

## Safeguarding policy and procedure

<b>Policy owner</b>	Chief Social Worker
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## **Section 1: Overview**

### **1.1 Purpose**

**1.1.1** Frontline recruits and develops outstanding individuals to be social workers and leaders to transform the lives of the most vulnerable children and families. As such, safeguarding is at the heart of what we do. And not just for vulnerable children and their families, but also for our staff, our participants, our partners and all those that come into contact with the charity. We act to protect everyone who encounters Frontline from harm and strive to make every encounter with Frontline a positive one.

**1.1.2** Frontline has a specific duty to protect children and adults at risk and this policy primarily sets out how Frontline keeps them safe and responds to any safeguarding concerns. However, most of the principles are relevant for application more widely, beyond just children and adults who meet the statutory definition of being at risk, to everyone the charity works with.

**1.1.3** Whilst this policy covers safeguarding in relation to both children and adults at risk, Frontline recognises that the procedures required for managing safeguarding in relation to children differ to those in relation to adults at risk. Frontline places equal importance on safeguarding both groups, and the key differences in approach are highlighted in section 2.1.

### **1.2 Scope**

**1.2.1** This policy applies to all Frontline staff (including contractors and volunteers), trustees, participants on any of Frontline’s programmes, fellows and partner organisations. These are collectively referred to as “stakeholders” for the duration of this policy. It will be

implemented when a safeguarding concern arises in connection with Frontline activity. Concerns that are unconnected to Frontline are outside the scope of this policy.

**1.2.2** When a participant has a safeguarding concern in relation to a case they are handling as part of their practice learning experience or subsequent employment by the local authority, they should follow their local authority's policies and procedures instead of Frontline's policies and procedures.

**1.2.3** When a safeguarding concern has been raised in a Local Authority context that involves a participant, the Local Authority will follow their own statutory safeguarding procedures and will notify Frontline. In such instances Frontline has a responsibility to engage with the Local Authority and support the participants as deemed appropriate.

**1.2.4** The policy is available to staff on Frontline's document management platform and is also available to all other parties on Frontline's website.

### **1.3 Responsibilities**

**1.3.1** The chief social worker is responsible for ensuring the implementation of this policy across the organisation.

**1.3.2** The designated safeguarding lead is responsible for convening and chairing a meeting of the safeguarding decision group whenever a safeguarding concern involving children or adults at risk is raised, undertaking the duties outlined in section 2.4 and maintaining appropriate records.

**1.3.3** The designated safeguarding officers are responsible for considering safeguarding concerns related to those not categorised as children or adults at risk and consulting with the designated safeguarding lead. See section 2.5 for further detail.

**1.3.4** The Chief Executive Officer is responsible for maintaining communication with and making recommendations to the lead trustee for safeguarding and the board's safeguarding, policies and complaints committee.

- 1.3.5 The Chair of the board is responsible for making the final decision on whether to report any safeguarding incidents to the relevant regulators.
- 1.3.6 All the groups listed in 1.2.1 are responsible for knowing their safeguarding duties, including how to protect children and adults at risk, following the procedures outlined in this policy and adhering to the code of conduct.
- 1.3.7 Staff members and participants who require an enhanced DBS check to undertake their role must notify a member of the HR team if they are the subject of an investigation by the police or other safeguarding agency into an allegation of abuse of a child or adult at risk and disclose any relevant police cautions or convictions for criminal offences.

## 1.4 Definitions

### 1.4.1

<b>Adult at risk</b>	A person aged 18 or above with care and support needs who is experiencing, or is at risk of, abuse, neglect or exploitation and, as a result of their care and support needs, is unable to protect themselves from this.
<b>Child</b>	A person under the age of 18.
<b>Frontline stakeholders</b>	Frontline staff (including contractors and volunteers), trustees, participants on any of Frontline’s programmes, fellows and partner organisations.
<b>Safeguarding</b>	Protecting people from harm, including abuse, neglect and exploitation.
<b>Safeguarding concern</b>	A worry about the safety or wellbeing of an individual; suspecting someone may be experiencing or at risk of abuse, neglect or exploitation.

