Safeguarding of Children
Policies and Procedures

Legal Framework:	The Children Act 1989, and 2004, Safeguarding Vulnerable Groups Act 2006 Children and Young Persons Act 2008 Fostering Services (England) Regulations 2011 (Regs. 11 & 12) Working Together to Safeguard Children 2018 Working together: transitional guidance 2018

April 2020

Contents

PART 1
Managing Safeguarding

This policy is in line with current relevant legislation and statutory guidance e.g. the Children Act 1989, the Fostering Services Regulations 2011, the National Minimum Standards for Fostering, Working Together to Safeguard Children 2018, Working Together: Transitional guidance 2018 and the UN Convention on the Rights of the Child.

The Homefinding and Fostering Agency exist to protect children from harm, abuse, neglect and exploitation. We are committed to safeguarding and will act swiftly and effectively to ensure that all forms of abuse are taken seriously and with our full consideration. Safeguarding is everyone's responsibility and it is vital that a child centred approach is taken where the welfare of the child is always seen as the primary consideration of all professionals.

This policy is mandatory for all staff no matter what their role or terms of employment or engagement, those directly responsible for delivering care and associated professionals who work with the agency. Failure to comply with this policy or procedures list within this document could lead to disciplinary action against employees, deregistration of Foster Carers or termination of contract with freelance employees and contractors.

We will work in partnership with the Placing Local Authorities, area Local Authorities, Safeguarding children Multi-Agency Partnerships (formerly LSCB's), Designated Officers for child safeguarding (DO's) formerly known as the Local Authority Designated Officers for child safeguarding (LADOs), schools, GP's, hospitals and other agencies to effectively keep children safe at all times.

Safeguarding Designated Person

The Homefinding and Fostering Agency's Designated Lead Safeguarding Person is:

Geographical Area	Name	Contact number
Countrywide	Nina Gurung	01622 765646

The above persons must be contacted for consultation on all matters relating to safeguarding, when a young person is suspected to be at risk or there are welfare concerns. In the absence of this person the Registered Manager should be contacted their details are;

Gill Fewins
01622 765646

In the event that both parties are unavailable then the Responsible Individual Rebecca Daniel should be contacted:
Rebecca Daniel

01622 765646
If none of the above members of staff are available then the Out of Hours worker or duty social worker should be spoken to on 01622-765646

N.B This policy must be read in conjunction with the policy Managing Allegations Against Staff and Foster Carers.

Definition and Types of Child Abuse

The Department of Health Guide 'Working Together' defines child abuse as `A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children`.

Child abuse can take many forms, however as a general rule the younger the child the more vulnerable that child will be to physical injury and neglect. Older children are more likely to show signs of emotional abuse, although, all abused children are likely to be emotionally damaged. Sexual abuse occurs at all ages and to both sexes. Those children with disabilities and those children who are placed in 'parent & child' arrangements with foster carers are also more vulnerable – see separate The Homefinding and Fostering Agency policies for further information.

Child abuse is generally categorised under the following 4 main headings:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect

The following definitions have been obtained from the NSPCC and are in line with current practice:

- **Physical abuse**, involves the deliberate hurting of a child causing injuries such as bruising, broken bones, burns or cuts.

- **Sexual abuse**, a child is being sexually abused when they are forced or persuaded to take part in sexual activities. This doesn't have to involve physical contact or any form of aggression and includes coercion or inducement of a child to engage in sexual activities, regardless of the child's level of awareness. Sexual abuse can occur online.

- **Emotional abuse**, is the ongoing emotional maltreatment or emotional neglect of a child. It's sometimes called psychological abuse and can seriously damage a child's

emotional health and development. Emotional abuse can involve deliberately trying to scare or humiliate a child or isolating or ignoring them.

- **Neglect**, is the ongoing failure to meet a child's basic needs. A child may be left hungry or dirty, without adequate clothing, shelter, supervision, medical or health care. A child may be put in danger or not protected from physical or emotional harm. They may not get the love, care and attention they need from their parents.

Abuse can be caused directly or indirectly for example when an adult fails to act to prevent a child from coming to harm.

Responding to disclosures of Abuse

From time to time, children/young people in care will tell their carers or another significant person (*for the purpose of this policy 'carer'*) in confidence that, at some stage in their lives, they have been abused. It is important that the person receiving this disclosure realises that they cannot give the young person an absolute guarantee of confidentiality. This would put the person receiving the disclosure in the vulnerable position of being in possession of information that a crime may have been committed without the ability to report it. It would also make it impossible to protect the young person or other young people from future abuse. It is, therefore, very important not to make any promises to the child.

It is essential that a good relationship is built up between young people and their carer, so that the young people can trust them over a range of issues. Carers must work in an open and honest manner with young people and resist being drawn into a secretive and collusive relationships with young people, their families or past carers.

When a young person alleges abuse, a carer should listen very carefully to what they have to say.

THE EMPHASIS MUST ALWAYS BE ON LISTENING, RATHER THAN ON ASKING QUESTIONS.

The young person should be sensitively told that the carer is concerned with what has been said and needs to discuss it further with the young person's Social Worker. Home Office guidelines suggest the following steps for any initial allegations of abuse:

- Listen to the young person rather than ask questions.
- Do not stop a young person who is freely recalling significant events.
- Remain calm and do not give the young person the impression that what they have said is shocking or upsetting.
- Make a report of the discussion as soon as possible, taking care to record the timing, the setting, the people present, as well as the content of what was said, quoting wherever possible the words used by the child; record all subsequent events and at the earliest possible moment inform your Supervising Social Worker.

- Do not make any assumptions.

Foster Carers need to be aware that young people making allegations of abuse will often need to be interview by Police and Social Services staff trained in Child Protection interview techniques. On no account should a Foster Carer begin to question the child /young person as to do this may affect the strength and validity of future evidence in any court proceedings.

