 **Away from placement without authorisation:** a looked after child whose whereabouts is known but who is not at their placement or place they are expected to be, and the carer has concerns or the incident has been notified to the local authority or the police.

### *Police definitions*

13.4 Since April 2013 police forces have been adopting new definitions of 'missing' and 'absent' in relation to children and adults reported missing to the police. These are:

13.4.1 **missing:** anyone whose whereabouts cannot be established and where the circumstances are out of character, or the context suggests the person may be subject of crime or at risk of harm to themselves or another; and

13.4.2 **absent:** a person not at a place where they are expected or required to be.

The police classification of a person as 'missing' or 'absent' will be based on on-going risk assessment. Note that 'absent' within this definition would not include those defined as "away from placement without authorisation" above: a child whose whereabouts are known would not be treated as either 'missing' or 'absent' under the police definitions. Guidance on how police forces will apply these definitions to children was issued by ACPO in April 2013.

13.5 Coram staff involved directly with children, young people and their families are in a position to build trusted relationships with children and young people and play an important part in recognising, responding to and managing circumstances where children are at risk of going missing, have run away or are missing. The response to a child going missing will be one which is taken in conjunction with other agencies.

- 13.6 All Coram staff and managers must ensure that they are familiar with the 'Missing from Home and Care' policies and procedures of both the responsible authority for the child they are working with and the host authority in which a looked after child is placed when placed out of the responsible local authority's area. Coram staff and managers must ensure that they are compliant with the reporting procedures in the authority where the child is living, whenever they are concerned that a child is missing or at risk of running away.
- 13.7 Whenever it comes to the attention of Coram staff and managers that a child they are working with is missing, they must ensure that the concern has been reported to the Police at the earliest opportunity and the relevant Children's Social Care Service, if the child is known to them or is a looked after child.
- 13.8 If staff are concerned that a child/young person is at risk of running away, they should ensure that support is accessed for the child and the parents/carers to prevent this from happening. Consideration should also be given to the need to consult with and/or make a referral to Children's Social Care where the risks to a child are such that a referral for further assessment and support would be beneficial.
- 13.9 In the event that a child goes missing, Coram staff should work in partnership with the statutory agencies and other agencies to ensure that as a result of safe and well checks, return interviews, and other interventions, the opportunity these provide inform future case planning. They should also establish the views of professionals, parents and children and ensure that these are taken into account in relation to all on-going work with the child, their family and/or carers. All incidents of a child going missing must be fully recorded on the child's files.

13.10 In addition to reporting concerns to the Police and Children's Social Care, when a child goes missing or there are concerns a child is at risk of going missing, Coram staff and managers must ensure in accordance with Coram safeguarding policy and procedures that:

13.9.1 The concern is reported to the appropriate line manager and the  
Designated person for safeguarding for that service

13.9.2 That a safeguarding alert report is made within the required timescale.

Whenever a child repeatedly goes missing, this should not be viewed as a normal pattern of behaviour. For example, repeat episodes of a child going missing can indicate sexual exploitation. If a child has run away two or more times, Coram staff should ensure that the Local Authority reviews the circumstances either with the child, their family or both, to offer further support and guidance. Actions following earlier incidents should be reviewed and alternative strategies considered.

## 14 **Safeguarding Trafficked Children and Modern Slavery**

- 14.1 Some children including some who are looked after children, unaccompanied asylum-seeking children and other migrant children may have been trafficked into the UK or within the UK and may remain under the influence of their traffickers even while they are looked after. Trafficked children are at high risk of going missing. Unaccompanied migrant or asylum seeking children who go missing immediately after becoming looked after should be treated as potential victims of trafficking and trafficked into modern slavery.
- 14.2 Whenever there are concerns that a child is a potential victim of trafficking an immediate referral must be made to Children's Social Care in line with Coram's safeguarding procedures. The assessment of need to inform the care plan will be particularly critical in these circumstances and should be done immediately as the window for intervention is very narrow. In cases where a child displays indicators that they may have been trafficked, whether from overseas or within the UK, social workers or other front-line professionals should refer the case to the relevant competent authority by submitting a National Referral Mechanism referral form.
- 14.3 The [National Referral Mechanism](#) has been put in place to identify victims of trafficking and to refer them to organisations that will offer help and support.

This support could include:

- finding temporary safe accommodation
- helping with medical treatment
- having someone to help the victim cope with their experience
- providing an interpreter/translator to help communicate in English
- protection: modern slavery and human trafficking is a crime (if a victim chooses to report it to the police they must respond)
- independent legal advice.

If there are also issues relating to the Modern Slavery Act 2015 the 'Duty to notify' should be observed (see [Modern Slavery: duty to notify, Home Office 2016](#))

- 14.4 The Modern Slavery Act received Royal Assent on 26th March 2015 and became law from March 2016. [The Modern Slavery Act 2015](#). The Modern Slavery Strategy states: 'It (Modern Slavery) encompasses slavery, servitude, forced and compulsory labour and human trafficking. Traffickers and slave drivers coerce, deceive and force individuals against their will into a life of abuse, servitude and inhumane treatment. Victims may be sexually exploited, forced to work for little or no pay or forced to commit criminal acts against their will.' It is a global crime. Many victims are 'held in plain sight' – having the appearance of living in society but in fact having little or no freedom. It is also important to be aware that 'Human beings who are treated as a commodity are rarely 'used' for a single purpose. The offending associated with them can include: sham marriages; identity fraud; false benefits claims; rape; false imprisonment; violence; and a range of other crimes.
- 14.5 The Modern Slavery Act seeks to consolidate and clarify the existing offences of slavery and human trafficking whilst increasing the maximum penalties for such offences. It establishes the new Independent Anti-slavery Commissioner, introduces new measures designed to support and protect victims and requires some businesses to disclose what they are doing to eliminate slavery from their supply chains and their own business. It also creates two new civil preventative orders, the Slavery and Trafficking Prevention Order and the Slavery and Trafficking Risk Order. [Slavery trafficking and prevention orders](#)

**Additional government guidance:** [Care of unaccompanied and trafficked children.](#) Statutory Guidance for Local Authorities July 2014 and '[Safeguarding Children who may have been trafficked](#)

[2011](#) also contains practical guidance for agencies which are likely to encounter children and young people who may have been trafficked.

The NSPCC Child Trafficking Advice Centre provides specialist advice and information to professionals who have concerns that a child may have been trafficked. (tel: 0808 800 5000 Monday to Friday 9.30am to 4.30pm; email: [help@nspcc.org](mailto:help@nspcc.org))

15.9 The definition of child sexual exploitation as set out in the DfE document: [Child sexual exploitation: Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation \(February 2017\)](#) is as follows;

‘Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity

- a. In exchange for something the victim needs or wants; and/or
- b. For the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur using technology’.

15.10 Child sexual exploitation (CSE) through the use of technology can occur without the child’s immediate recognition; for example being persuaded to post images on the internet / mobile phones without immediate payment or gain.

15.11 Violence, coercion and intimidation are common. Involvement in exploitative relationships is characterised by the child’s or young person’s limited availability of choice as a result of their social, economic or emotional vulnerability.

15.12 A common feature of CSE is that the child or young person does not recognise the coercive nature of the relationship and does not see themselves as a victim of exploitation.

15.13 The principles underpinning a multi-agency response to the child sexual exploitation include:

Sexually exploited children should be treated as victims of abuse, not as offenders;

15.13.1 Sexual exploitation includes sexual, physical and emotional abuse and, in some cases, neglect;

15.13.2 Children do not make informed choices to enter or remain in sexual exploitation, but do so from coercion, enticement, manipulation or desperation;

15.13.3 Children under sixteen cannot consent to sexual activity;

15.13.4 Child sexual exploitation covers a range of offences which will need differing responses from a range of agencies;

15.13.5 Young people who are sexually exploited or at risk of will have varying levels of need, may have multiple vulnerabilities and be caught up in different risks situations. This calls for a multi-agency response and good coordination;

15.13.6 Many sexually exploited children have difficulty distinguishing between their own choices and the sexual activities they are coerced into;

15.13.7 Law enforcement must direct resources against the coercers and sex abusers, who are often adults, but could also be the child's peers. However, it is important to recognise that these young people may also be victims themselves;

15.13.8 Sexually exploited children are children in need of services under the Children Act 1989 and 2004. They may also be children in need of immediate protection;

15.13.9 A multi-agency network or planning meeting / discussion should take place for all children considered at risk of sexual exploitation. Child protection procedures should always be followed as appropriate in relation to the assessed risk.

15.14 Coram staff and managers should be alert to the possibility that a child they are in contact with may be being sexually exploited. They may already have concerns about the child e.g. that s/he is missing school, frequently missing from home, misusing substances, is depressed or self-harming etc.



15.15 Coram staff should familiarise themselves with the procedures and guidance available in the authority where they are operating and delivering a service, in relation to responding to children about whom there are concerns regarding child sexual exploitation. This guidance will include details of the local multi-agency arrangements to respond to child sexual exploitation and helpful guidance in relation to assessing risk and referral processes.

Where staff have immediate concerns about child sexual exploitation they should act in accordance with Coram's Safeguarding policy and procedures, and must discuss their concerns with their line manager and the Designated Person for Safeguarding. In all cases where a child is considered to be at risk of harm, a referral must be made to the Local Authority Children's Social Care where the child is resident, and inform the local authority with responsibility for the child if the child is looked after. This will enable an assessment to be made to determine if the child has suffered, or is likely to suffer significant harm, and for appropriate support and safety planning for the child to be put in place. Where the concerns are not immediate or are unclear, Coram staff should discuss the case with their line manager/ Designated Person for Safeguarding and seek advice as necessary from the Coram Group Head of Quality Assurance and Safeguarding.