## Section 2: Policy and procedures

### 2.1 Preventing harm

- 2.1.1 Frontline has put appropriate safeguards and procedures in place to prevent those it works with from coming to harm. These include:
  - annually reviewing this policy and procedure;
  - having a culture of freedom and responsibility where feedback is encouraged and welcomed;

- providing a framework of support, monitoring and assessment for participants on the Frontline programme;
- assessing the suitability of all job applicants, staff, volunteers and trustees through rigorous recruitment procedures;
- obtaining DBS checks at the highest level a role is eligible for;
- training staff, volunteers and participants on safeguarding matters and policies;
- having a named lead trustee for safeguarding and a safeguarding, policies and complaints board committee;
- operating appropriate health and safety policies and procedures;
- ensuring partner organisations and sub-contractors have appropriate safeguarding policies and procedures in place where the service they provide to Frontline includes work with children and/or adults at risk;
- having a whistleblowing policy for staff and participants that references safeguarding concerns; and
- maintaining an ISO27001 accreditation for information security management and GDPR compliance to ensure the safe handling of personal data; and

## **2.2 Safeguarding children and adults at risk**

**2.2.1** The following sections 2.3 and 2.4 relate to the safeguarding of children and adults at risk.

**2.2.2** Children and adults at risk may face different sets of issues and there is different legislation for both groups. Some aspects of the process for managing safeguarding in relation to children therefore differ to those in relation to adults at risk. The key differences are as follows:

### **Safeguarding children**

**2.2.3** Safety is the primary concern. Whilst a child's views are important, they are not considered to be responsible for protecting themselves.

**2.2.4** Abuse should be reported to the local children's social care team.

### **Safeguarding adults**

**2.2.5** Adults have a right to self-determination. The law mostly intervenes only when an adult is assessed to lack capacity in making choices about their protection or where the concern

also extends to children.

**2.2.6** Safeguarding adults is not just about having systems and processes in place. Frontline will engage, consult and inform regarding all decisions affecting them.

**2.2.7** Financial abuse and organisational abuse are more likely to be relevant with respect to adults than children.

**2.2.8** Abuse should be reported to the local adult social care team.

## **2.3 Recognising and responding to concerns about abuse**

### **Recognising**

**2.3.1** A safeguarding concern could be raised as a result of someone:

- directly disclosing they have been abused;
- displaying behaviour or making verbal statements that signal something is wrong;
- trying to communicate non-verbally; or
- exhibiting signs that could be indicators of abuse.

**2.3.2** The different categories and signs of abuse are detailed in Annex 4.2. All stakeholders should be familiar with these.

**2.3.3** Stakeholders should respond to a disclosure of abuse in a way that shows that the person making the disclosure is being listened to and supported - by giving their full attention, not rushing the disclosure and reflecting back what's been said.

**2.3.4** Stakeholders should *never promise confidentiality* to someone who makes a disclosure *nor attempt to investigate the allegation* - they should explain they need to share what they've been told with someone who will be able to help.

**2.3.5** It may however be helpful to ask a few clarifying questions, either where someone makes a disclosure or displays signs or behaviours that suggest concerns about their safety. Interpreting behaviours and verbal comments can be subjective and gaining a fuller understanding could be helpful.

**2.3.6** Stakeholders should, however, maintain a duty of confidentiality and only share information in accordance with this policy.

**2.3.7** Stakeholders shouldn't wait for someone to directly disclose abuse before they take action.

### **Gathering consent**

**2.3.8** Stakeholders should seek consent to share information externally about children and adults. Where a child does not have the required competency to make their own decisions, their parent or carer should be asked, unless the parent or carer are involved in the concern.

**2.3.9** Stakeholders should make a written record of any consent given verbally.

**2.3.10** If consent is refused or cannot be sought, the stakeholder can and should still share information with relevant professionals if this is in the public interest, including to protect the individual from significant harm, the information indicates a serious crime has been or will be committed or there is a possible terrorist threat, or you think the person lacks the mental capacity to decide and it would be in the individual's best interests. If there is uncertainty as to how to proceed, they should consult with the designated safeguarding lead.

**2.3.11** Adults have a right to self-determination that children do not have. Adults may choose not to act at all to protect themselves, and the law often only intervenes when an adult is assessed to lack capacity in that area, or where the concerns may extend to children, such as when they are living in the same household.

### **Responding**

**2.3.12** If a stakeholder believes that an individual is in immediate danger, they should call the police on 999 as well as following the procedure detailed below.

**2.3.13** Stakeholders should keep accurate and detailed notes on any safeguarding concerns they have, including:

- the person's name and details
- what they said or did that gave cause for concern (if they made a verbal disclosure then record their exact words)

- any information given about the alleged abuser

**2.3.14** They should inform the designated safeguarding lead of their concerns by completing the safeguarding incident or concern reporting form as soon as possible, so that they can decide what the next steps are. See Annex 4.3 for contact details. The only exception to this is where a participant has a concern that has arisen from their practice learning experience or employment, in which case they should follow their local authority's safeguarding procedures.

