

Responding to
**Safeguarding concerns
and disclosures**

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An e-Book for Designated Safeguarding Leads / Officers who need to understand the actions to take when safeguarding concerns and disclosures are raised to them.

CONTENTS

Introduction.....	3
Safeguarding concerns.....	4
Levels of need.....	6
Raising concerns.....	8
Responding to disclosures.....	10
Immediate risk to life.....	14
Allegations against staff.....	16
Record keeping.....	18
The referral process.....	20
Section 47 of the Children Act 1989	23
Referrals and the DSL.....	25
Contact us.....	26

Introduction

In order to protect the children you support, and those you work with, you need to be able to recognise the signs and symptoms that may indicate they have been abused or are at risk of harm. As a Designated Safeguarding Officer (DSL), you also need to ensure practitioners at the setting know these signs and symptoms and understand how to raise any concerns. Protecting children from harm, or risk of harm, is a whole setting responsibility and any practitioner who identifies indicators of abuse has a duty to act.

No single practitioner can have a full picture of a children's needs, history, and circumstances and, if they are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information, and taking prompt action.

It may be difficult to accept that someone may have been abused or harmed, especially if you know the person suspected of the abuse, but you need to be able to put personal feelings aside so that you can act in a professional manner on your suspicions, or any allegations or disclosures that have been made to you. You must 'think the unthinkable'.

DID YOU KNOW? It is the responsibility of the DSL to ensure staff at the setting know and can spot the signs and symptoms of different types of child abuse and neglect

Safeguarding concerns

A safeguarding concern is a suspicion or worry that a child's safety and wellbeing is being put at risk. Sometimes, a child might tell you or another practitioner about abuse (known as a 'disclosure') or you may notice signs and symptoms of abuse, neglect, exploitation, or radicalisation. A safeguarding concern could also be something that increases the risk of harm at a childcare or education setting, such as:

'...not following safer recruitment practices, having inadequate supervision or not carrying out proper risk assessment for online and offline activities.'

- 'What is a safeguarding issue or concern?' by the NSPCC

As the DSL, you are the person that practitioners need to raise their concerns with, and it is your responsibility to listen, gather as much information as you can, and make a decision on the next steps. It is not your responsibility to investigate safeguarding concerns - that is the responsibility of children's services or the police.



Safeguarding concerns

Should you need more information in order to make a decision on the next steps, you may need to:

- Collect as much relevant information as possible, such as dates, times, locations, and names of individuals involved
- Find out the needs, history, medical conditions, special educational needs and/or disabilities, and circumstances of the child
- Gather supporting evidence or speak to witnesses
- Speak to the family as, often, a simple explanation is forthcoming. Discussions with the family should only be made if it would not put the child at further risk of significant harm.

You may decide that the information provided could be explained a different way and opt to monitor the situation. For example, if the child has a medical condition that means they bruise easily and the practitioner who raised the concern wasn't aware of this. You may also decide to pass the concern on to social services, or in serious situations where the individual may be at risk of immediate harm, report it to the police.

REMEMBER: Never speak to an alleged perpetrator about a disclosure as you may make the situation much worse for the child.

Levels of need

When deciding on the actions to take in response to a safeguarding concern, you should refer to your local safeguarding partners threshold document (a requirement outlined in ‘Working Together to Safeguard Children’), which sets out the criteria for action, early help response, and making a referral to children’s social care. Local safeguarding partners often rely on the ‘Levels of need’ to assess need, and take action. The levels of need can also be useful for DSLs to be aware of, and refer to when responding to safeguarding concerns.

‘Early help is support for children of all ages that improves a family’s resilience and outcomes or reduces the chance of a problem getting worse.’

- ‘Working Together to Safeguard Children’ by the Department for
Education

When considering the level of need of the child at the centre of the safeguarding concern, safeguarding indicators should always be considered alongside a child’s other needs. Some children will have additional vulnerabilities because of a disability, for example. The response of the parent or carer to the vulnerability of the child must be considered when assessing needs and risks. In order for a DSL to make a decision about child protection actions, they have to have a full picture of what is happening in a child’s life.