## **Safeguarding Children and Young People who may be affected by gang activity**

- 16.9 Practitioners should consider the risks to young people involved in gangs from violence and weapons, drugs, and sexual exploitation.
- 16.10 Teenagers can be particularly vulnerable to recruitment into gangs and involvement in gang violence. This vulnerability may be exacerbated by risk factors in an individual's background, including violence in the family, involvement of siblings in gangs, poor educational attainment, or mental health problems.
- 16.11 Young people who are involved in gangs are more like to suffer harm themselves, through retaliatory violence, displaced retaliation, and territorial violence with other gangs or other harm suffered whilst committing a crime. Young people involved in gangs are more likely to possess and use weapons, both knives and guns.
- 16.12 Dealing with drugs can also bring gang members into organized crime and can increase the threat of violent situations. Some gang members deal in drugs either as a way to make money or to fund their own use of drugs.
- 16.13 There is often pressure for girls associated with young boys in gangs to 'link' with gang members to attain status, for their own protection and perhaps to benefit from a criminal lifestyle. Some girls adopt an antagonist role within gangs.
- 16.14 Safeguarding principles should be a priority for girls who are sexually exploited and abused, which can be a particular risk for girls associated with or targeted by gang members, but it may also affect male gang members.
- 16.15 Some children and young people are at risk of exposure to or involvement with groups or individuals who condone violence as a means to political end. Violent extremist causes range from animal rights to far right politics to international terrorism.

16.16 If a Coram member of staff has concerns that a child may be at risk of harm as a consequence of gang activity, they should discuss their concerns with their line manager and the Designated Person for Safeguarding in accordance with the Coram Safeguarding Reporting procedure and refer the concerns to the relevant Local Authority's Children's Social Care Service or the Police.

16.17 For further guidance please refer to:

[Safeguarding Children who may be affected by Gang Activity](#)

## 17

### **Female Genital Mutilation**

17.9 This practice guidance supplements Coram's safeguarding policy and procedure and sets out a framework for responding to cases where female genital mutilation (FGM) is suspected.

17.10 Female genital mutilation is child abuse and constitutes significant harm. FGM is a form of child abuse and violence against women and girls, and therefore should also be dealt with as part of existing child and adult protection structures, policies and procedures.

17.11 Female Genital Mutilation is illegal in England and Wales under the Female Genital Mutilation Act 2003 and under this act the practice of FGM carries a maximum prison term of 14 years for any UK national or permanent resident convicted of carrying it out, or aiding and abetting the process, while in the UK or overseas.

17.12 The Serious Crime Act 2015 extended the offences relating to FGM to make parents or those responsible for caring for a child liable for failing to prevent their child being subjected to FGM. It also granted victims of FGM lifelong anonymity [the commencement date for these duties was 3 May 2015].

17.13 In addition, FGM civil protection orders (FGMPO) have been introduced in order to protect girls who are at risk of FGM or girls against whom a FGM offence has been committed.

17.14 It also introduced a mandatory reporting duty requiring regulated health and social care professionals to report known cases of FGM in under 18s to the police. This duty applies when a girl informs the professional that FGM has been carried out on her and/or the professional observes physical signs on the girl appearing to show that FGM has been carried out. The duty applies to all teachers and all regulated health and social care professionals in England and Wales.

17.15 Where a professional, who is subject to the mandatory reporting duty, has either been told by a girl that she has had FGM or has observed a physical sign appearing to show that a girl has had FGM s/he should personally report the matter to the police by calling 101.

17.16 In all other cases, Coram staff should follow normal safeguarding processes and should consult their local safeguarding procedures for specific guidance in relation to FGM. This procedure is in line with guidance produced by NHS England and the Metropolitan Police Service.

17.17 For further information please refer to the recently published Home Office statutory guidance: Mandatory reporting of [Female Genital Mutilation](#).

### ***Responding to concerns about FGM***

17.18 Coram staff working with children and young people need to be aware of which girls are at risk of experiencing FGM, be prepared to ask questions of those girls and their families regarding FGM and where necessary refer concerns to the police and children's social care for further investigation. All professionals and volunteers should also know the warning signs that FGM has taken place or may be about to take place and how to report these concerns.

17.19 Where a girl is thought to be at risk of FGM, practitioners should be alert to the need to act quickly - before FGM takes place. If any girl has symptoms or signs of FGM,

or if there is good reason to suspect they are at risk of FGM, having considered their family history or other relevant factors, they must be referred to children's social care in line with Coram's safeguarding policy and procedures.

17.20 Additionally, when a girl is identified as being at risk of FGM this information must be shared with the GP and, where the girl is under the age of 5, the health visitor should also be informed as part of the required safeguarding actions

17.21 Where an adult woman is identified as having had FGM, enquiries should be made as to whether she has daughters or close female relatives under the age of 18. If she has, the risk that those girls have gone or may, in the future, undergo FGM should be assessed. Where there is insufficient information to adequately assess the risk a referral to children's social care should be considered. Where risk is identified a referral to children's social care should be made.

17.22 If Coram staff are worried about a girl under 18 who is either at risk of FGM or who you suspect may have had FGM, they should discuss their concerns with their line manager and the Designated Person for Safeguarding and share this information with the Local Authority Children's Social Care or the Police, whichever is most appropriate.

17.23 Further guidance is contained within the following guidance documents

17.23.1 [Multi-agency statutory guidance in relation to female genital mutilation](#)

17.23.2 [Female Genital Mutilation Risk and Safeguarding](#)

This guidance includes a comprehensive risk assessment framework produced by the Department of Health.

## 18 **Information and Communication Technology based abuse**

18.9 Online abuse relates to three main areas of sexual abuse to children:

18.9.1 Abusive images of children (although these are not confined to the Internet);

- 18.9.2 A child or young person being groomed for the purpose of sexual abuse;
- 18.9.3 Exposure to pornographic images and other offensive material via the Internet; and

Internet abuse may also include cyber-bullying or online bullying. This is when a child is tormented, threatened, harassed, humiliated, embarrassed or otherwise targeted by another child using the Internet or mobile phones. It is essentially behaviour between children, although it is possible for one victim to be bullied by many perpetrators.

- 18.10 Sexting describes the use of technology to generate images or videos made by children under the age of 18 of other children; images that are of a sexual nature and are indecent. The content can vary, from text messages to images of partial nudity to sexual images or video. These images are then shared between young people and/or adults and with people they may not even know. Young people are not always aware that their actions are illegal, and the increasing use of smart phones has made the practice much more common place.

#### *Indicators of concern*

- 18.11 There is some evidence from research that people found in possession of indecent images/pseudo images or films/videos of children may currently, or in the future become involved directly in child abuse themselves.
- 18.12 In particular, the individual's access to children should be established during an assessment and investigation to consider the possibility that they may be actively involved in the abuse of children including those within the family, within employment contexts or in other settings such as voluntary work with children or other positions of trust.
- 18.13 Any indecent, obscene image involving a child has, by its very nature, involved a person, who in creating that image has been party to abusing that child.

### *Responding to concerns*

Often issues involving child abuse come to light through an accidental discovery of images on a computer or other device and can seem to emerge 'out of the blue' from an otherwise trusted and non-suspicious individual. This in itself can make accepting the fact of the abuse difficult for those who know and may have trusted that individual.

18.14 The initial indicators of child abuse are likely to be changes in behaviour and mood of the child victim. Clearly such changes can also be attributed to many innocent events in a child's life and cannot be regarded as diagnostic. However changes to a child's circle of friends or a noticeable change in attitude towards the use of computer or phone could have their origin in abusive behaviour. Similarly a change in their friends or not wanting to be alone with a particular person may be a sign that something is upsetting them.

18.15 Where Coram staff have:

18.15.1 Suspicions or actual evidence of anyone accessing or creating indecent images of children **or**

18.15.2 Where there are concerns about a child being groomed, exposed to Pornographic material or contacted by someone inappropriately, via the Internet or other ICT tools like a mobile phone

These concerns must be referred to the Police and Children's Social Care in line with the Coram Safeguarding reporting procedures.

#### Online Service Delivery

18.16 As with face-to-face sessions, there is the possibility that safeguarding concerns may arise while speaking to a client online. Advice should be obtained from the clinical supervisor or manager before agreeing to undertake online sessions. All staff engaging in online sessions with children and young people must be familiar with Coram Guidance on Remote working (COVID-19 and must follow the Coram safeguarding procedures if they become aware of any safeguarding concerns.

18.17 **The Serious Crime Act (2015)** has introduced an offence of 'sexual communication with a child'. This applies to an adult, who communicates with a child and where the communication is sexual or, if it is intended to elicit from the child a communication, which is sexual, and the adult reasonably believes the child to be under 16 years of age. The Act also amended the Sex Offences Act 2003, so it is now an offence for an adult to arrange to meet with someone under 16 having communicated with them on just one occasion, previously it was on at least two occasions.

18.18 Due to the nature of this type of abuse and the possibility of the destruction of evidence, the referrer should first discuss their concerns with the Police and Children's Social Care before raising the matter with the family. This will enable a joint decision to be made about informing the family and ensuring that the child's welfare is safeguarded.

18.19 Further information and guidance is available from:

18.16.1 <http://www.saferinternet.org.uk/>

18.16.2 <https://www.thinkuknow.co.uk/>

18.16.3 <http://www.childnet.com/young-people/secondary/hot-topics sexting>

## 19 **Safeguarding Children and Young People at risk of radicalisation and extremism**

19.9 Coram staff should be aware of the risks associated with children and young people who are likely to suffer or may have suffered significant harm due to radicalisation and extremism.

19.10 Radicalisation is defined as the process by which people come to support terrorism and violent extremism and in some cases to then participate in terrorist groups.



