



Child Protection and Safeguarding Procedure

Safeguarding Document 2

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British Liver Trust's definition of young people is up to the age of 18. Staff will refer to the Safeguarding Policy for Adults at Risk for any safeguarding concerns for over 18s.

Responding to Child Protection and Safeguarding Concerns

In practice, British Liver Trust is rarely in the situation of seeing abuse first-hand but a worker/volunteer may be informed of abuse via a disclosure, witness something or be given information that gives rise to concern of abuse. **In all situations, the Designated Safeguarding Officer (Head of Children and Families) MUST be informed.** The DSO will inform and liaise with the Director of Service Delivery as appropriate. In the absence of the DSO, the Director of Service Delivery must be informed who will inform and liaise with the CEO as appropriate.

What to do if a child tells you about abuse or if you are concerned about a child's welfare

The meaning of 'tell' is very broad in this context. Often, it is not what a child says but what s/he does, or does not do, that alerts you. A child may be frightened to talk about what is happening at home. A child may display sudden or strange changes of behaviour, for example angry outbursts or complete withdrawal. A child might become unusually dirty or disheveled, may lose weight dramatically or look exhausted. Changes in behaviour or appearance that worry you must be passed on. It may be that what is happening has nothing to do with child protection, but there may still be a need for support. Other agencies that can offer this help may need to be alerted.

Listen Carefully. Most children find it difficult to talk about abuse. If they have summoned up the courage to talk to you, it is because they believe you can help. Now is not the time to be working out whether what you hear can possibly be true.

Let the child lead the pace. Try not to ask questions. Don't jump in to fill pauses. Keep the conversation going with encouraging nods, attentive eye contact and repetitions of what has been said or signed.

Once is enough. Once you know you will have to report what you have been told, don't ask the child to repeat what they have said. Make sure the child knows that they are not alone, and that you are taking what they say seriously and that you will be getting help from someone who knows what to do in this kind of situation.

Be honest. Answer the child's questions as honestly as you can; if you don't know the answer, say so, but say you will try to find out.

Don't investigate, don't confront. Your job will be to pass on the information, not to investigate. Don't confront the alleged abuser; this will not be helpful and may cause difficulties for any investigation. Do not take photos or ask to see any harmful markings.

Remember the boundaries of confidentiality. Never promise total confidentiality if you are told about possible abuse. You will almost certainly have to share the information in order to help keep the child safe. If a child wants to tell, but wants a promise of confidentiality first, tell the child that you will keep a secret if you possibly can, but if you believe that the child or anyone else might be harmed, you will have to tell someone. If the child is not able to say anything more, you can help them find some privacy and a telephone to contact Childline (0800 1111 or Text phone 0800 056 0566 for hearing impaired children). This is a totally confidential service.

Seek advice. Explain to the child that this kind of thing can happen to children; that's why you are able to talk to people who know what to do to help.

Inform and enlist the support of your Designated Safeguarding Officer in making a confidential report. Even if the account the child has given seems vague or unlikely, still take advice from the Children's Social Care service in the area where the child lives. You can do this, if necessary, by discussing the situation without mentioning any names.

Keep contact numbers handy. Some general contact numbers are given at the end of the guidance document. It is also useful to gain access to the contact information for the child's or young adult's local police, social workers and other useful organisations in their area. Whilst British Liver Trust is a national charity, the Designated Safeguarding Officer (DSO) will need to do some research into the child or young adult's area for local services.

In conclusion: your job is to listen, support and pass information on. Then let the experienced professionals take over and cooperate with them in any way that you can to protect the child.

Make a careful log of what has happened. Write what the child has told you, use the child's own words as closely as you can; what you saw and heard; when and where the alleged abuse took place; who was involved, when and where the child told you about it.

- Whenever possible and practical, take notes during the conversation. Always ask permission to do this and explain the importance of recording all information. Where it is not appropriate to make notes at the time, make a written record as soon as possible afterwards and in any case **before the end of the day**. Use the **Confidential Safeguarding Children/Young People/Vulnerable Adults Cause for Concern Form (Appendix 1)**
- Record the time, date, location (or e.g., by letter, by telephone) and person(s) present. The record should be signed and dated by the author.
- Your record must use direct speech wherever possible with actual words used. Do not make assumptions about the intended meaning of words used.
- Do not be selective. Include all details even though they may seem irrelevant. It may prove invaluable at a later stage in an investigation. The initial recording will form the first entry in a file of information about the case which will be retained by the Designated Safeguarding Officer in the Safeguarding folder.
- Include information about the circumstances of the referral, observations made and any background information which is considered relevant. Professional opinion may be included, though it must be specified as such.
- The reporting person will need to complete the multi-agency referral form which should be sent by the child's local authority or will be available online from their local safeguarding board website.
- Create a log of actions and record times, dates, names and contact details of persons spoken to, and any advice received, or agreement reached. It is important to include full details of any referral to the police or social services.
- Consent should be sought (and recorded on the Cause for Concern form) to contact and refer to the appropriate agencies. However, if consent would endanger the child or the staff member/volunteer then action needs to be taken without consent.