Levels of need



No additional needs: All the child's health and developmental needs are met by Universal Services (Health visitor, GP, dentist, school, etc.). These children consistently receive child focused care giving from their parents or carers.



Early help: Children with additional needs, who may be vulnerable and showing early signs of abuse or neglect; their needs are not clear, known, or being met. This is the threshold for a multi-agency early help assessment to begin, and children may benefit from additional services, but do not need social services.



Children with complex multiple needs: Requires specialist services (possibly longer term) in order to achieve / maintain a satisfactory level of health and development, or to prevent significant impairment of their health and development. This is the threshold for an assessment led by children's social care.



Children in acute need: These children are suffering or are likely to suffer significant harm. This is the threshold for child protection. These children are likely to have already experienced adverse effects and to be suffering from poor outcomes. Their needs may not be considered by their parents.

Source: London Safeguarding Children Partnership

Raising concerns

Once a safeguarding concern is raised, appropriate authorities, such as social services, the police, or relevant organisations, can investigate the situation, assess the level of risk, and take necessary actions to protect the individual and provide support.

You will also have to make a decision on whether to inform management at the setting. If you suspect that a colleague at your setting is behaving inappropriately, then you have a duty to report this to management. Especially if there is an ongoing inquiry or police investigation. If the concerns are about a manager then you should speak to the next most senior person at your setting.

Whilst it is difficult to imagine a colleague harming or abusing someone they care for and support, sadly it has happened at other settings.



Raising concerns

The DSL is required to refer cases in the following ways:

- Suspected abuse and neglect to the local authority children's social care
- Radicalisation concerns to the Channel programme
- Staff dismissal or leaving a role due to risk / harm to a child to the Disclosure and Barring Service
- Criminal acts to the police

If you have raised your concerns and no action has been taken, this should not stop you from raising future concerns. Sometimes, it is only when a number of concerns or comments are put together that a clearer picture begins to emerge.

Steps to take when raising a concern:

1. Gather information
2. Assess the urgency
3. Identify the appropriate authority
4. Contact the relevant authority
5. Maintain confidentiality
6. Document your actions and the outcome

REMEMBER: Whatever the decision, you should make notes, update records, make notes on discussions, and save all correspondence related to the safeguarding concern (stored confidentially) in case they are needed in a future decision or investigation.

Responding to disclosures

A disclosure is when a child communicates they have been (or are worried they will be) abused or neglected, or an adult reveals they have witnessed an incident of abuse or neglect, or found evidence of potential or actual abuse or neglect. It can be verbal or come in the form of an email, text, letter, or digital message. It could relate to potential, current, or historical abuse.

It can take a lot of strength and bravery for a child to open up about abuse or neglect. Especially, if they are scared of the repercussions, want to protect a trusted adult, or are worried they will not be believed. One of the main barriers to disclosures is the fear nothing will happen and the situation will get worse because they told. Any response to a disclosure should always make the child feel listened to, and taken seriously. Next steps should be clearly communicated, support offered as needed, and reassurances made that they did the right thing by telling you. The child needs to walk away from the discussion with a good understanding of the actions that will be taken, and why.



Responding to disclosures

The NSPCC carried out research to find out how adults can better respond to a child who is disclosing abuse (Baker et al, 2019). They found three key interpersonal skills that help a child feel they are being listened to and taken seriously:

- **Show you care, help them open up:** Give your full attention to the child or young person and keep your body language open and encouraging. Be compassionate, be understanding and reassure them their feelings are important. Phrases such as ‘you’ve shown such courage today’ help.
- **Take your time, slow down:** Respect pauses and don’t interrupt the child – let them go at their own pace. Recognise and respond to their body language. And remember that it may take several conversations for them to share what’s happened to them.
- **Show you understand, reflect back:** Make it clear you’re interested in what the child is telling you. Reflect back what they’ve said to check your understanding – and use their language to show it’s their experience.

REMEMBER: Be sure not to ask leading questions, such as ‘Things haven’t been good at home recently have they?’ Ask open-ended questions instead, such as ‘Explain to me...’ or ‘Describe to me...’.

