



# Safeguarding Children Procedure

## *Fostering, Adoption & Children's Services*

We provide opportunities for children to achieve their full potential and to live fulfilling lives within the community. All staff, foster parents, adopters have a duty and a responsibility to promote and safeguard the welfare of children, including unborn children. We care about all children and must take appropriate action if we become aware of allegations or concerns about any child's welfare and safety, or allegations or concerns about inappropriate behaviour towards children by adults or children.

The term 'foster parent' is preferred but it is recognised that 'foster carer' is also used in legislation and within the community. **The term 'child' or 'children' is used to refer to all children under the age of 18 years** (where the context specifically relates only to older children, the term 'young person' is used). The term 'Adopters' is used throughout procedures but depending on the context, it may refer to potential adopters, prospective adopters, or those adopters for whom an adoption order has already been granted.

In Scotland, the term 'adult' legally refers to anyone aged 16 and over, however the [Children and Young People \(Scotland\) Act 2014](#) defines a "child" as someone who has not attained the age of 18. As a result both Child & Adult Protection Procedures apply to all 16-18 yearolds. Following consultation with local authorities, the service should implement Child Protection Procedures for all young people aged 16-18 in Scotland unless the relevant Local Authority or Trust advises that Adult Protection Legislation is more appropriate for an individual case.

For the purposes of this procedure the term 'LADO/equivalent' is used to refer to the Local Authority Designated Officer in England and the corresponding safeguarding authority in Wales, Scotland, and Northern Ireland. Staff must act in line with the safeguarding arrangements applicable in the nation in which they are operating.

This procedure forms part of the Polaris Quality Management System in line with ISO-9001:2015 standards

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## Procedure

**Safeguarding** means promoting a child’s welfare and protecting them from harm, abuse, neglect, exploitation, or the risk of harm.

This procedure applies to all who work with or care for children on behalf of the service, regardless of jurisdiction or employment status including volunteers.

It sets out the action to be taken if there are concerns that a child may be at risk of or experiencing abuse or harm. Staff must also consider the safety of any siblings or other children who may be affected where a potential risk has been identified.

Separate safeguarding procedures outline the process to follow for safeguarding in specific circumstances, such as when a child is at risk of criminal or sexual exploitation or there are concerns related to extremism or radicalisation.

### **Safeguarding Principles**

The service believes that all children have a right to be protected from exploitation, neglect, physical, emotional and sexual abuse. The welfare of children will always take precedence over all other considerations. The Safeguarding Policy should be read alongside this procedure which sets out the organisation's overarching statement of intent and commitment to safeguarding and promoting the welfare of children.

### **Statutory Framework**

Under the Children Act 1989 and s11 Children Act 2004 and [Working together to Safeguard Children](#), we have a duty to safeguard and promote the welfare of children and young people by:

- Identifying where there are concerns about a child's welfare and taking appropriate action to address those concerns, working in partnership with other organisations where necessary;
- Being familiar with and adhering to our procedures for promoting and safeguarding the welfare of children.

Safeguarding and promoting the welfare of children and young people, and particularly protecting them from abuse and harm, is a shared responsibility. Effective safeguarding relies on strong joint working between all staff, foster parents, adopters and the relevant agencies and professionals. We have a responsibility to safeguard children and work within all relevant legislative requirements, including local authority protocols and host local authority procedures.

All local authorities/trusts have a duty to promote and safeguard the welfare of children in their area, to investigate and take necessary action to protect all children and young people from abuse and harm. As a Community, we strive to work in partnership with Local Authorities to ensure the best outcome for children and young people we support. The Wales Safeguarding Procedures (2020) state that 'if any person has knowledge, concerns or suspicions that a child is suffering, has suffered or is likely to be at risk of harm, it is their responsibility to ensure that the concerns are referred to social services or the police who have statutory duties and powers to make enquiries and intervene when necessary'.

The National Guidance for Child Protection in Scotland 2021 (updated 2023) provides key national

guidance for agencies and practitioners setting out how they should work together at local level to safeguard and promote the wellbeing of children.

The Safeguarding Board for Northern Ireland (SBNI) co-ordinates and ensures the effectiveness of work undertaken to protect and promote the welfare of children.

Definitions of all forms of abuse referenced in this procedure are set out below. These definitions support staff, foster parents and adopters in recognising safeguarding concerns and must be consulted to ensure consistent understanding and appropriate action.