- 19.11 Extremism is vocal or active opposition to fundamental British values including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.
- 19.12 Nationally a number of strategies and measures are related to specific agencies having 'due regard in the exercise of their functions of the need to prevent people from being drawn into terrorism.'
- 19.13 From July 2015 all schools and child care providers must have regard to the statutory guidance issued in July 2015 under the Counter-Terrorism and Security Act 2015.
- 19.14 The duty is known as the PREVENT duty. For further information about Prevent see below:
- 19.15 Coram staff should be aware of indications that a child or young person may be becoming radicalised and how to respond to in a proportionate and appropriate way and where necessary take appropriate measures to safeguard the child/young person and those living with or in direct contact with known extremists.
- 19.16 Staff should also be aware that the grooming of children for the purposes of involvement in violent extremist activity is child abuse and should follow Coram safeguarding procedures for reporting concerns when they suspect or are aware that a child is at risk of or is being exploited in this way. The London Safeguarding procedures contain further information in respect of a number of indicators which staff might consider when assessing risk in relation to a child who expresses or is reported to have expressed extremist views.
- 19.17 Advice regarding the assessment of risk in relation to extremism and support to identify appropriate interventions can be provided by Prevent Co-Ordinator's in each local authority.
- 19.18 Whenever there is immediate cause for concern then the Coram Safeguarding

reporting procedures must be followed and a referral made to Children's Social Care.

19.19 Additional information and guidance can be found at: [Prevent Duty Guidance](#)

20.9 In addition to the above, there are a number of safeguarding issues that Coram staff are likely to encounter within their work with children and families.

### ***Domestic Abuse***

20.10 Outcomes for children can be adversely affected if they are living with domestic violence and abuse. The impact of domestic violence and abuse on an individual child will vary according to the child's resilience and the strengths and weaknesses of their particular circumstances.

20.11 The three central imperatives of any intervention for children living with domestic violence are:

20.11.1 To protect the child/ren;

20.11.2 To support the parent (usually) the mother to assist her to protect herself and the child/ren; and

20.11.3 To hold the abusive partner accountable for the violence and provide him or her with opportunities to change.

20.12 The definition of 'domestic violence and abuse' was updated by the Home Office in March 2013 to include the reality that many young people are experiencing domestic abuse and violence in relationships at a young age. They may therefore be Children in need or likely to suffer significant harm, the definition from the Home Office is as follows:

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

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

20.12.1 Psychological;

20.12.2 Physical;

20.12.3 Sexual;

- 20.12.4 Financial;
- 20.12.5 Emotional.

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

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

Domestic abuse must be seen as a safeguarding concern and responded to in accordance with these procedures. Further information in respect of domestic abuse and the multi- agency response and interventions available can be found by accessing the [London Safeguarding Children Board Child Protection procedures](#).

**Additional information on some key safeguarding issues please see the supplementary guidance hyperlinks below.**

***Department for Education guidance***

- 20.12.6 [Forced marriage](#)
- 20.12.7 [Safeguarding children from abuse linked to faith or belief](#)
- 20.12.8 [Use of reasonable force](#)
- 20.12.9 [Safeguarding children and young people from sexual exploitation](#)
- 20.12.10 [Safeguarding Children in whom illness is fabricated or induced](#)
- 20.12.11 [Preventing and tackling bullying](#)
- 20.12.12 [DfE's Keeping Children Safe in Education statutory guidance 2021](#)
- 20.12.13 [Information sharing](#)
- 20.12.14 [Safeguarding Disabled Children: Practice guidance](#)
- 20.12.15 [What to do if you are worried a child is being abused](#)
- 20.12.16 [Department of Health: The Framework for the Assessment of Children in Need and their Families 2000](#)

### ***Guidance issued by other government departments and agencies***

- 20.12.17 [Foreign and Commonwealth Office / Home Office: Forced marriage](#)
- 20.12.18 [Ministry of Justice: Guidance on forced marriage](#)
- 20.12.19 [Home Office: Disclosure and Barring Services](#)
- 20.12.20 [Ministry of Justice: Multi Agency Public Protection Arrangements guidance](#)
- 20.12.21 [Ending Violence against Women and Girls Strategy 2016 -2020](#)

### ***Guidance issued by external organisations***

- 20.12.22 [CoramBAAF: Private fostering](#)
- 20.12.23 [NICE: Guidance on when to suspect child maltreatment](#)

## **21 Resolving Professional differences**

### ***Coram Escalation Policy in relation to safeguarding and operational issues***

#### ***Purpose and scope of policy***

- 21.9 The welfare safety and protection of children can only be assured and promoted when professionals work effectively together in partnership, sharing responsibility for information sharing, case management and decision making in the best interests of the child/young person.
- 21.10 To ensure safe practice in multi-agency working, there must be a culture of constructive challenge and an understanding of the need to use processes and mechanisms that Coram to raise concerns about practice and decision making both internally and with other agencies where appropriate, so that they feel confident that their concerns will be taken seriously and appropriately responded to.
- 21.11 This escalation policy sets out what actions should be taken by Coram practitioners and managers where there are professional differences around how to keep a child safe. It aims to keep a focus on children's safety by providing a process to facilitate the swift and satisfactory resolution of differences of opinion between members of a child's professional network.

## ***Introduction***

21.12 As an organisation Coram seeks to work in partnership with other agencies to safeguard children and young people in line with statutory guidance contained within Section 11 Children's Act 2004 and Working Together 2018. However, there may be occasions where there is disagreement between Coram and other agencies involved with a child as to how best to keep children safe and promote their welfare. Concerns regarding the practice, action or lack of action of a partner agency which may adversely impact on the safety and welfare of a child should not be ignored

21.13 The range of disagreements might include:

21.13.1 decisions on levels of need and whether a child has met the threshold for a service or intervention.

21.13.2 decisions on how a case should be conducted (i.e. CIN or CP) or if a case should be stepped up to more robust intervention or closed;

21.13.3 the roles and responsibilities of involved agencies.

21.13.4 the actions or lack of action by any agency in progressing the child's plan.

21.13.5 the level or quality of communication between other agencies and Coram.

## ***Principles***

21.14 The child's safety and welfare should be always the primary focus and a dispute between agencies should never leave a child unprotected.

21.15 Differences of opinion between staff at Coram about a course of action, and those between Coram staff and professionals from other agencies should be resolved at the earliest stage possible with escalation to the next stage only taking place where a satisfactory resolution cannot be found.

21.16 Disputes should be resolved in an open and timely manner with all relevant issues identified for resolution. At each stage, resolution of issues should be reached within 1 working week or failing that, escalation to the next stage should take place within 48 hours.

21.17 Staff must seek to resolve operational issues and/or seek a resolution of differences or disagreements with the full involvement of those staff and/or agencies involved in the dispute.

21.18 Where a dispute identifies an issue arising from a policy issue, the matter should be referred in the first instance to the Head of Safeguarding and /or the Group Head of Quality Assurance and Safeguarding for consideration and advice. Where appropriate the issue can then be escalated through the relevant agencies and/or board for consideration.

21.19 Where a dispute involves a complaint about the behaviour or professional conduct of a worker, this should initially be reported to their manager and dealt with under the relevant agency's policies.

#### *Procedures for dispute resolution*

**21.12. Immediate risk:** If a child is thought to be at imminent risk of harm, and there is disagreement regarding the course of action to be taken the matter should be referred immediately to the relevant Head of Service/ Managing Director/Clinical Lead or in their absence the Coram Head of Safeguarding or the Group Head of Quality Assurance and Safeguarding, who in turn will decide on any immediate action needed to protect the child while the dispute is being resolved.

**21.13. In all other situations:** The process set out below should be followed only where there is no risk of immediate harm to a child with each step taking no longer than 1 working week before being escalated to the next stage if no resolution can be found. If this timescale is extended the manager should record the reasons for this in the case record and comment of the risks associated with this and the impact in terms of the child and /or family.

**21.14.** Whenever this process is begun, actions taken at each stage and the outcome should be recorded in the case notes section of the child's record. Case notes should clearly state:

- the date of and form of communication
- who was involved
- what was discussed
- what the outcome was, including any further escalation under this policy.

**21.15. Stage 1: discussion between front line workers**

Whenever a dispute arises, the professionals directly involved should discuss the matter in the first instance. Often, differences in professional opinion can be based on lack of communication or a misunderstanding of agency policy and procedures and can consequently be resolved quickly. If the matter cannot be resolved at this stage, the parties should identify what the issues are and agree to move to the next step of the escalation process.

**21.16. Stage 2: discussion between frontline managers**

If the matter is not resolved at stage 1, the Coram practitioner should contact their manager to consider the issues raised, what outcome they would like to achieve and how the differences might be resolved. The manager should then contact the manager in the other agency to try and negotiate a settlement to the dispute or if this is not possible, clarify the issues before moving on to the next step.

**21.17. Stage 3: discussion between named/designated safeguarding leads/operational managers**

Stage 3 disputes should be passed to the relevant named safeguarding lead officer for the agencies involved by the Head of Service/Managing Director/Clinical Lead. These named officers should discuss the issues identified and try to find a solution that is child focused and ensures their safety and welfare. If this is not possible, the matter should be escalated to the next stage.

**21.18. Stage 4: referral to a named senior manager/ Director/Group Head of Quality**



**Assurance and Safeguarding.**

Stage 4 disputes should be referred to named senior managers within the relevant agencies to negotiate a resolution to the dispute. For Coram the named senior leader is Cathrine Clarke the Group Head of Quality Assurance and Safeguarding.

- 21.19. In all cases where a dispute progresses to Stage 3 of the process outlined above, Coram staff should complete the form below to evidence the concern, the action taken and the resolution. This record should be placed on the service user's file.