Responding to disclosures

You should make detailed notes about the disclosure and write down what the child said exactly as they said it. You need to note down any information the child gives you relating to the alleged perpetrator and/or specific incidents. It is part of the role and responsibilities of a DSL to keep clear and robust records about safeguarding concerns and their impact on the setting.

Practitioners should be careful not to make promises they cannot keep – such as keeping their disclosure secret. It's also important to keep an open mind, and not rush to judgment or conclusions following a disclosure. A DSL needs to take an unbiased approach to disclosures and treat everyone involved fairly.

'There can be a risk that if professionals just believe the child's account without thoroughly investigating the situation, this can lead to unfair bias against the alleged abuser as formal investigations progress.'

- Child Protection Resource, 2021; Transparency Project, 2018



Responding to disclosures

You may also receive disclosures from a practitioner at the setting, a family member of the child, or another adult connected to the child. In these situations, you should be sure to:

- Offer a private space to talk and give them your full attention
- Listen carefully, ask questions to establish basic facts, and make detailed notes
- Stay calm and avoid reactions, such as shock, disbelief, or anger
- Check if the adult feels safe or is worried about their safety as a result of this disclosure
- Make it clear that you cannot keep this 'secret' and have an obligation to share information with the relevant agencies should the disclosure raise any implications for the welfare and safety of anyone involved
- Outline next steps – who you will be contacting, and what actions will be taken
- Reassure them that they will be informed of any actions taken, and kept updated
- Tell them you are available for further discussions, and either yourself or your deputy (if relevant) can be contacted any time with safeguarding concerns, especially if you feel like they have more to say but are reluctant to

Immediate risk to life

If a disclosure reveals an immediate risk to life (the child, parent, or others around them) or you have reason to believe that a child has been left alone, then immediate action needs to be taken to protect them from harm. Immediate action could take the form of:

- Calling the emergency services – the police if the child is in immediate danger or a crime is in progress, or the ambulance service if there is a medical emergency
- Calling the NHS for medical advice (111)
- Calling the parent or carer and asking them to take the child home if the incident happened at the setting, and the alleged perpetrator is still on the premises.
- Staying with the child until emergency services arrive, or their parent or carer comes to pick them up
- Managing the risk to others at the setting



Immediate risk to life

You may need to preserve evidence if there is reason to believe that a crime has been committed. The police will be the experts here in how best to preserve evidence and can advise, but some good practice is:

- Not touching anything that does not need to be touched
- Not cleaning or decontaminating anything
- Not throwing anything away and stopping any bin collection
- Securing the area where the crime may have taken place
- Not washing or bathing the child, and limiting physical contact

REMEMBER: If you are unsure if there is an immediate risk to life, consult with your manager, call the NSPCC helpline for advice, or get in touch with the Local Authority Designated Officer (LADO).

Allegations against staff

The Local Authority Designated Officer (LADO) is responsible for managing allegations against adults who work with children. This involves working with police, children's social care, employers and other professionals. The LADO does not conduct investigations directly, but rather oversees and directs them to ensure thoroughness, timeliness and fairness.

The LADO must be contacted within one working day in respect of all cases in which it is alleged that a person who works with children has:

- Behaved in a way that has harmed, or may have harmed a child (Criminal Threshold)
- Possibly committed a criminal offence against or related to a child (Harm Threshold)
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children (Risk Threshold)
- Behaved in a way which raises concerns as to their suitability to work with children (Suitability Threshold)

Source: National LADO Network

DID YOU KNOW? The role of the LADO (or Designated Officer) is set out in 'Working Together to Safeguard Children' and is governed by the Local Authorities duties under section 11 of The Children Act 2004.

Allegations against staff

It is the role of the DSL to take allegations against members of staff to the LADO within 24 hours, and to be the link between the organisation and the LADO until the matter is resolved.

In situations where an allegation has been made against a member of staff present at the setting, immediate action may need to be taken (depending on the seriousness of the alleged incident) to:

- Redistribute
- Send home
- Suspend

This is a decision that needs to be made at management level, and the immediate action that a DSL needs to make is informing their manager urgently and contacting the LADO.