**2.3.15** The designated safeguarding lead will then follow the procedures outlined in annex 4.4 below.

**2.3.16** If the person reporting a concern has reason to believe the designated safeguarding lead has not responded appropriately to their report, they should refer the matter to the Chief Executive Officer. If they still have concerns about Frontline's response having referred the matter to the Chief Executive Officer, they should raise the matter under Frontline's whistleblowing policy.

## **2.4 Designated safeguarding lead: responding to, reporting and closing a case**

### **Record keeping**

**2.4.1** The designated safeguarding lead will maintain:

- a case file for each case, to include, but not be limited to, the reporting form and safeguarding concern assessment and management form; and
- a concerns log

**2.4.2** Records will be stored in a secure location and access will be limited to relevant staff.

### **Responding**

**2.4.2** When notified of a safeguarding concern, the designated safeguarding lead will speak to the individual who raised the concern and make an immediate initial assessment of the concern, referring to Annex A of the safeguarding concern assessment and management form for guidance (page 29). The assessment should be recorded in section one of the form within 24 hours.

- 2.4.3** The immediate initial assessment will include determining whether the individual concerned is in immediate danger or there is a current risk of harm. Where this is the case, the designated safeguarding lead will notify the police (if this has not already been done) and the relevant local authority safeguarding team.
- 2.4.4** If the designated safeguarding lead is not available, the deputy safeguarding lead will assume their role.
- 2.4.5** They will then notify the Chief Executive Officer (considering the guidance given in Annex 4.4 on ‘Keeping others informed’) and decide together whether the concern meets the threshold for initiation of the incident management plan. The designated safeguarding lead will also convene a meeting of the safeguarding decision group within 24 hours, to consist of:
- themselves (the designated safeguarding lead);
  - the team director or head responsible for the business area from which the concern has arisen; and
  - the governance and compliance (GC) manager
- 2.4.6** The safeguarding decision group will review the initial assessment of the concern and agree on the next steps to be taken and by whom. If one of the decisions taken is to notify the board safeguarding lead, the board safeguarding lead may request to ratify any further decisions.
- 2.4.7** The designated safeguarding lead is responsible for completing sections two and three of the safeguarding concern assessment and management form, in discussion with the safeguarding decision group (section two) and Chief Executive Officer (section three). This will include ensuring any necessary referral is made to relevant regulatory and/or professional bodies.

## **Reporting**

- 2.4.8** When it is identified that a referral needs to be made to the local authority safeguarding team, the designated safeguarding lead will identify the correct local safeguarding board and follow their guidance for reporting. The correct team to contact will depend on which local authority the concern relates to. For concerns relating to children and young people, this can be identified using the government’s postcode tool [here](#). The relevant local authority website will also explain what steps to take. For concerns relating to adults at

risk, consult the relevant council's website.

**2.4.9** They will then agree their continuing role with the local authority safeguarding team.

**2.4.10** The designated safeguarding lead will also consider whether a report needs to be made to the Disclosure and Barring Service, the Charity Commission and/or Social Work England or other bodies and make a recommendation to the Chief Executive, who will make a recommendation to the board's safeguarding, policy and complaints committee and then the Chair of the board. It may be appropriate to consult the relevant body for advice before making a report.

**2.4.11** Wherever possible they will seek consent from the person(s) involved in the concern and be clear about why, what, how and with whom their information will be shared, following the principles outlined in section 2.3.8 to 2.3.11.

#### **Closing a case**

**2.4.12** The designated safeguarding lead will close a case when it is agreed that they no longer have any ongoing role or actions to complete. They will notify anyone involved and complete section four of the safeguarding concern assessment and management form.

### **2.5 Safeguarding procedures for those not categorised as children or adults at risk**

**2.5.1** If a stakeholder has a safeguarding concern in relation to someone who is neither a child nor adult at risk, e.g. a staff member or participant, the guidelines set out in section 2.3.1 to 2.3.13 are still relevant.

**2.5.2** The stakeholder should notify the relevant designated safeguarding officer as detailed in Annex 4.3.

**2.5.3** The designated safeguarding officer will consider the concern and consult with the designated safeguarding lead to determine the appropriate response. Depending on the nature of the concern, the designated safeguarding lead may choose to follow the procedures outlined in section 2.4.

## **2.6 Responding to allegations made against staff or volunteers**

**2.6.1** Any safeguarding allegations or concerns made about staff or volunteers will be taken seriously and dealt with sensitively and promptly, whilst maintaining confidentiality.

**2.6.2** This safeguarding policy and procedures will be followed, and in addition, Frontline's Head of People will be notified. The Head of People will determine whether it is appropriate to also instigate disciplinary procedures. In accordance with the disciplinary policy, the decision may be taken to suspend the employee pending the completion of any investigation.