## RECORD OF ESCALATION/DISPUTE RESOLUTION (OPERATIONAL ISSUES)

This form is to be completed by the practitioner and manager when a dispute enters stage 3 and beyond of the process outlined above in the Coram policy – resolving professional differences. The completed form should then be forwarded to the Group Head of Quality Assurance and Safeguarding and then returned to the practitioner/ manager for filing on the service users’ record.

1. Contact details		
Coram staff members name:		
Workplace address:		
Telephone number:		
Email address:		
2. Details of the disagreement/dispute		
Operational service where the disagreement/dispute arose		
Specify contact details of other agencies and their practitioners/managers with whom the dispute has occurred.		
Outline the concerns and issues which have led to the need to begin the dispute resolution process with relevant dates		
Set out what action has been taken so far to resolve the disagreement/dispute, including relevant dates.		
Form completed by and date		Date:

3. Proposed resolution	
In your opinion what outcome are you and your manager seeking	
Date form passed to Group Head of Quality Assurance and Safeguarding	
4. Outcome and proposed action following consultation with Group Head Quality Assurance and Safeguarding ( Stage 3 )	
Signature: Service Manager/Designated Lead	Date:
5. Outcome and proposed action following escalation to Stage 4	
Signature: Service Manager/Designated Lead	Date:

## **Part Four: Practice Guidance Appendices**

### **Appendix A: Definition of significant harm (taken from London Child Protection Procedures, 2018)**

Some children are in need because they are suffering, or likely to suffer, 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, and gives Local Authorities a duty to make enquiries (Section 47) to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

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

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

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

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

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

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

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

Sometimes 'significant harm' refers to harm caused by one child to another (which may be a single event or a range of ill treatment) and which is generally referred to as 'peer on peer abuse.'

## **Appendix B: Statutory framework (taken from Working Together 2018)**

### **Statutory framework**

The legislation relevant to safeguarding and promoting the welfare of children is set out below. It is valuable information in its own right and should also be read alongside the statutory guidance, Working Together to Safeguard Children 2018.

#### **Children Act 2004**

Section 10 requires each local authority to make arrangements to promote co-operation between the authority, each of the authority's relevant partners, and such other persons or bodies who exercise functions or are engaged in activities in relation to children in the local authority's area, as the authority considers appropriate. The arrangements are to be made with a view to improving the wellbeing of children in the authority's area – which includes protection from harm and neglect alongside other outcomes.

Section 11 places duties on a range of organisations and individuals to make arrangements for ensuring that their functions, and any services that they contract out to others, are discharged with regard to the need to safeguard and promote the welfare of children.

#### **Sections 16A -16D**

Under section 16A, the Secretary of State must establish the Child Safeguarding Practice Review Panel (the Panel). The Panel's functions under section 16B are to identify serious child safeguarding cases which raise issues that are complex or of national importance and to arrange, where appropriate, for those cases to be reviewed under their supervision. The reviews will seek to identify improvements required to safeguard and promote the welfare of children.

The Child Safeguarding Practice Review and Relevant Agency (England) Regulations 2018 Section 16C places a duty on local authorities to notify the Panel of events where they know or suspect that a child has been abused or neglected and the child dies or is seriously harmed in the local authority's area, or dies or is seriously harmed outside England while normally resident in the local authority's area.

Section 16D requires persons or bodies to supply information to the Panel, a reviewer or another person or body to enable the panel to carry out its functions or set out the criteria the Panel must take into account when determining whether serious child safeguarding cases raise issues that are complex or of national importance, along with arrangements for national reviewers and reports.

The person or body to whom a request is made must comply with the request. The Panel may enforce such a request by making an application to the High Court or the county court for an injunction.

Sections 16E-K establish the roles and responsibilities of safeguarding partners.

Section 16E defines 'safeguarding partners' as the local authority, a clinical commissioning group and the chief officer of police within the local authority area; and a 'relevant agency' as a person who is specified in regulations (the Child Safeguarding Practice Review and Relevant Agency (England) Regulations 2018) and exercises functions in relation to children within the area. It also requires safeguarding partners to make arrangements for themselves (and relevant agencies they consider appropriate) to work together to safeguard and promote the welfare of children in their area. This must include arrangements to identify and respond to the needs of children in the area.

Section 16F requires local safeguarding partners for a local authority area to make arrangements to identify serious child safeguarding cases which raise issues of importance in relation to the area, and where appropriate, for those cases to be reviewed under their supervision. The purpose of these reviews is to identify improvements which should be made locally to safeguard and promote the welfare of children. The Child Safeguarding Practice Review and Relevant Agency (England) Regulations 2018 set out the criteria that the safeguarding partners must take into account when determining whether serious child safeguarding cases raise issues of importance in relation to the area, along with arrangements for local reviewers and reports.

Section 16G requires safeguarding partners to publish their arrangements, and to ensure scrutiny of how effective the arrangements have been by an independent person. It places a duty on safeguarding partners and the specified relevant agencies to act in accordance with the published arrangements; and enables the Secretary of State to make regulations which provide for enforcement of this duty if necessary. It also requires the safeguarding partners to prepare and publish, at least once in every 12 month period, a report on the work that they have done as a result of their arrangements, and how effective the arrangements have been in practice.

Section 16H sets out the requirement for persons or bodies to supply (on request) information to the safeguarding partners for the purpose of enabling or assisting the performance of their functions. When a recipient does not comply with such a request, a safeguarding partner may apply for a High Court or county court injunction to enforce it.

Section 16I allows the safeguarding partners and relevant agencies to fund their arrangements by making payments towards expenditure incurred in connection with the arrangements; and to supply resources connected with the arrangements which may include (for example) staff, goods, services or accommodation. Section 16J enables the safeguarding partners for two or more local authority areas to agree that their areas are to be treated as a single area; and if they agree so, for safeguarding partners in those areas to arrange for one of them to carry out safeguarding partner functions on behalf of the other. The same applies to clinical commissioning groups and chief officers of police.

Section 16K specifies that the safeguarding partners and relevant agencies for a local authority area in England must have regard to any guidance given by the Secretary of State in connection with their functions.

Sections 16M-P establish the roles and responsibilities of child death review partners.

Section 16M sets out the requirement on child death review partners to make arrangements for the review of each death of a child normally resident in the area, or if they deem it appropriate, a child who is not normally resident. It also requires the partners to make arrangements for the analysis of information gathered by their reviews. This section sets out that where partners identify that it would be appropriate for someone to take action in relation to matters identified in their review, they must inform that person. It also requires that child death review partners must prepare and publish reports on what they have done as result of their arrangements, and how effective the arrangements have been in practice.

Section 16N sets out the requirement for persons or bodies to supply (on request) information to the child death review partners for the purpose of enabling or assisting the performance of their functions. When a recipient does not comply with such a request, a child death review partner may apply for a High Court or county court injunction to enforce it.

Section 16O allows child death review partners to fund their arrangements by making payments towards expenditure incurred in connection with the arrangements; and to supply resources to support the arrangements which may include (for example) staff, goods, services or accommodation.

Section 16P enables child death review partners for two or more local authority areas in England to agree that their areas are to be treated as a single area. Where a local authority is a child death review partner for the same local authority area as another local authority the authorities may arrange for one of them to carry out functions under sections 16M to 16O on behalf of the other. The same applies to clinical commissioning groups.

Section 16Q defines 'child death review partners' as the local authority and any clinical commissioning group for the local authority area.



## Education Acts

Section 175 of the Education Act 2002 places a duty on:

- a) Local authorities in relation to their education functions; and
- b) The governing bodies of maintained schools and the governing bodies of further education institutions (which include sixth-form colleges) in relation to their functions relating to the conduct of the school or the institution

to make arrangements for ensuring that such functions are exercised with a view to safeguarding and promoting the welfare of children (in the case of the school or institution, being those children who are either pupils at the school or who are students under 18 years of age attending the further education institution).

A similar duty applies to proprietors of independent schools (which include academies/free schools) by virtue of regulations made under sections 94(1) and (2) of the Education and Skills Act 2008.

Regulations made under Section 342 of the Education Act 1996, set out the requirements for a non-maintained special school to be approved and continue to be approved by the Secretary of State. It is a condition of approval and continuing approval that arrangements must be in place for safeguarding and promoting the health, safety and welfare of pupils and when making such arrangements, the proprietor of the school must have regard to any relevant guidance published by the Secretary of State.

## Children Act 1989

The Children Act 1989 places a duty on local authorities to promote and safeguard the welfare of children in need in their area.

### Provision of services for children in need, their families and others

**Section 17(1)** states that it shall be the general duty of every local authority:

- (a) to safeguard and promote the welfare of children within their area who are in need; and*
- (b) so far as is consistent with that duty, to promote the upbringing of such children by their families.*

by providing a range and level of services appropriate to those children's needs. Section 17(5) enables the local authority to make arrangements with others to provide services on their behalf and states that every local authority:

- (a) shall facilitate the provision by others (including in particular voluntary organisations) of services which it is a function of the authority to provide by virtue of this section, or section 18, 20, 22A to 22C, 23B to 23D, 24A or 24B; and*
- (b) may make such arrangements as they see fit for any person to act on their behalf in the provision of any such service.*

Section 17(10) states that a child shall be taken to be in need if:

- (a) the child is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority under Part III of the Children Act 1989;*

*(b) the child's health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or*

*(c) the child is disabled.*

Under section 17, local authorities have responsibility for determining what services should be provided to a child in need. This does not necessarily require local authorities themselves to be the provider of such services.

Provisions relating to young carers and parent carers were inserted into Part 3 of the Children Act 1989 by sections 96 and 97 of the Children and Families Act 2014. These provisions came into force on 1 April 2015.

Section 17ZA states that a local authority in England must assess whether a young carer within their area has needs for support and, if so, what those needs are. This is either where:

(a) it appears to the authority that the young carer may have needs for support; or

(b) the authority receives a request from the young carer or a parent of the young carer to assess the young carer's needs for support.