In all cases the written records must be updated with actions, adding time, date and signature and passed to the Designated Safeguarding Officer. In a remote working environment, the written record is a completed Cause for Concern word document

electronically signed and saved in the designated confidential safeguarding folder (which has been created by the DSO after discussion about the disclosure) and an e-mail to alert the DSO that it has been saved. Records must be shared with the Director of Service Delivery **by noon the next working day**, the DSO will e-mail a link to the confidential electronic folder which they are stored in. All data stored about children and young people is processed in line with our Privacy Policy complying with the GDPR and data protection legislation. These timescales apply to non-emergency concerns only. In an emergency situation, prior communication would have taken place to appraise the CEO of the situation.

What to do if a child tells you about abuse or you have concerns about a child's welfare out of hours or away from home.

In an out-of-hours situation, at an event for example, the immediate decision you will face is whether the child is safe to go home. You will need to consider what to do if the alleged abuser is likely to be there. If you believe the risk to the child is serious and immediate, or the child does not feel safe to go home, **call the local Children's Social Care Service, Emergency Duty/Out of Hours Team or the Police**. Make clear that this is a child protection matter and take advice on what to do next. Go over the log with the **Designated Safeguarding Officer (DSO)** to make sure it is clear and then give it to the **DSO** for filing in a secure place as it may be needed by other agencies. Under these circumstances the Director of Service Delivery must also be called as soon as possible after receiving the information or becoming aware of the concern.

The Designated Safeguarding Officer should call the appropriate Children's Social Care team¹ if you have not already made an emergency referral. Make sure s/he has to hand the details from the child's registration form with the name(s), address and date of birth on it.

The Designated Safeguarding Officer, where possible should seek advice on whether or not to inform the parents/carers of the report we have made to children's services and or police, and will:

- Follow up the call with a written note (the Designated Safeguarding Officer will be advised about what needs to be included in it by the social worker who takes the call, from the local safeguarding team).
- Ensure that the reporting person completes and sends the multi-agency referral form which will be available online. It will be sourced from the local authority safeguarding partnership website, in the area which the child resides (unless otherwise informed by the Social Care team.)
- Provide a copy of the log, plus a log of any further action, to the Director of Service Delivery.

What to do if you have concerns about a child or young adult who might be harming other children

It is important to be aware that children can abuse other children. There is a range of behaviours, starting with normal childhood activity, which, in the extreme, can extend to bullying, violence or sexual assault. Sexual activity between children and young adults under

¹ This will usually be called the children's social care team or children's social services and is part of the local Council, or in NI the Health and Social Services Trust. You need to speak to the Duty Child Protection Worker or Duty Social Worker.

the age of consent can form part of normal childhood exploration, but in some circumstances can be abusive.

It is therefore important to understand the difference between consenting and abusive behaviours, and between appropriate and exploitative peer relationships. Staff should not dismiss some abusive sexual behaviour as 'normal' between young adults and should not develop high thresholds before taking action.

Therefore, when a child or young adult within, or outside the family alleges abuse by another child, the child protection procedures must be followed. Action should be considered in respect of both the victim and the alleged abuser.

It is not the responsibility of British Liver Trust staff to assess the needs of either child, but to identify the level of concern and make appropriate decisions about immediate action and referral.

The principles of the child protection procedures as outlined above should be followed: **Listen carefully - Let the Child Lead the Pace - Once is enough - Be Honest - Don't Investigate, Don't Confront - Remember the Boundaries of Confidentiality - Seek Advice - Keep Contact Numbers Handy - Make a Careful Log including any Calls - Contact the Safeguarding Lead.**

If at any time you are in any doubt as to whether a child may be being harmed, abused or neglected, you should **always** raise your concerns with the Designated Safeguarding Officer.