**2.6.3** The allegation will be followed up even if someone resigns from their post.

## **2.7 Responding to allegations made against participants**

**2.7.1** Any safeguarding allegations or concerns made about Frontline participants will be taken seriously and dealt with sensitively and promptly, whilst maintaining confidentiality.

**2.7.2** This safeguarding policy and procedures will be followed, and in addition, the participant's Head of Delivery will be notified. The Head of Delivery will determine whether it is appropriate to also instigate fitness to practise procedures. This may be either Frontline or the local authority's procedures depending on which year of the programme the participant is in. In accordance with the fitness to practise procedures, the participant may be suspended pending the completion of any investigation.

**2.7.3** The allegation will be followed up even if someone withdraws from the programme.

## **2.8 Prevent (radicalisation)**

**2.8.1** Radicalisation can result in a person becoming drawn into terrorism and is in itself a form of harm. Please refer to Frontline's policy on modern slavery and radicalisation for further guidance.

## **Section 3: Relevant references**

### **3.1 Laws and regulations**

**3.1.1** Safeguarding Vulnerable Groups Act 2006

**3.1.2 Safeguarding children**

Working together to safeguard children 2018

[Gillick competency and Fraser guidelines](#)

**3.1.3 Safeguarding adults**

The Care Act 2014

Mental Capacity Act 2005..

### **3.2 Further guidance and policies**

**3.2.1** The following guidance and resources have been consulted in developing this policy and procedure:

- <https://www.gov.uk/guidance/safeguarding-duties-for-charity-trustees>
- <https://knowhow.ncvo.org.uk/safeguarding>
- <https://learning.nspcc.org.uk/safeguarding-child-protection/>
- <https://www.anncrafttrust.org/resources/>

**3.2.2** Please also refer to Frontline’s policies on:

- Disciplinary (for Frontline staff)
- Equality, diversity and inclusion
- Grievances (for Frontline staff)
- Incident management (for Frontline staff)
- Whistleblowing

## **Section 4: Annexes**

### **4.1 Code of conduct for Frontline staff (including volunteers and contractors) and trustees<sup>1</sup>**

**4.1.1** In your role with Frontline you are acting in a position of trust and authority and have a duty of care towards the people we work with. You are likely to be seen as a role model and are expected to act appropriately. In accordance with Frontline’s culture of freedom and responsibility we trust you to act responsibly and have set out below a broad code of conduct that is not expected to be of surprise.

**4.1.2** Participants on the Frontline programme are expected to adhere to SWE’s professional standards, Frontline’s code of conduct and misconduct policy (2019 cohort) and the guidance in the Fitness to Practise and Fitness to Study policies (2020 cohorts and beyond), and to any guidelines issued by their local authorities.

#### **4.1.3 Responsibility**

You are responsible for:

- prioritising the welfare of children, young people and adults at risk;
- providing a safe environment for others by ensuring equipment is used safely and for its intended purpose and having good awareness of issues to do with safeguarding and child protection and taking action when appropriate;
- following Frontline’s values, policies and procedures;
- staying within the law at all times;
- modelling good behaviour for others to follow;
- challenging all unacceptable behaviour and reporting any breaches of the behaviour code to a designated safeguarding officer; and
- reporting all concerns about abusive behaviour, following Frontline’s safeguarding procedures.

#### **4.1.3 Rights**

You should:

- treat others fairly and without prejudice or discrimination;
- understand that everyone is an individual, with individual needs;

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<sup>1</sup> This code of conduct has been adapted from the NSPCC [example behaviour code](#).

- respect differences in gender, sexual orientation, culture, race, ethnicity, disability and religious belief systems, and appreciate that all participants bring something valuable and different to the organisation;
- challenge discrimination and prejudice; and
- encourage others to speak out about attitudes or behaviour that makes them uncomfortable.

#### **4.1.4 Relationships**

You should:

- promote relationships that are based on openness, honesty, trust and respect;
- avoid favouritism;
- be patient with others;
- exercise caution when you are discussing sensitive issues with children or young people;
- ensure your contact with children and young people is appropriate and relevant to the work of the project you are involved in;
- ensure that whenever possible, there is more than one adult present during activities with children and young people - if a situation arises where you are alone with a child or young person, ensure that you are within sight or hearing of other adults (except in the case of a Frontline participant working within their professional boundaries as a social worker);
- keep other Frontline stakeholders informed of where you are and what you are doing; and
- only provide personal care in an emergency and make sure there is more than one adult present if possible.