Section 17ZC requires a local authority that carries out a young carer's needs assessment to consider the assessment and decide –

(a) whether the young carer has needs for support in relation to the care which he or she provides or intends to provide;

(b) if so, whether those needs could be satisfied (wholly or partly) by services which the authority may provide under section 17; and

(c) if they could be so satisfied, whether or not to provide any such services in relation to the young carer.

Section 17ZD states that a local authority in England must assess whether a parent carer of a disabled child who lives within their area has needs for support and, if so, what those needs are, if:

(a) it appears to the authority that the parent carer may have needs for support; or

(b) the authority receives a request from the parent carer to assess the parent carer's needs for support; and

(c) the local authority is satisfied that the disabled child cared for and the disabled child's family are persons for whom they may provide or arrange for the provision of services under section 17 of the Act.

The local authority need not carry out a young carer's assessment (under section 17ZA) or a parent carer's assessment (under section 17ZD) if the local authority has previously carried out a care-related assessment of the young carer/parent carer in relation to the same person cared for, unless it appears to the authority that the needs or circumstances of the young carer/parent carer or the person they care for have changed since the last care-related assessment.

Section 17ZF requires the local authority that carries out a parent carer's needs assessment to consider the assessment and decide:

(a) whether the parent carer has needs for support in relation to the care they provide;

(b) whether the disabled child cared for has needs for support;

(c) whether any needs identified could be satisfied (wholly or partly) by services which the authority may provide under section 17 of the Act; and

(d) whether or not to provide any such services in relation to the parent carer or the disabled child cared for.

## Co-operation between authorities

Section 27 imposes a duty on other local authorities, local authority housing services and health bodies to co-operate with a local authority in the exercise of that authority's duties under Part 3 of the Act which relate to local authority support for children and families.

Where it appears to a local authority that any authority or body mentioned in section 27(3) could, by taking any specified action, help in the exercise of any of their functions under Part 3 of the Act, they may request the help of that other authority or body, specifying the action in question. An authority or body whose help is so requested must comply with the request if it is compatible with their own statutory or other duties and obligations and does not unduly prejudice the discharge of any of their functions. The authorities are:

*(a) any local authority;*

*(b) any local housing authority;*

*(c) NHS England;*

*(d) any clinical commissioning group, Special Health Authority National Health*

*Service Trust or NHS Foundation Trust; and*

*(e) any person authorised by the Secretary of State for the purpose of section 27.*

**Section 47(1)** states that:

Where a local authority:

*(a) are informed that a child who lives, or is found, in their area (i) is the subject of an emergency protection order, or (ii) is in police protection; or*

*(b) have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm*

the authority must make, or cause to be made, such enquires as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

Section 47(9) places a duty on persons mentioned in section 47(11) where a local authority is conducting enquiries under section 47, to assist them with these enquiries (in particular by providing relevant information and advice) if called upon by the local authority to do so. Both section 17 and section 47 of the Children Act 1989, to require in each case that in order to help it to determine what services to provide or what action to take, the local authority must, so far as is reasonably practicable and consistent with the child's welfare:

*(a) ascertain the child's wishes and feelings regarding the provision of those services or the action to be taken; and*

*(b) give due consideration (with regard to the child's age and understanding) to such wishes and feelings of the child as they have been able to ascertain.*

## Emergency protection powers

The court may make an emergency protection order with respect to a child under section 44 of the Children Act 1989 on application by any person, if it is satisfied that there is reasonable cause to believe that a child is likely to suffer significant harm if the child:

- is not removed to different accommodation (provided by or on behalf of the applicant); or
- does not remain in the place in which the child is then being accommodated.

An emergency protection order may also be made by the court on the application of a local authority or an authorised person (i.e. a person authorised to apply to the court for care orders or supervision orders under section 31 of the Act) if the court is satisfied that:

- enquires being made with respect to the child (in the case of a local authority, under section 47 (1) (b) of the Act) are being frustrated by access to the child being unreasonably refused to a person authorised to seek access, and the applicant has reasonable cause to believe that access is needed as a matter of urgency.

In addition, where the applicant is an authorised person the court must be satisfied that the applicant has reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm.

An emergency protection order gives authority to remove a child to accommodation provided by or on behalf of the applicant and place the child under the protection of the applicant, amongst other things.

## Exclusion requirement

The court may include an exclusion requirement in an interim care order or emergency protection order (section 38A and 44A of the Children Act 1989). This allows a perpetrator to be removed from or be prohibited entrance to the home or to be excluded from a defined area in which the home is situated, instead of having to remove the child from the home. The court must be satisfied that:

- there is reasonable cause to believe that if the person is excluded from the home in which the child lives, the child will not be likely to suffer significant harm, or that enquiries will cease to be frustrated; and
- another person living in the home is able and willing to give the child the care that it would be reasonable to expect a parent to give, and consents to the inclusion of an exclusion requirement in the relevant order.

## **Police protection powers**

Under section 46 of the Children Act 1989, where a police officer has reasonable cause to believe that a child would otherwise be likely to suffer significant harm, the officer may:

- remove the child to suitable accommodation and keep him there; or
- take reasonable steps to ensure that the child's removal from any hospital or other place in which the child is then being accommodated is prevented.

No child may be kept in police protection for more than 72 hours.

## **Legal Aid, Sentencing and Punishment of Offenders Act 2012**

Under the Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPOA), all children remanded in criminal proceedings will be looked-after. Children may be remanded to accommodation provided by the local authority or to youth detention accommodation (YDA). The authority responsible for a child who becomes looked-after following remand is usually the one where the child normally lives, but where there is a doubt about this the court may initially determine which authority should be designated as being responsible for the child's care.

Where a child is remanded to local authority accommodation, the local authority's care planning responsibilities will be the same as for any other looked-after child (though authorities are not required to produce a "plan for permanence" for this group of children). Where a child, including a child already looked-after, is remanded to YDA, the local authority will be required to produce a Detention Placement Plan, describing the arrangements for responding to the child's needs whilst they are detained. The Care Planning, Placement and Case Review Regulations 2010, as amended, take LASPOA into account.

## **Police Reform and Social Responsibility Act 2011**

Section 1 (8)(h) requires the police and crime commissioner for a police area to hold the relevant chief constable to account for the exercise of the latter's duties in relation to safeguarding children and promoting their welfare under sections 10 and 11 of the Children Act 2004.

## **Childcare Act 2006**

Section 40 requires early years providers registered on the Early Years Register and schools providing early years childcare to comply with the welfare requirements of the Early Years Foundation Stage.

## **Crime and Disorder Act 1998**

Section 38 requires local authorities, acting in co-operation with certain persons (including every Chief Police Officer or local policing body whose area lies within that of the local authority, clinical commissioning groups and providers of probation services), to such extent as is appropriate for their area, to secure that youth justice services are available in their area, such services to include the

provision of persons to act as appropriate adults to safeguard the interests of children and young persons detained or questioned by police officers.

## **Housing Act 1996**

Section 213A requires housing authorities to refer to adult social care services persons with whom children normally reside or might reasonably be expected to reside, who they have reason to believe may be ineligible for assistance, or who may be homeless and may have become so intentionally or who may be threatened with homelessness intentionally, as long as the person consents. If homelessness persists, any child in the family could be in need. In such cases, if social services decide the child's needs would be best met by helping the family to obtain accommodation, they can ask the housing authority for reasonable advice and assistance in this, and the housing authority must give reasonable advice and assistance

## **Early help**

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse.

Effective early help relies upon local organisations and agencies working together to:

- identify children and families who would benefit from early help
- undertake an assessment of the need for early help
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child
- Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency co-operation to improve the welfare of all children.
- Section 10 of the Children Act 2004 requires each local authority to make arrangements to promote co-operation between the authority, each of the authority's relevant partners and such other persons or bodies working with children in the local authority's area as the authority considers appropriate.

## **Identifying children and families who would benefit from early help**

Local organisations and agencies should have in place effective ways to identify emerging problems and potential unmet needs of individual children and families. Local authorities should work with organisations and agencies to develop joined-up early help services based on a clear understanding of local needs. This requires all practitioners, including those in universal services and those providing services to adults with children, to understand their role in identifying emerging problems and to share information with other practitioners to support early identification and assessment.

Multi-agency training will be important in supporting this collective understanding of local need. Practitioners working in both universal services and specialist services have a responsibility to identify

the symptoms and triggers of abuse and neglect, to share that information and provide children with the help they need. To be effective, practitioners need to continue to develop their knowledge and skills in this area and be aware of the

new and emerging threats, including online abuse, grooming, sexual exploitation and radicalisation. To enable this, the three safeguarding partners should consider what training is needed locally and how they will monitor and evaluate the effectiveness of any training they commission.

- Practitioners should, in particular, be alert to the potential need for early help for a child who:
  - is disabled and has specific additional needs<sup>6</sup>
  - has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
  - is a young carer
  - is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
  - is frequently missing/goes missing from care or from home<sup>7</sup>
  - is at risk of modern slavery, trafficking or exploitation
  - is at risk of being radicalised or exploited
  - is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
  - is misusing drugs or alcohol themselves
  - has returned home to their family from care<sup>8</sup>
  - is a privately fostered child<sup>9</sup>

## **Effective assessment of the need for early help.**

Children and families may need support from a wide range of local organisations and agencies. Where a child and family would benefit from co-ordinated support from more than one organisation or agency (e.g. education, health, housing, police) there should be an inter-agency assessment. These early help assessments should be evidence-based, be clear about the action to be taken and services to be provided and

Identify what help the child and family require to prevent needs escalating to a point where intervention would be needed through a statutory assessment under the Children Act 1989.