What to do if you have safeguarding concerns about a child but it is NOT child protection (disclosure or observation of abuse or concerns around significant harm)

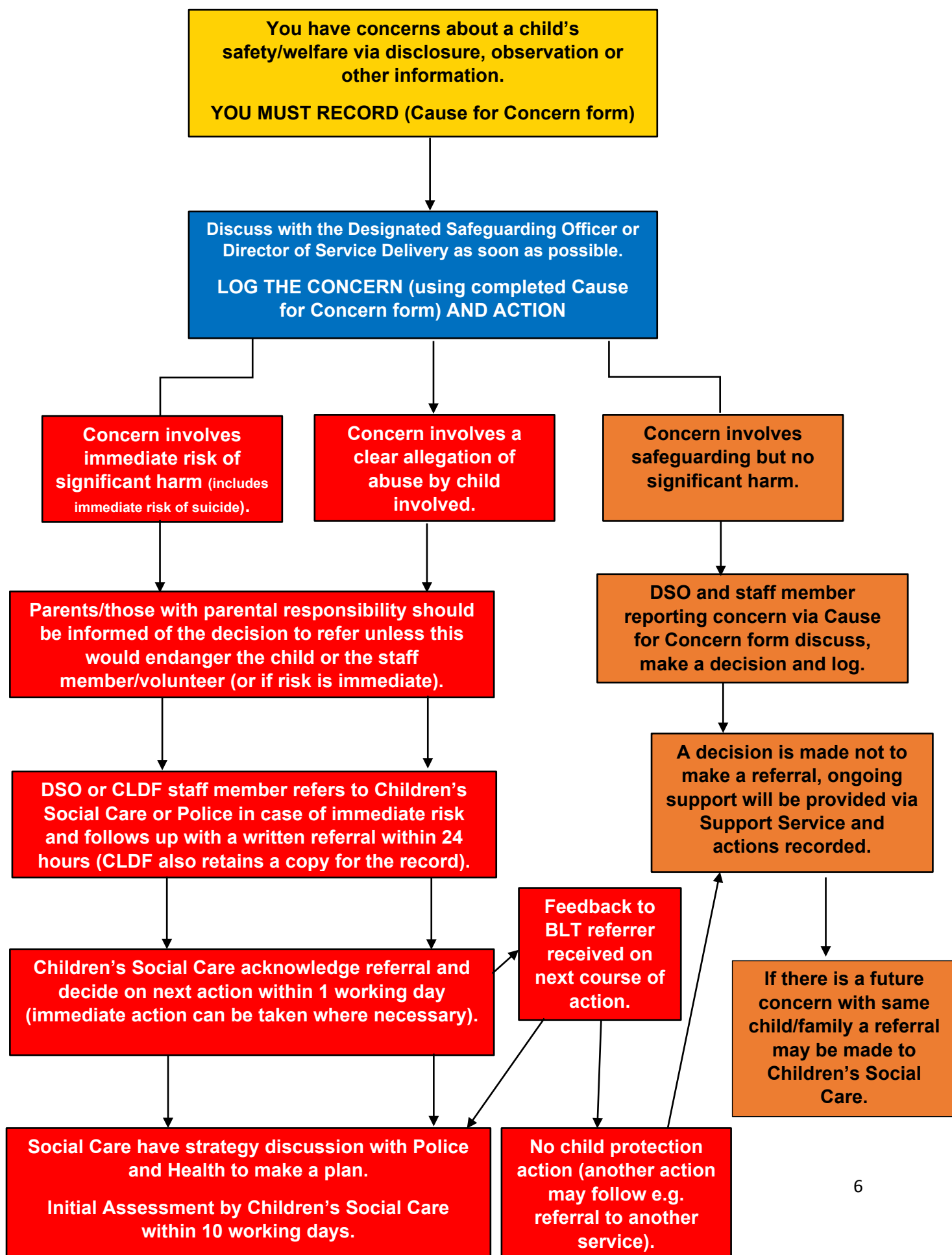
There may be times when you are observing behaviour, being told information by a child/young person or parent or being told information about a child/young person by someone else that gives rise to concern. However, it is not child protection. It may be something that doesn't feel right or is a safeguarding concern and requires further action on your part, such as a referral to another service or ongoing welfare checks. These concerns are opportunities to build a picture of a family that may end up becoming something more significant and could lead to a referral to Children's Social Care in the future.

These should be recorded in the same way as described above, providing as much information as possible via the **Confidential Safeguarding Children/Young People/Vulnerable adults Cause for Concern Form (Appendix 1)**. This should be discussed with the DSO and actions agreed which will be completed within 10 working days. The actions should be included on the form and updated at point of completion so that it can be marked as 'complete' by the DSO.

Any subsequent Cause for Concern forms regarding the same child will be compared with past forms to fully consider whether the 'jigsaw' pieces are signifying a referral to Children's Social Care is needed.