## **Definitions**

### **Definition of harm**

- Harm means the ill-treatment or the impairment of health or development, including for example, impairment suffered from seeing or hearing the ill-treatment of another.
- Development means physical, intellectual, emotional, social or behavioural development.
- Health means physical or mental health.
- Ill-treatment includes sexual abuse and forms of ill-treatment which are not physical.

### **Definitions of Child Abuse**

There are 4 types of abuse that are commonly understood:

- Physical abuse;
- Emotional abuse;
- Neglect;
- Sexual abuse

A child may suffer or be at risk of suffering from one or more types of abuse and abuse may take place on a single occasion or may occur repeatedly over time.

### **Physical abuse**

Physical abuse may involve:

- Hitting
- Shaking
- Throwing
- Poisoning
- burning or scalding,
- drowning
- suffocating
- poisoning
- shutting in dark spaces
- 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. Female genital mutilation is considered to be a form of physical abuse.

Physical abuse involves injury that is a deliberate attack or due to a failure to take responsible steps to protect any child, young person or a vulnerable person.

### **Emotional Abuse**

- Emotional abuse is the most common element in all forms of abuse. Neglect, physical or sexual harm all involve damage to a child's emotional and social development;
- Emotional abuse is the persistent emotional maltreatment of a child which is inflicted with the intent 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 developmental capacity, 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.

### **Sexual Abuse**

- Sexual abuse involves forcing or enticing a child 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.
- Sexual exploitation of children under 18 can involve gangs or individuals luring them into sexual activities in exchange for gifts like money, food, drugs or alcohol.
- It can also happen through grooming using technology – for example, children being

persuaded to post sexual images on the internet or mobile phones.

- The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. Decisions about whether behaviour is developmental, inappropriate or abusive will consider the related concepts of consent, power imbalance and exploitation. This may include children who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

*Developmental Sexual Activity* encompasses those behaviours that are expected as children and young people progress from infancy to adulthood, understanding their physical, emotional and relational boundaries with each other. Such behaviour is typically exploratory in nature and reflects age-appropriate curiosity, learning, and the testing of social and interpersonal boundaries. It is characterised by mutuality, equality of power, and a clear giving and seeking of consent.

*Sexual Behaviour* can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by curiosity or information seeking, but still cause significant upset, confusion, worry, physical harm to others. It may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or young person has been exposed. Any such behaviour should be assessed in the context of the child’s age, stage of development, understanding, power dynamics, and potential risk to themselves or others.

### **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. Children may be malnourished or starving. They may have poor clothing or bedding and unheated bedrooms; they could be infected or infested with parasites and deprived of medical care.
- Children who are often neglected are sometimes described as showing faltered growth or failure to thrive.
- Neglect may occur during pregnancy as a result of maternal substance abuse. A person 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 a stranger.

**Other forms of abuse include:**

***Extremism (see Extremism & Radicalisation Procedure)***

Extremism goes beyond terrorism. It includes individuals or groups who target vulnerable people including children and young people with the intention of sowing division within the communities. This may involve encouraging prejudice based on race, faith, or religious denomination, promoting or justifying discrimination against women and girls; persuade others that minorities are inferior; challenging or rejecting democracy, individual liberty and the rule of law.

In line with the **Prevent Duty (Counter-Terrorism and Security Act 2015)**, we have procedures in place to ensure we identify concerns at the earliest opportunity and take appropriate action. Where necessary, this includes engagement with the **Channel Programme**, a voluntary, confidential multi-agency safeguarding process designed to support individuals at risk of being drawn into extremist or terrorist activity.

**Child Criminal Exploitation**

As set out in the Home Office Serious Violence Strategy, *Child Criminal Exploitation (CCE)* occurs when an individual or group takes advantage of an imbalance of power to coerce, control, manipulate, or deceive a child or young person under the age of 18 into involvement in criminal activity. This may be in exchange for something the child needs or wants, for the financial or other benefit of the perpetrator, and/or through violence or the threat of violence. A child may still be a victim of CCE even if the activity appears consensual.

Exploitation does not always involve physical contact and can also take place through technology, including social media, messaging platforms, and online gaming.

A prevalent form of CCE is County Lines, where gangs and organised criminal networks transport illegal drugs from one area of the UK to another. This activity typically involves the use of dedicated mobile phone numbers, often referred to as “deal lines.” Children and vulnerable adults are frequently exploited to transport and store drugs, or carry and launder money, often under conditions involving coercion, intimidation, physical or sexual violence, and threats involving weapons.

