



Adoption West Safeguarding Policy

Contents

- Introduction
- Working with Local Authority Safeguarding Boards
- Safeguarding principles
- Definitions of abuse
- Voice of the child
- Parental Consultation
- Urgent Medical Attention
- Concerns Raised by a Member of the Public
- Following up Safeguarding Concerns - Referral procedure
- Review
- Further details

(Updates - Working Together 2018: Transition from LSCB to Safeguarding Partner Arrangements, changes added in Italics)

Introduction

Adoption West is a Regional Adoption Agency (RAA) commissioned to deliver adoption services, by 6 local authorities – B&NES, Bristol, Gloucestershire, N. Somerset, South Gloucestershire and Wiltshire. It is a company limited by guarantee and is registered with Ofsted as a Voluntary Adoption Agency.



Adoption West has a safeguarding responsibility for all the children that use its services and with whom the agency has contact. This responsibility includes taking all possible steps to ensure the child's welfare and to protect them from harm.

Adoption West is committed to ensuring the safeguarding and protection of children and young people who are in contact with the agency or in receipt of services. This includes children placed with early permanence carers and adopters as well as the birth children or previously adopted children of any adults working with Adoption West.

The Adoption West Safeguarding Policy sets out how the agency and individuals should work to safeguard and promote the welfare of children and young people and ensure they are safeguarded appropriately.

In addition to the safeguarding policy it is mandatory for Adoption West staff members and volunteers to undergo an enhanced DBS check prior to successful appointment to the agency. It is mandatory that Adoption West staff members and volunteers have undertaken relevant Child Protection Training provided by the local safeguarding board or equivalent.

See: Guidance for Safe Recruitment, Selection and Retention for Staff and Volunteers. The Guidance applies to all staff, volunteers, students or anyone working on behalf of Adoption West.

Working with Local Authority Safeguarding Children Boards/Safeguarding Partner Arrangements

Adoption West provides an adoption and early permanence service to six local authorities working together across the south-west region. Through the Adoption West Governance Board, the agency links to each of the LSCBs and will ensure that every opportunity is taken to learn and improve on safeguarding practice.

Each Local Safeguarding Children Board has its own website, which provides a 'gateway' to the shared South West Child Protection Procedures for the region.

These can be accessed through each local authority's website or the <http://www.proceduresonline.com/swcpp>

Adoption West staff should refer to these procedures for further information regarding safeguarding concerns.

Contact details for the Designated Officer for Allegations (DOFA) for each of the 6 Local Authorities within Adoption West are listed at the end of this policy.

Safeguarding Principles

The purpose of this policy is to protect children and young people from experiencing abuse and to ensure all staff members and volunteers within the agency understand the requirement to protect and safeguard children and young people under [Working Together to Safeguard Children Guidance 2018](#).

This policy is based upon the [Working Together to Safeguard Children Guidance](#) and the and sets out what should happen in any local area when a child or young person is believed to be in need of protection or support. Effective safeguarding arrangements should aim to meet the following principles:

- The safety and welfare of children and young people are paramount within any decision-making process
- Children and Young People are entitled to live a life free from abuse and neglect
- Safeguarding is everyone's responsibility: for services to be effective, each individual and organisation should play their full part; and
- A child-centred approach: for services to be effective, they should be based on a clear understanding of the needs and views of children.

Working Together to Safeguard Children defines Safeguarding as:

- 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.

To ensure the protection and safeguarding of children and young people Staff member and Volunteers employed by Adoption West must:

- Be alert to potential indicators of abuse or neglect;
- Be alert to the risks which individual abusers, or potential abusers, may pose to children;
- Share and help to analyse information so that an assessment can be made of the child's needs and circumstances;
- Contribute to whatever actions are needed to safeguard and promote the child's welfare;
- Take part in regularly reviewing the outcomes for the child against specific plans;
- Work co-operatively with parents, unless this is inconsistent with ensuring the child's safety;
- Work co-operatively with partner agencies including health, education and local authority partners; *according to local arrangements set out by the 3 lead safeguarding partners (local authorities, police, and clinical commissioning groups)*

- Consider whether there are safeguarding or welfare considerations for any other children living in the household or associated to it.