A lead practitioner should undertake the assessment, provide help to the child and family, and act as an advocate on their behalf and co-ordinate the delivery of support services. A GP, family support worker, school nurse, teacher, health visitor and/or special educational needs co-ordinator could undertake the lead practitioner role. Decisions about who should be the lead practitioner should be taken on a case-by-case basis and should be informed by the child and their family.

- For an early help assessment to be effective: it should be undertaken with the agreement of the child and their parents or carers, involving the child and family as well as all the practitioners who are working with them.
- It should take account of the child's wishes and feelings wherever possible, their age, family circumstances and the wider community context in which they are living

Practitioners should be able to discuss concerns they may have about a child and family with a social worker in the local authority. Local authority children's social care should set out the process for how this will happen

In cases where consent is not given for an early help assessment, practitioners should consider how the needs of the child might be met. If at any time it is considered that the child may be a child in need, as defined in the Children Act 1989, or that the child has suffered significant harm or is likely to do so, a referral should be made immediately to local authority children's social care. This referral can be made by any practitioner.

## **Assessment of disabled children and their carers**

When undertaking an assessment of a disabled child, the local authority must also consider whether it is necessary to provide support under section 2 of the Chronically Sick and Disabled Persons Act (CSDPA) 1970. Where a local authority is satisfied that the identified services and assistance can be provided under section 2 of the CSDPA, and it is necessary in order to meet a disabled child's needs, it must arrange to provide that support. Where a local authority is assessing the needs of a disabled child, a carer of that child may also require the local authority to undertake an assessment of their ability to provide, or to continue to provide, care for the child, under section 1 of the Carers (Recognition and Services) Act 1995. The local authority must take account of the results of any such assessment when deciding whether to provide services to the disabled child.

If a local authority considers that a parent carer of a disabled child (see glossary) may have

support needs, it must carry out an assessment under section 17ZD of the Children Act 1989. The local authority must also carry out such an assessment if a parent carer requests one. Such an assessment must consider whether it is appropriate for the parent carer to provide, or continue to provide, care for the disabled child, in light of the parent carer's needs and wishes.

## **Assessment of young carers**

If a local authority considers that a young carer (see glossary) may have support needs, it must carry out an assessment under section 17ZA of the Children Act 1989. The local authority must also carry out such an assessment if a young carer, or the parent of a young carer, requests one. Such an assessment must consider whether it is appropriate or excessive for the young carer to provide care for the person in question, in light of the young carer's needs and wishes. The Young Carers' (Needs Assessment) Regulations 2015 require local authorities to look at the needs of the whole family when carrying out a young carer's needs assessment. Young carers' assessments can be combined with assessments of adults in the household, with the agreement of the young carer and adults concerned.



## Assessment of children in secure youth establishments

Any assessment of children in secure youth establishments should take account of their specific needs. In all cases, the local authority in which a secure youth establishment is located is responsible for the safety and welfare of the children in that establishment. The host local authority should work with the governor, director, manager or principal of the secure youth establishment and the child's home local authority, their relevant Youth Offending Team and, where appropriate, the Youth Custody Service<sup>17</sup> to ensure that the child has a single, comprehensive support plan.

Where a child becomes looked-after, as a result of being remanded to youth detention accommodation (YDA), the local authority must visit the child and assess the child's needs before taking a decision. This information must be used to prepare a Detention Placement Plan (DPP), which must set out how the YDA and other practitioners will meet the child's needs whilst the child remains remanded. The DPP must be reviewed in the same way as a care plan for any other looked-after child<sup>18</sup>.

## Contextual safeguarding

As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered<sup>19</sup>.

Assessments of children in such cases should consider whether wider environmental factors are present in a child's life and are a threat to their safety and/or welfare. Children who may be alleged perpetrators should also be assessed to understand the impact of contextual issues on their safety and welfare. Interventions should focus on addressing these wider environmental factors, which are likely to be a threat to the safety and welfare of a number of different children who may or may not be known to local authority children's social care. Assessments of children in such cases should consider the individual needs and vulnerabilities of each child. They should look at the parental capacity to support the child, including helping the parents and carers to understand any risks and support them to keep children safe and assess potential risk to child.

Channel panels, established under the Counter-Terrorism and Security Act 2015, assess the extent to which identified individuals are vulnerable to being drawn into terrorism, and, where appropriate, arrange for support to be provided<sup>20</sup>. When assessing Channel referrals, local authorities and their partners should consider how best to align these with assessments undertaken under the Children Act 1989.

The Children Act 1989 promotes the view that all children and their parents should be considered as individuals and that family structures, culture, religion, ethnic origins and other characteristics should be respected. Local authorities should ensure they support and promote fundamental British values, of democracy, the rule of law, individual liberty, and mutual respect and tolerance of those with different faiths and beliefs.

The Counter-Terrorism and Security Act 2015 contains a duty on specified authorities in England, Wales and Scotland to have due regard to the need to prevent people from being drawn into terrorism.

## **Purpose of assessment**

Whatever legislation the child is assessed under, the purpose of the assessment is always:

- to gather important information about a child and family
- to analyse their needs and/or the nature and level of any risk and harm being suffered by the child
- to decide whether the child is a child in need (section 17) or is suffering or likely to suffer significant harm (section 47)
- to provide support to address those needs to improve the child's outcomes and welfare and where necessary to make them safe.

## **Local protocols for assessment**

Local authorities, with their partners, should develop and publish local protocols for assessment. A local protocol should set out clear arrangements for how cases will be managed once a child is referred into local authority children's social care and be consistent with the requirements of this statutory guidance. The detail of each protocol will be led by the local authority in discussion and agreement with the safeguarding partners and relevant agencies where appropriate.

The local authority is publicly accountable for this protocol and all organisations and agencies have a responsibility to understand their local protocol.

The local protocol should reflect where assessments for some children will require particular care. This is especially so for young carers, children with special educational needs (including to inform and be informed by Education, Health and Care Plans), unborn children where there are concerns, children in hospital, children with specific communication needs, asylum seeking children, children considered at risk of gang activity and association with organised crime groups, children at risk of female genital mutilation, children who are in the youth justice system, and children returning home.

Where a child has other assessments, it is important that these are co-ordinated so that the child does not become lost between the different organisational procedures. There should be clear procedures for how these organisations and agencies will communicate with the child and family, and the local protocol for assessment should clarify how organisations and agencies and practitioners undertaking assessments and providing services can make contributions.

The local protocol for assessment should set out the process for challenge by children and families by publishing the complaints procedures<sup>21</sup>.

## The principles and parameters of a good assessment

Assessment should be a dynamic process, which analyses and responds to the changing nature and level of need and/or risk faced by the child from within and outside their family. It is important that the impact of what is happening to a child is clearly identified and that information is gathered, recorded and checked systematically, and discussed with the child and their parents/carers where appropriate.

Any provision identified as being necessary through the assessment process should, if the local authority decides to provide such services, be provided without delay. A good assessment will monitor and record the impact of any services delivered to the child and family and review the help being delivered. Whilst services may be delivered to a parent or carer, the assessment should be focused on the needs of the child and on the impact any services are having on the child.

Good assessments support practitioners to understand whether a child has needs relating to their care or a disability and/or is suffering or likely to suffer significant harm.

The specific needs of disabled children and young carers should be given sufficient recognition and priority in the assessment process.

The local authority should act decisively to protect the child from abuse and neglect including initiating care proceedings where existing interventions are insufficient<sup>24</sup>. Where an assessment in these circumstances identifies concerns but care proceedings are not initiated, the assessment should provide a valuable platform for ongoing engagement with the child and their family.

Where a child becomes looked-after, the assessment will be the baseline for work with the family. Any needs that have been identified should be addressed before decisions are made about the child's return home. Assessment by a social worker is required before a looked after child under a care order returns home. This will provide evidence of whether the necessary improvements have been made to ensure the child's safety when they return home. Following an assessment, appropriate support should be provided for children returning home, including where that return home is unplanned, to ensure that children continue to be adequately safeguarded.

In order to carry out good assessments, social workers should have the relevant knowledge and skills set out in the Knowledge and Skills Statements for child and family social work.

Social workers should have time to complete assessments and have access to high quality practice supervision. Principal social workers should support social workers, the local authority and partners to develop their assessment practice and decision-making skills, and the practice methodology that underpins this.

High quality assessments:

- are child centred. Where there is a conflict of interest, decisions should be made in the child's best interests: be rooted in child development: be age-appropriate; and be informed by evidence
- are focused on action and outcomes for children
- are holistic in approach, addressing the child's needs within their family and any risks the child faces from within the wider community
- ensure equality of opportunity
- involve children, ensuring that their voice is heard and provide appropriate support to enable this where the child has specific communication needs

- involve families
- identify risks to the safety and welfare of children
- build on strengths as well as identifying difficulties
- are integrated in approach
- are multi-agency and multi-disciplinary
- are a continuing process, not an event
- lead to action, including the provision of services
- review services provided on an ongoing basis
- are transparent and open to challenge

Research has shown that taking a systematic approach to enquiries using a conceptual model is the best way to deliver a comprehensive assessment for all children. An example of such a model is the assessment framework. It investigates three domains:

- the child's developmental needs, including whether they are suffering or likely to suffer significant harm
- the capacity of parents or carers (resident and non-resident) and any other adults living in the household to respond to those needs <sup>27, 28</sup>
- the impact and influence of wider family and any other adults living in the household as well as community and environmental circumstances

## **Appendix C: Signs and Symptoms and Categories of abuse**

There are a number of circumstances under which Coram staff might have concerns that a child or young person has been or is being abused:

- A third party – a parent, relative, carer, another child, neighbour – might share concerns
- There might be indicators of abuse. Examples could include observation of injuries with no explanation or dubious explanation, evidence of a
- child not collected or brought on time consistently, or appearing listless or hungry or dirty or smelly
- Concern about the conduct of colleagues towards children
- A child or young person may tell about abuse they have experienced (currently or historically)

A list of exemplar indicators of child abuse is provided below. The list is not exhaustive.