For further guidance on the British Liver Trust internal safeguarding process please refer to **Appendix 2**.

How to report child protection/safeguarding concerns



Confidentiality

All information connected with a child protection enquiry is confidential within the multi-agency network, abiding by their sharing of information policy. No information should be shared with any person who does not need to know for the purposes of protecting children and facilitating the conducting of an effective investigation.

If an alleged abuser wishes to be informed of information held about him/her in accordance with the provisions of the Data Protection Act or their Human Rights, explain that you are not permitted to comply with their request at this stage and refer them to the Chair of Trustees.

The law allows particular information to be withheld from the subject of such information for the prevention and detection of crime.

The Chair of Trustees (in discussion with the DSO) will record full details of all decisions regarding information sharing, giving reasons in the log of actions for inclusion in the case file. In this way, any later challenges may be answered.

The welfare of the child is paramount. Children, as well as adults, have human rights.

Those with whom information can be shared are:

- Police
- Safeguarding Partnership or Multi Agency Safeguarding Hub team, Social Services
- If it is not a safeguarding issue other statutory agencies e.g., health, education
- The Chairman of the Board (and trustees, as needed, depending on the circumstances e.g., a criminal investigation)

All of the above are required to keep information confidential within the boundaries of information sharing protocols and inter-agency professional confidentiality.

Responsibilities of British Liver Trust after a referral has been made

If the statutory child protection agencies decide a child is at risk of significant harm, a Child Protection Plan will be put in place to try to keep the child safe and support the child and family appropriately. The aim of these measures is to lower the level of risk to the child. Wherever possible, work will be done to keep the child within the family. If the child cannot be safely cared for within the home, despite everyone's best efforts, the local authority would seek to take legal measures to remove the child. This would be done through the family courts and would place the child into the care of the authority, with alternative carers.

The role of British Liver Trust is to support the statutory agencies in seeking the best outcome for the child. This responsibility may not end at the referral stage.

There may be a request from other agencies to contribute to the Child Protection Plan that is formed for a child who has been referred. This should be discussed with the DSO.

The staff member or volunteer who recognised the possible abuse, who heard the disclosure from the child or heard information of concern, should be offered appropriate de-briefing and emotional support from the DSO. If required, confidential counselling support can be arranged for staff and volunteers.

If the statutory agencies record or investigate your concerns but decide to take no further action, parents may want to know why a referral was made. The DSO will support and

represent all staff, as appropriate, in explaining the actions taken in accordance with this policy.

What to do if you have concerns about an adult who works with children

(This section applies to anyone who works with children, whether in British Liver Trust employment, other professional or as a volunteer)

Sometimes, adults deliberately seek work or positions as a volunteer which will give them ready access to children in order to potentially sexually abuse them. There may be others who would be horrified at the thought of harming a child, but who nonetheless unintentionally put children at risk, or actually harm them.

You have a duty to seek advice from the Designated Safeguarding Officer or Director of Service Delivery where you observe any of the following:

- a lack of appropriate boundaries e.g., in physical contact
- personal issues affecting behaviour with children
- ignorance of, or refusal to accept health and safety issues
- an uncontrolled tendency to lash out when angry
- special attention to a child or group of children that singles them out from the rest of the group
- attempts to make contact with children outside the work environment
- flouting of guidelines for behaviour with children
- possible targeting and grooming of individual children
- a child's disclosure of abuse or behaviour that has made the child feel unsafe

If the Designated Safeguarding Officer is the person about whom you have concerns, contact the Director of Service Delivery. If the Director of Service Delivery is the person about whom you have concerns, contact the CEO who will offer advice.

Reporting the behaviour of a colleague can be an uncomfortable experience, particularly if you are unsure about what is happening. You might be worried that you are overreacting and that you might be wrong. It may be helpful to consider what could happen if your concerns are well-founded and failure to act could result in harm to a child. Your role is to pass on concerns, not to investigate their merit. You have no option but to pass on concerns about behaviour displayed by a colleague that worries you.

You may be asked to provide written details of your concerns.