Responsibilities

The Homefinding and Fostering Agency requires any person who has reason to believe that they are suffering, or likely to suffer, significant harm to inform the child/young person's Social Worker and Supervising Social Worker and record all relevant information. In the case of verbal disclosure, wherever possible quote the actual words used by the child.
The report should indicate whether the abuse is current or refers to events in the past. It needs to be dated and signed with a full signature in case it is required later for any court proceedings.

Suspicions of Abuse

If a Foster Carer has suspicions that a young person is being abused, but no direct evidence exists and no allegations have been made, this should be discussed with the Supervising Social Worker and the child's Social Worker, making sure you record that you have spoken to the child's Social Worker with details of the time and date they were notified.

<u>What constitutes a Child Protection concern?</u>

- When <u>any</u> young person says or thinks they have been harmed in any way listed in the definitions of abuse above.
- When any adult or young person says or thinks they have a concern that a young person has been physically or sexually abused or is engaging in risky or inappropriate sexual behaviour likely to place them at risk of abuse.
- When there is reason to believe a young person may be or have been a victim of trafficking or sexual exploitation.
- When a young person says or thinks they have been singled out for persistent or severe intimidation, rejection, humiliation, severe emotional ill-treatment.
- When any adult or young person says or thinks that a young person has been singled out for persistent or severe ill-treatment.
- Children going missing from placement (although not all absences from placement necessarily present child protection concerns, but often some do; please look at the Policy on Missing from Placement for further information)

- Any situation which suggests that the child/young person may be at risk of harm, constitutes a Child Protection concern.

If you have a concern, or a child makes an allegation to you which falls into any of the above categories, then you must immediately inform the designated safeguarding lead. Foster carers can also use the handy What To Do When process which is attached as appendix two.
Homefinding and Fostering Agency will ensure that they promptly notify the area authority of any allegation of abuse or neglect affecting any child placed by the agency and will also co-operate with and liaise with any local authority which is making child protection enquiries in relation to any child placed with the agency.

Out of Hours (OOH's) Reporting

Any carer who has a child safeguarding concern outside of normal office hours or on a weekend, must make use of the OOH's service for advice or reassurance. Where further action or formal notification to the Placing Authority or other Agency is required, then the Supervising Social Worker on OOH's will advise the foster carer and ensure the significant event notification procedure is followed as well as informing the Registered Manager of the incident.

Contingency Plans

If you are in a situation where you cannot make contact with anyone from The Homefinding and Fostering Agency then you must make contact with the Emergency Duty Team or Safeguarding Child Protection Team in the area in which the child resides (Host Authority).

Procedures for Foster Carers and all Employees

As an Independent Fostering Agency, The Homefinding and Fostering Agency does not have a statutory duty or role in the investigation of any reported safeguarding concerns. However, the Agency does have a role in supporting and not obstructing any investigation which takes place.

The Homefinding and Fostering Agency operates within the jurisdiction of the Safeguarding children Multi-Agency Partnership or SCMP (formerly the LSCB) within the areas of its operation and is subject to their SCMP Child Protection Procedures. Copies of these can be obtained directly from the SCMP.

However, the general principles of Safeguarding Children and Child protection are contained within this procedure and all carers are expected to comply.

The Homefinding and Fostering Agency Foster Carers, Employees including Panel Members, freelance assessors, and external trainers and reviewing officers:

It is the responsibility of all of the above to make themselves familiar with these procedures. The Homefinding and Fostering Agency will ensure relevant training is available, wherever possible direct from the SCMP and/or supplemented with in-house training and supervision (see below).

Any one of the above may make a direct referral to the local authority Child Safeguarding Team or Emergency Duty Team in their own right (contact details are available online). However, unless in extreme circumstances all Child protection concerns should be brought to the attention of the Safeguarding Lead, Registered Manager or Out of hours worker to ensure correct procedures are followed and to enable a full record of the event to be maintained.

It is the personal and professional responsibility of all Foster Carers, full/part time or independent employees to ensure that any possible instances of Child Safeguarding are referred to a Senior Manager at The Homefinding and Fostering Agency or the local authority's Child Safeguarding Team without delay. Failure to do so could put the Foster Carers registration with the agency at risk, and staff at risk of disciplinary as a potential act of gross misconduct.

Safeguarding Training

All foster carers will attend training on safeguarding issues, this will be updated as a minimum every 3 years or sooner if required due to changes in legislation or concerns with practice. We will invite all staff to annual safeguarding training. The Homefinding and Fostering Agency will seek to access training provided by the SCMP for the areas in which the carers or for staff, in the authority's area in which the office is registered.

Training will be given to carers and staff so that they may recognise the additional vulnerability of children due to their race, gender, age religion, disability, sexual orientation, social background and culture.

Procedures for managing concerns

<u>On receiving information</u>

You may have obtained information about abuse in a number of ways. The child may have disclosed information directly to you, another child or adult may have given you information about an abusive or suspected abusive act, or you may have witnessed injuries to a child. No matter how you have received the information you cannot keep any such allegation or concern to yourself.

Reporting

There is a legal duty to report any incidents of a child protection nature. Failure to report any such incidents could result in legal proceedings being taken and/or lead to disciplinary action being taken against staff, or Carers being at risk of their approval being terminated.

Before reporting any incident to other Authorities the person receiving the information or witnessing the alleged safeguarding incident/concern must report the information in the following way:-

- **Foster carers** must report to the safeguarding lead or Out of Hours Duty Worker by telephoning the Agency's main number. This is active 24hrs a day and has a night call routeing service. If they cannot make contact with safeguarding lead or Registered Manager or the Responsible Individual, they must let the person answering the phone know that their call is regarding a safeguarding matter. The safeguarding lead or Registered Manager will then call them back.

- The Homefinding and Fostering Agency **employees including Panel Members and freelance assessors, external trainers and reviewing officers;** must report any information or concerns immediately to the Safeguarding lead or Registered Manager. If the concern involves their Manager or the Manager is not contactable then the employee must report the matter to the Responsible Individual or duty social worker.