#### **4.1.5 Respect**

You should:

- listen to and respect others at all times;
- value and take everyone's contributions seriously; and
- respect people's rights to personal privacy as far as possible - if you need to break confidentiality in order to follow child protection procedures, it is important to explain this to the child or young person at the earliest opportunity.

#### 4.1.6 Unacceptable behaviour

You must not:

- allow concerns or allegations to go unreported;
- trivialise abuse;
- take unnecessary risks;
- smoke or consume alcohol in the course of performing your duties for Frontline<sup>2</sup>, or use illegal substances;
- develop inappropriate relationships;
- make inappropriate promises;
- engage in behaviour that is in any way abusive, including having any form of sexual contact with a child, young person or adult at risk;
- let children and young people have your personal contact details (mobile number, email or postal address) or have contact with them via a personal social media account;
- act in a way that can be perceived as threatening or intrusive;
- take photos of people without their permission;
- patronise or belittle children and young people;
- make sarcastic, insensitive, derogatory or sexually suggestive comments or gestures to or in front of children and young people.

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<sup>2</sup> Alcohol may be responsibly consumed when provided at Frontline events

## 4.2 Categories and signs of abuse

- 4.2.1 There are many different forms of abuse. This annex is intended to provide a short summary and has been taken in most part from the NSPCC's factsheet on the definitions and signs of child abuse and Care Act statutory guidance. For more detailed information please refer to the NSPCC factsheet [here](#) and the Care Act guidance [here](#) (chapter 14).
- 4.2.2 **Physical abuse** happens when someone is deliberately hurt, causing injuries such as cuts, bruises, burns and broken bones.
- 4.2.3 **Neglect** is persistently failing to meet basic physical and/or psychological needs, usually resulting in serious damage to their health and development. In adults this can include **self-neglect**.
- 4.2.4 **Sexual abuse** is forcing someone (or enticing a vulnerable person) to take part in sexual activities. It doesn't necessarily involve violence and the person may not be aware that what is happening is abuse. **Child sexual exploitation** is a type of sexual abuse when young people in exploitative situations and relationships receive things such as gifts, money, drugs, alcohol, status or affection in exchange for taking part in sexual activities.
- 4.2.5 **Harmful sexual behaviour** can develop in children and young people and can cause harm to themselves and others. It may include using sexually explicit words and phrases, inappropriate touching or using sexual violence or threats.
- 4.2.6 **Emotional abuse** is any type of abuse that involves the continual emotional mistreatment of a person. It's sometimes called psychological abuse and can include humiliation, constant criticism, manipulation and failure to praise.
- 4.2.7 **Domestic abuse** is any type of controlling, bullying, threatening or violent behaviour between people who are or were in an intimate relationship.
- 4.2.8 **Bullying** is behaviour that hurts someone else. It includes name calling, hitting, pushing, spreading rumours, threatening or undermining someone. **Cyberbullying** is bullying that takes place online, for example via social networks, gaming and mobile phones.
- 4.2.9 **Modern slavery** is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other

means for the purpose of exploitation. It may include criminal or commercial exploitation. **Human trafficking** is included within modern slavery.

**4.2.10 Female genital mutilation (FGM)** is the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons. It is illegal to perform/arrange for FGM to be carried out on a girl (under 18 years) in the UK or to take a girl abroad for that purpose.

**4.2.11 Discriminatory abuse** is abuse because of race, gender and gender identity, age, disability, sexual orientation or religion and takes the form of harassment, slurs or similar treatment.

**4.2.12 Financial or material abuse** includes theft, fraud, exploitation or coercion in relation to an adult's financial affairs or arrangements.

**4.2.13 Organisational abuse** includes neglect and poor care practice in relation to an adult within an institution or specific care setting such as a hospital or care home.

**4.2.14 Human rights abuses** such as forced marriage, which is marriage where one or both people do not, or cannot, consent to the marriage and where duress is used to enforce the marriage.

**4.2.15** There is no one sign of abuse but many of the signs someone is being abused are the same regardless of the type of abuse. In addition, people may experience multiple types of abuse at once e.g. sexual abuse and emotional abuse. Anyone working with children or adults at risk should look out for:

- regular flinching in response to sudden but harmless actions
- showing an inexplicable fear of particular places or making excuses to avoid particular people
- children having knowledge of adult issues
- angry outbursts or behaving aggressively
- becoming withdrawn or appearing anxious, clingy or depressed
- self-harming or thoughts about suicide
- changes in eating habits or developing eating disorders

- regularly experiencing nightmares or sleep problems
- children running away or regularly going missing from home or care
- not receiving adequate medical attention after injuries
- Sudden presence of gifts (phones, clothes jewelry) that are beyond the child or adult's financial means and have no clear source
- Changes to an adult's financial circumstances. i.e. they have significantly less money, with no explanation as to why and their income remains unchanged

4.2.16 These signs do not necessarily mean someone is being abused and should be considered in the context of the situation.