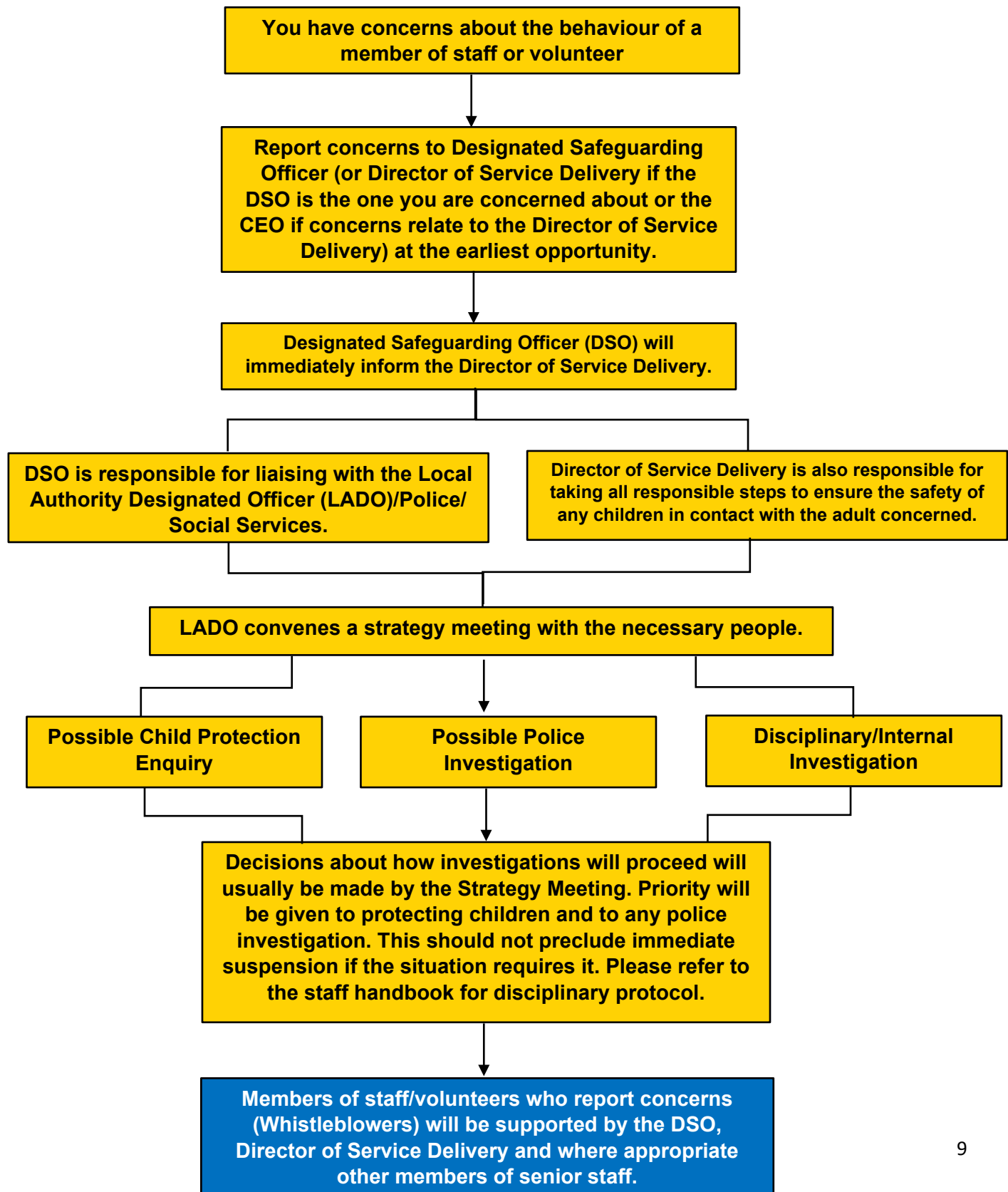
The reporting procedure is designed to protect you during the process of an investigation. If your concerns turn out to be mistaken, you should not be made to feel that you were wrong to bring it to the organisation's attention. People who raise concerns (i.e., whistleblowers) are protected by the law.

The Designated Safeguarding Officer will report any recorded concerns to the Local Authority Designated Officer (LADO). As British Liver Trust is a national organisation, contact will be made with the LADO where the worker lives, where the child lives, where the inappropriate behavior/conduct was observed (if on a residential project or at an event) and where the worker is based. It will then be up to the LADO's to agree who will take the lead

on the investigation via the initial strategy meeting and inform British Liver Trust who to liaise with subsequent to this.

A British Liver Trust staff member or volunteer would also be subject to an internal investigation as per disciplinary procedures to ascertain whether their behaviour constituted gross misconduct and if found to be as such, they would be subject to dismissal.