**Children with Disabilities**

Research shows that children with disabilities or additional care needs are significantly more vulnerable to abuse than children who do not have additional needs. Evidence also indicates that children with disabilities are more likely to become looked after by local authorities due to experiences of neglect or abuse. When considering the possibility of abuse, it is essential to recognise these increased vulnerabilities. Careful guidance should be sought on how concerns are explored, considering the child’s individual communication needs. Effective and meaningful communication with the child or young person is critical, and the method used should be adapted to their abilities and preferences.

Close multi-agency collaboration is vital. All professionals involved with the child should share relevant information and work together to ensure that decisions regarding safe care practices are well-coordinated and agreed by all. This is particularly important given that many children with disabilities may require support with medical needs, personal care, and intimate care, often provided by their foster parents, or adopters.

## Who is Responsible for Safeguarding and Child Protection Concerns?

### Key Principles

Effective safeguarding arrangements are built upon two fundamental principles:-

- **Safeguarding is everyone's responsibility:** For safeguarding to be effective, every professional and organisation must play their part. No single individual or agency can protect children alone; safeguarding requires coordinated, proactive action across all services and settings.
- **A child-centered approach:** For safeguarding to be effective, all actions and decisions must be based on a clear understanding of the needs, views, wishes, and experiences of children. A child-centred approach ensures that their best interests remain the primary consideration in all assessments, planning, and interventions.

Therefore, everyone who works with children, including teachers, GPs, nurses, midwives, health visitors, early year's professionals, youth workers, Police, Accident and Emergency staff, paediatricians, voluntary and community workers and social workers have a responsibility for keeping children safe.

As a Community we promote an open and transparent policy to 'Whistleblowing' and believe that no single professional/person can have a complete picture of a child's needs and circumstances. To ensure children and families receive the right help at the right time, everyone who comes into contact with them has a responsibility to identify concerns and take prompt action. This includes sharing information with the relevant agencies in line with safeguarding procedures. (See Procedure Flowchart).

We have a duty to safeguard and promote the well-being of children and young people and to achieve this objective we will:

- Prevent unsuitable people from working with children and young people through safer recruitment, checking and barring processes across all UK.
- Promote safe practices and challenge poor and unsafe practice;
- Identify concerns about a child's welfare and take appropriate action;
- Contribute to effective partnership working;
- Monitor and review this in line with continuous development and improvement of the service.

Therefore, all staff, foster parents, adopters must report any concerns or suspicions they have that someone may have:

- Behaved in a way that has harmed a child; and/or
- Possibly committed a criminal offence against a child or related to a child; and/or
- Behaved towards a child in a way that indicates that they may pose a risk of harm to children.
- Behaved or may have behaved in a way that suggests they may not be suitable to work with children.

All such allegations must be taken seriously and reported immediately (see Procedure Flowchart). This is an individual responsibility of every member of staff and foster/ adoptive parent. Reports should be made in the first instance to one of the following:

- Registered Manager/ Agency Designated Safeguarding Lead /Head of Service/Line Manager
- The Out of Hours (OOH) Worker;
- An independent person such as the child's social worker, the Police, or the relevant Regulatory Authority.

The procedures for reporting concerns regarding safeguarding and child protection concerns are mandatory. Failure to follow them may result in disciplinary action.

We have a duty to refer to safeguarding matters. Therefore, all allegations that meet the criteria outlined above must be reported to the Designated Officer (formerly LADO) or equivalent role in other UK nations. The LADO/or equivalent will provide advice and guidance on next steps. On the conclusion of any investigation, a clear and comprehensive summary of any allegation, actions taken and outcomes must be recorded on the case file in a confidential section, for the relevant member of the staff, fostering or adoptive household. This record must be retained in accordance with regulatory and organisational requirements.

We strive to work in effective partnership with the child's placing local authority and with the local authorities in which our foster/adoptive parents live. Through this collaborative approach we work to safeguard and promote the welfare of children and young people in our care.

### **Safe Practice**

We are committed to assessing the needs and circumstances of every child to ensure that any risks of harm are clearly understood and effectively managed. A Risk Assessment is completed for each child and is reviewed regularly to reflect any changes in need, behaviour, or circumstances.

As part of the placement planning process, a risk assessment will be undertaken for any child who may be vulnerable to going missing, running away or being at risk of sexual exploitation. Appropriate measures will be agreed and put into place to ensure a prompt and effective response should any of these events occur. This risk assessment will consider the individual vulnerabilities of the child or young person and identify strategies to reduce risk. Examples may include limiting unsupervised time, monitoring the use of mobile phones or computers, or using device-based controls to restrict access to certain applications or websites. Any such measures must be discussed and agreed as part of the placement planning process, in line with the placing local authority's expectations and with full consideration of the child's needs, rights, and welfare.