Abuse may be reported by:

- A parent, family member or connected person
- A child or young person in respect of themselves or others
- An associated staff member such as a teacher
- A member of the public

This policy with the associated procedures, provides guidance for all staff who may come across concerns of this nature within the context of their work for Adoption West.

Information Sharing

Effective sharing of information between practitioners and local organisations and agencies is essential for early identification of need, assessment and service provision to keep children safe (Working Together 2018)

Adoption West staff should be proactive in sharing information as early as possible with the relevant local authority (placing authority and resident authority) to help identify, assess and respond to risks or concerns about the safety and welfare of children.

Definitions of Child abuse and Neglect

The following definitions of abuse, physical abuse, sexual abuse and neglect are based on those identified in Working Together to Safeguard Children:

Abuse

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.

Physical Abuse

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 fabricates the symptoms of, or deliberately induces illness in a child;

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;
- Imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction;
- Seeing or hearing the ill-treatment of another e.g. where there is domestic violence and abuse;
- Serious bullying, causing children frequently to feel frightened or in danger;
- Exploiting and corrupting children;
- Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

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 (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

Sexual abuse includes non-contact activities, such as involving children in looking at, including online and with mobile phones, or in the production of, pornographic materials, watching sexual activities or 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.

In addition; Sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under s5 [Sexual Offences Act 2003](#).

Neglect

Neglect is 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 misuse, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse and violence towards a carer, the needs of the child may be neglected.

Once a child is born, neglect may involve a parent 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);
- Ensure access to appropriate medical care or treatment.

Domestic Abuse

Children can be affected by seeing, hearing and living with domestic violence and abuse as well as being caught up in any incidents directly, whether to protect someone or as a target. It should also be noted that the age group of 16 and 17 year olds have been found in recent studies to be increasingly affected by domestic violence in their peer relationships.

It should therefore be considered in responding to concerns that the Home Office definition of domestic violence and abuse (2013) is as follows:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence and abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender and sexuality.

This can encompass, but is not limited to, the following types of abuse:

- Psychological;
- Physical;
- Sexual;
- Financial;
- Emotional.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

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 also occur through the use of technology. Our work is underpinned by the government guidance [Working together to safeguard children](#).

See also [Child Sexual Exploitation: Definition and Guide for Practitioners \(DfE 2017\)](#). This advice is non-statutory, and has been produced to help practitioners to identify child sexual exploitation, disruption and prosecution of perpetrators.

There are strong links between children involved in sexual exploitation and other behaviour such as running away from home or care, bullying, self-harm, teenage pregnancy, truancy and substance misuse.

Children and Young People who go Missing

A significant number of children and young people who are being sexually exploited may go Missing from home or care, and education. Some go missing frequently; the more often they go missing the more vulnerable they are to be sexually exploited. If a child does go missing, the [Missing Child Policy](#) should be followed.

The above list is not exhaustive, please see <http://www.proceduresonline.com/swcpp> for further detailed safeguarding practice guidance on the above and other specialist areas.

Working Together 2018 highlights specifically that “practitioners should, in particular, be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a young carer
- is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking or exploitation
- is at risk of being radicalised or exploited
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- has returned home to their family from care
- is a privately fostered child”.

Vulnerable Groups

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.

Female Genital Mutilation

FGM is recognised internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women.

Any information or concern that a child is at immediate risk of, or has undergone, female genital mutilation should be followed up by referral to the local authority in which the child is resident and the placing authority.

Section 5B of the Female Genital Mutilation Act 2003 Act requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police (the mandatory reporting duty).

If there is a concern about one child, consideration must be given to whether siblings are at similar risk. Once concerns are raised about FGM there should also be consideration of possible risk to other children in the practicing community

Extremism

Young people from all backgrounds can struggle to define themselves as they enter their teenage years. Extremists exploit this confusion with a negative, distorted focus on one aspect of a young people's identity at the expense of all others.

Online radicalisation then becomes a kind of grooming, in which vulnerable young people are exposed to extremist views and made to believe they're normal.