At this stage, all action against a staff member should be done on a 'without prejudice' basis. .

REMEMBER: The DSL needs to stay neutral during the investigation. It can be a challenging time when an allegation is made against a colleague, but by remaining objective and working in partnership with the LADO then the investigation will be fair and thorough.

Record keeping

A written record of the disclosure must be made as a matter of urgency, and recorded in line with the procedures at the setting and with the recording requirements of the agency if you need to pass this on. Records should include the following, where possible:

- Date, time, and location that the disclosure was made
- Contact details of the person, or people, the disclosure was made to
- Who made the disclosure, their role (if relevant) and their contact details
- The name, age, and any other relevant information about the child who is the subject of the concern, and information about the parents / carers and siblings
- The incident they have reported in their own words, and any factual information about the incident (date, time, location, who was there, etc.)
- The evidence that has been seen (including any injuries or witnesses)
- The views and wishes of the child (if known) and adult who made the disclosure
- Any action taken to look into the safeguarding concern, and any further action that needs to be taken
- The reasons why the organisation decided not to refer those concerns to a statutory agency (if relevant)

Record keeping

It is the responsibility of the DSL to make sure the record of disclosure, and any supporting documentation, is stored securely, in line with data protection guidance, and cannot be accessed by anyone who does not have the appropriate permissions to see it.

The NSPCC recommends password protecting electronic files on a computer that has anti-virus protection and protection against hackers, and keeping child protection files separate from a child's general records.

Should you need to share files with other professionals, be sure to use passwords and encryption when sharing electronic files and never leave paper based records unattended or in an area that people who do not have permission can read sensitive information (intentionally or accidentally).



The referral process

Once the information about a safeguarding concern has been gathered, and there is no immediate risk to life, then the DSL needs to make a decision on whether the level of need meets the threshold for a referral by the local authority. If the DSL decides that the level of need meets the criteria for a referral (Level 3 and 4), then they should make a referral to local children's services.

Children's services have a 'legal duty to investigate situations in which a concern about a child's safety and well-being has been expressed' (Coram Law Advice). The child protection investigation is primarily the responsibility of social workers within children's services, but they also collaborate closely with police, health workers, and other professionals who are connected to the child and/or family.

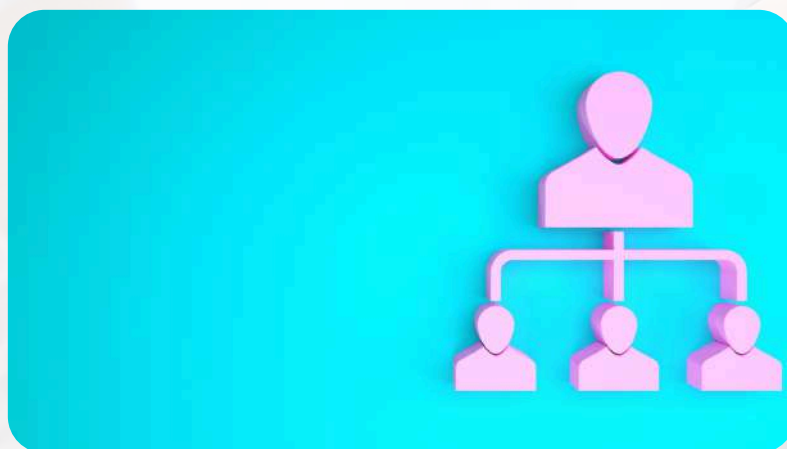
Before submitting a referral for a child safeguarding concern, you need to have parental consent. This means that you have told the parent that you are making the referral, you have their permission to make the referral, and you have their permission for local children's services to share and gather information from partner agencies (such as the police).

REMEMBER: There are exceptions to the need for parental consent, and you do not need to seek consent if the child would be placed at increased risk of harm by seeking consent, delaying the referral would increase risk, or there would be an impact on a criminal investigation.