How to respond to concerns/allegations about adults working with children



The role and responsibilities of the Safeguarding Lead and Senior Safeguarding team

Safeguarding Lead role and responsibilities

The Safeguarding Lead (Designated Safeguarding Officer) within the organisation will be the Head of Children and Families who will have relevant experience and training. They have responsibility for the overview of child protection cases. Because of the 'jigsaw' nature of safeguarding/child protection work, it is important that the Designated Safeguarding Officer can keep clear up-to date records and be able to co-ordinate any information that is received from staff/volunteers and other sources. Confidentiality is important, and fine judgments are necessary in many cases to assess what the staff/volunteers need to know, and what needs to be kept confidential for the sake of the child and the family, in line with data protection and information sharing protocols. They will be supported in their role by the Director of Service Delivery and these roles form the Senior Safeguarding team along with the lead for Adult Safeguarding Lead (Nurse Manager)

The following are examples of duties that a Designated Safeguarding Officer is expected to undertake:

- Update their designated NSPCC Designated Safeguarding Officer Training every two years.
- Ensure that all members of the team receive appropriate Child Protection e-learning/training every three years at a minimum.
- Understand CLDF child protection and safeguarding policies and be able to use such policies when necessary.
- Ensure there is an electronic copy of the policy is kept on SharePoint that all staff and volunteers can have easy access to it.
- Ensure that all staff and volunteers can use the policy if necessary.
- Ensure that parents/carers are also given access to the policy and understand the responsibility of CLDF to safeguard and promote the welfare of children. Sometimes a decision to refer might have to be made without the parents/carers knowledge or consent.
- Ensure that all staff, including volunteers, feel equipped to handle a disclosure and that everyone is clear about the need to pass on 'nagging doubts'.
- Keep child protection/safeguarding records in a secure digital folder. These records are only accessible to Designated Personnel and the senior team.
- Liaise with Children's Social Care Services and/or the Police (and/or any other appropriate agencies e.g., the Local Authority Designated Officer (also known as the LADO or Adult Social Care) as necessary to safeguard the welfare of children and/or vulnerable adults.
- Co-ordinate the implementation of any aspects of the Child Protection Plan to which you have agreed.
- All policies and procedures relating to child and vulnerable adult protection within CLDF, including making sure that the Child Protection and Safeguarding Policy, Procedure and Guidance are reviewed and updated annually.

- Making sure that all workers and volunteers within CLDF are using the Child Protection and Safeguarding Policy, Procedure and Additional Guidance when there are concerns about the welfare of children.
- Gathering, managing and securely keeping all copies of child protection and adult safeguarding concerns from all designated personnel and/or directly from workers or volunteers if necessary so that s/he has an overview of how the whole of CLDF is managing such concerns.
- Noting and reporting any trends that may be emerging to Safeguarding management.
- Intervening with any agency outside CLDF where there may be worries that concerns are not being taken seriously or managed in a timely way.
- Ensuring that the organisation has a Safeguarding Reference Group which meets regularly for designated personnel so that child protection/adult safeguarding concerns are managed effectively, and all colleagues feel well supported in their roles.

Trustees role and responsibilities

- The board of trustees is ultimately responsible for the safeguarding activity of the charity. They delegate actions to the Senior Safeguarding team as set out in the previous sections.
- The Trustees are responsible for ensuring that adequate policies, procedures and working practices are in place to safeguard children, young people and vulnerable adults who use British Liver Trust services.
- All trustees undertake Safeguarding training and keep this updated in an ongoing cycle.
- Trustees ensure that all safeguarding policies and procedures are reviewed and updated annually. The changes reflect statutory updates and internal improvements suggested via the annual safeguarding audit. The Safeguarding audit report and policies come back to the board every year for consideration and formal approval.

Digital engagement and safeguarding

Digital services are growing in importance to British Liver Trust as we develop new ways to reach and support children, families and young people. Everyone needs to be aware that there are safeguarding risks for children and young people using services which are accessed through these technologies.

We also need to ensure that we do not view these as any different to meeting our service-users face to face. The same procedures apply if a disclosure is made within a digital setting and where behaviours can be observed or information shared that raises concerns and requires a Cause for Concern to be completed, but not necessarily becoming a child protection referral. Staff should also be aware that when we monitor conversations online, any discussions/comments which cause concern should be followed up as per the organisational safeguarding procedures. This may include other support groups within platforms such as Facebook that we participate in but do not moderate.

To minimise the safeguarding risk, we need to ensure that all our digital services provide a safe environment for children and young people. This includes Zoom meetings and our own online Facebook support group for young people Hive/Hive+.

Zoom procedures

If young people are invited to participate in a Zoom meeting with the Children and Families team, they will receive instructions which will safeguard them in their home environment and ensure that they are informed of our expectations regarding appropriate conduct. Any concerns raised by a young person during or after a Zoom session will follow the organisational safeguarding procedure.