The above process allows for an initial assessment to be made on whether a threshold criteria has been reached which justifies formal reporting to the responsible Safeguarding Board.

The Designated Officer for Safeguarding is available for consultation in the above process, and must be informed of all child protection concerns within the agency.

Therefore, once the threshold criteria has been established, and in line with the Fostering Services Regulations all incidents of suspected abuse must be promptly reported to the Local Authority in whose area the child lives and also to the child's placing authority, if different. The Regulations also state that Ofsted must be informed about the instigation of any child protection enquiries. This is usually at the point that a decision has been made for any investigation under Section 47of The Children Act 1989. Whilst a strategy meeting being held does not automatically mean that a decision has been made to proceed under S47, it may be prudent to notify Ofsted at this time to avoid any delay in reporting. If a decision to proceed with an investigation under sec 47 CA1989 is made at a strategy meeting, then Ofsted should be updated, they should be updated as to the decision of the strategy meeting. The date, time and details of the meeting which has made this decision must be recorded on the agency database.

All Local Authorities have a Duty and an Out of Hour's Duty System to facilitate the reporting of any incident. Details of these Duty contact numbers should be recorded in an

easily accessible place to facilitate quick access e.g. carer diary etc. They can also be found on the Local Authorities website.

If the Area Authority and Placing Authority are different, they will agree upon which authority will take the 'Lead Agency' role in any subsequent investigation. This will usually be the authority within whose area the alleged incident has taken place, as they will have access to the local resources for investigation.

Ofsted and the relevant authorities will also require regular updates on the progress of the events investigation and its outcome upon conclusion.

There is currently no guidance on the timings of the notification, but as a general rule they should be made as reasonably practical as possible after the agency is aware of the underlying incident. As a general rule, this should be no longer than 48hrs, but is subject to the judgement of the Designated Officer.

Please also see policy on Managing Allegations Against Staff and Foster Carers

Intuitive Care Recording

All concerns must be recorded on the Intuitive care database under the appropriate heading. These will usually start as a 'Monitoring Event" if created by the foster carers, but may also be recorded as an incident. The first event is added and further linked events can be added to the original event, which builds up a full picture of what has occurred.Depending on the event type, different regulatory requirements are automatically required. This will be recorded on carers and children's files.

A complaint is a grievance or dissatisfaction communicated to the agency by the child or anyone concerned about any aspect of the care provided. An allegation is as assertion someone in a position of trust has or may have harmed a child.

Once an event has been created, any subsequent actions relating to that event must be recorded under the original entry clearly starting with the date of the event, the action and the name of the person recording the item. *See guidance on recording events.*

It is the responsibility of the safeguarding lead or the Registered Manager only to close down an event and this should not be done by the supervising social worker.

Once an event has been closed, the outcome of the event must also be recorded, and a date of closure recorded in the end date box. This will then be recorded on the safeguarding spreadsheet.

Taking action to protect the Child

The Registered Manager or safeguarding lead has the responsibility for the decision about whether any immediate action needs to be taken to safeguard the welfare of the child(ren) involved. If they are unavailable the Responsible Individual will be responsible for this

decision. Where the safeguarding event involves an allegation about a member of staff or a foster carer, this decision will usually involve consultation or discussion with the LADO of the placing authority. **The welfare of young people is paramount and should not be compromised by procedures.** Should a situation arise where immediate and urgent action is needed to safeguard a child(ren) and the relevant authority's person cannot be gained in a timely manner, the appropriate decision needs to be made and the relevant authorities notified without delay. When not directly involved, the Registered Manager and Responsible Individual must also be informed.

If the allegation received is against the Foster Carer, full details will be passed to the Area authority of the Carer, including details of other children in their household and the terms and dates of the Carer's approval as a Foster Carer. The Local Authority social worker for any other child in placement will also be informed.

Please also see policy on Managing Allegations against Staff and Foster Carers.

The area authority holds the statutory authority over the Carer's own children who are under 18 years of age.

Strategy Meetings

The Lead Authority will make a decision as to whether to convene a strategy meeting and if different, the Placing Authority will be invited to this meeting. It is the Lead Authority's responsibility to host the strategy meeting and invite attendees, usually these will include the SSW and or the safeguarding lead/ Registered Manager plus representatives from any other Local Authorities or teams involved with any children in the household and normally a representative of the Police Child Safeguarding Team.

This meeting will make a decision about the next steps to be taken. These could be anything from a full Section 47 investigation under the Children Act 1989 through to deciding that there are no grounds for any investigation to proceed.

The meeting will decide upon and allocate all roles in any further action to be taken. All Agency representatives must undertake the roles or tasks which are allocated to them.

All Foster Carers and staff are required to fully cooperate with any subsequent investigations. They should continue to refrain from questioning the child further unless this has been agreed as part of the planned investigation.

On completion of any investigation a further strategy meeting will be convened to decide whether any further action needs to be taken which may include moving to a full child protection conference. The Lead Authority will liaise with The Homefinding and Fostering Agency over the most appropriate person to attend from this Agency, if anyone.

The Agency will keep full written records of all allegations, the response and the outcome.

Ofsted must also be informed of the outcome of any child protection investigation.The reports can be made verbally but must be followed by a written notification within 24 hours.

If there is an allegation which concerns the Registered Manager then this will be dealt with by the Responsible individual and visa versa. The same procedures pertaining to staff members will apply.

Escalation of Concerns

The young person's welfare remains paramount at all times and occasionally there may be situations where a statutory agency such as the responsible authority may not understand or accept the full risks of a situation and in so doing may place at young person at risk or greater risk. The agency and its representative have a duty to advocate for young people to ensure their needs are met and welfare is promoted at all times. The following is guidance for escalating any such concerns no matter how they arise or the subject matter.

In such situations…

Foster carers have a responsibility to report their concerns to the Registered Manager and/or the designated person for safeguarding. A written record of the concern must be made in the appropriate social e care record by the person receiving the information.