### 4.3 Contact details for key staff

Policy role	Allocated to	Named person(s) at July 2020	Contact details
Designated safeguarding lead	Chief Social Worker	Lisa Hackett	<a href="mailto:lisa.hackett@thefrontline.org.uk">lisa.hackett@thefrontline.org.uk</a>
Deputy safeguarding lead	Head of Delivery	Vicki Parker	<a href="mailto:victoria.parker@thefrontline.org.uk">victoria.parker@thefrontline.org.uk</a>
Chief Executive Officer	CEO	Mary Jackson	<a href="mailto:mary.jackson@thefrontline.org.uk">mary.jackson@thefrontline.org.uk</a>
Deputy in the absence of the CEO	COO	Tomos Davies	<a href="mailto:tomos.davies@thefrontline.org.uk">tomos.davies@thefrontline.org.uk</a>
Lead trustee for safeguarding	Trustee in SPCC	Sukriti Sen	
Deputy lead trustee for safeguarding	Any member of the board SPCC	Michael Clark Jacob Rosenzweig	
Designated safeguarding officers	For concerns related to participants: Named practice tutors For concerns related to staff: People Partner Firstline and coaching: Firstline Coordinator	Laura Carreira  Alex Sikkink	

## 4.4 Designated safeguarding lead guidance

The following guidance has been taken from the NCVO's designated safeguarding lead's handbook, licensed under [CC BY-NC-SA 4.0](#).

### Supporting those who share a concern with you

Your primary concern should be the best interests of the person who is at risk of harm. However, the person sharing this concern with you may also be distressed by the situation, even if they are reporting on behalf of someone else. Everyone can respond to worries about another differently. If someone has previously experienced trauma they can find it especially upsetting.

You should:

- Thank them for bringing this concern to your attention and that they have fulfilled their key responsibility
- Explain that you will now take responsibility in leading management of this concern and any contact with statutory agencies
- Highlight that there may be limited updates that you have or can give them on the situation; that does not mean that it was not important for them to share this
- Remind them of the importance of confidentiality and not sharing this information further
- Ensure they have your contact details in case they think of anything else they have not yet shared that they think may be relevant
- Discuss with them what additional support they may require. This may include informing their supervisor that they have dealt with a difficult situation, contacting any employee assistance programme or, if necessary, supporting them to access additional support
- Consider contacting them later to check in on how they are doing

### Five things to remember when assessing a safeguarding concern

- Gather as much information as you can from the person reporting the concern, but don't delay in assessing or referring the concern if anything is missing. You can always go back and gather additional information later.
- If you think a child or adult at risk has been harmed or abused in any way, you must always go to social services or the police.
- Wherever possible, tell the person concerned what you are going to do, unless you think it unsafe to do so.
- If at any point you are not sure what to do, always call your local safeguarding team helpline for advice.

- Record everything. You must record all the information you have, any decisions made, or information shared.

### **Keeping others informed**

As DSL, you may be asked to provide updates to the senior leadership and/or Board about a safeguarding concern. You will need to consider what information you are able to share without risking any investigations that may be ongoing or breaching confidentiality.

Senior leaders and the Board should be seeking assurances that the organisation's policy and procedures for managing concerns are being followed, that risk of harm to the organisation is being managed and that when and where appropriate the relevant regulatory bodies are informed. They will rarely require details of specific incidents or people. Summary information with non-identifiable details may include:

- the nature (category of abuse) of the allegation or serious incident
- who is leading the process
- any immediate arrangements have been put in place to prevent further abuse or neglect
- which agencies have been notified and are involved
- any referral or reporting requirements considered.

### **Making a referral to a local safeguarding team**

Follow the guidelines from your local safeguarding children and adult teams alongside our advice below.

If you decide to make a referral you should do so as soon as possible with as much information as you can safely gather. Do not delay making a referral if you do not have all the information you might need.

Information you can gather

- Relevant details of the person you're concerned about.
- Your involvement with the person(s) you're concerned about.
- The nature of the concern, expressed in a clear and concise way.
- If there is an alleged perpetrator (someone accused of being responsible for the abuse or harm), any identifiable information including their name, known location or employment details.
- Whether anyone else is at risk of harm.
- Whether anyone has spoken to the person, family members or others about the concern.

- Details of other services that are already involved with the person (if known).

Once you have reported the concern, they will decide if the referral meets their criteria to act. You should be informed within 48 hours. You must follow up if you are not informed within 48 hours.