The referral process

Once parental consent has been gained, or not sought in exceptional circumstances, then a referral can be made, and will likely follow this process:

- 1 A secure online referral is made by the DSL to the local children's services containing the information gathered about the concern or disclosure
- 2 Children's services have to determine what type of response is required – unless a child requires immediate protection, the majority of cases will begin with a multi-agency assessment. This assessment will be undertaken with parental consent by local children's services, and will include seeing the child or young person alone (where age-appropriate), meeting parents / carers to discuss concerns, and gathering current and historical information from all relevant professionals. The developmental needs of the child will be assessed, risk factors for the family, and the ability of the parents to respond to needs.



The referral process

3 A professional judgement will be formed about needs and risks. The assessment process may determine that no further action is needed, the child is 'in need' but not suffering or likely to suffer and the family can be supported by community-based services and family support, or that the child is 'in need' and at risk of harm. When there are concerns that a child has, or is likely to suffer significant harm, a Section 47 child protection enquiry is undertaken and a strategy discussion is arranged that includes other agencies, such as the police, health, and education providers.

4 A plan about further courses of action to support the child or young person, and the family, will be agreed by children's services, other relevant agencies, and the family as appropriate. A social care request may be needed for parents who need practical support and respite because of a child's complex care needs.

5 The family and the referrer (when this is a professional) will be advised of the outcome of the referral process

6 If the referral process identifies Level 4 support, the relevant area social work team will advise the referrer and family of any decisions and next steps taken by the assessment teams and when relevant, the joint child protection investigation team.

Section 47 of the Children Act 1989

A section 47 enquiry is initiated to decide whether and what type of action is required to safeguard and promote the welfare of a child who is suspected of or likely to be suffering significant harm.

A section 47 enquiry is carried out by undertaking or continuing with an assessment and following the principles and parameters of a good assessment.

‘Local authority social workers should lead assessments under section 47 of the Children Act 1989. The police, health practitioners, teachers and school staff and other relevant practitioners should help the local authority in undertaking its enquiries.’

- Hampshire Safeguarding Children Partnership

It is outlined in the Children Act that the local authority needs to include the child in any decisions and actions that affect them. They must take the child’s wishes and feelings into account, and give consideration to such wishes and feelings when taking action, as appropriate to age and understanding.

DID YOU KNOW? The assessment process and guidance may be different for different areas – be sure to research safeguarding assessments at your local authority’s children’s services.

Section 47 of the Children Act 1989

The section 47 enquiry may determine that the safeguarding concern is:

- **Not substantiated** or does not have enough evidence to support it, although the child may need and be offered additional services to support them and their family
- **Substantiated** and the child is deemed to be suffering, or likely to suffer, significant harm. In these cases, an Initial Child Protection Conference should be arranged.

If the local authority children's services decides not to call a Child Protection Conference then other practitioners involved with the child and family, such as the DSL, have the right to request that a conference be convened if they have serious concerns that a child's welfare is not being adequately safeguarded.



Referrals and the DSL

During the referral process, it is important that the DSL is available to share information and observations, attend meetings, and provide insights into the life of a child and their family as much as they are able.

Working in partnership with children's services and other professionals is key to assessing the need of the child and taking action to keep them safe.

There may be times when the DSL disagrees with the outcomes of a referral, but they need to respect the opinions, knowledge, and skills of their colleagues in this process and challenge decisions they disagree with in a constructive manner.

Practitioners who work with the child are also best placed to alert their multi-agency colleagues to any changes in circumstances, and if the support plan is working well or needs a review. There may also be new information that comes to light and this will need to be passed onto Children's Services if it increases the risk of significant harm to the child.

DID YOU KNOW? The DSL should encourage practitioners to monitor the progress of the child once the referral process has concluded, continue to observe them and pass on concerns, and share signs that the situation is improving.

If you enjoyed this e-Book and would like to learn more about the topics covered here, then you may be interested in our Education short courses or using our lesson resources for Early Years Educator and Supporting Children and Young People qualifications.

Laser Short Courses, including 'Awareness of Adverse Childhood Experiences (ACEs)', 'FGM awareness', and 'Bullying awareness and prevention', can be found here:

www.lasershortcourses.co.uk/courseList.php

Contact us for more information:

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