Children at Risk of Radicalisation

Radicalisation can be really difficult to spot. Signs that may indicate a child is being radicalised include:

- isolating themselves from family and friends
- talking as if from a scripted speech

- unwillingness or inability to discuss their views
- a sudden disrespectful attitude towards others
- increased levels of anger
- increased secretiveness, especially around internet use.

Children who are at risk of radicalisation may have low self-esteem or be victims of bullying or discrimination. Extremists might target them and tell them they can be part of something special, later brainwashing them into cutting themselves off from their friends and family.

County Lines

County Lines is a very serious issue where criminal gangs set up a drug dealing operation in a place outside their usual operating area. Gangs will move their drug dealing from big cities (e.g. London, Manchester, Liverpool etc.) to smaller towns in order to make more money. This can have a really big effect on the community who live there and bring with it serious criminal behaviour.

The Children's Commissioner estimates there are at least 46,000 children in England who are involved in gang activity. It is estimated that around 4,000 teenagers in London alone are being exploited through child criminal exploitation, or 'county lines'.

Gangs deliberately target vulnerable children such as those in care. The gangs groom threaten or trick children into trafficking their drugs for them. They might threaten a young person physically, or they might threaten the young person's family members. The gangs might also offer something in return for the young person's cooperation – it could be money, food, alcohol, clothes and jewellery, or improved status – but the giving of these gifts will usually be manipulated so that the child feels they are in debt to their exploiter.

Children become trapped in county lines, and the young people involved feel as if they have no choice but to continue doing what the gangs want.

Voice of the child

Whenever a child reports that they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all staff members should be to listen carefully to what the child says and to observe the child's behaviour and circumstances to:

- Clarify the concerns;
- Offer re-assurance about how the child will be kept safe;
- Explain what action will be taken and within what timeframe.

The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.

If the child can understand the significance and consequences of making a referral to LA children's social care, they should be asked for their views.

It should be explained to the child that whilst their view will be taken into account, the staff member has a responsibility to take whatever action is required to ensure the child's safety and the safety of other children.

Parental Consultation

Concerns which have been raised, should, where practicable, be discussed with the parent and agreement sought for a referral to LA children's social care **unless** seeking agreement is likely to place the child at risk of significant harm through delay or from the parent's actions or reactions; For example, in circumstances where there are concerns or suspicions that a serious crime such as sexual abuse, domestic violence or induced illness has taken place.

Where it is decided not to seek parental permission before making a referral to LA children's social care, the decision must be clearly noted in the child's records with reasons, dated and signed and confirmed in the referral to LA children's social care. Staff members should consult with their hub manager or assistant team manager where possible and practice for advice.

When a referral is deemed to be necessary in the interests of the child, and the parents have been consulted and are not in agreement, the following action should be taken:

- The reason for proceeding without parental agreement must be recorded;
- The parent's withholding of permission must form part of the verbal and written referral to LA children's social care;
- The parent should be contacted to inform them that, after considering their wishes, a referral has been made.

Urgent Medical Attention

If the child is suffering from a serious injury, the staff member must seek medical attention immediately from accident and emergency services and must inform the LA children's social care where the child is resident as well as the social worker/team manager from the placing authority, and Paediatric Services. Staff members should consult and inform a hub manager or assistant hub manager at the earliest opportunity however this should not delay seeking medical attention for a serious injury. All actions and decisions taking must be clearly recorded.

Concerns Raised by a Member of the Public

If a member of the public telephones or approaches Adoption West with concerns about the welfare of a child or an unborn baby, the staff member who receives the contact should always:

- Gather as much information as possible, to be able to make a judgement about the seriousness of the concerns;
- Take basic details:
 - Name, address, gender and date of birth of child;
 - Name and contact details for parent/s, educational setting (e.g. nursery, school), primary medical practitioner (e.g. GP practice), staff members providing other services, a lead staff member for the child.
- Discuss the case with the hub manager and decide whether to make a referral to LA children's social care.

Record the referral contemporaneously, with the detail of information received and given, separating out fact from opinion as far as possible.