Where the concern is about a child and someone in connection with your organisation is accused of causing the harm or abuse, reporting will involve speaking to your local authority designated officer (LADO). Every local authority has either one person or a whole team in this role. They are expected to give advice and guidance to employers and voluntary organisation, liaise with the police and other agencies, and monitor the progress of cases to ensure that they are dealt with as quickly as possible. They also have responsibilities to make sure the process is thorough and fair.

## **Reporting safeguarding concerns to regulators**

### The Disclosure and Barring Service

The Disclosure and Barring Service provides information on criminal records and barring decisions. It helps employers make safer recruitment decisions and prevent unsuitable people from working with adults at risk and children.

If a safeguarding concern involves staff or volunteers who've caused harm or posed a significant risk of causing harm to individuals, you should consider making a referral to the Disclosure and Barring Service. If staff or volunteers have been dismissed or removed from your organisation and you work directly with children and adults at risk, you must make a referral.

[Read Disclosure and Barring Service referral information.](#)

### The Charity Commission

The Charity Commission requires any registered charity to report 'serious incidents'. You must report to the Charity Commission if any safeguarding concerns have resulted or could have resulted in harm. This includes some situations where your own policies or procedures have not been followed properly. If those breaches have put people who come into contact with the charity through its work at significant risk of harm, you must report them even if no actual harm occurred.

What needs to be reported depends on the context of your charity, taking account of its staff, operations, finances and/or reputation. A report should always be made where the level of harm to the victims and/or the likely damage to the reputation of or public trust in the charity is particularly high

The responsibility for reporting serious incidents rests with the charity's trustees. In practice, this may be delegated to someone else within the charity, such as the CEO or DSL. You should ensure that you follow any protocol for delegated authority to report to the Charity Commission. If in doubt, always ensure that trustees have authorised the report.

Upon receipt of a report, the role of the Charity Commission must:

- focus on the conduct of the trustees
- focus on steps the trustees have taken to protect the charity
- consider what the trustees have done to make sure they're compliant with their legal duties and responsibilities towards the charity in managing safeguarding concerns.

Even if the incident is not illegal or there is no police investigation, the Charity Commission may still have serious concerns about the charity, the conduct of its trustees or its safeguarding systems. They will be looking for reassurance that your organisation has taken steps to limit the immediate impact of the incident and, where possible, prevent it from happening again. They may undertake an investigation and decide how to respond on the basis of evidence collected.

[Read The Charity Commission guidance on reporting serious incidents.](#)

#### National Crime Agency

In cases where a person has committed or potentially committed a child sexual abuse/exploitation offence overseas, involving a British national or a person with a claim to UK residency, the UK authorities may have an interest even though it is overseas.

The NCA advise reporting to them after the concern has reported locally in the country where the offence allegedly took place.

[Read Information on reporting to the National Crime Agency.](#)

#### Health and Safety Executive

The Health and Safety Executive is the independent regulator of work-related health, safety and illness. They are responsible for enforcing health and safety laws where a body has caused or has potential to cause significant harm, or alleges the denial of basic employee welfare facilities. Your organisation may need to report injuries, diseases, dangerous occurrences and concerns raised by workers, the public or others.

[Read guidance on reporting to the HSE](#)

### Professional bodies

Where you have staff or volunteers who are a member of a regulated profession, and they have been the subject of an allegation or concern, you may also choose to refer the issue to that professional body. These tend to deal with issues relating to fitness to practice or bringing that profession into disrepute. They tend to be for roles with specific health or social care responsibilities.

## 4.5 Safeguarding concern assessment and management form<sup>3</sup>

**Section 1: Assessment** – to be completed as soon as a safeguarding concern has been raised

Brief summary of the concern	
Date received	
What action has already been taken?	
Is anyone else in the organisation affected by the situation?	
What type of concern is it? (See Annex 1, could be more than one)	
What action needs to be taken? (See Annex 1)	
Does the concern meet the threshold of the incident management plan?	
Completed by:	
Date:	

<sup>3</sup> Some of the information in this document has been adapted from NCVO's designated safeguarding lead's handbook, licensed under [CC BY-NC-SA 4.0](https://creativecommons.org/licenses/by-nc-sa/4.0/)

**Section 2: Managing safeguarding concerns** – to be completed when the safeguarding decision group has met

Have the actions identified in section 1 been taken? Please give details.	
Does the safeguarding lead on the board need to be notified? Why?	To be agreed in conjunction with the Chief Executive. As guidance, the lead trustee for safeguarding should be notified whenever there is a reasonable likelihood that someone has come to harm as a result of a Frontline activity.
Is another agency such as social services or the police involved? How will contact be maintained with them?	
Does any additional information need to be gathered?	
Does an internal investigation need to be completed? Why?	NB: Only appropriate when an allegation is not investigated by social services or the police.
Do the ER team need to be briefed?	