Employees must discuss the matter with their line manager and give consideration to escalating the concern within the local authority and where appropriate report the detail and reasons for their concerns in writing or via email.

There are many different hierarchical structures across authorities making it difficult to give an exact process which will cover all authorities but in general the table below gives examples of action which could be taken.

Person not responding	**Action to take**
Childs Social Worker	Inform the child's social worker of intention to take the matter up with their line manager and report the matter to their manager. Correspond directly with the Safeguarding team.
LA Manager	Increase the level of concern to either the LADO or director level within the local authority.
LADO	Notify the local authority Director of Children's Services.

Director of Children's Services	Raise the matter as a complaint under the Local Authorities complaints procedures and/or the Local Authority Ombudsman. Notify Ofsted of concerns.

The above are given as suggestions to make the point that our duty is to ensure children's welfare is maintained at all times. We have a duty to report poor practice, particularly where it has or is likely to affect a young person's wellbeing.

It is important to accurately record any conversations to enable reference at a later date and all verbal communications must be followed up in writing to ensure accurate recording and evidencing.

Summary

The Homefinding and Fostering Agency will investigate any concerning incidents or behaviour by any of our staff, volunteers or Carers, and will act as necessary to ensure that all the children in our care remain safe. The Registered Manager has overall responsibility for managing or delegating the management, for any of these allegations, for liaising with the LADOs, notifying Ofsted and for keeping the individual who is the subject of the allegation informed throughout the process of the investigation.

Regulatory Bodies

For England
OFSTED Piccadilly Gate Store Street Manchester M1 2WD **Telephone:** 0300 123 1231 **Email:** enquiries@ofsted.gov.uk

Placement Risk Assessments

Any risk assessment undertaken and subsequent management plans must be shared with the responsible authority.

PART 2

Children with Disabilities

There are a number of case studies that suggest that children with special needs and disabilities have an increased risk of abuse and maltreatment.

Disabled children are:

- 3.4 times more like to be abused
- 3.8 times more likely to be neglected
- 3.8 times more likely to be physically abused
- 3.1 times more likely to be sexually abused
- 3.9 times more to be emotionally abused

Increased Vulnerability

Children with disabilities also have an increased vulnerability due to:

- Low self-worth/self-esteem
- Not given means or skills to complain
- Wide range of carers
- Increased desire to please/taught compliance
- Perpetrators believe it is safer to victimise a disabled child
- May be disbelieved when disclose
- Identification
- Family stress
- Increased likelihood of social isolation
- Dependency on parents and carers for practical assistance in daily living Impaired capacity to resist or avoid abuse
- Speech, language, communication needs
- Lack access to trusted person if wanted to disclose
- Vulnerable to bullying and intimidation
- Looked After Children – additional dependency on residential/hospital staff for daily care
- Forced Marriage

Ann Craft Trust 2000, NSPCC 2003

Financial Abuse

Where young people are in receipt of Disability Living Allowance (DLA) there is also an increased risk of financial abuse. DLA is a payment made to children to help contribute to the extra costs of their care or to help meet their needs. It is not a payment for the foster carer.

If carers receive DLA payments they will have to demonstrate that any monies received are for the benefit or the welfare of the young person it is intended. Failure to do so could result in the carer being made to repay all payments and liable to criminal investigations.

Contributing factors impeding safeguarding of disabled children

- Over identifying with parent/carer can lead to reluctance in accepting abuse/neglect taking place or seeing it as being attributable to stress of caring for a disabled child
- Lack of knowledge about impact of disability on child
- Lack of knowledge of child – usual behaviour
- Not understanding method of communication
- Confusing behaviours that indicate a child might be being abused with those associated with disability
- Behaviour – sexually harmful or self-injury can be indicative of abuse
- Being aware medical/health complications may influence way symptoms present e.g.
  fragile bones

Therefore, any person involved in the delivery of care to a young person with disabilities must ensure they remain hyper vigilant to the young person's needs to enable them to recognise when the young person may be in distress or at risk.

Foster Carers must ensure that any personal care delivered to young people is in line with the young person's agreed care plans. Personal care must also be delivered using recognised techniques, and where training is required to deliver such techniques, any person involved with the care packages has received the training appropriate to their role.

The Agency will provide additional training for Carers working with children who have disabilities and specific risk assessments must be put in place to help identify and manage the care provided.

Values

The Homefinding and Fostering Agency's underpinning values when working with young people with disabilities are:

- To treat each young person as an individual
- Respect and, where appropriate, promote the individual views and wishes of both service users and carers • Support service users' rights to control their lives and make informed choices about the services they receive
- Respect and maintain the dignity and privacy of service users
- Promote equal opportunities for service users and carers

- Respect diversity and different cultures and values

Reporting/Investigating Concerns

Any concerns over the safeguarding of a young person with disabilities must be reported and subsequently investigated under the agency's safeguarding procedures, but additional specialist support may be required to help the young person communicate. Such support will usually be provided by the investigating body or The Homefinding and Fostering Agency if the matter is an internal investigation.

Internet safety

See Online safety policy

Children who Exhibit harmful Behaviour Including Sexual Harm

Harm caused by one child to another should never be dismissed but must be viewed in terms of the factors that surround this abuse. These factors include the following:

- The child's development, and family and social circumstances;
- Relative chronological and developmental age of the two children (the greater the difference the more likely the behaviour should be defined as harmful);
- A differential in power or authority e.g. related to race or physical or intellectual vulnerability of the victim;
- Actual behaviour (physical and verbal factors must be considered);
- Whether the behaviour could be described as age appropriate or involves inappropriate sexual knowledge or motivation;
- Physical aggression, bullying or bribery;
- The victim's experience and perception of the behaviour;
- Attempts to ensure secrecy;
- An assessment of the change in the behaviour over time (whether it has become more severe or more frequent);
- Duration and frequency of behaviour;
- The risks to self and others, including other children in the household, extended family, school, peer group or wider social network.