### **Behaviour Support and Physical Intervention**

We recognise that, as part of providing effective behaviour support of children, physical intervention may occur. This must be done in line with behaviour support training eg Price, which is Bild accredited. Staff and foster/adoptive parents must ensure that all actions are consistent with the principles of least restriction, the child's care plan, and current safeguarding guidance. Please refer to the Positive Relationships and Behaviour Support including Physical Intervention procedure for detailed guidance, practice expectations and reporting requirements.

### **Mental Health**

Children have rights under Article 5 of the European Convention on Human Rights not to be deprived of their liberty without lawful authorisation. While the Deprivation of Liberty Safeguards (DoLS) apply only to people aged 18 and over, children can still be lawfully deprived of their liberty, but only where this is authorised under appropriate legislation or court processes, such as the Mental Health Act.

### **Recognising Abuse**

Recognising child abuse is not always straightforward and it is not the role for staff, foster parents, adopters or volunteers to determine whether abuse has occurred or whether a child is at significant risk. Any worry, disclosure, or suspicion must be reported to the appropriate parties without delay (see Procedure Flowchart)

### **Contextual Safeguarding**

Contextual safeguarding recognises that as children grow and develop, they may be influenced by environments and people outside of their family. These contexts can include school or college,

local neighborhoods, peer groups or online spaces. Children may encounter risk in any of these environments and the different contexts can overlap meaning children and young people may encounter multiple risks. The contextual safeguarding approach supports staff to understand, assess and respond to these risks that arise beyond the family home. It reinforces the need to work with children, young people, families, and safeguarding partners to understand how external environments may place children at risk, and what actions can be taken to help keep them safe.

Although often associated with adolescents, the principles of contextual safeguarding can be relevant for younger children, especially given the impact of online environments and social networks on children of all ages.

Contextual Safeguarding can encompass a range of risks, including but not limited to:

- child exploitation
- trafficking
- child on child abuse
- bullying and harassment
- online abuse

See : [Online Safety Practice Guidance Procedure Sep 25](#) & Safeguarding Children at Risk of Exploitation procedure.

It is important that practitioners familiarise themselves with the environments in which children spend their time and, together consider with safeguarding partners, consider what interventions may be required in these settings where there are actual or potential threats to the safety of a child or groups of children.

## Signs and Indicators

Every child is unique, and it is difficult to predict how their behaviour will change as a result of adverse childhood experiences of abuse. The physical and behavioural indicators listed below may be commonly seen in children who are experiencing harm however, they are signs of concern, not confirmation that abuse is taking place. Any worry, pattern, or change should be reported and explored in line with safeguarding procedures.

It is also important to consider the impact of adultification bias. Adultification occurs when adults perceive children—particularly Black, Asian and minoritised ethnic children—as being older, more mature, more ‘streetwise’, or less vulnerable than they truly are. This bias can result in children being viewed as more responsible for their behaviour, less in need of protection, or even as a threat rather than a child requiring care and support.

Black children, in particular, are disproportionately affected by adultification bias and may be denied the same safeguarding responses or empathy afforded to other children. Staff must remain alert to this and ensure that **all** children are seen, assessed and supported as children first and foremost, in line with their actual age, developmental stage and individual needs.

<b>Physical Abuse</b>	
<b>Physical Signs</b>	<b>Behavioural Indicators</b>
<ul style="list-style-type: none"> <li>• Unexplained bruising, marks or injuries on any part of the body;</li> <li>• Bruises which reflect hand marks or fingertips (from slapping or pinching);</li> <li>• Cigarette burns;</li> <li>• Bite marks;</li> <li>• Broken bones;</li> <li>• Scalds.</li> </ul>	<ul style="list-style-type: none"> <li>• Fear of parents being approached for an explanation;</li> <li>• Aggressive behaviour or severe temper outbursts;</li> <li>• Flinching when approached or touched;</li> <li>• Reluctance to get changed, for example wearing long sleeves in hot weather;</li> <li>• Depression;</li> <li>• Withdrawn behaviour;</li> <li>• Running away from home</li> </ul>
<b>Emotional Abuse</b>	
<b>Physical Signs</b>	<b>Behavioural Indicators</b>
<ul style="list-style-type: none"> <li>• A failure to thrive or grow;</li> <li>• Sudden speech disorders;</li> <li>• Developmental delay, either in terms of physical or emotional progress.</li> </ul>	<ul style="list-style-type: none"> <li>• Neurotic behaviour, e.g., hair twisting, rocking;</li> <li>• Being unable to play;</li> <li>• Fear of making mistakes;</li> <li>• Self-harm;</li> <li>• Fear of parent being approached regarding their behaviour.</li> </ul>