N.B. Bear in mind that these indicators, particularly those relating to children's behaviour, may not be indicative of abuse. They should alert staff to the possibility of abuse, and not be taken as definitive evidence:

- A bruise or injury which is unusual for example on a part of the body which is not normally prone to such injuries for example on the cheeks
- Injuries which require but have not received medical attention
- Cigarette burns or bite marks
- Frequent minor injuries explained as accidents or with no explanation
- The child becoming unusually dirty or unkempt
- Unexplained changes in behaviour either over time or suddenly for example becoming aggressive, quiet, anxious or withdrawn
- Running away/going missing
- Non-attendance at school, projects or activities

- Reluctance to get changed or for example wearing long sleeves in hot weather
- The child appears not to trust certain adults for example parent, carer, staff member with whom you would usually expect them to have or once had a close relationship
- Age inappropriate sexual knowledge
- Sexually inappropriate behaviour for example public masturbation or seeking physical comfort from staff when not overtly distressed.
- Relationship with an older partner when young person is aged under 16.
- The child being discouraged or unable to make friends or from socialising with others
- Changes to eating patterns
- The child developing a disturbed sleeping pattern for example nightmares, bed wetting
- The child self harms or attempts to self harm

There are four categories of abuse. These are:

### ***Physical Abuse***

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

### ***Neglect***

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate caregivers); or
- ensure access to appropriate medical care or treatment.

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

### ***Sexual Abuse***

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothes. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

### ***Emotional Abuse***

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal

social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.



## Appendix D: Managing a direct disclosure by a child

Whenever a child reports that they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all professionals should be limited to listening carefully to what the child says to:

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

The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice Police investigations, especially in cases of sexual abuse. If the child can understand the significance and consequences of making a referral to LA children's Social Care, they should be asked their view. However, it should be explained to the child that whilst their view will be taken into account, the professional has a responsibility to take whatever action is required to ensure the child's safety and the safety of other children.

If a child tells a member of staff s/he has been abused, **the staff member should:**

- Stay calm – panic or anxiety will silence the child
- Allow the child to use his/her own words and go at his/her own pace
- Make a full record of what the child has said at the earliest opportunity and always within 24 hours

If a child tells a member of staff s/he has been abused, **the staff member should not:**

- Promise to keep secrets
- Ask in detail about the abuse – this is for Social Services/the Police to investigate
- Put pressure on the child if s/he is reluctant to speak
- Ask to see injuries

In some cases, the information shared by the child will be distressing to the member of staff. The Line Manager of the staff member should take steps to ensure that the staff member has access to support in order that staff members are not unconsciously discouraged from dealing with such disclosures in future.

## **Appendix E: Assessments (taken from Working Together 2018)**

### ***Early Help Assessments***

Local agencies should work together to put processes in place for the effective assessment of the needs of individual children who may benefit from early help services.

Children and families may need support from a wide range of local agencies. Where a child and family would benefit from coordinated support from more than one agency (education, health, housing, Police) there should be an inter-agency assessment. These early help assessments, such as the use of the Common Assessment Framework (CAF), should identify what help the child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989.

The early help assessment should be undertaken by a lead professional who should provide support to the child and family, act as an advocate on their behalf and coordinate the delivery of support services. The lead professional role could be undertaken by a General Practitioner (GP), family support worker, teacher, health visitor and/or special educational needs coordinator. Decisions about who should be the lead professional should be taken on a case-by-case basis and should be informed by the child and their family.

For an early help assessment to be effective:

- the assessment should be undertaken with the agreement of the child and their parents or carers. It should involve the child and family as well as all the professionals who are working with them;
- a teacher, GP, health visitor, early years' worker or other professional should be able to discuss concerns they may have about a child and family with a

Social Worker in the Local Authority. Local Authority Children's Social Care should set out the process for how this will happen; and

- if parents and/or the child do not consent to an early help assessment, then the lead professional should make a judgement as to whether, without help, the needs of the child will escalate. If so, a referral into Local Authority Children's Social Care may be necessary.
- If at any time it is considered that the child may be a child in need as defined in the Children Act 1989, or that the child has suffered significant harm or is likely to do so, a referral should be made immediately to Local Authority Children's Social Care. This referral can be made by any professional.

### ***Statutory Assessments***

Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Local Authorities undertake assessments of the needs of individual children to determine what services to provide and action to take.

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled. In these cases, assessments by a social worker are carried out under **section 17** of the Children Act 1989. Children in need may be assessed under section 17 of the Children Act 1989, in relation to their special educational needs, disabilities, or as a carer, or because they have committed a crime. The process for assessment should also be used for children whose parents are in prison and for asylum seeking children. When assessing children in need and providing services, specialist assessments may be required and, where possible, should be coordinated so that the child and family experience a coherent process and a single plan of action.

Concerns about maltreatment may be the reason for a referral to local authority children's social care or concerns may arise during the course of providing services to the child and family. In these circumstances, local authority children's social care must initiate enquiries to find out what is happening to the child and whether protective action is required. Local authorities, with the help of other organisations as appropriate, also have a duty to make enquiries under section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, to enable them to decide whether they should take any action to safeguard and promote the child's welfare. There may be a need for immediate protection whilst the assessment is carried out.

Some children in need may require accommodation because there is no one who has parental responsibility for them, because they are lost or abandoned or because the person who has been caring for them is prevented from providing them with suitable accommodation or care. Under **section 20** of the Children Act 1989, the local authority has a duty to accommodate such children in need in their area.

Following an application under section 31A, where a child is the subject of a care order, the local authority, as a corporate parent, must assess the child's needs and draw up a care plan which sets out the services which will be provided to meet the child's identified needs.

Whatever legislation the child is assessed under, the purpose of the assessment is always:

- to gather important information about a child and family;
- to analyse their needs and/or the nature and level of any risk and harm being suffered by the child;
- to decide whether the child is a child in need (section 17) and/or is suffering or likely to suffer significant harm (section 47); and
- to provide support to address those needs to improve the child's outcomes to make them safe.

### *The principles and parameters of a good assessment*

High quality assessments:

- are child centred - where there is a conflict of interest, decisions should be made in the child's best interests.
- are rooted in child development and informed by evidence.
- are focused on action and outcomes for children.
- are holistic in approach, addressing the child's needs within their family and wider community.
- ensure equality of opportunity.
- involve children and families.
- build on strengths as well as identifying difficulties.
- are integrated in approach.
- are a continuing process not an event?
- lead to action, including the provision and review of services.
- are transparent and open to challenge.

## Appendix F: Coram Group Safeguarding Children Alert Reporting Form

Safeguarding Alert Reporting Form Children				
<b>Whenever a concern about a child requires consultation with a Manager in Coram you must use this form to record safeguarding concerns, decisions made, and actions taken. You must submit this to the designated person for safeguarding within your service within 24 hours.</b>				
Details of the child involved				
Initials	Age	Ethnicity	Project	Case reference
Is this child subject to a formal protection plan agreed at a child protection conference?				Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/>
Has this child been subject to a formal child protection plan agreed previously?				Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/>
Is the child looked after?      Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is this a Coram service user?      Yes <input type="checkbox"/> No <input type="checkbox"/>				
Coram services being used by this child:				
Nature of concern (Always tick one category from line 1 and any additional concerns as appropriate)				
Physical <input type="checkbox"/>	Sexual <input type="checkbox"/>	Neglect <input type="checkbox"/>	Emotional <input type="checkbox"/>	
Child Sexual Exploitation or risk of: <input type="checkbox"/>	Child Missing <input type="checkbox"/>	Self-harm or risk of <input type="checkbox"/>	Homeless or risk of <input type="checkbox"/>	
Risk of radicalisation <input type="checkbox"/>	FGM or risk of <input type="checkbox"/>	Other (please specify)		
Please tick any of the following that are a factor in this case				
Domestic Abuse <input type="checkbox"/>	Adult Mental Health <input type="checkbox"/>	Adult Substance Misuse (Drugs and Alcohol) <input type="checkbox"/>	Adult Learning Difficulties/disabilities <input type="checkbox"/>	

Description of matter of concern:
Date and time noticed:
Name and role of member of staff reporting the concern:
Date and time discussed with Line Manager:
Detail any action taken by Coram staff at this point:
Line Managers recommended decision to designated person for safeguarding in this service:
Line Managers name:
Date discussed with designated person for safeguarding in this service:
Has designated person directed a referral should be made to the Local Authority?
<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If no, go straight to section 3</b></p>

### Safeguarding Alert Reporting Form Section 2

Name and contact details of Local Authority worker (or another agency) to whom matter reported:



Local Authority response to referral and proposed plan:	
Did we hear from Local Authority within 1 working day after referral?   Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, did we follow up within 3 working days of referral?   Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, give reasons:	
Is further action required by Coram to ensure child is safeguarded (give details)?	
Completing by (name and role)	Date
<b>Any additional information/update following initial reporting of concern (please insert times and dates)</b>	
Completing by (name and role)	Date

### Safeguarding Alert Reporting Form Section 3

Designated person for safeguarding within service's comments (Please detail any actions to be completed)

Name:

Date

### Safeguarding Counter-signatory comments

Name:

Date form received

Can this form be filed now: Yes

☐

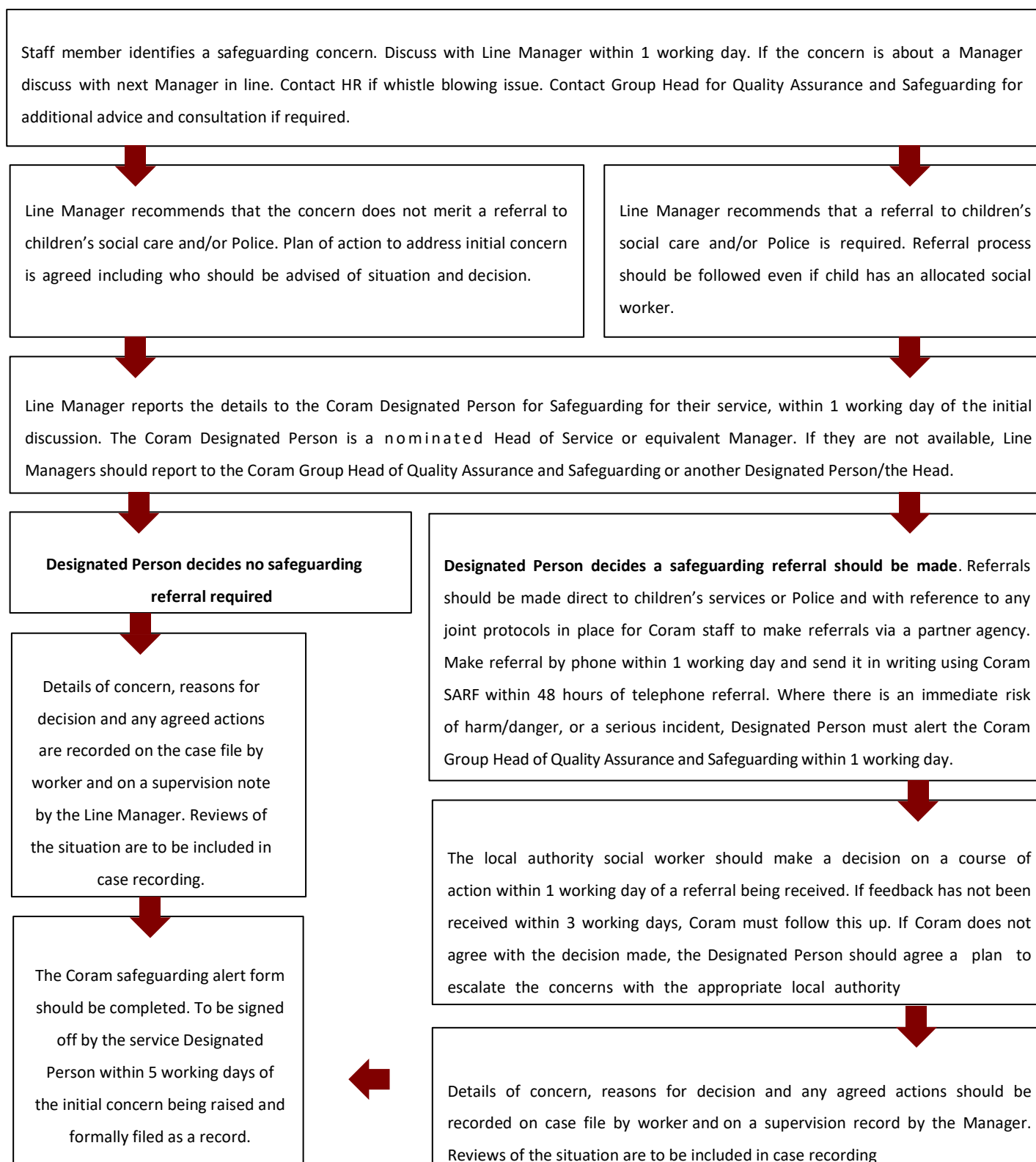
No

☐

If no, please detail what is required:

Date form complete and filed by the service:

## Appendix G: Flowchart - Safeguarding Children reporting process



## Appendix H: Notification schedules for Adoption and Fostering

Events and notifications- children placed for adoption

The Voluntary Adoption Agencies and the Adoption Agencies (Miscellaneous Amendments) regulations 2003

<i>Event:</i>	<i>To be notified to:</i>					
	Registration Authority	Secretary of State	Placing Agency	Area Authority	Clinical Commissioning Group.	Local Health Board
Death of child placed for adoption by the agency	Yes	Yes, if the registration authority is the Commission		Yes	Yes	Yes
Referral to the Disclosure and Barring Service under the Safeguarding Vulnerable Groups Act 2006 of an individual working for the agency and referral to the Secretary of State pursuant to section 2(1)(a) of the Protection of Children Act 1999 of an individual working for the agency	Yes					
Serious illness of, or serious accident sustained by, a child placed for adoption by the agency	Yes			Yes	Yes	Yes
Any serious complaint about a prospective adopter approved by the agency where no child is placed for adoption with that prospective adopter	Yes					

<i>Event:</i>	<i>To be notified to:</i>					
	Registration Authority	Secretary of State	Placing Agency	Area Authority	Clinical Commissioning Group.	Local Health Board
Any serious complaint about a prospective adopter approved by the agency where a child is placed for adoption with that prospective adopter by the agency	Yes			Yes		
Any serious complaint about a prospective adopter approved by the agency where a child is placed for adoption with that prospective adopter by another agency	Yes		Yes	Yes, if not notified as the placing agency		
Instigation and outcome of any child protection enquiry involving a child placed for adoption by the agency	Yes			Yes		

## Appendix J: Coram Group Safeguarding Adult's Alert Reporting Form

Safeguarding Alert Reporting Form Adults Section 1				
<p>Whenever a concern about an adult at risk requires consultation with a Manager in Coram you must use this form to record safeguarding concerns, decisions made and actions taken. You must submit this to your service's designated person for safeguarding within 24 hours.</p>				
Details of the adult involved				
Initials	Age	Ethnicity	Project	Case reference
<p>Is this a Coram service user?      Yes <input type="checkbox"/>    No <input type="checkbox"/></p>				
<p>Coram services being used by this adult:</p>				
Nature of concern (tick all that apply)				
Physical <input type="checkbox"/>	Sexual <input type="checkbox"/>	Neglect <input type="checkbox"/>	Emotional <input type="checkbox"/>	Physical <input type="checkbox"/>
<p>Other (please specify)</p>				
Please tick any of the following that are a factor in this case				
Domestic Abuse <input type="checkbox"/>	Adult Mental Health <input type="checkbox"/>	Adult Substance Misuse (Drugs and Alcohol) <input type="checkbox"/>	Adult Learning Difficulties <input type="checkbox"/>	
<p>Description of matter of concern:</p>				
<p>Date and time noticed:</p>				

Name and role of member of staff reporting the concern:
Date and time discussed with Line Manager:
Detail any action taken by Coram staff at this point:
Line Managers recommended decision to designated person for safeguarding in this service:
Line Managers name:
Date discussed with designated person for safeguarding in this service:
<p>Has the designated person for this service directed a referral should be made to the Local Authority (or another agency)?</p> <p>Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p><b>If no, go straight to section 3</b></p>

### Safeguarding Alert Reporting Form Section 2

Name and contact details of Local Authority worker (or other agency) to whom matter reported:
Local Authority response to referral and proposed plan:

Is further action required by Coram to ensure adult is safeguarded (give details)?	
Completed by (name and role)	Date

Safeguarding Alert Reporting Form Section 3	
Designated person for safeguarding within service's comments (Please detail any actions to be completed)	
Name:	Date
Head of Safeguarding comments	
Name:	Date form received:
Can this form be filed centrally now: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, please detail what is required:	
Date form complete and filed centrally:	



## **Appendix K: Process for Managing Emails that come in through the Coram Website 'Chances' inbox**

- Reception services in Coram screen all Chances emails on a daily basis
- Any emails with a clear service specific query should be directed to the appropriate team via the Head of Service and copied to the Office Manager for that service
- Any emails that appear to mention concerns about a child or adult's welfare or safety should be passed directly to the Named Person for chances email safeguarding concerns in Coram Children's Services and copied to the Group Head for Quality Assurance and Safeguarding and the Managing Director of HR. If reception staff are unsure, they should discuss with their Line Manager. If there is any doubt, pass on the email and the Coram Named Person for chances email safeguarding concerns will decide if it is appropriate. Managing Director of HR can advise on the identity of the named person for chances email safeguarding concerns and the Lead for Safeguarding across Coram
- Reception must ensure the email is logged on their system
- Reception must ensure the email is seen by the Named Person or Coram Group Head of Quality Assurance and Safeguarding within one working day, so should follow the email with a call to check one of them is in the office that day.
- The Named Person (or Group Head of Quality Assurance and Safeguarding /Head of Service who responds) must respond directly to the chances email author, following the Coram safeguarding policy and procedures if required
- All chances emails that contain a safeguarding concern should be recorded via the Coram safeguarding alert form.

**Amendments and Updates November 2016, June 2017 and December 2018, July 2020, July 2021.**

Paragraph/Section	Content
Para 1.11	Amendments and additions to Safeguarding Adults procedures: Changes to guidance in relation to the Care Act 2014 and Care and Statutory Support Guidance
Para 6.2 - 18	Amendments and additions - Coram Group Safeguarding Adults procedures for Children's Services Staff: Amendments in light of the above guidance
Section 15	Safeguarding Trafficked Children and Modern Slavery
Section 16	Additional section : Safeguarding Children and Young People who may be affected by gang activity
Section 17	Additional section: Female Genital Mutilation
Section 18	Internet Abuse
Section 19	Safeguarding Children at risk of radicalisation and extremism
Section 20	Domestic Abuse Additional and revised links to guidance
Section 21	Additional: Resolving Professional Differences – Coram Escalation Policy Addition:
All Sections	General update to safeguarding children. Changes to guidance in relation to Working Together 2018 and Social Work Act 2017.
All Sections	Incorporation of the role of Group Head Quality Assurance and Safeguarding.
Section 18.48	Insertion of new section on online service delivery and reference to Coram remote working policy and safety.

All Sections	Adjustments to process consultation for safeguarding within Coram. Adjustments to Form F & J in relation to signatory requirements.
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