Where we are conducting virtual sessions or events all children/young people/adults will be expected to ensure that their username on Zoom matches their database record details to enable them to join the session/event. This will be stipulated in the booking process. If there are any observed behaviours over the camera that raise concern or if chat messages contain any concerning information, we are then equipped with the necessary information relating to the individual's identity to follow these up as per the organisational safeguarding procedures.

Hive/Hive+ online support groups

The Hive/Hive+ online support groups support 13 – 17-year-olds (Hive) and 18 – 24-year-olds (Hive+). We have two separate online support groups due to the age groups of the children participating. For 13 – 15-year-olds requesting to join the Hive group and to safeguard the participants, we will check that we have parental consent to contact and if not request this from the parent.

As a discrete digital service, Hive has its own detailed risk assessment and management and moderation procedure. These separate guidelines provide guidance on managing the online groups, how this is moderated and how to respond to any safeguarding concerns. The Children and Families team involved in the management and moderation of Hive are fully conversant with the processes and procedures that should be followed. Volunteers who provide the role of Hive Ambassador receive an enhanced DBS check, internal and external safeguarding training and guidelines on how to deliver their role. Any concerns raised from a young person's engagement with Hive will follow the organisational safeguarding procedure.

Appendix 1



CONFIDENTIAL

SAFEGUARDING CHILDREN/YOUNG PEOPLE CAUSE FOR CONCERN REPORT FORM

Name of person completing report form.....

Position.....

This report should be completed immediately following any incident which raises any concern about possible child abuse (e.g., on observation of an unexplained/suspicious injury or following something said by a child which causes concern) or if you have a safeguarding concern that you wish to record. It should be completed by the member of staff most directly involved. Care must be taken to record the information accurately and confidentially.

Child/Adult's Name:..... RE
number.....

Date of Birth: / / Gender: Liver Disease:

Parents/Persons with Parental Responsibility (if a child): RE number:
.....

Do you have consent to contact/refer to the appropriate agencies: Yes / No

If No, then please explain why you feel this isn't required:

.....
.....

Place where the incident/observation of disclosure/injury/safeguarding concern occurred
.....

Date of Concern/Incidence.....Time of Concern/Incidence.....

Adults/Young People present:

DETAILS OF YOUR CONCERN. Record here exactly what you saw or heard, including actual site of injury, (e.g., upper right arm, size/colour of bruising etc.) or an exact record (as far as possible) of anything said to you by the young person/adult or by another person. Record also any relevant comments made by yourself. Avoid asking any more questions than are necessary to clarify any uncertainties. Please attach an additional sheet of paper if required.

PREVIOUS INVOLVEMENT. Record here any previous involvement with this child/ adult (check on with Head of Children and Families Service) Please give details of any other professional/organisation involved.

Please provide details of action identified and what has been done so far with the dates that this was completed. Include whether you have spoken to parents, other professionals, other appropriate staff members etc.

Actions identified	By when	Actions taken so far	Date completed

Please provide details of follow up meetings and dates, and further actions that have been recommended as a result of the concern (please update the form when actions have been completed)

Follow up Meeting	Date	Actions agreed at meeting	Date completed

Signed: (Individual/Staff with Concern)

Signed: (Safeguarding Lead)

Send this form to the Designated Safeguarding Officer. Make sure that your report is clear and will also be clear to anyone in the future who reads it who may not have pre-existing knowledge of this concern/incident.

Ensure that it is written in clear language and makes sense, it is concise, all the important details have been included, you have separated fact from opinion and only given your opinion where you have supported it with factual information, you have signed, timed and dated this account.

Please continue to update the form as actions are completed and follow-up meetings take place and ensure that an updated version is saved each time.