## Sexual Abuse

Physical Signs	Behavioural Indicators
<ul style="list-style-type: none"><li>• Pain or itching in the genital/anal areas;</li><li>• Bruising or bleeding near genital/anal areas;</li><li>• Sexually transmitted infection;</li><li>• Vaginal discharge or infection;</li><li>• Stomach pains;</li><li>• Discomfort when walking or sitting down;</li><li>• Pregnancy.</li></ul>	<ul style="list-style-type: none"><li>• Sudden or unexplained changes in behaviour, e.g., becoming aggressive or withdrawn;</li><li>• Fear of being left with a specific person or group of people;</li><li>• Having nightmares;</li><li>• Running away from home;</li><li>• Sexual knowledge which is beyond their age or development age;</li><li>• Sexual drawings or language;</li><li>• Bedwetting;</li><li>• Saying they have secrets they cannot tell anyone about;</li><li>• Self-harm or mutilation, sometimes leading to suicide attempts;</li><li>• Eating problems such as overeating or anorexia.</li><li>• Unexplained gifts and money</li><li>• Secretive behaviour with for e.g. friends</li></ul>

Neglect	
Physical Signs	Behavioural Indicators
<ul style="list-style-type: none"> <li>• Constant hunger, sometimes stealing food from others;</li> <li>• Constantly dirty or 'smelly';</li> <li>• Loss of weight, or being constantly underweight;</li> <li>• Inappropriate dress for the conditions.</li> </ul>	<ul style="list-style-type: none"> <li>• Complaining of being tired all the time;</li> <li>• Not requesting medical assistance and/or failing to attend appointment;</li> <li>• Having few friends;</li> <li>• Mentioning they are being left alone or unsupervised.</li> </ul>

It is important to remember that many children and young people will display some of these signs and indicators at different times in their lives and the presence of one or more should not be taken as proof that abuse is occurring.

Changes in behaviour can arise for many reasons unrelated to abuse, such as bereavement, the birth of a new baby in the family, parental or carer relationship difficulties, illness, or other significant life events. However, **any** concerning change, pattern, or sign should be taken seriously and reported in line with safeguarding procedures so that the child's situation can be understood and appropriate action taken if necessary

### Domestic Abuse

Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents over time. It is not limited to physical violence or threatening behaviour. Domestic abuse can include emotional or psychological, controlling or coercive behaviour, sexual and economic abuse. It can occur within intimate partner relationships, between family members, in teenage relationships abuse and through adolescent to parent violence. Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, socio-economic status, sexuality or background and it can take place inside or outside of the home.

Domestic abuse remains one of the prevalent risk factors identified within social care assessments for children in need. The impact on children is significant. Children may experience domestic abuse directly, making them victims in their own right, or indirectly through the profound effect the abuse has on others involved, such as the non-abusive parent or caregiver. Exposure to domestic abuse can affect a child's emotional, physical and developmental wellbeing, and must always be treated as a safeguarding concern.

### **Reporting Concerns of Abuse**

Nothing in this procedure should prevent the application of common sense. If a member of staff, foster parent, or adopter or volunteer encounters a child in distress or with an obvious physical need, they must ensure the child's immediate safety by contacting the appropriate emergency services, which may include the Police or ambulance service if necessary. Once the child's immediate needs have been addressed, the basic response procedures outlined in the Procedure Flowchart must be followed.

Disclosures made during therapeutic interventions or counselling session must also be reported, unless there is clear, written evidence in the child's file that the matter has been formally addressed. Any new information relating to an historical allegation must be reported so that it can be reviewed and investigated where appropriate. It must never be assumed that the information has previously been shared or considered as part of an earlier child protection enquiry. The needs, safety and welfare of the child or young person must always be the first priority. It is not the responsibility of individuals to judge the validity of concerns or allegations; it is their responsibility to report them.

### **GDPR/Information Sharing**

The Polaris Community complies with the requirements of GDPR and data protection legislation. However, data protection is **not** a barrier to sharing information where there are concerns about a child's safety or welfare. Information relevant to Child Protection or Safeguarding must be shared with appropriate agencies in line with statutory guidance and the Polaris Information Sharing Policy.