**Section 3: Additional reporting** – to be completed when the Chief Executive and trustees, as appropriate, have ratified the decision.

DBS	Reported? Date: Rationale:
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Charity Commission	Reported? Date: Rationale:
Social Work England	Reported? Date: Rationale:
National Crime Agency	Reported? Date: Rationale:
Health and Safety Executive	Reported? Date: Rationale:
Other	Reported? Date: Rationale:

**Section 4: Case closure** – to be completed when the case has been closed

Date case closed	
Which parties have been notified?	
Lessons learned	
Recommendations for changes to policy or working practices	

## Annex 1: Types of concern

Category	Detail	Necessary action
Emergency incidents	A life-threatening situation with imminent danger and harm to a child, young person or adult.	<ul style="list-style-type: none"> <li>- Immediately contact the emergency services if they haven't already been called and the local authority safeguarding team</li> <li>- Make sure the current situation is safe</li> </ul>
Child or adult protection concerns	A child, young person or adult at risk is at current risk of, or has experienced, abuse, harm or exploitation.	<ul style="list-style-type: none"> <li>- If the person is in immediate danger, or the abuse has happened where they live, contact the police if they have not already been called and the local authority safeguarding team. If the concern comes to your attention outside of office hours you would need to contact the Local Authority Emergency Duty Service/Team (alongside the police)</li> <li>- If they're not in immediate danger, call the local authority safeguarding team within 24 hours and make a telephone referral, to be followed up with a written referral</li> </ul>
Allegations concerning staff or volunteers	<p>It has been alleged that Frontline staff or volunteers have harmed, abused or exploited another person.</p> <p>It has been alleged that a Frontline participant has harmed, abused or exploited another person.</p>	<p>If it involves a child or adult at risk:</p> <ul style="list-style-type: none"> <li>- Contact the local authority safeguarding team as soon as possible within 24 hours</li> <li>- Be guided by them on any further actions required of you</li> <li>- If the concern comes to your attention outside of office hours you would need to contact the Local Authority Emergency Duty Service/Team</li> </ul> <p>If it doesn't involve a child or adult at risk:</p> <ul style="list-style-type: none"> <li>- Contact the Head of HR within 24 hours to discuss the concern</li> <li>- Follow Frontline's disciplinary procedures</li> </ul>

		<p>If it involves a child or adult at risk:</p> <ul style="list-style-type: none"> <li>- Contact the local authority safeguarding team as soon as possible within 24 hours</li> <li>- Be guided by them on any further actions required of you</li> </ul> <p>If it doesn't involve a child or adult at risk:</p> <ul style="list-style-type: none"> <li>- Contact the Head of Region within 24 hours to discuss the concern</li> <li>- Notify their LA</li> <li>- Follow relevant fitness to practice procedures</li> </ul>
Welfare concerns	No one has been harmed in any way but a child, young person or adult shows signs of being in need. You have concerns for their health, wellbeing or safety if they don't get help.	<ul style="list-style-type: none"> <li>- Arrange for someone from Frontline to speak to the person within 7 days to share your concerns and make sure they have the support they need.</li> </ul> <p>It may be necessary to:</p> <ul style="list-style-type: none"> <li>- Refer them to social services</li> <li>- if the concern is about a child or young person.</li> <li>- Speak to their lead professional if the person or family already has one, e.g. a social worker</li> </ul>
Concerns about other organisations	The safeguarding concern is about another organisation, their staff, volunteers or people they work with.	<ul style="list-style-type: none"> <li>- As soon as possible within 24 hours contact the DSL of the organisation in question and pass on your concern, if this has not already happened.</li> <li>- Contact the local safeguarding team yourself if you believe the organisation has not acted and someone is at risk. If the concern comes to your attention outside of office hours you would need to contact the Local Authority Emergency Duty Service/Team</li> </ul>
Responding to historic or non recent concerns	You have become aware of a concern relating to an incident which took place in the past.	<ul style="list-style-type: none"> <li>- Signpost the person who experienced the abuse to relevant support groups. Let them know they can still</li> </ul>

		<p>make a formal complaint to the police.</p> <ul style="list-style-type: none"><li>- Establish if the person alleged to have caused the harm works with children or adults at risk. A referral should be made to social services, with the consent of the person who experienced the abuse if possible.</li><li>- Consider what consent the person has given for their information to be shared. How, when and to whom you share this information should usually be with their consent.</li></ul>
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