The member of the public should also be given the number for their LA children's social care and encouraged to contact them directly. The relevant staff member should **always** make a referral to LA children's social care and to the lead staff member if there is one, in case the member of the public does not follow through.

Some people may prefer not to give their name to LA children's social care, or they may disclose their identity but not wish for it to be revealed to the parent/s of the child concerned. Wherever possible, staff members should respect the referrer's request for anonymity. However, staff members should not give referrers any guarantees of confidentiality, as there are certain limited circumstances in which the identity of a referrer may have to be given (e.g. the court arena). Consideration for the referrer's safety may be an issue in some cases.

Referral Procedure and Immediate Actions

All professionals have a responsibility to refer a child to Children's social care under section 11 of the Children Act 2004 if they believe or suspect that the child:

- Has suffered significant harm;
- Is likely to suffer significant harm;
- Has a disability, developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent) under the Children Act 1989;
- Is a Child in Need whose development would be likely to be impaired without provision of services.

Where there is a welfare or safeguarding concern identified for a child or young person the relevant hub manager, or assistant hub manager in their absence, should

be contacted for a safeguarding discussion to determine whether the concern reaches threshold for a referral to the child's social worker and the local authority area in which the child is resident. This discussion and decision should be clearly documented.

In all cases it is the responsibility of the local authority where the child/young person is currently living (resident authority) to undertake any enquiries regarding safeguarding concerns or allegations.

Adoption West has a responsibility to inform both the 'resident authority' and the 'placing authority' when any safeguarding concerns are raised regarding a child placed with adopters or early permanence carers

Referrals should be made to the LA children's social care intake team for the area where the child is living or is found. The referrer should provide information about their concerns and any information they may have gathered in an assessment that may have taken place prior to making the referral.

The child's social worker/team manager from the 'placing authority' should also be informed about the safeguarding concern immediately or at least within one working day. The social worker and team manager in the 'placing' local authority responsible for the child must assess the potential risks to children remaining in the adoptive/foster placement when an allegation has been made regarding the carers (See: Allegations and Safeguarding Concerns Regarding Staff, Volunteers and Carers).

Where a child has been adopted (adoption order has been made) the referral should be made to the LA children's social care intake team where the child is living.

In all circumstances referrals must be made on the same day. This includes historical allegations in regards to current members of staff.

The referrer should confirm verbal and telephone referrals in writing, within 48 hours.

Where an assessment has been completed prior to referral, these details should also be conveyed at the point of referral.

The 'resident' LA children's social care should **within one working day** of receiving the referral make a decision about the type of response that will be required to meet the needs of the child. If this does not occur within three working days, the referrer should contact these services again and, if necessary, ask to speak to a line manager to establish progress.

If the referral to the 'resident' Local Authority is assessed by the Local Authority intake team as not meeting threshold for intervention the case should be reviewed by the relevant staff member and hub manager to determine whether the LSCB escalation process should be followed.

The 'placing' local authority should be kept informed of all actions, decisions and outcomes regarding any safeguarding concerns relating to a child for whom they are responsible.

Name/Contact Details – Designated Officer for Allegations (DOFA) within each Local Authority (October 2018)

Local Authority	Phone
BANES	01225 396810
Bristol	01179 037795
Gloucestershire	01452 426994 01452 42 6320
North Somerset	01275 888211 07795 092692
South Glos	01454 868508
Wiltshire	03004 560180

Review

This policy will be reviewed and updated annually by the Agency and ratified by the Service Director.

For further details see:

South West Child Protection Procedures:

<http://www.proceduresonline.com/swcpp>

Working Together to Safeguard Children 2018

<http://www.workingtogetheronline.co.uk/>

And the following related [Adoption West key policies](#):

https://www.proceduresonline.com/adoptionwest/local_resources.html

- Allegations and safeguarding concerns regarding staff, volunteers and carers
- The Policy for Safe Recruitment, Selection and Retention for Staff and Volunteers
- The Behaviour Management and Safer Caring Policy
- The Whistleblowing Policy

- The Complaints Policy