### **Reporting Procedure**

All concerns, disclosures, suspicions or allegations should be reported immediately regardless of time or day of the week. This includes concerns relating to historical abuse that may have occurred in the past but was not previously reported, investigated, or where no written outcome exist.

These procedures set out the actions that all staff, foster parents, adopters and volunteers of the action they must take if they have concerns. about a child, receive a disclosure, or encounter a case of alleged or suspected abuse or any safeguarding concern.

It is essential that everyone understands that the first person who has a concern or receives a disclosure is not responsible for deciding whether abuse has occurred. Their responsibility is to report the concern promptly and accurately in accordance with this procedure and the steps outlined in the Procedure Flowchart.

## Procedure to follow if you have any concerns

- When a child protection or safeguarding concern comes to your attention this procedure must always be followed. Whilst it is appropriate to ensure that a child is safe, and that any urgent health needs are addressed, no further actions should be taken beyond reporting the concern.
- No one should attempt to investigate, interview, or question the child or any other person involved.
- The child should be allowed to disclose freely, without being led, prompted, or influenced in any way.
- Always report the concern immediately (by telephone or in person), regardless of the time of day or night whether it is a weekend or public holiday, or whether you are on leave. Please refer to Outside Office Hours in the section below.
- **If you are unsure whether the concern is a child protection matter, you must still follow this procedure.** When in doubt, it is always safer to seek advice through formal safeguarding channels rather than relying on informal opinions.
- **Never assume that someone else has reported the matter.** Even if multiple people become aware of the concern at the same time, each person has an individual responsibility to ensure the matter is reported.
- After making an immediate verbal report, **you must complete a written account of your concerns and actions as soon as possible**, including completing a *Significant Event/Incident/Monitoring Form* (for staff).
- **The child's Local Authority Social Worker and the local social care services must be informed** by phone or email. This may be done by the person raising the concern or by the Supervising Social Worker, Out-of-Hours Officer, Registered Manager, or Agency Designated Safeguarding Lead.
- **The relevant inspectorate** responsible for overseeing fostering and adoption services (for example, Ofsted or the equivalent regulator in the jurisdiction) must be notified of the instigation of any child protection matter. Notification will be made by the Registered Manager, Agency Designated Safeguarding Lead, Line Manager, Supervising Social Worker, or Out-of-Hours Officer.

**All staff, foster parents and adoptive parents must report concerns immediately to the relevant person**, such as the Supervising Social Worker or Line Manager, as indicated in the Procedure Flowchart. As soon as possible after making the verbal report, **the referrer must also send or email a written report** to the local authority/trust professional they spoke to, clearly documenting the concern and any actions taken.

### Outside Office Hours

- All staff, foster parents and adoptive parents must report any concern, disclosure or allegation **immediately** to the Out-of-Hours Officer, in line with the steps set out in the Procedure Flowchart.

- On the next working day, the person who made the report (the referrer) **must also send or email a written account** of the child protection concern to the Local Authority service involved with the child. This ensures that the matter is formally recorded and followed up without delay.

**Upon receipt of a report regarding a Child Protection matter**, the Registered Manager/Agency Designated Safeguarding Lead or the Line Manager/Supervising Social Worker/Staff Member must immediately inform the placing authority and the Designated Officer (formerly LADO) or equivalent (where the allegation is against staff or foster/ adoptive parents). This must be done in accordance with the steps outlined in the Procedure Flowchart and the organisation's reporting requirements.

#### **Reporting Timeframes**

- Referral to the LADO will be made within **1 working day** of the concern being identified.
- Written confirmation of the referral will be provided within **24 hours**.
- Strategy meetings will be convened within statutory timescales.

#### **Notifications to Local Authorities/Trusts**

The Registered Manager/Agency Designated Safeguarding Lead/ Line Manager or Supervising Social Worker/Staff member must ensure that the Children's Social Care Service in the child's local area in which they are residing is notified promptly providing all pertinent information including the name of the child, the child's foster/adoptive parents, the child's Local Authority Social Worker and the circumstances surrounding the allegation or concerns.

If other children within the household are placed by different placing authorities, those authorities must also be notified of the child protection or safeguarding enquiry.

The Registered Manager/ Agency Designated Safeguarding Lead/Line Manager or Supervising Social Worker/Staff Member will inform these authorities of the Child Protection/Safeguarding enquiry within the family.

A written record of the process following an allegation of abuse or neglect or concerns raised will be maintained by the designated social worker/staff member. This will detail any action taken including phone calls, visits and meetings. The service will request minutes of any strategy or equivalent meetings held by Children's Social Care, with final decisions, recommendations and outcomes. A formal outcome of the Strategy Meeting or equivalent should always be recorded. This may record that the outcome is Substantiated, Unsubstantiated, Malicious or Unfounded. A formal record of the outcome must always be documented.

Once a strategy meeting/discussion or equivalent has been convened, the Registered Manager/Agency Designated Safeguarding Lead/ Head of Service/Line Manager must notify the

inspectorate in writing by telephone if required (this applies to regulated services). Further updates and the final outcome of the enquiry must also be communicated to the inspectorate in writing. The service will be responsible for ensuring that all notifications, updates and final outcomes are uploaded to Charms or the database used by the service.

### **Liaison with Appropriate External Agencies**

The service will liaise and co-operate with any Local Authority, which is, or may be making child protection enquiries in relation to any child previously or currently within the agency.

It is the statutory responsibility of the Local Authority Children's Services Department where the child lives to undertake Child Protection enquiries into allegations of abuse or neglect. Where a child is living outside their home Local Authority area, the Local Authority for the area in which the child currently resides holds responsibility for initiating and leading the enquiry.

There may, however be circumstances where it is agreed that the responsible (placing) authority as the corporate parent to the child) is better positioned to undertake enquiries. In such instances, this decision must be discussed, agreed and clearly recorded between the placing authority and the Local Authority in whose area the child is currently living.

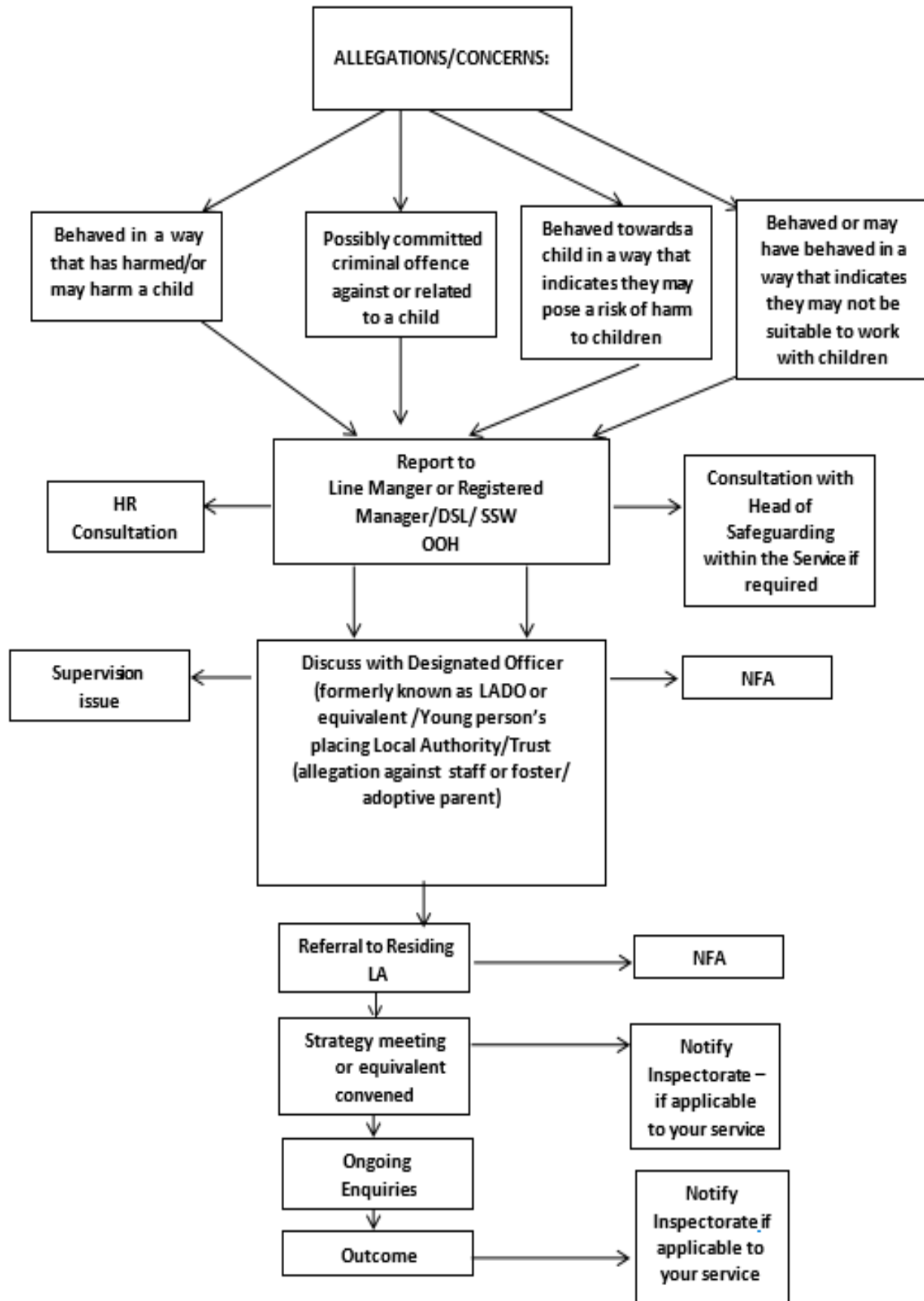
In Scotland in child protection cases, the role of a lead professional will typically be taken by the placing local authority social worker who is responsible for coordinating the multi-agency child protection response and ensuring that actions are progressed in line with statutory guidance.