The context and location of the behaviour must also be considered for example, does the behaviour take place:

- Within their household e.g. siblings; other young people placed or carers children

  or

- Outside of the child's immediate household inclusive of school/ education settings and youth services.

Harmful behaviour can include:

- **Physical:** any contact such as hitting**,** punching, pushing, pinching
- **Verbal:** teasing, calling names, sarcasm
- **Emotional:** threatening, tormenting, being rude and intimidation
- **Racist:** racial remarks, racial taunts and threats due to racial differences
- **Sexual:** sexually suggestive rude and abusive comments, innuendo, unwanted physical contact
- **Homophobic:** taunts, spreading rumours
- **Online:** Using social media to put another child down or spread abusive messages about them/ threaten them.

Such harmful behaviour can quickly escalate to become a Safeguarding Children or a criminal matter. Carers must always be aware of what is happening, try to encourage the child or young person to talk about what is going on and take action as appropriate to stop it and support the victim.

Please follow the same guidance as dealing with other safeguarding matters For advice and guidance please speak to your SSW. If you are unsure or don't know what to do then always discuss your concerns with your SSW or the OOH service.
It is best to seek guidance from your SSW on how best to deal with the situation as the action and approach needed will depend on where the incidents have taken place. For example, schools will usually hold meetings at the school to resolve the situation.

It is highly likely that the young person who is showing harmful behaviour, has been, the victim of abuse themselves and they will need support to help them.

At all stages keep good records of what is said and what action is being taken and always involve your SSW for advice and support.

Contextual safeguarding

As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online.
These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation.

Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered. Assessments of children in such cases should consider whether wider environmental factors are present in a child's life and are a threat to their safety and/or welfare.

Children who may be alleged perpetrators should also be assessed to understand the impact of contextual issues on their safety and welfare. Interventions should focus on addressing these wider environmental factors, which are likely to be a threat to the safety and welfare of a number of different children who may or may not be known to local authority children's social care. Assessments of children in such cases should consider the individual needs and vulnerabilities of each child.

.

For guidance on the normal stages of sexual development please follow this link https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/healthy-sexualhttps://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/healthy-sexual-behaviour-children-young-people/behaviour-children-young-people/

For further information please also see: http://www.bullying.co.uk/ – Anti Bullying Campaign 020 7378 1446 www.nspcc.org.uk – NSPCC
http://www.childline.org.uk/Explore/Bullying/Pages/Bullying.aspx
http://www.antibullying.net – Advice and guidance on bullying
Bullying - Don't Suffer In Silence **0808 800 5000 - NSPCC**

Please refer to the following policies for further information:

- Whistleblowing
- Managing Allegations against staff and Foster Carers
- Promoting Positive Behaviour
- Safe Caring
- Children's Guide
- Staff handbook
- Foster Carer's Handbook
- Internet Safety
- Gangs and criminal Exploitation, County Lines policy
- Harmful Traditional Practices Policy
- Missing children Policy
- Safeguarding Children and Young People from Sexual Exploitation
- Identifying and Supporting Children and Young People Vulnerable to Violent Extremism including Radicalisation.

APPENDIX 1
Signs and Symptoms of Abuse

The aim of this document is to help staff and carers identify signs and symptoms which may indicate child abuse. The identification and confirmation of child abuse is rarely simple and hence this document should be viewed as a guide and not a blueprint as to whether abuse has taken place.

The following advice and information has been taken from guidance issued by a variety of Children's Safeguarding Boards.

This document must be read in conjunction with the Agency's policies on Child Protection, Bullying and Safe Caring.

Throughout its policies and procedures the agency makes its expectations on the standards of care expected/known. These are based on research, legal requirements and best practice techniques. Any failures to adhere to these standards will be dealt with by way of a review for carers, which could lead to amendment or termination of approval, or through disciplinary procedures for staff.

A Definition of "Child Abuse"

An abused child is a boy or girl under the age of 18 years who has suffered physical injury, neglect, emotional or sexual abuse which the person or persons who had custody, charge or care of the child either caused or knowingly failed to prevent. A child is considered to be abused or at risk of abuse, when the basic needs of that child are not being met through avoidable acts either by acts of commission or omission by parents or carers.

The concept of Significant Harm

The concept of "significant harm" was introduced by the Children Act 1989 as the threshold for intervention in family life for the protection of children. There are no absolute criteria but consideration is given to the severity of ill-treatment; the degree and extent of physical harm and the duration and frequency of abuse and neglect. A guide would be that harm is being caused when a child fails to develop in the way that they would normally be expected to.

Confidentiality

In all matters relating to Child Protection the highest degree of confidentiality must be maintained. However, this has to be balanced against the need to protect children from significant harm. Children who disclose significant harm need to know that the information will be passed on to the appropriate statutory agency, either the Social Services or the Police so that it can be properly investigated and the necessary help obtained. Information must not be passed on to any other individual or organisation. (See Child Protection Procedures).

If there is a conflict of interest between the needs of a child, who is suspected of suffering significant harm, and the needs of an adult, the welfare of the child is paramount and will take precedence.

Physical Abuse

Physical injury is the actual or likely physical injury to a child under the age of 18 years, or failure to prevent physical injury (or suffering) to a child including deliberate poisoning, suffocation and illness fabricated or induced by parents or carers.

