



Safeguarding Policy- Child Protection

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1. Policy Statement

- 1.1. The policy will be reviewed on an annual basis to ensure that it is meeting its aims. This policy is also aligned to West Midlands Children Safeguarding procedures that can be found at:
<http://westmidlands.procedures.org.uk/page/contents>
- 1.2. The LIVING WELL CONSORTIUM (LWC) values young people and children as being a vital part of the organisation and desires to see them grow, mature and be challenged in a healthy and safe environment.
- 1.3. The name of the child protection officer is PATRICK KWESIGA, the Clinical Director and Caldicot Guardian of LWC. A copy of this child protection policy will be kept both electronically and in hard copy.

2. What is child protection?

- 2.1. Child protection is the response to the different ways in which a young person's or child's physical, emotional, intellectual and spiritual health are damaged by the actions of another person.

3. Purpose

- 3.1. The purpose of LWC is to offer the children a safe and welcoming environment with fun and therapeutic activities where the children can grow and learn through the provision of universal and targeted services, and through coordinated support with other agencies. We will take immediate steps to protect children who are suffering, or at risk of suffering, significant harm. In line with the Department for Education publication "Working Together to Safeguard Children" (2015) we accept the following as the definition of safeguarding and promoting the welfare of children:
 - Protecting children from maltreatment
 - Preventing impairment of children's health or development
 - Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
 - Taking action to enable all children to have the best outcomes.

4. Policy Focus

- 4.1. It is expected that all providers, sub-contractors and agents of the LWC will align their safeguarding policy with this policy.
- 4.2. This policy is consistent with the procedures of the Birmingham Safeguarding Children Board. The LWC recognises that safeguarding policy, procedures and practice need to be reviewed regularly to improve the way safeguarding issues are managed and improve outcomes for the most vulnerable children.
- 4.3. Any child using the services of the LWC may disclose to a staff member or volunteer any abuse they may be suffering elsewhere in their lives and staff and volunteers will be vigilant for the signs of abuse.
- 4.4. Any indicators that a child may be suffering from abuse will immediately trigger the Safeguarding Procedures detailed in this policy. These



procedures are consistent with the guidelines and procedures of the Birmingham Safeguarding Children Board (BSCB).

4.5. We aspire to:

- Provide activities for children and young people to help them develop from childhood into adulthood and to provide support for them.
- Enable the children to express themselves.
- Improve the wellbeing, emotional and psychological health and mental wellbeing of children and young people.
- Assist the children in integrating into the community.
- Help children/young people appreciate the diversity of their cultures.

4.6. The Child Protection Officer will:

- Ensure that the policy is being put into practice.
- Be the first point of contact for child protection issues.
- Keep a record of any concerns expressed about child protection issues.
- Bring any child protection concerns to the notice of the Management Committee and contacting the Local Authority if appropriate.
- Ensure that paid staff and volunteers are given appropriate induction, training and supervision.
- Ensure that everyone involved with the organisation is aware of the identity of the Child Protection Officer.
- Ensure the safeguarding policy and procedures are followed.
- Give guidance and support regarding safeguarding.

5. Child and Data Safety

- 5.1. A group of children or young people under sixteen should not be left unattended at any time.
- 5.2. At no time should a volunteer or worker arrange to meet a young person away from a designated facility without someone else being there or a manager being notified. Such meetings should be planned and have the approval of a member of management or a supervisor.
- 5.3. Each child and young person should be formally registered with LWC. The information includes an information/consent form which their parent/guardian must complete or agree at point of registration. These forms have vital information about health and emergency contacts and should be kept securely.

6. Recruiting Staff and Volunteers

- 6.1. In recruiting staff and volunteers, the LWC will follow a systematic selection process designed to assess the applicant's suitability for the post and to work with children. All recruitment will be in line with Safer Recruitment guidelines.
- 6.2. This includes applicants providing two satisfactory references from suitable referees, documentary evidence of identity and right to work in

this country, documentary evidence of qualifications, a medical declaration and a satisfactory check from the Disclosure and Barring Service (DBS). Please see the Recruitment and Selection Policy for more details.