It is never the responsibility of the service to investigate allegations or suspicions of abuse or neglect. If the Designated Officer (formerly LADO), or the equivalent role in the relevant jurisdiction, makes a decision that the service should undertake an aspect of the enquiry and later report the outcome back to them, this instruction **must be provided in writing**. No investigation should be initiated without written confirmation.

## Reporting Safeguarding or Child Protection Concerns

### Procedure flowchart when allegations are made

This flowchart illustrates the core safeguarding process. Terminology, thresholds and statutory pathways may vary between UK nations. Staff must follow the local safeguarding arrangements applicable in the nation in which they are operating.



## Where can I find out about local processes and procedures?

England – Multi-agency Safeguarding Arrangements (Working Together)

[Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children \(PDF\)](#)

### Wales

All Local Authorities are covered by the 'Wales Safeguarding Procedures' available online at: [Wales Safeguarding Procedures](#)

Northern Ireland The Safeguarding Board for Northern Ireland remains responsible for local procedures: <https://www.safeguardingni.org/>

### Scotland [Links to Area Child Protection Committees](#)

National Guidance for Child Protection in Scotland [national-guidance-child-protection-scotland-2021-updated-2023.pdf](#)

### **Important Contacts for Safeguarding Children**

#### **NSPCC – 24 Hour Helpline**

Tel: 0808 800 5000

For confidential advice and CP referrals

#### **Ofsted (Regulatory Authority)**

Tel: 0300 123 4234

[enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)

#### **Disclosure and Barring Service**

Tel: 0870 90 90 811

[GOV.UK website](#)

#### **[Disclosure](#) Scotland**

#### **Fostering Network**

Tel: 020 7401 9582 (Mon – Fri, 10 am – 3 pm)

[info@fostering.net](mailto:info@fostering.net)

#### **Child line**

Tel: 0800 1111

#### **Employee Assistance Programme**

A 24-hour confidential helpline is open to all staff. Call 0800 015 7287 for help with any issues or visit [www.colleaguesupport.co.uk](http://www.colleaguesupport.co.uk)

**Polaris operates in accordance with relevant legislation & statutory guidance including:  
England:**

### **Legislation**

- Children Act 1989 & 2004

- Care Act 2014
- Safeguarding Vulnerable Groups Act 2006
- Equality Act 2010
- Children and Families Act 2014

### **Statutory Guidance**

- Working Together to Safeguard Children
- Keeping Children Safe in Education

### **Scotland**

- Children (Scotland) Act 1995
- Children and Young People (Scotland) Act 2014
- National Guidance for Child Protection in Scotland 2021 - updated 2023

### **Wales**

- Social Services and Well-being (Wales) Act 2014
- **Definition of Financial Abuse – Social Services and Well-being (Wales) Act 2014 (s.197)**  
<https://www.legislation.gov.uk/anaw/2014/4/section/197/enacted>
- Regulation and Inspection of Social Care (Wales) Act 2016:
- The Regulated Fostering Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019:
- The Fostering Panels (Establishment and Functions) (Wales) Regulations 2018
- The Fostering Services (Wales) Regulations 2003
- The Statutory Guidance on Fostering Services relates to Parts 2 to 16 of the Regulated Fostering Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019.

### **Northern Ireland**

- Children (Northern Ireland) Order 1995
- Safeguarding Vulnerable Groups (Northern Ireland) Order 2007
- Safeguarding Board (Northern Ireland) Act 2011
- Children's Services Co-operation Act (Northern Ireland) 2015
- Children (leaving care) Act (NI) 2002

### **Review Dates:**

March 2026 – Routine Review