Bruises

All children, especially toddlers, are injured from time to time, and the vast majority of those injuries are accidental, even those which are unexplained.
Carers who notice a bruise or injury on a child when they are placed with them, must let the agency know immediately as evidence of that injury may need to be preserved. Some features are common to the possibility of ***non- accidental*** injury:

- There may be a delay in seeking medical help or such help may not have been sought at all.
- The account of the accident may be vague or may vary from one telling to another. Parents/ carers reliving a genuine accident will usually tell a detailed vivid story.
- The parents/ carers may be more concerned about their own problems than about the child's injuries, and they may be hostile and leave before the discussion is finished.
- The interaction between child and parents/ carers may be abnormal and the child may be sad, afraid or even withdrawn. Classic "frozen watchfulness" is a late stage resulting from repeated physical and emotional abuse. It should be noted, however, that some physically abused children may relate to their parents remarkably well.
- If children think they are going home with their parents, they may be unwilling to say what has happened while the adults are present. Given a safe environment the child may well give an accurate account of the incidents of abuse.
- There may be discrepancies between the injuries and the story given, or the explanation may even be impossible, for example a four-week-old baby with facial bruising could not have been injured whilst falling over because they are unable to sit up in the first place, or alternatively, a child with bruises of different ages could not have sustained them all in a single incident. (You should be aware, however, that the ageing of bruises is not an exact science; as they age, bruises change colour from red to blue and through brown to yellow, but the timing of these changes varies from one individual to another and from one site to another.)
- There may be a series of different marks or bruises suggesting repeated injuries. The greater the number of incidents, the less likely it is that they have been accidental.
    - The pattern of bruises may suggest a particular cause: slap marks, fingertip bruises and the imprint of weapons may be seen. Hard slaps can leave distinct hand marks,

particularly on the buttocks and cheeks. The left cheek is most commonly affected since the right-handed adult, facing the child, slaps the left cheek. Fingertip bruises on the upper arms or chest wall may suggest that the child has been held tightly and then shaken. In this situation, the fragile blood vessels in the eyes and on the surface of the brain may be torn. Examination by a paediatrician may then reveal retinal haemorrhages; rib fractures and subdural haematomas (head injury causing blood loss in the brain). This constitutes a medical emergency.

- The site of bruising may give cause for concern. **Accidental bruises commonly occur over bony prominences; bruising on other sites is more suspicious**. Certain injuries are inherently suspicious. Bruising to the outer ear may happen when the ear is "boxed" or compressed against the side of the skull by a blow or when the margin of the ear is pinched. Fresh or healed tears of the frenulum of the upper lip are caused by a blow to the mouth or by a feeding bottle being forced into the mouth. Such injuries seldom occur accidentally.

Burns and scalds

These are particularly difficult to handle because of the emotional connotations. Neglected children are more prone to accidental burns whereas abused children may be deliberately burned. The principles applied to bruises are relevant - the injuries seen should be compared with the story given. Scalds are burns caused by hot liquids. Blistering often occurs and the skin may be pale and soggy and peel off in sheets. The injuries tend to be variable in depth but demonstrate characteristic drip, pour and splash patterns. Children whose hands or feet have been dipped in scalding water show a "glove or stocking" pattern.

Contact burns from a hot dry surface are often uniform in density and may follow the shape of the branding object.

Cigarette burns are part of the mythology of child abuse. However, they are in fact relatively uncommon. Typically, deliberately inflicted cigarette burns form a circular lesion with a crater. Skin infections can leave almost identical marks.

Parents of accidentally burned children are often defensive and guilty but show appropriate concern for the child.

There are many practitioners who state that fire setting behaviour is a sign of abuse. Again this is a myth and such behaviours should not be used as indicators of abuse (see separate guidance on Fire Setting). However, a child who displays fire setting behaviours should be seen as a possible child protection issue due the potential risks posed to themselves and others. These should be reported through your SSW and line manager.

Fractures

Any suspected fractures must be treated by a medical professional without delay. They are best placed, have the knowledge and experience to suspect or diagnose any suspicious fracture. However, for your information:-

In young children these should give cause for concern in that it has been suggested that as many as half of all fractures under the age of two years are non-accidental. Spiral fractures of long bones in babies are especially suspicious as are rib fractures. Spiral fractures suggest a pulling and twisting force which would be an unusual mechanism in an accident to a non-mobile infant. Older children, however, may suffer spiral fractures accidentally. Rib fractures are unusual in accidentally injured babies and toddlers but multiple bilateral rib fractures occur when a young child's chest wall is violently squeezed. Such fractures are often difficult to detect in the early stages and may be found only when healing occurs.

Single linear skull fractures may occur after apparently minor head injuries and may present after one or two days with a localised swelling. Most such injuries do not result in serious injury, however, in one study, babies failing from a height of less than one metre, even onto a hard floor, had only a one per cent chance of suffering a skull fracture, and 80 per cent suffered no injury whatever. Even in fails from a greater height, any fractures were single and linear, and serious intracranial injury was uncommon. Extensive or branched fractures are less likely to be accidental and serious intracranial damage suggests the more severe force associated with non-accidental injury.

Differential diagnosis

There are various diseases, both acute and chronic, which cause easy bruising, and which may lead to the suspicion of non-accidental injury. These include such conditions as Immune Thrombocytopenic Purpura (ITP – an autoimmune disorder), and Haemophilia (a disorder that affects blood clotting), which should be considered if a child has extensive unexplained bruising.

Osteogenesis imperfecta (brittle bone disease) is a condition in which bones break with even minor trauma. Usually sufferers will have blue sclera (the whites of the eyes), and there will often be a family history of the disorder.

Dealing with suspicions of non- accidental injury is often not easy and should take account of the whole picture of the injuries seen and the story given. In view of the possible pitfalls, the diagnosis of child abuse requires the help of an experienced paediatrician. **This is not the role of either Carers or Staff.**

Fabricated or Induced Illness by carers
(previously known as Munchausen's Syndrome by Proxy)

This describes a situation where parents or carers fabricate or cause illness in their child.

There are three main types of fabricated illness: verbal fabrication; tampering with charts and specimens and producing physical signs to suggest illness. Boys and girls are equally affected. By the time of diagnosis the child’s apparent ill health may have been a problem for months or years.

The features are those of persistent or recurrent illness with a discrepancy between the child's apparently good health and a story of serious symptoms. Some of the more typical symptoms are seizures, spontaneous bleeding, stopping breathing, diarrhoea and fever.

Mothers are the carers most likely to perpetrate the deception and they typically are very attentive to the needs their child. Untreated the problem leads to serious effects on the emotional health of the child in addition to physical effects if fabrication involves the production of physical symptoms.

Often these children will be taken to different hospitals and doctors. Bringing together the complete story is one of the steps in achieving a diagnosis. Communication between professionals who have contact with the child is therefore very important.

Other key indicators of physical abuse

- Wearing clothes to cover injuries, even in hot weather.
- Refusal to undress in front or other e.g. at a school gym or swimming pool.
- Chronic running away.
- Self-destructive tendencies.
- Aggression towards others.
- Fear of physical contact – shrinking back if touched.
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study').
- Fear of suspected abuser being contacted
-

Sexual Abuse

Sexual abuse is the actual or likely sexual exploitation of a child or adolescent. The child may be dependent and/or developmentally immature.

Presentation of sexual abuse:
Statement of the Child

The abuse is rarely disclosed at the time. Children only talk about the trauma of sexual abuse after much thought. They also choose the person to talk to very carefully. This might be a teacher, carer or leader of a children's group whom they feel that they can trust.

It is important know how to respond to this situation. Important points are:

- Do not agree to keep secrets.
- Listen without interruption.
- Make "noises" which will encourage the child to continue.

- Ask an open question such as “what happened next”. Do not ask leading questions e.g.
  “was it your dad?”
- Provide appropriate reassurance.
- Let the child know that you will pass the information on to someone responsible.
- Consider the urgency of the situation.
- Immediately afterwards record the facts, date and sign.

Symptoms due to local trauma or infection

Perineal soreness, vaginal discharge, urinary tract infection, anal pain or bleeding are nonspecific symptoms which may be indicative of sexual abuse. Bruising, lacerations, burns, bites or scratches on the inner thighs, breast, genital or anal region need to be thoroughly investigated through the appropriate professionals and procedures and deserve a full explanation.

Symptoms attributable to emotional effects

Loss of concentration, enuresis (incontinence and wetting), encopresis (faecal soiling) and anorexia may be related to various emotional factors but sexual abuse could be a factor to be considered.

Self-harm

Many victims of sexual abuse will in some way act out their distress. Common amongst adolescent behaviour is drug abuse, alcohol abuse and prostitution. Attempts at suicide are often of self-loathing and the inability or fear to betray the abuser who may be quite close. Frequently actual threats are used by the perpetrators to get the young person to keep the abuse secret. Self-mutilation can be a symptom of sexual abuse. Victims may burn or scar themselves or make themselves ill.

Sexualised conduct or inappropriate sexual knowledge by young children

Such conduct or knowledge may be acquired by observing others or pornographic videos/literature. Children who have been sexually abused may describe pain or other specific details which cannot be acquired by observation only.

Sexually transmitted disease

A small proportion of sexually abused children may have sexually transmitted disease (STD). STD after infancy in children and adolescents who are not sexually active is strongly suggestive but not proof of sexual abuse. Gonorrhoea, syphilis, venereal warts, genital herpes, chlamydia, trachomatous and HIV infection are all primarily sexually transmitted conditions and so are matters for clinical diagnosis followed by multidisciplinary consideration.

Pregnancy

If a young person is anxious about telling others who the father is of her baby this could also indicate that she has been subject to abuse.

Other key indicators of sexual abuse

- Extreme reactions, such as depression, running away, overdoses.
- Personality changes.
- Sudden loss of appetite or compulsive eating.
- Being isolated or withdrawn.
- Inability to concentrate.
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or child minder.
- Day or night/nightmares.
- Become worried about clothing being removed.
- Suddenly drawing sexually explicit pictures.
- Talking about having a secret.

Medical examination in suspected sexual abuse cases

The child should be examined with the knowledge and agreement of a parent and/or their Responsible Authority. The child's wishes and feelings about the pace and process of the examination should be taken into account. The examination should be conducted as soon as possible after the event and should take place in privacy, in an environment where the child can be comfortable, usually a hospital or medical setting. The examination should not be conducted later than the child's usual bedtime unless there is reason to suspect serious injury requiring medical attention.

Medical assessment of sexual abuse will usually require a joint examination by a paediatrician and a forensic physician (Police Surgeon). No such examinations should be undertaken without the proper notifications being made to the Responsible Authority and the Agency.

If a child alleges recent sexual abuse i.e. saying they were raped whilst out. Consideration must be given to preserving any possible evidence for police investigation. This would include not letting the young person wash or bath until guidance has been sought from the Area Authority and Police, collecting the clothing they had been wearing and placing in a plastic bag to allow for examination. Such actions can be vital in securing a later conviction, but the child's welfare must also be paramount in any decision of this kind and the child spoken to sensitively.

Emotional Abuse

Emotional abuse is the actual or likely severe adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill-treatment or rejection. All abuse involves some emotional ill-treatment.

Components of emotional abuse

Rejecting the child - The adult refuses to acknowledge the child's worth and the legitimacy of their needs.

Isolating the child - The adult cuts the child off from normal social experiences and contacts and prevents them from making friendships, thus making them believe they are alone in the world.

Terrorising the child - The adult verbally abuses the child, creating a climate of fear. The child is bullied and frightened and is made to believe that the world is capricious and hostile.

Ignoring the child - The adult deprives the child of essential stimulation and responsiveness, stifling emotional growth and intellectual development.

Corrupting the child - The adult mis-socialises the child, for example stimulating them to engage in anti-social behaviour, reinforcing that deviance and making them unfit for normal social experiences.

There is a tremendous variation in the delivery of care and parenting. The most important aspects of emotional abuse are the effects on children and the consequences for them. Those effects and consequences are diverse and vary significantly with age.

Infants

Lack of encouragement shown towards infants can result in the impairment of social and psychomotor skills; infants can appear withdrawn with developmental delay. Infants may indulge in acts of self-stimulation (banging of the head or rocking movements); there may be a noted lack of social responsiveness.

Pre-school children

At the age where language development is at its most sensitive, emotional abuse can result in significant delay in language acquisition and, in severe cases, the child may be effectively mute.

Behavioural problems are also common, and may be manifested as a reduced attention span, which often goes along with hyperactivity.

Emotionally abused children may show significant growth retardation. Children may be aggressive, especially towards their peers, and may at other times be significantly withdrawn. A lack of selective attachment is quite frequently seen, and inappropriate physical contact with strangers, even in the presence of the main carer, is common.

School-age children

Learning difficulties are a manifestation of emotional abuse in this age group, with poor concentration and significant over-activity. Such children may be disruptive in schools, and may also show behavioural abnormalities such as aggression, or inappropriate or unusual patterns of defecation or urination. These children often have low self-esteem, which in its mildest form shows very poor social interaction and may result in other behaviour patterns, such as repetitive rocking, self-mutilation or masturbation. As with neglect, if the abuse is substituted by sensitive care and displays of appropriate emotions (usually in an alternative environment), there is a rapid and dramatic improvement in growth, developmental attainment, behaviour and social and emotional adjustment.

Other key indicators of emotional abuse

- Physical, mental and emotional development lags.
- Sudden speech disorders.
- Continual self-depreciation ('I'm stupid, ugly, worthless, etc.').
- Overreaction to mistakes.
- Inappropriate response to pain ('I deserve this')
- Neurotic behaviour (rocking, hair twisting, self-mutilation).
- Extremes of passivity or aggression

Neglect

Neglect is the persistent failure to meet a child's basic physical and psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also involve neglect of a child's basic emotional needs.

Identifications

Neglect is difficult to identify because by definition it has to be present for a period of time. All age groups can be affected by neglect but the pre-school child is the most vulnerable.

Detection is made by collecting vital pieces of the jigsaw. A child is neglected if its basic needs are unmet. Manifestations of this are when the child is:

- Malnourished, ill-clad, dirty, without proper shelter or sleeping arrangements.

- Without supervision, unattended.
- Ill and lacking essential medical care.
- Denied normal experiences that produce feelings of being loved, wanted, secure and worthy (emotional neglect).
- Without proper medical attention. • Failing to attend school regularly.

The issue of standards of parental care and behaviour is a major problem in proving neglect. The lack of clear definitions makes it problematic to prove, particularly in a court of law. General neglect may be difficult to prove but 'failure to thrive' a specific type of neglect, is easier to define.

Failure to thrive

'Failure to thrive' is a term applied to babies and toddlers whose growth rate, particularly in weight but also in length, is exceptionally poor. It is important to realise that there are many medical reasons for failure to thrive, such as chronic infection, failure to absorb food because of cystic fibrosis or coeliac disease, major congenital heart disease and many others. Nevertheless, about three-quarters of all infants seen by hospital paediatricians with failure to thrive are growing poorly for non-organic reasons. Whether through ignorance or neglect they lack the necessary elements of care, food, attention and love, which promote normal growth.

At the extreme, failure to thrive is easily detected. The infant is obviously undernourished, thin with wasted buttocks and prominent folds of skin. It is important to remember that the pads of fat in the cheeks, which are essential if an infant is to suck effectively, are preserved even when the rest of the baby's fat stores have disappeared. Thus, the clothed infant may appear to be well nourished when in fact gaining weight poorly.

Serious growth failure in the first two years of life has irreversible long-term effects on body size and health and therefore needs the earliest diagnosis to reduce such long-term effects. This is achieved by weighing and measuring all babies regularly and plotting the weights on a standard growth chart, often called a centile chart (contained within the ‘red book’).
These charts have been produced by analysing growth data from thousands of normal children and then drawing centile lines on a graph. Put simply this is the ‘average’ against the child’s age and is used by health care professional to check the baby’s development.

Other key indicators of neglect

- Constant hunger.
- Poor personal hygiene.
- Constant tiredness.
- Poor state of clothing.
- Very thin.
- No social relationships.
- Compulsive scavenging.

- Destructive tendencies.

Remember, if you suspect a child is being abused you must report the incident following the Agency's child protection procedures. Failure to do so could result in disciplinary action being taken against staff or a carer's approval being terminated.

Appendix Two – What to do when

Sometimes when we are in a stressful situation it is difficult to remember procedures. This handy guide will help you to know what you should do and when.

Emergencies

Your foster child develops a serious or infectious illness or has a serious accident or dies.

Medical treatment should be sought without delay. Dial 999 if necessary or 111 if less urgent.
As soon as is practicable telephone your SSW or out of hours (within 4 hours).

You hear that your foster child has been arrested for a serious offence or has committed a serious offence- or police are called to your home.

Liaise with the police where appropriate (101) and call your SSW or out of hours for advice (within 4 hours)

You have new information that makes you believe your foster child is involved in Sexual exploitation

Liaise with police where appropriate and call your SSW or out of hours for advice as soon as possible. (within 8 hours)

Your foster child goes missing

You should have an agreed timeframe for reporting your child missing. After this time has elapsed call the police on 101 make sure you tell them why you are worried and take a note of the reference number. Call your SSW / OOH and they will advise you on how to call the LA OOH

You have to restrain your foster child as they are a danger to themselves or another person

Make sure you record where you were when this happened, how long you held the child for and why. Call your SSW or OOH as soon as it is practicable to do so. Record on intuitive as monitoring;use of discipline/sanctions

A foster child makes an allegation that someone has hurt them.

Record what the child has said.

Call your SSW or out of hours as soon as possible for advice (within 6 hours).

NB if your SSW is not available ask to speak to the manager or duty worker.

Less urgent

Your child has been misbehaving and you have to discipline them (not restraint)

Record this as an activity Monitoring:use of discipline/santions speak to your SSW the following day.

Your foster child is refusing to return from a friends' or relatives' and there is no risk to their welfare (unauthorised absence)

Call your SSW or OOH to ask for advice. (within 2 hours)

You have to give your child minor first aid or over the counter medication

Record in the medication section on intuitive

Speak to your SSW the same day or the following day.

NB if your SSW is not available ask to speak to the manager or duty worker.