

## Safeguarding Policy

Safeguarding is everyone's responsibility and depends on identifying concerns and taking prompt action through a coordinated approach and effective sharing of information.

All carers and staff associated with Soundly Fostering are committed to promoting the welfare of children and protecting them from harm.

Safeguarding, in this context, means:

1. Protecting children from abuse and mistreatment.
2. Preventing harm to children's health and development.
3. Ensuring children grow up with the provision of safe and effective care.
4. Taking action to enable all children and young people to have the best outcomes.

Soundly Fostering recognises the need for integrating contextual safeguarding practice, understanding that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse.

This procedure is mandatory and is to be followed where there are concerns that a child or young person placed with a foster carer and approved by the agency has suffered, or is likely to suffer, significant harm. This can be as a result of actions of a foster carer, member of staff or volunteer of the agency, or due to some other external circumstance and is to be implemented alongside information sharing and confidentiality procedures and managing allegations against staff and foster carers procedures.

## Regulations & Standards

### **The Fostering Services (England) Regulations 2011**

**Regulation 11** – Independent fostering agencies: duty to secure welfare

**Regulation 13** – Behaviour management and children missing from foster parents' home

### **Fostering Services: National Minimum Standards**

## **Standard 4** – Safeguarding children

### Local multi-agency safeguarding children procedures

All carers and staff have a responsibility to report any concerns of abuse or neglect and to take all allegations seriously, report them to their manager, the child's social worker and or to the appropriate organisation such as police, the regulatory authority or the NSPCC.

Soundly Fostering pledges to undertake regular safeguarding training for all carers and staff, outlining different forms of abuse, such as physical mistreatment, including fabricated and induced illness, emotional and sexual abuse, and neglect. Training will include knowledge of female genital mutilation (FGM), the risks associated with the internet and online social networking, radicalisation, child exploitation and honour-based violence.

The Children Act 1989 introduced significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children and gives local authorities a duty to make enquiries (under Section 47) to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or is likely to suffer, significant harm.

All practitioners within and commissioned by Soundly Fostering will understand the role they should play in safeguarding and complying with the published arrangements set out by our local safeguarding partners. The policy contains a brief outline of the different forms of child mistreatment, what to do and who to report to, if you have concerns that a child is being mistreated.

## **Legislation**

Children Act 1989, the Children Act 2004 and the Children and Social Work Act 2017

## **Statutory Guidance**

Working Together to Safeguard Children (2023)

Children's Social Care National Framework (2023)

Information sharing advice for practitioners providing safeguarding services for children, young people, parents and carers (2024)

## Definitions of Abuse and Neglect

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

**Sexual Abuse:** Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse.

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**Child Sexual Exploitation:** Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited, even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact – it can occur through the use of technology.

**Emotional Abuse:** The persistent emotional maltreatment of a child, such as to cause severe and persistent adverse effects on the child's emotional development.

This may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. This may include interactions beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including online bullying), causing children to frequently feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of mistreatment of a child, though it may occur alone.

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

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment).
- Protect a child from physical and emotional harm or danger.
- Ensure adequate supervision (including the use of adequate caregivers), or
- Ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## Additional Concerns Requiring Safeguarding Action

**Extremism:** This goes beyond terrorism and includes people who target the vulnerable- including the young, by seeking to sow division between communities based on race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society.

Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist.

**County Lines:** As set out in the Serious Violence Strategy, published by the Home Office, a term used to describe gangs of organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other forms of ‘deal line’. They are likely to exploit children and vulnerable adults to move and store drugs and money, they will often use coercion, intimidation, violence (including sexual violence) and weapons.

**Child Criminal Exploitation:** As set out in the Serious Violence Strategy, published by the Home Office, where individuals or groups take advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact: it can also occur through the use of technology.

Damage caused by a single violent episode or the accumulation of significant events, interrupting, damaging or impacting the child’s development, is likely to constitute ‘significant harm’.

If it is suspected or alleged that a child is suffering, or may be likely to suffer, significant harm, this may result in an assessment and involve a Section 47 enquiry.

## **Reporting Concerns or Allegations Related to a Child**

Reporting should be initiated as soon as possible/on the same day, and all actions and steps taken, recorded by foster carers and professionals. Any safeguarding incident occurring outside of office hours should still be reported. Soundly Fostering’s out-of-hours service must be contacted, as should the children’s social care out-of-hours service.

Concerns of abuse or neglect of a child living with a foster carer, approved by the agency, should be immediately reported to the child's social worker and the carer's supervising social worker, who will share the concerns with the designated manager for safeguarding Joy O'Brien Miller.

Allegations that another child, a visitor, a person in the community, a teacher, a social worker, a parent or any other person has harmed the child in placement should be reported to the child's allocated social worker and the foster carer's supervising social worker.

If the concern or allegation is about a historical or non-recent abuse, this must be shared with the child's allocated social worker and the carer's supervising social worker- if this has come to light outside of office hours, this can usually wait until the next working day.

## **Emergency Action**

All steps must be recorded in writing. Where there is an immediate risk to a child, foster carer(s) must take immediate action and all necessary steps to protect the child, including calling emergency services or attending a hospital, if required.

If emergency services are called, or the child is taken to hospital, or the police are called, the foster carer(s) must inform them of any concerns in relation to the possible abuse or neglect.

The child's allocated social worker and the carer's supervising social worker should be contacted once the carer becomes aware of the child's need for emergency attention. Whilst the carer should not delay in acting for the child, they should still contact the agency as soon as possible after taking action, even if this falls out of hours and could seemingly wait until the next day.

## **Action by the Designated Manager for Safeguarding**

The designated safeguarding manager for Soundly Fostering will decide whether to make a referral to children's social care. The referral will be made in the area where the

significant harm is suspected to have occurred, in accordance with the relevant multi-agency safeguarding children procedures.

Occasionally, the nature of the concern may mean that it is not possible to share information when making the referral with the child's parent or carer straight away. In these instances, the designated lead will clearly record the reasons for not sharing and will pass the information on to the placing authority. As an agency, in many cases, we do not have direct contact with the birth parent and may require the placing authority to determine if they need to share this information with the child's parent. We will work in conjunction with the child's social worker.

Children's social care will decide on the type of response required within one working day and provide feedback to the referrer. When feedback has not been received, the designated safeguarding lead will make contact with children's social care to establish action taken.

Once feedback is received, if the designated safeguarding manager does not agree with the children's social care response, then they should escalate the matter to a more senior manager.

The following people and agencies should be notified that a referral has been made:

- The child(ren)'s social worker, who will decide any actions that need to be taken to protect the child(ren), e.g., whether it is necessary to change placements.
- The regulatory authority, if a Section 47 enquiry is initiated.

## **Information Sharing**

Information and concerns must not be given to a person who is implicated, or against whom an allegation has been made, until this has been agreed with children's social care, LADO and/or the police.

Information about action taken should be shared with the child's carers and other relevant members of staff within the agency, based on their need to know.

Where concerns of significant harm lead to an assessment, full information about the child should be shared with children's social care for assessments to take account of

the full picture in relation to the child.

## **Section 47 Enquiries**

Where children's social care undertakes a Section 47 enquiry as a result of a referral, Soundly Fostering will cooperate fully with the local authority, share information from their case records and attend strategy meetings as required.

The Agency will agree with children's social care, who will be responsible for notifying the regulatory authority.

