

# Fostering

# Safeguarding Children and Young People

The Trust Board has granted the Chief Executive of the Sandwell Children's Trust the authority to approve this document.



**Sandwell**  
Children's Trust

# Safeguarding Children and Young People

## Regulations and 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 parent's home](#)

Fostering Services: National Minimum Standards

[STANDARD 4 - Safeguarding Children](#)

Local Safeguarding Children Board Procedures

## Scope of this Chapter

This chapter explains the procedure to be followed where there are concerns that a child placed with a foster carer approved by the agency has suffered, or is likely to suffer, significant harm. It should be read in conjunction with the Confidentiality and Information Sharing Procedure.

Where there are concerns that a child in placement has, or is likely to suffer Significant Harm as a result of the actions of a foster carer, member of staff or volunteer of the agency, see the Managing Allegations Against Staff and Foster Carers Procedure.

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## 1. Introduction and Definitions of Significant Harm

Safeguarding and promoting the welfare of children and young people and in particular protecting them from abuse and harm is a shared responsibility and depends on effective joint working between all staff and carers, with all relevant agencies and professionals.

The agency is committed to safeguarding and promoting the well-being of children and young people who are placed in our care, so that they can live a healthy and happy childhood that is safe and positive, free from harassment and bullying.

The local authority / Trust has a duty to promote and safeguard the welfare of children and to investigate and take necessary action to protect children and young people from abuse and harm.

All staff and carers have a responsibility to report any suspicions they have, that a child has or may be mistreated or harmed; and to take all allegations seriously, and report them to their manager or an independent person - such as the child's social worker, Police, Regulatory Authority or the NSPCC.

The procedures in this chapter are mandatory and any failure to comply with them will be addressed through appropriate procedures.

The Children Act 1989 introduced Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of children.

Physical abuse, sexual abuse, emotional abuse and neglect are all categories of significant harm.

Physical abuse - a form of abuse which 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 (including via the internet).

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

Emotional abuse - the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

It 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. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

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

Some level of emotional abuse is involved in all types of maltreatment 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 result 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 inadequate care-givers); or
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

*Definitions taken from Working Together to Safeguard Children.*

Suspicion or allegations that a child is suffering or likely to suffer significant harm may result in an assessment incorporating a Section 47 Enquiry.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes a single violent episode may constitute significant harm but more often it is an accumulation of significant events, both acute and longstanding, which interrupt damage or change the child's development.

## 2. Reporting Suspicion or Allegations

The following assumes that there are no concerns or allegations against the foster carer(s) or staff or volunteers of the fostering service. If there are any such concerns, see the Managing Allegations Against Staff and Foster Carers Procedure.

### 2.1 Receiving/Reporting Concerns/Allegations

Any concerns or allegations of significant harm to a child placed with a foster carer approved by the agency must be reported to the child's social worker and their Supervising Social Worker.

Outside office hours, the Out of Hours Service should be contacted.

This includes concerns or allegations made about another child, a visitor, a person in the community, teacher, social worker, parent or any other person.

Where a concern or allegation about historical abuse is made this should still be referred - there should not be an assumption that the concern has been dealt with.

## 2.2 Emergency Action

The following applies where there is an immediate risk to a child e.g. the need for urgent medical attention as a result of suspected significant harm or there is an immediate risk of harm to the child which cannot be prevented.

In these circumstances, the foster carer(s) must take the immediate necessary they see fit to protect the child, which may include calling the Emergency Services e.g. the Police or Ambulance Service.

If the child is taken to hospital or the Police are called, the foster carer(s) must inform them that there is a suspicion of significant harm.

Wherever possible, the Supervising Social Worker should be contacted as soon as the foster carers become aware of the child's need for emergency attention. However the foster carers should not delay taking action in order to do so. If the Supervising Social Worker is not contacted before the Emergency Services are contacted, s/he should be notified as soon as practicable afterwards. The Designated Child Protection Manager will also be notified by either the Childs Social Worker, or the Carer's Supervising Social Worker.

Once the immediate risk to the child is alleviated and the Designated Child Protection Manager has been notified, the procedures set out in Section 2.3, Referring Concerns to Children's Social Care and Others, should be followed.

## 2.3 Referring Concerns to Children's Social Care and Others

When a concern or allegations of significant harm has been received and reported to the Designated Child Protection Manager, they should then decide whether to make a referral to the Trust / local authority's Children's Social Care. The referral will be made to Children's Social Care for the area where the significant harm is suspected in accordance with the relevant Local Safeguarding Children Board's Child Protection Procedures.

In all areas, Children's Social Care will require the referral to be made in writing and should make a decision about the type of response that is required and acknowledge receipt to the referrer within one working day of receiving the referral.

Where no feedback is received as to the action taken within this timescale, the fostering manager should contact Children's Social Care in order to establish the action taken.

Once feedback is received, where there are concerns about the Children's Social Care response, the fostering manager should seek to discuss the concerns with the manager of the Children's Social Care Team dealing with the referral.

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

- The child(ren)'s social worker, who will decide when to notify the child's parents and 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;
- The Agency Decision Maker.

## 2.4 Information Sharing

See also Confidentiality and Information Sharing Procedure.

Under no circumstances should information about the concerns/allegations 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 and/or the Police.

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

Where there are concerns about significant harm to a child and this leads to an Assessment by Children's Social Care, full information about the child should be shared with Children's Social Care in order for the necessary assessments to take account of the full picture in relation to the child.

## 3. Section 47 Enquiries

Where Children's Social Care decides to undertake a Section 47 Enquiry as a result of the referral, the agency will cooperate fully with the local authority, attend Strategy Meetings as required and share information from their case records in order to assist the local authority to take account fully of all the available background information.

The agency will agree with Children's Social Care who will be responsible for notifying the Regulatory Authority, and keeping them updated.