- 6.3. All staff appointments to the LWC will be subject to a six-month probationary period during which time they will be closely supervised. Thereafter, all staff will have an annual staff appraisal which will be recorded and filed in their personnel file, along with their qualifications and training received.
- 6.4. All paid staff and volunteers of the LWC will have clear job roles detailed for them.
- 6.5. The supervision of staff and volunteers will be used as a means of ensuring that the children using the services of the LWC receive adequate and appropriate protection and support.
- 6.6. All senior staff taking part in recruitment and selection will undertake Safer Recruitment training.
- 6.7. At least one member of the leadership team will have experience of statutory child protection.
- 6.8. Professionals who provide a service, but are employed by another organisation, are required to provide a copy of their DBS certificate and their details will be added to the Single Central Record. They will be required to read the LWC Safeguarding Policy and to comply with the policies and procedures.

7. Training of Staff and Volunteers

- 7.1. The induction procedure for all new staff and volunteers will include basic information about recognising and responding to child protection issues. Staff and volunteers will be introduced to the Designated Senior Leads during their induction.
- 7.2. Staff at all levels of the organisation will be expected to undertake mandatory child protection training.
- 7.3. The Designated Senior Leads will attend Child Protection training for managers bi-annually to update their knowledge and inform practice.
- 7.4. The LWC will ensure that issues of child protection receive continuous attention and will regularly review the way that the organisation operates to support this principle.
- 7.5. All staff, volunteers are made aware of the conduct expected of them, which is detailed below.
- 7.6. All staff will receive child protection updates via email and via team meetings as and when required.

8. Disclosures

- 8.1. What you should do when a child/young person makes a disclosure:
 - Listen to the child/young person.
 - Look at them directly and do not promise to keep any secrets before you know what they are, but always let the child/young person know if, and why, you are going to tell anyone.

- Take whatever is said to you seriously and help the child/young person to trust his/her own feelings. Take notes of exactly what is said to you avoiding assumptions and conjecture.
- It is not the role of the worker to investigate any allegations (this would contaminate evidence if a situation went to court). Any disclosure by a child/young person must be reported to the named child protection officer.
- Speak immediately to the Local Authority or NSPCC for further advice and guidance.

8.2. What you should not do:

- Workers/volunteers should not begin investigating the matter themselves.
- Do not discuss the matter with anyone except the correct people in authority.
- Do not form your own opinions and decide to do nothing.
- Do not ask leading questions.
- Do not say 'Are you sure?'
- Do not show your own emotions e.g. shock/disbelief.
- Do not make false promises.

8.3. Things to say or do:

- 'What you are telling me is very important.'
- 'This is not your fault.'
- 'I am sorry that this has happened/is happening.'
- 'You were right to tell someone.'
- 'What you are telling me should not be happening to you and I will find out the best way to help you.'
- Make notes soon after the event. Try to write down exactly what the young person or child said. Avoid assumptions or conjecture.
- Keep eye contact with the child at their level.
- Listen carefully to what the child is saying.
- Do not panic or show any feelings other than concern.
- Believe the child - they rarely lie about abuse.
- Reassure the child that what has happened to them was not their fault but do not pass comment on the abuser.
- Tell the child what you are going to do and say you will let them know what will happen next.
- Date and sign it and pass it on to the Designated Senior Lead immediately.
- Report immediately to the Designated Senior Lead, as detailed above.

9. Wider issues

- 9.1. The LWC recognises that, in providing in its services, it has a responsibility beyond detecting and reporting individual cases of child abuse. It has a

duty to prevent abuse and neglect through the services it offers; to support and educate workers, parents and families about the safety and welfare of children. The LWC has a responsibility to provide children and young people with relevant information, skills and attitudes to help them to keep themselves safe and communicate concerns and feelings. The LWC hopes that children will feel confident that they can confide in staff or volunteers on issues of neglect, abuse and deprivation.

- 9.2. The LWC has a responsibility to monitor children who have been identified as 'at risk' and to work closely with other agencies to safeguard children.

10. Child Sexual Exploitation

- 10.1. The LWC recognises that Child Sexual Exploitation is an issue that may affect families that we work with. Any concerns in relation to Child Sexual Exploitation will be followed up in accordance with Child Protection Procedures and in line with the specific guidance from the Birmingham Safeguarding Children Board: <http://www.lscpbirmingham.org.uk/child-sexual-exploitation>
- 10.2. The LWC will ensure that key members of staff receive training around Child Sexual Exploitation.

11. Violent Extremism

- 11.1. The LWC recognises that children and adults may be vulnerable to being drawn towards violent extremism. Concerns about extremism will be dealt with in accordance with Child Protection Procedures and the PREVENT policy.
- 11.2. The LWC will ensure that key members of staff receive training around Preventing Violent Extremism (PREVENT).

12. Female Genital Mutilation (FGM)

- 12.1. The LWC recognises that girls in our community may be at risk of Female Genital Mutilation. Concerns about FGM will be followed up in accordance with Child Protection Procedures and in line with the specific guidance from Birmingham Safeguarding Children Board: <http://www.lscpbirmingham.org.uk/fgm>

13. Domestic Violence and Abuse

- 13.1. Staff should be aware that seeking support around domestic violence can increase risk for the parent and their children. The safety of non-abusing parent and children should be the priority at all times, and conversations with perpetrators should not take place without the parent's consent and specialist advice.

14. Honour-based violence and forced marriage

- 14.1. The LWC recognises that children and adults may be vulnerable to honour-based violence or forced marriage. Concerns about honour-based violence will be dealt with in accordance with Child Protection Procedures. The LWC keeps itself up to date on the latest advice and

guidance provided to assist in addressing specific vulnerabilities and forms of exploitation. The Birmingham Safeguarding Board has issued a Forced Marriage Protocol which can be found here:

<https://westmidlands.procedures.org.uk/pkplo/regional-safeguarding-guidance/forced-marriage>

15. Gangs and Youth Violence

15.1. The LWC recognises that young adults may be vulnerable to gangs and youth violence. Concerns about gangs and youth violence will be dealt with in accordance with Child Protection Procedures. Further guidance in this area can be found on the Birmingham Safeguarding Children board website: <https://westmidlands.procedures.org.uk/pkpzs/regional-safeguarding-guidance/children-affected-by-gang-activity-and-youth-violence>

16. Young Carers

16.1. The LWC recognises that children and young people may be young carers. A lead worker will ensure that The LWC remains up to date on the latest advice and guidance provided to assist young carers and is aware of local agencies that provide specialist support for young carers like Forward Carers Consortium.

17. Child Protection Procedures: Identifying concerns

17.1. Child protection procedures must be implemented if a child is suffering or is likely to suffer significant harm. A child may be harmed by parents, other relatives or carers, professionals and other children. Abuse can occur in any family, in any area of society or during our support.

17.2. Abuse can happen anywhere and can be carried out by anyone e.g.:

- Informal carers, family, friends, neighbours
- Paid staff or volunteers
- Other service users or tenants
- Strangers

18. Child Protection Definitions

18.1. There are four categories of significant harm to children:

- Physical abuse may involve hitting, throwing, shaking, poisoning, burning, scalding, drowning, suffocating or any form of physical harm to a child. Physical harm may also be caused by adults feigning children's symptoms of illness or deliberately causing illness in a child they are caring for.
- Emotional abuse is the persistent emotional ill treatment of a child which causes severe and persistent adverse effects on the child's emotional development. It may involve conveying to the child that they are worthless, unloved, inadequate, or valued only as far as they meet the needs of another person. Expectations inappropriate to the age or developmental stage of the child may be imposed. It may involve children feeling frightened or in danger. Some level of

emotional abuse is involved in all types of abuse. Children living with domestic violence are likely to be suffering emotional harm.

- Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. This may involve physical contact, including penetrative and non-penetrative acts or activities such as watching sexual activities, pornographic materials or being involved in their production, or encouraging children to behave in sexually inappropriate ways.
- Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the impairment of the child's health or development. It can involve failing to provide adequate food, shelter, clothing, failure to protect a child from physical harm or the failure to ensure access to appropriate medical care or treatment. It may involve neglect of a child's basic emotional needs.

19. Identification of abuse

19.1. Physical abuse signs:

- A history of unexplained falls or minor injuries
- Bruising in well protected areas, or clustered from repeated striking
- Finger marks
- Burns of unusual location or type
- Injuries found at different states of healing.
- Injury shape similar to an object
- Injuries to head/face/scalp
- History of GP or agency hopping, or reluctance to seek help.
- Accounts that vary with time or are inconsistent with physical evidence.
- Weight loss due to malnutrition, or rapid weight gain
- Ulcers, bedsores and being left in wet clothing.
- Drowsiness due to too much medication, or lack of medication causing recurring crises/hospital admissions.
- Note: Some ageing processes can cause changes that are hard to distinguish from some aspects of physical assault e.g. skin bruising can occur very easily due to blood vessels becoming fragile.

19.2. Sexual abuse signs:

- Disclosure or partial disclosure (use of phrases such as 'It's a secret')
- Medical problems, e.g. Genital infections, pregnancy, difficulty walking or sitting.
- Disturbed behaviour e.g. depression, sudden withdrawal from activities, loss of previous skills, sleeplessness or nightmares, self-injury, showing fear or aggression to one particular person, repeated

or excessive masturbation, inappropriately seductive behaviour, loss of appetite or difficulty in keeping food down.

- Behaviour of others towards the vulnerable adult/child
- Circumstances – e.g. two service users found in a toilet area, one in a distressed state.

19.3. Psychological/emotional signs:

- Isolation
- Unkempt, unwashed, smelly.
- Inappropriately dressed.
- Withdrawn, agitated, anxious not wanting to be touched.
- Change in appetite.
- Insomnia, or need for excessive sleep.
- Tearfulness
- Unexplained paranoia, or excessive fears
- Low self-esteem
- Confusion

19.4. Neglect signs:

- Physical condition poor
- Clothing in poor condition
- Inadequate diet
- Untreated injuries or medical problems
- Failure to be given prescribed medication.
- Poor personal hygiene

19.5. Financial or material signs:

- Unexplained or sudden inability to pay bills.
- Unexplained or sudden withdrawal of money from accounts
- Disparity between assets and satisfactory living conditions
- Extraordinary interest by family members and other people in the vulnerable person's assets.

19.6. Discriminatory signs:

- Lack of respect shown to an individual
- Signs of substandard service offered to an individual.
- Exclusion from rights afforded to others, such as health, education, justice.

19.7. Other signs of abuse:

- Inappropriate use of restraints
- Sensory deprivation e.g. spectacles or hearing aid
- Denial of visitors or phone calls
- Failure to ensure privacy or personal dignity.
- Lack of flexibility of choice e.g. bedtimes, choice of food
- Restricted access to toilet or bathing facilities
- Lack of personal clothing or possessions

- Controlling relationships between care staff and service users

20. Procedure

20.1. If any category of abuse is suspected the following procedure should be put into action:

- If you are concerned that a child is being abused or neglected, then it is your responsibility to alert your Team Leader and speak to the Designated Senior Lead immediately.
- The Designated Senior Lead will listen to the information and make a decision on the next course of action. The information and decision will be recorded. Where abuse is suspected the Designated Senior Person will ensure that the matter is referred to the Local Authority's Children's Advice & Support Service within Children's Services on the same day. A referral must be made by telephone to CASS in the first instance and followed up in writing within 24 hours.
- If the victim was referred by a partner agency, the partner agency should be involved in the reporting and investigation of the case.
- Whilst the Designated Senior Lead is the responsible person for ensuring that action is taken, there may be times where a member of staff does not agree with the course of action chosen. If a member of staff is not satisfied with the decision of the Designated Senior Lead and is still concerned for the safety and welfare of a child, they have a duty to make a referral to Children's Services themselves.
- Where it is unclear whether a referral should be made, a telephone consultation should take place with the CASS/LADO (Local Authority Designated Officer).
- Where concerns are around the neglect of a child, due to inadequate care over time, an Early Help Assessment may be the most appropriate course of action. Where the neglect places the child in immediate danger a referral should be made to Children's Services. If there is any doubt about this a telephone consultation should take place with the CASS.
- It is best practice to share with parents that a referral is to be made to Children's Services. Where possible parents should be asked to give consent to referrals. Parents should not be informed of referrals where the sharing of this information places the child or another adult at risk of harm. If there is doubt about this, a telephone consultation should take place with the CASS, before speaking to parents. When communicating with parents about a referral to Children's Services it must be stressed that the action is taken in order to assist positive and constructive change for children, not to punish or disadvantage parents.
- The Designated Senior Lead, or a nominated worker, will ensure that the referral has been received by Children's Services. If no



feedback is received within three days, contact must be made with Children's Services to confirm what action will be taken.

- Where there is disagreement between agencies about action to be taken, staff will follow the Birmingham Safeguarding Children Board Resolution and Escalation Protocol
[http://www.lscpbirmingham.org.uk/images/BSCP/Professionals/Procedure s/Resolution_and_Escalation_Protocol_FINAL_1.pdf](http://www.lscpbirmingham.org.uk/images/BSCP/Professionals/Procedure%20s/Resolution_and_Escalation_Protocol_FINAL_1.pdf)

21. Recording Information

- 21.1. As well as recording injuries, staff and volunteers must keep clear records of disclosures, changes in behaviour etc. All information should be recorded accurately: what has been observed, heard or disclosed, and the record must be dated and signed. Any actions taken in relation to concerns for a child's welfare must be recorded, signed and dated.
- 21.2. All child protection records will be securely stored on a data system or lockable drawer.
- 21.3. The Designated Senior Lead will maintain a record of all referrals made to Children's Services for monitoring purposes.

22. Support for staff and volunteers

- 22.1. The LWC recognises that dealing with safeguarding issues and disclosure of abuse is stressful for staff or volunteers and will offer support as appropriate, particularly to debrief after an incident.

23. Concerns Regarding Persons in a Position of Trust

- 23.1. For the purpose of safeguarding children, all staff, volunteers, students and trustees are regarded as 'persons in a position of trust'.
- 23.2. If a concern arises against any person in a position of trust, this must be notified to the Designated Senior Lead. This also applies to concerns arising against a member of the Board of Trustees.
- 23.3. If the concern relates to the Designated Senior Lead and, the concern must be notified to the Designated Safeguarding Trustee/CEO.
- 23.4. If any concern raises a query as to a person's suitability to work with children that person will immediately be taken to one side and informed that an allegation has been made against them. At this point they will not be told of the nature of the allegation.
- 23.5. They will be removed from any direct contact with children, which may result in suspension without prejudice, in accordance with removed from working with the young person in question and if the concern is of a gross nature, they will be suspended from the duty of working with children.
- 23.6. If the parent of the child is not already aware of the concern they will immediately be informed and if at all possible, confidentiality of all parties concerned will be maintained.
- 23.7. The Designated Senior Lead for the LWC will refer the matter to the Local Authority Designated Officer (LADO) team. The referral form is

- available through the BSCB website. Where it is unclear whether a referral is required,
- 23.8. The LWC will fully co-operate at all times with any external investigation, which may include a multi-agency “Position of Trust Co-ordination Meeting” and will take on board any advice given in relation to the allegation.
- 23.9. If the allegation is founded, the perpetrator will be taken through the disciplinary process and immediately dismissed for gross misconduct. Their name will be referred to the Secretary of State/relevant body for possible inclusion in the list of people barred from working with children.
- 23.10. If not proven, the advice given by relevant bodies/officers will be followed.
- 23.11. These procedures also apply where concerns arise within the personal life of the person in a position of trust, which relate to concerns about possible risk to children.
- 23.12. Staff should also be aware of the Whistle Blowing Policy.

24. Code of conduct for all staff, volunteers and students

- 24.1. Staff, volunteers and students on placement are expected to adhere to the following code of conduct in respect of their contact with children, young people and families:
- All children are to be treated with dignity and respect, their opinions and preferences will be listened to and taken into consideration.
 - Staff and volunteers must not make discriminatory remarks at any time and must not show favouritism to any individual child or group of children.
 - In line with the Professional Boundaries Guidance, staff and volunteers should make their Team Leader aware when they know children in a context outside the setting as it could lead to a conflict of interests and are reminded that they should always maintain confidentiality and act in a professional manner.
 - Physical contact with children is a necessary part of the care of young children. Staff and volunteers need to ensure that all physical contact is appropriate and professional. Refer to Safe Touch Guidelines.

25. Support for those who report abuse:

- 25.1. All those making a complaint or allegation or expressing concern, whether they are staff, service users, carers or members of the public should be reassured that:
- They will be taken seriously.
 - Their comments will usually be treated confidentially, but their concerns may be shared if they or others are at significant risk.
 - If service users, they will be given immediate protection from the risk of reprisals or intimidation.

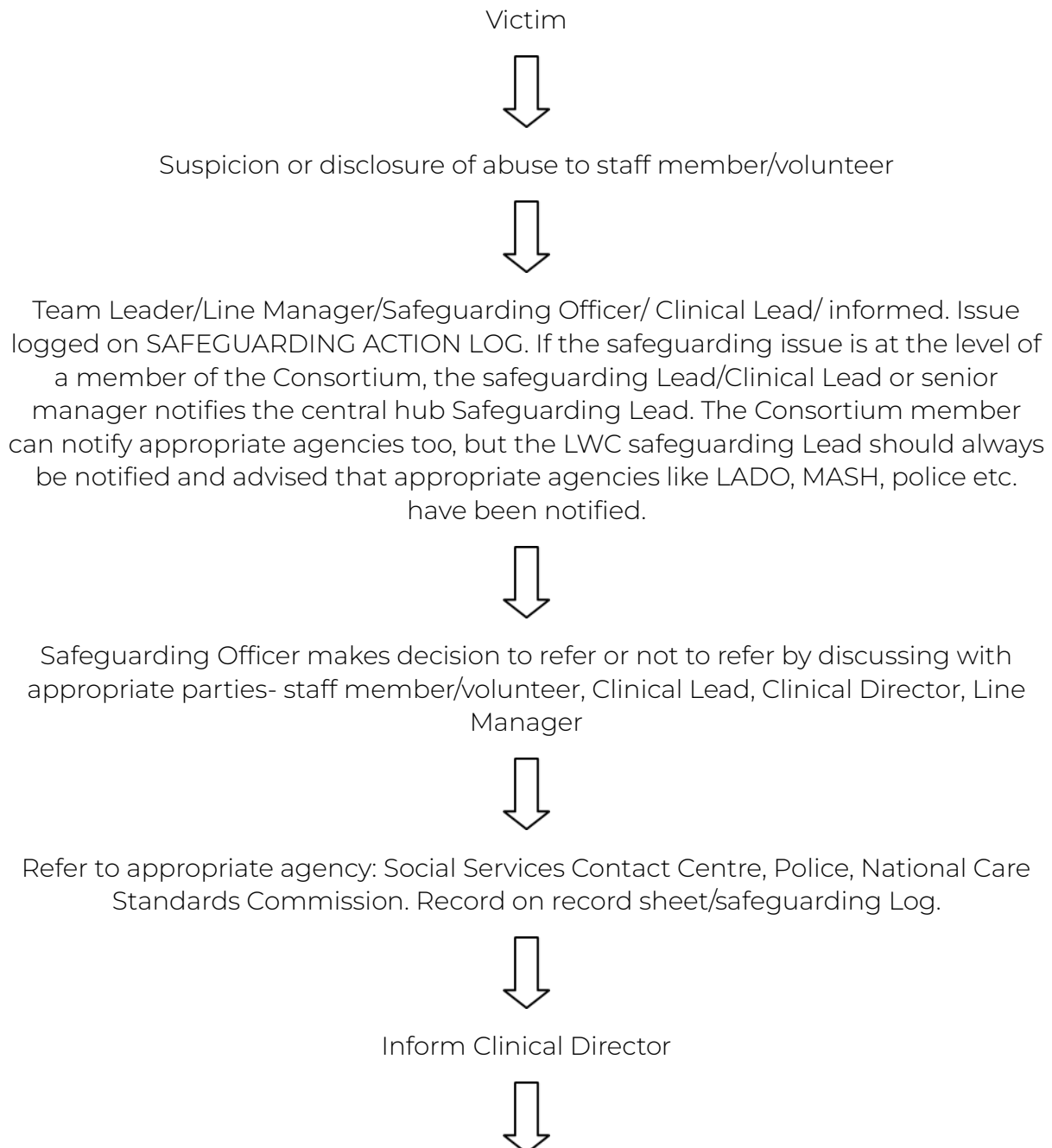
- If Staff, they will be given support and afforded protection, if necessary, in line with the Public Interest Disclosure Act 1998.

26. Rights of the vulnerable person or representative

26.1. The vulnerable person or representative has the right:

- To be made aware of this policy.
- To have alleged incidents recognised and taken seriously.
- To receive fair and respectful treatment throughout.
- To be involved in any process as appropriate.
- To receive information about the outcome.

27. Flow chart and Safeguarding Personnel





Is it an Emergency?



Yes- Contact emergency services: police, ambulance, GP etc.

No- Inform others relevant parties: staff member/volunteer, victim, Clinical Director

28. Safeguarding Record

Client Name:		Date of birth:	
Any other name by which client is known:			
Home address:		Current address (if different)	
Telephone no:			
Family members (if child is involved).			
Name	Relationship	Address	School details
Date file started: (DD MM YY)			
Contact details of other professionals involved.			
Name	Agency	Address	

29. Safeguarding Incident/Concern Form

30. Client name	Date of birth
Name and position of person completing form (please print)	
Date of incident /concern:(DD MM YY)	
Incident / concern (who what where when) *	
Any other relevant information (witnesses, immediate action taken) *	
Signature: (name of member of staff) Role:	Date form completed (DD MM YY):
Action taken (including reasons for decisions) and Outcomes- *Continue on a separate sheet if necessary (NB – this section is only to be completed by Safeguarding Officer)	
Signature of SL	Date (DD MM YY)
Signature of Lead SL (if appropriate)	Date (DD MM YY)

30. Safeguarding Record of Action/Contacts

PUPIL/CHILD NAME:		
DATE (DD MM YY)	DETAILS	SIGNATURE

SIGNATURE	
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31. FAQs and Observations

31.1. Why is recording important?

- We have a statutory duty to promote the well-being and safety of every client who attends our Service. We all have an important role to play in helping to identify welfare concerns for our clients and possible indicators of abuse or neglect at an early stage. For some clients' serious incident or concern will come to your attention and you will have no doubt that this you must immediately record and report this. Most often however it is the accumulation of a number of small incidents, events or observations – “the jigsaw” - that provide the evidence that a client is being harmed. It is vital therefore that any concern you have for a client's welfare however small is recorded and passed to the Safeguarding Officer.

31.2. What is a “welfare concern”?

- As a general rule anything that you consider unusual or out of the ordinary for the client constitutes a concern. Mostly these will arise in one or more of the following areas:
 - The client's behaviour changes, or a particular behaviour is observed.
 - The client has a physical injury.
 - The client tells you something has happened to them.
 - The client physical presentation
 - You receive information from or observe unusual behaviour in a parent.

31.3. What if the client is aged 18+ years?

- If the patient/client is aged 18+ years, then please refer to adult safeguarding policy or/and find helpful information at Birmingham Adult Safeguarding Board at <http://www.bsab.org/>

31.4. Why can't I just pass on my concern verbally?

- It is important that the person who has the concern gives a first-hand account of this so that there is a clear and accurate record of what has been seen, heard etc. A record written by you will ensure that there is no misinterpretation of your concern or that it can be overlooked or forgotten.

31.5. How and what do I record?

- We have both electronic and hard copies, verbal discussions are not a permanent record, to make sure information is recorded and actions taken are also recorded. Only record facts and not opinion.
- If you are in any doubt, about recording then please speak with the Safeguarding Officer or other designated management members.

31.6. What happens to the record once I've written it?

- One of the main purposes of recording is to make sure that LWC is able to respond properly to concerns for children. Actions they take will of course depend on how serious and urgent the concern is. These can range however from a decision to keep a close eye on the client, to referring the client to specialist services so that they can undertake an assessment of the client.