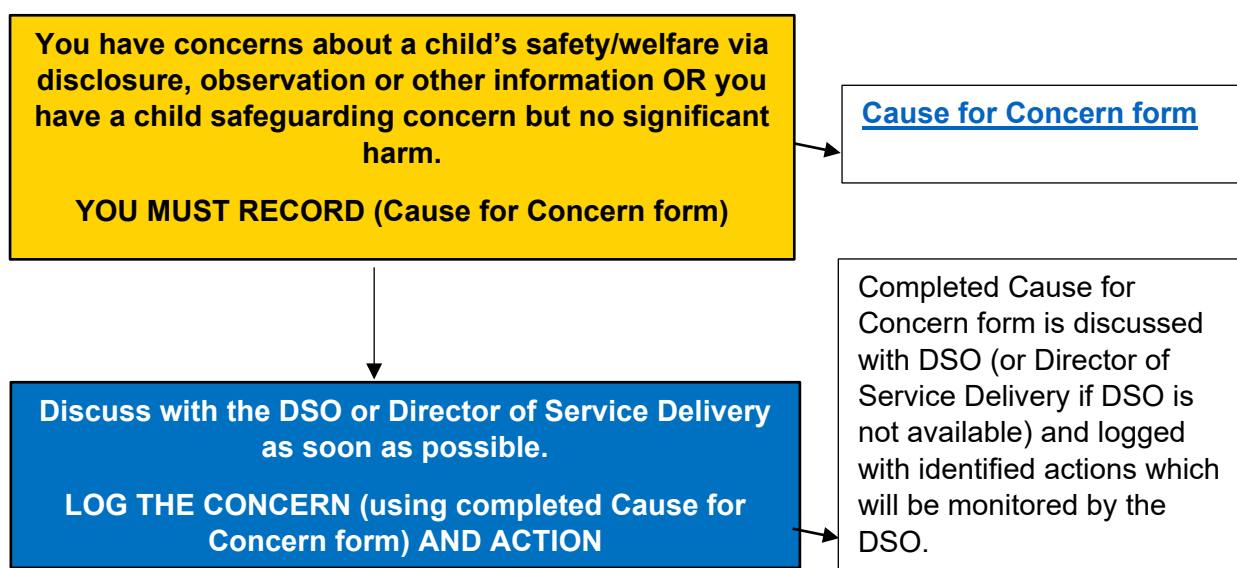
This form may be made available to individuals involved in the incident, but this would be in compliance with specific Data Protection legislation relating to information sharing.

Appendix 2

Safeguarding process internal guidance

The Safeguarding Procedure provides the process by which British Liver Trust report child protection/safeguarding. However, it is essential for staff to know where to find the required information and where this will be stored for update and future reference. It is also important to know who has access to this information as this should be on a 'need to know' basis in line with Data Protection legislation.

This appendix provides details on how to access the correct information when a cause for concern form is required and how this information is processed and stored within Sharepoint.



On notification of the Cause for Concern form, a folder will be created (named with the patient's initials) by the DSO in the Concerns folder (within either the families or young people folder and the current year) within the Safeguarding folder. The completed Cause for Concern form will be stored there.

Full access to this file is restricted to the DSO. Within the Children and Families team, the Children and Families Officer (CFO) will have access to concerns they have raised in the [families](#) folder and the Young Person's Officer (YPO) will have access to concerns they have raised in the [young people](#) folder.

If the concern is made by a staff member outside of the Children and Families team, they will complete the Cause for Concern form and send to the DSO and the DSO will be responsible for storing this in the relevant folder and adding any further paperwork and updates to this over the period the concern is in progress. In a remote working environment this will be done electronically.

The concern will be recorded on the Safeguarding log as 'in progress'.

If the concern involves immediate risk or a clear allegation of abuse to a child, then the **process on p7 of the Child Protection and Safeguarding Procedure must be followed.** A copy of the referral made to Children's Social Care or the police will be shared with the DSO (or Director of Service Delivery) and saved in the relevant concern folder. The DSO will fully support with completing this and can complete it on behalf of a staff member, but it is

best practice for the person who receives the disclosure or witnesses immediate risk or harm to complete the referral.

If the concern involves immediate risk or a clear allegation of abuse to an adult, then refer to the Safeguarding Policy for Adults at Risk and speak to the Adult Safeguarding DSO, the Nurse Manager and Adult Safeguarding Lead.

Any subsequent correspondence relating to the concern will be provided to the DSO to be saved within the relevant folder unless the concern has been raised by the CFO or YPO. They must ensure that they save any subsequent correspondence or supporting evidence in the relevant concern file, informing the DSO that they have done so.

The DSO will meet weekly with the staff member who recorded the concern to check on identified actions, agreed targets for completion and identify any further actions. The completion of these actions will then be recorded chronologically by that staff member on the Cause for Concern form.

Once all identified actions and any further actions needed during the progress of the concern are completed the concern will be 'complete' and recorded as such on the Safeguarding log.

As safeguarding information is confidential and will only be known to the DSO (and Director of Service Delivery if DSO is not available) and the staff member reporting the concern, any current Cause for Concern will generate an annotation box on the RE record of a parent/young person where there is an 'in progress' Cause for Concern. This will state that the staff member should speak to the DSO for further information before contacting this parent/young person. When the Cause for Concern is closed the annotation box will be removed unless the DSO feels that a discussion should still take place regarding that family or young person.

I confirm that I have read, understood and will comply with British Liver Trust's Child Protection and Safeguarding Procedure (updated May 2024).

Name:

Signed:

Date: