

# SAFEGUARDING AND CHILD PROTECTION POLICY AND PROCEDURES

<b>Policy Lead</b>	<b>Paul Bliss (Director of Practice)</b>
<b>Policy Author</b>	<b>Paul Bliss ( Director of Practice)</b>
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Appendix 1 Safeguarding Flowchart

## **POLICY SECTION**

### **1. Policy Introduction**

- 1.1 Halliwell Homes' vision is to *"To be recognised as the leading organisation at providing Restorative Parenting® in England, integrating residential, fostering and educational practice."* The success that Halliwell Homes Limited enjoys today is due to the many important contributions made by each of its employees, and central to this is having effective policies and procedures as these provide a road map for the day to day work, we each do.
- 1.2 Policies and associated procedures and documents ensure compliance with laws and regulations, give guidance for decision-making, and streamline internal processes so that everyone can be clear on processes.
- 1.3 Restorative Parenting® with children who have suffered trauma involves having highly skilled and trained staff. Halliwell Homes has high expectations of all staff and promotes a culture of safeguarding children within our care.

### **2. Policy Statement**

- 2.1 The aim of this Safeguarding and Child Protection policy is to promote and support the commitment of establishing a culture of safeguarding. The policy sets standards of Safeguarding and makes employees aware of the standards required of them.
- 2.2 Halliwell Homes has a statutory duty of care to ensure that all children are safeguarded, ensuring that:-
  - Children and young people are protected from abuse and maltreatment
  - Children and young people are protected from harm to their health or development
  - Ensuring that children grow up with the provision of safe and effective care
  - Action is taken to enable all children and young people to have the best outcomes.
  - Safeguarding is crucial to achieving the effective and efficient provision of a high quality clinical programme to children.
- 2.3 Where appropriate, additional support for employees will be accessed through the provision of Occupational Health, Counselling and Line Managers through absence recording.
- 2.4 Halliwell Homes reserve the right to amend these procedures where appropriate.

### **3. Organisational Scope**

- 3.1 This policy and procedure applies to staff at Halliwell Homes covering permanent and temporary employees. It also covers casual workers, consultants, independent contractors, volunteers or agency staff.

#### **4. Relationship with other policies and procedures**

This policy sets out the procedures to report safeguarding concerns. In order to effectively manage safeguarding concerns and issues it is important for managers and, employees and all workers to understand this policy and its relationship to other policies and procedures, including but not limited to The Children Act (1989), Working together to Safeguard Children (2018) Department for Education regulations/ Children Safe in Education 2019, and Children's Homes Regulations 2015, Halliwell Homes': Missing from Home Policy, Anti-Bullying Policy, Advocacy Policy, Anti-Radicalisation Policy, Behaviour Support Policy, Child Complaints Policy, Equality & Diversity (Children's) Policy, Consequences and Reparation Policy, Child Sexual Exploitation Policy, E Safety Policy, Safer Recruitment Policy, Disciplinary Policy and Procedures and Rules, Supervision, Whistleblowing and the Employee Handbook.

#### **5. Reporting Concerns**

Halliwell Homes is fully committed to the principle that the welfare of the child is paramount (Children Act 1989) and recognises its responsibility to take all reasonable steps to promote safe practice and to protect children and young people from harm, abuse and exploitation. Any suspicion or allegation that a child receiving our services has been abused will be dealt with in accordance with this principle. We will work with the relevant Host Authority, Designated Officer, Investigating Authorities, Placing Authorities and Ofsted to conclude investigations without delay.

***Individual staff have a responsibility to report and record any concerns, not to make decisions as to whether abuse has or has not occurred and should not conduct an investigation to establish whether the child is telling the truth. If you know or suspect that a child is being abused, or a child makes an allegation or disclosure it is your job to report it.***

***If a child is in immediate or is at risk of significant harm, a referral should be made to Children's social worker and/or the police immediately.***

The role of the person to whom a child makes a disclosure or allegation is to act promptly on the information they have received by following the procedure below and immediately informing the manager or Head of Therapeutic Parenting unless the manager or Head of Therapeutic Parenting is implicated. In which case staff must notify another manager or Head of Therapeutic who has not been implicated.

***\*Disclosures made as part of a therapeutic intervention or key work session should also be reported unless there is clear, written evidence in the child's file that the matter has been formally dealt with.***

**If a child makes a disclosure or allegation, you should:**

- Stay calm and listen carefully to what is said. You do not need a 'witness'
- Accept what you are told – You do not need to decide whether or not it is true
- Listen without displaying shock or emotions
- Carefully explain that it is likely that the information will need to be shared with others - do not promise to keep secrets
- Allow the child to continue at her/his own pace and do not interrupt if they are freely recalling events
- Ask questions for clarification only, and at all times avoid asking questions that suggest a particular answer. Questions should be framed in an open manner and not 'lead' the child in any way. For example say, "Tell me what has happened", rather than, "Did s/he do..."
- Reassure the child that s/he has done the right thing in telling you. Explain what you will do next and with whom the information will be shared
- Do not ask the child to repeat the disclosure to anyone else in the home/school or ask him/her to write a 'statement'
- Contact your manager or Head of Therapeutic parenting as soon as you can or, where such contact is not possible, ensure a referral is made without delay to the local children's services team
- Record in writing what was said, including the child's own words, as soon as possible – note the date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated.

**A referral should always be made following an alleged inappropriate physical intervention if any of the following criteria applies:**

- A child or young person is injured or makes an allegation and wishes to make a complaint that they have been harmed by an adult
- The child or young person wishes to complain about the manner that they have been held.
- The parent/ carer of the child or young person makes a complaint on behalf of the child or young person about the use of the restrictive physical intervention.

**If cases also involve an allegation that a staff member, volunteer or consultant has –**

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child, or
- Behaved towards a child or children in a way that indicates he or she would pose a risk of harm if they work regularly or closely with children the member of staff receiving the allegation will immediately inform the manager or the Head of Therapeutic Parenting if the manager is not present.

On all such occasions the procedures of the Local Safeguarding Partnership Procedures will be followed, and the Manager will inform the Local Authority Designated Officer (LADO). If the allegation made concerns the Manager, the person receiving the allegation will immediately inform the Head of Therapeutic parenting who will consult the LADO as above.

The nature of the allegations will be discussed with LADO and action to be determined. This may constitute an initial evaluation meeting or strategy discussion depending on the allegation being made. The manager or the Head of Therapeutic Parenting will also:

- Consider the safeguarding arrangements of the child or young person to ensure they are not in contact with the alleged abuser
- Contact the Local Authority
- Contact the parents or carers of the child/young person if applicable.
- Consider the rights of the staff member for a fair and equal process of investigation and provide support
- Ensure that the appropriate disciplinary procedure is followed, including whether suspending a member of staff from work until the outcome of any investigation is deemed necessary or re-deployment, i.e. where there is cause to suspect a child or other children are at risk of harm or the case is so serious that it might be grounds for dismissal
- Act on any decision made in any Section 47 strategy meeting - The decision of the strategy/Joint evaluation meeting could be: investigation by children's social care, police investigation if there is a criminal element to the allegation, single agency investigation completed under internal procedures
- If agreed with external agencies such as LADO the manager and Head of Therapeutic Parenting will complete an internal investigation
- Ensure that a clear comprehensive summary of the allegation, details of the allegation was followed up and resolved, and a note of any action taken, and decisions reached, is kept on the confidential personal file of the accused and a copy provided to the person concerned.
- Halliwell Homes have a legal duty to refer to the Disclosure and Barring Service (DBS) anyone who has harmed, or poses a risk of harm, to a child.

The DBS will consider whether to bar the person. Referrals will be made as soon as possible after the resignation or removal of the individual. Guidance on referrals can be found on [www.gov.uk](http://www.gov.uk).

Child Protection Practice Guidance This guidance is written in accordance with the Local Safeguarding Partnerships procedures, 'Working Together to Safeguard Children' March 2018 and 'Keeping Children Safe in Education' September 2019.

The Local Safeguarding Partnerships are the inter-agency forum which acts as the coordinator for all agencies and professionals to work together. Registered Managers and staff need to recognise that the procedures for the area from which the child/young person comes may be different to those where the home is situated.

## **6. Roles and Responsibilities**

**The Owners / Directors of Halliwell Homes through the Head of Therapeutic Parenting and Directors have responsibility for:**

- Ensuring practice is in line with the organisations safeguarding policies and procedures that comply with Local Safeguarding Partnerships arrangements
- Providing the necessary support and resources to ensure services keep children and young people safe, through at least good standards of care and education
- Report from Head of Therapeutic Parenting on a monthly basis providing an overview of safeguarding concerns and issues, actions taken, learning points, data and any potential implications for future practice if applicable.

- Organising an annual safeguarding audit, with the Head of Therapeutic Parents and managers ensuring recommendations have been effectively implemented through monthly monitoring visits from Reg. 44 and QA visits.
- Providing support and resources to the staff involved in managing safeguarding issues in recognition of how stressful safeguarding situations are e.g. providing additional staffing or therapy/counselling if required
- To review Halliwell's safeguarding policy annually

**The Head of Therapeutic parenting is responsible for:**

- Ensuring that they are informed of any allegations about staff members or other persons in a professional role employed by the Company at the earliest opportunity
- Ensuring that children and young people who are at risk of harm or who have been potentially abused are immediately protected and safe from harm or abuse.
- Completing Safeguarding investigations and providing a full written record of the referral and accurate chronology, outlining communication and actions taken to the relevant interested parties within 24 hours
- Ensuring that all records are maintained confidentially, securely and separately from other children and young person's records. Access to the confidential records is restricted. A clear 'sign post' will indicate in a young person's file that a confidential report is held in a separate Safeguarding file
- Providing support and guidance to staff on safeguarding issues
- Working with managers and senior managers to ensure that safe care practices are understood and followed within the homes
- Supporting managers and senior managers to address practice issues relating to safe care practice and safeguarding. Ensuring that meetings are attended, and reports are provided as required
- Liaising with other agencies and professionals (e.g. contact details of local Children's Services team)

**Managers have responsibility for:**

- Ensuring the organisation's safeguarding policies and procedures are effectively embedded in the culture of the service and are compliant with Local Safeguarding Partnership procedures
- To ensure all staff and Agency staff (all) are trained in the definitions and signs of abuse, are conversant with their safeguarding duties, and have sound knowledge of the referral process
- Ensuring that, as necessary, they implement the procedures within the Managing Allegations against Staff policy
- To ensure confidentiality protocols are respected and that information is shared with the relevant agencies and personnel
- To ensure safeguarding practices and procedures, prevent, protect and support children and young people from the risks of harm and potential abuse
- Completing Safeguarding investigations alongside the Head of Therapeutic parenting and provide a full written record of the referral and accurate chronology, outlining communication and actions taken to the relevant interested parties within 24 hours
- To ensure any child or young person who has been subject to harm or abuse receives the support required including hospital treatment
- To ensure the staff including agency staff are aware through, policy, induction, training, briefings and displays on notice boards the name and contact details of the Head of Therapeutic Parenting and other Designated Safeguarding Leads.

**Staff have a responsibility to:**

- Support young people in a way which promotes the prevention of and protection from child abuse or harm
- Promote an atmosphere and ethos in which young people feel secure and are encouraged to talk and be listened to
- Listen to any child or young person who approaches them wishing to share worries and concerns
- Be supportive of children and young people, while helping them understand that they cannot guarantee absolute confidentiality
- Be alert to any signs of abuse or harm in the children and young people they have contact with and immediately reporting any such concerns
- Understand that individual staff with concerns may refer to the Head of Safeguarding directly
- Take part in any training provided by Halliwell Homes on child protection issues
- Understand and adhere to Halliwell Homes child protection and safeguarding policy and procedures

All staff have a duty to promote and safeguard the welfare of children and young people and report allegations or concerns;

The Head of Therapeutic parenting alongside the managers are responsible for co-ordinating Child Protection Referrals and Allegations. They will also be responsible for all investigations involving staff and liaise with the HR department to jointly investigate the matters.

If there is an allegation of abuse or neglect, or a suspicion that originates from the home or from the area where the home is situated, the Local Safeguarding Partnership procedures for that area will apply and registered managers and staff will be expected to adhere to them.

The procedures are mandatory and any failure to comply with them will be addressed through appropriate procedures such as the disciplinary procedure.

Staff must report any concerns, suspicions or allegations of abuse or harm to any child. Staff should report concerns to the registered manager unless the concern relates to the registered manager or Head of Therapeutic parenting, in which case, the report must be made to a manager, or Head of Therapeutic Parenting not implicated or to one of the following:

- Local Safeguarding Partnerships
- Police
- Ofsted

It is acknowledged that reporting concerns regarding the possibility of abuse can be difficult but anyone who, in good faith, reports his or her concerns that a child or young person is being or is at risk of abuse or harm or that a colleague may pose a risk to a child or young person, will be provided with support and assistance.

## 7. Definitions and Type of Abuse

### DEFINITIONS

Child abuse is a form of maltreatment of a child or young person. Somebody may abuse or neglect a child or young person by inflicting harm or by failing to act to prevent harm. Children or young people may be abused in a family or 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.

### There are four broad categories of child abuse:

1. Physical abuse
2. Emotional abuse
3. Sexual abuse
4. Neglect

### GENERAL SIGNS OF ABUSE

Abused children may be afraid to tell anybody about the abuse. They may struggle with feelings of guilt, shame or confusion – particularly if the abuser is a parent, caregiver or other close family member or friend. Anyone working with children or young people needs to be vigilant to the signs listed below. Whilst these signs do not necessarily mean that a child is being abused, they probably indicate that the child or family is having some problems which should be investigated.

- Regularly experiencing nightmares or sleeping problems
- Changes in personality
- Outbursts of anger
- Changes in eating habits
- Showing an inexplicable fear of particular places or making excuses to avoid particular people
- Self-harming (includes head banging, scratching, cutting)
- Not receiving adequate medical attention after injuries
- Showing violence to animals, toys, peers or adults
- Knowledge of "adult issues" e.g. alcohol, drugs, sexual behaviour
- Lacking in confidence or often wary/anxious
- Regressing to the behaviour of younger children
- Regular flinching in response to sudden but harmless actions, e.g. someone raising a hand quickly

**PHYSICAL ABUSE** is 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.

**Signs and Symptoms of Physical abuse:** It is normal for children to have cuts and bruises on their bodies caused by accidents which happen whilst they are moving about and/or playing. These are marks that have an acceptable and reasonable explanation. Marks or

injuries which do not have an acceptable explanation may indicate that a child has been abused.

**This may include –**

Bruising:

- Bruises on the cheeks, ears, palms, arms and feet
- Bruises on the back, buttocks, tummy, hips and backs of legs
- Multiple bruises in clusters, usually on the upper arms or outer thighs
- Bruising which looks like it has been caused by fingers, a hand, or an object i.e. belt, shoe
- Large oval shaped bite marks
- Any burns which have a clear shape of an object, e.g. cigarette burns
- Burns to the backs of hands, feet, legs, genitals, or buttocks

Other signs of physical abuse include multiple injuries (i.e. bruising, fractures) inflicted at different times. It is particularly concerning if carers are unable to explain these injuries and it is not clear whether they took the child to receive medical treatment at the time of the injury. Be vigilant to possible abuse if a child is frequently described as ill by their parent/carer but does not have any symptoms which are obvious to others. In addition, the parent will be unable to provide details of a medical diagnosis for the child's apparent condition.

**EMOTIONAL ABUSE** is 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 cyberbullying), 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, although it may occur alone.

Cyberbullying is a growing problem and includes –

- Sending threatening or disturbing text messages
- Homophobia, racism or sexism
- Making silent, hoax or abusive calls
- Creating and sharing embarrassing images or videos
- 'Trolling', the sending of menacing or upsetting messages on social networks, chat rooms or online games
- Excluding children from online games, activities or friendship groups
- Setting up hate sites or groups about a particular child
- Encouraging young people to self-harm
- Voting for someone in an abusive poll
- Hijacking or stealing online identities to embarrass a young person or cause trouble using their name

- Sending 'sexts' to pressure a child into sending images or other activity

**Signs and Symptoms of Emotional abuse** - It is important to remember that some children are naturally open and affectionate whilst others are quieter and more self-contained. Children also develop at different rates from one another, and some may be slightly more or less advanced than other children in their age group. Mood swings and challenging behaviour are also a normal part of growing up for teenagers and children going through puberty. Be alert to behaviours which appear to be out of character for the individual child.

**The following signs may indicate emotional abuse –**

- Inappropriate knowledge of 'adult' matters such as sex, alcohol and drugs
- Extreme emotional outbursts
- Very low self-esteem, often with an inability to accept praise or to trust
- Lack of any sense of fun, over-serious or apathetic
- Excessive clingy or attention seeking behaviour
- Over-anxiety, either watchful and constantly checking or over-anxious to please
- Developmental delay, especially in speech
- Substantial failure to reach potential in learning, linked with lack of confidence, poor concentration and lack of pride in achievement
- Self-harming, compulsive rituals, stereotypic repetitive behaviour
- Unusual pattern of response to others showing emotions

**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.

**Signs and Symptoms of Sexual abuse.** Sexual abuse often presents itself in a veiled way. Although some child victims have obvious genital injuries, a sexually transmitted disease or are pregnant, relatively few show such obvious signs. Recognition of sexual abuse generally follows either a direct statement from the child (or very occasionally from the abuser), or more often, suspicion based on the child's circumstances, behaviour, or physical symptoms or signs. The following list of commonly observed indicators is not exhaustive and there may be situations where none of them is present, even though a child is known to have been abused sexually. Equally, even if some are present it may also not be definitive of sexual abuse. These physical signs should alert professionals to the possibility of abuse. Suspicion increases where several features are present together.

### **Physical manifestations –**

- Sexually transmitted diseases
- Pregnancy (especially in younger girls or when identity of father is uncertain)
- Genital lacerations or bruising
- Vaginal bleeding in prepubescent girls
- Abnormal dilation of vagina, anus or urethra
- Additional physical signs
- Although these signs are not on their own indicative of sexual abuse, they include:
  - Itching, redness, soreness
  - Unexplained bleeding from vagina or anus
- The following signs may indicate emotional abuse:
  - Inappropriate knowledge of 'adult' matters such as sex, alcohol and drugs
  - Extreme emotional outbursts
  - Very low self-esteem, often with an inability to accept praise or to trust
  - Lack of any sense of fun, over-serious or apathetic
  - Excessive clingy or attention seeking behaviour
  - Over-anxiety, either watchful and constantly checking or over-anxious to please
  - Developmental delay, especially in speech
  - Substantial failure to reach potential in learning, linked with lack of confidence, poor concentration and lack of pride in achievement
  - Self-harming, compulsive rituals, stereotypic repetitive behaviour
  - Unusual pattern of response to others showing emotions
  - Daytime wetting
  - Faecal soiling or retention

### **Emotional and behavioural manifestations –**

- Behaviour with sexual overtones (depending on age and understanding):
  - Explicit or frequent sexual preoccupation in talk and play
  - Sexual relationships with adults or other children
  - Hinting at sexual activity or secrets through words, play or drawings
- Children may also behave in the following ways:
  - Withdrawn, fearful or aggressive behaviour to peers or adults
  - Running away from home • Suicide attempts and self-mutilation
  - Child psychiatric problems, including behaviour problems, withdrawal from social contact, onset of wetting or soiling when previously dry and clean, severe sleep disturbances, arson (fire setting)
  - Learning problems which do not match intellectual ability, or poor concentration (NB: for some sexually abused children, school may be a haven - they will arrive early, are reluctant to leave and perform well)
  - Marked reluctance to participate in physical activity or to change clothes for PE, etc.

**NEGLECT** is the persistent failure to meet a child's basic physical and/or psychological needs. It is 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. Signs and Symptoms of Neglect - It is important to remember that some children are very picky eaters whilst others may refuse to wear a coat regardless of how cold it is outside. A child may also appear to be underweight, but is, in fact, naturally thin.

Some of the most obvious signs of neglect (e.g. children being thin, dirty or not wearing a coat) are not in themselves indicators of abuse. However, if, over time, it is clear that a child is not receiving an adequate level of care and supervision appropriate to their age, it may indicate that the child is being neglected.

The following are general and age-specific signs of neglect. Further signs of neglect include:

**Hygiene:**

- Poor hygiene, frequently smelly or dirty and regularly have dirty and unwashed clothing

**Health:**

- Untreated health and dental problems
- Poor muscle tone and prominent joints
- Poor skin; sores, rashes, flea bites, scabies and ringworm
- Thin swollen tummy
- Injuries caused by accidents, e.g. cuts or burns becoming infected
- Anaemia
- Incontinence
- Faltering growth and not reaching developmental milestones
- Recurring illness or infections
- Nutrition
- Often hungry
- No breakfast
- Development
- Being tired
- Withdrawn and unhappy
- Anxious and avoiding people
- Difficulty making friends
- Poor language and communication skills
- Poor social skills
- Missing school

**8. Child Sexual Exploitation (CSE)**

Child Sexual Exploitation (CSE) is a form of sexual abuse in which a young person is manipulated or forced into taking part in a sexual act. Sexual exploitation can take many forms ranging from the seemingly consensual relationship where sex is exchanged for attention, affection, money, drugs, alcohol, food, somewhere to stay, gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship.

The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Technology is widely used by perpetrators as a method of grooming and coercing victims, often through social networking sites and mobile devices.

This form of abuse usually occurs in private, or in semi-public places such as parks, cinemas, cafes and hotels. It is increasingly occurring at 'parties' organised by perpetrators for the purposes of giving victims drugs and alcohol before sexually abusing them.

Sexual Exploitation can happen to any child/young person whatever their background, age, gender, race or sexuality or wherever they live. In all cases, those exploiting the child/young person are highly manipulative people who have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. This form of abuse is usually a hidden crime as the child/young person trusts their abuser and does not understand why they are being abused or they may just be too scared to tell anyone what is happening. It can involve violent, humiliating and degrading sexual assaults.

### **Signs and Symptoms of Child Sexual Exploitation –**

Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. It is important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse and some do not recognise that they are being exploited. However, there are a number of tell-tale signs that the child may be being groomed for sexual exploitation (see CSE Policy).

#### **These include:**

- Going missing for periods of time or regularly returning home late
- Regularly missing school or not taking part in education
- Appearing with unexplained gifts or new possessions
- Associating with other young people involved in exploitation
- Having older boyfriends or girlfriends
- Suffering from sexually transmitted infection
- Mood swings or changes in emotional well-being
- Drug and alcohol misuse
- Displaying inappropriate sexualised behaviour

## **9. Trafficking and Grooming**

**TRAFFICKING** of children is a form of human trafficking which means the recruitment, transportation, transfer, harbouring, and/or receipt of a child by means of a threat or use of force or other forms of coercion for the purposes of exploitation. Trafficking specifically targets the child, who may be unaware of their fate, as an object of exploitation.

#### **Reasons include:**

- Sexual exploitation
- Domestic servitude
- Sweatshop, restaurant and other catering work
- Agricultural labour, including tending plants in illegal cannabis farms

- Benefit fraud
- Involvement in petty criminal activity
- Organ harvesting
- Drug mules, drug dealing or decoys for adult drug traffickers
- Illegal inter-country adoption It is possible that unaccompanied asylum-seeking children (UASC) may have been trafficked into the UK and are likely to remain under the influence of their traffickers, even whilst they are looked after.

Any child who has been a victim of trafficking will have a risk assessment setting out how the child will be protected from any trafficker, to minimise any risk of traffickers being able to re involve a child in exploitative activities. This plan should include contingency plans to be followed if the young person goes missing.

**Signs that a child may be trafficked include –**

- Is withdrawn and refuses to talk or appears afraid to talk to a person in authority
- Does not appear to have money but does have a mobile phone
- Possession of large amounts of money or expensive belongings with no plausible explanation
- Receives unexplained/unidentified phone calls whilst in placement
- Has a history with missing links and unexplained moves GROOMING can happen in person, online and in gangs or groups.

Once they have established trust, groomers will exploit the relationship by isolating the child from friends or family and making the child feel dependent on them. They will use any means of power or control to make a child believe they have no choice but to do what they want. Groomers may introduce 'secrets' as a way to control or frighten the child. Sometimes they will blackmail the child, or make them feel ashamed or guilty, to stop them telling anyone about the abuse.

Groomers can use social media sites, instant messaging apps including teen dating apps, or online gaming platforms to connect with a young person or child. They can spend time learning about a young person's interests from their online profiles and then use this knowledge to help them build up a relationship.

It's easy for groomers to hide their identity online - they may pretend to be a child and then chat and become 'friends' with children they are targeting.

**Groomers may look for**

- usernames or comments that are flirtatious or have a sexual meaning
- public comments that suggest a child has low self-esteem or is vulnerable Groomers don't always target a particular child.

Sometimes they will send messages to hundreds of young people and wait to see who responds.

Groomers no longer need to meet children in real life to abuse them. Increasingly, groomers are sexually exploiting their victims by persuading them to take part in online sexual activity.

Groomers may be male or female. They could be any age. Many children and young people don't understand that they have been groomed, or that what has happened is abuse. Grooming can be more than just one single person, it can happen in gangs or groups of people who are of both the same, and different, age, ethnicity, religion and social backgrounds. For further guidance please relate to Department for Children, Schools and Families (DCSF) and Home Office (2009) Safeguarding children and young people from sexual exploitation: supplementary guidance to Working together to safeguard children (PDF). London: Department for Children, Schools and Families (DCSF) and [www.nspcc.org.uk](http://www.nspcc.org.uk).

## **10. Forced Marriage and Female Genital Mutilation**

Forced marriage involving anyone under the age of 18 years constitutes child abuse. A child who is forced into marriage is at risk of significant harm through physical, sexual or emotional abuse. Forced marriage can have a negative impact on a child's health and development and can also result in sexual violence including rape. If a child is forced to marry, he or she may be taken abroad for an extended period of time which could amount to child abduction.

FGM is the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons. It's also known as female circumcision, cutting or sunna. Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and has been a criminal offence in the UK since 1985. In 2003 it also became a criminal offence for UK nationals or permanent UK residents to take their child abroad to have female genital mutilation. Anyone found guilty of the offence faces a maximum penalty of 14 years in prison.

There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health. FGM is a hidden crime, so we don't know exactly how common it is. Even partial removal or 'nipping' can risk serious health problems for girls and women. FGM is usually performed by someone with no medical training. Girls are given no anaesthetic, no antiseptic treatment and are often forcibly restrained. The cutting is made using instruments such as a knife, pair of scissors, scalpel, glass or razor blade. Girls are more at risk if FGM has been carried out on their mother, sister or a member of their extended family.

A girl at immediate risk of FGM may not know what's going to happen. But she might talk about:

- being taken 'home' to visit family
- a special occasion to 'become a woman'
- an older female relative visiting the UK

She may ask a teacher or key person for help if she suspects FGM is going to happen or she may run away from home.

### **A girl or woman who has had FGM may –**

- have difficulty walking, sitting or standing
- spend longer than normal in the bathroom or toilet

- have unusual behaviour after an absence from school or college
- be particularly reluctant to undergo normal medical examinations
- ask for help, but may not be explicit about the problem due to embarrassment or fear

**FGM can be extremely painful and dangerous. It can cause –**

- shock
- bleeding
- infection such as tetanus, HIV and hepatitis B and C
- organ damage
- blood loss and infections that can cause death in some case

**Long-term effects - Girls and women who have had FGM may have problems that continue through adulthood, including:**

- difficulties urinating or incontinence
- frequent or chronic vaginal, pelvic or urinary infections
- menstrual problems
- kidney damage and possible failure
- cysts and abscesses
- pain when having sex
- infertility
- complications during pregnancy and childbirth
- emotional and mental health problems

**FGM helpline on 0808 028 3550.**

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girls being at risk from FGM, or already having suffered from FGM. Mandatory reporting commenced in October 2015. Staff must report to the police cases where they discover that an act of FGM appears to have been carried out.

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) will place statutory duty upon staff, along with social workers and healthcare professionals, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. (See FGM Policy)

## **11. Extremism and Radicalisation**

Extremism and Radicalisation is the process by which a person comes to support terrorism and forms of extremism. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and which specific needs for which an extremist or terrorist group may appear to provide and answer. The internet and the use of social media in particular has become a major factor in the radicalisation of young people.

As with managing other safeguarding risks, staff should be alert to changes in children's behaviours which could indicate that they may be in need of help or protection. Staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately which may include making a referral to the Channel programme.

**The Government Prevent Strategy, inclusive is the approach to reducing the risk of terrorism, this is called 'CONTEST' and has four parts:**

- Protect; to strengthen protection against a terrorist attack
- Prepare; to mitigate the impact of a attack
- Pursue; to stop terrorist attacks
- Prevent; to stop people becoming terrorists or supporting terrorism

### **Definition of terrorism**

**Extremism** is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. Calls for the death of members of the British armed forces is also included in this definition.

### **PREVENT DUTY**

From July 1 2015, specified authorities, including all schools are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015, in the exercise of their functions, to have "due regard" to the need to prevent people from being drawn into terrorism. This duty is known as the prevent duty. It applied to a wide range of public-facing bodies. Bodies to which the duty applies **MUST HAVE REGARD TO STATUTORY GUIDANCE ISSUES UNDER SECTION 29 OF THE CTSA 2015** (the prevent guidance).

Extremism takes many forms and all ideologies are included in this area of safeguarding:

- Islamic extremism
- Left wing extremism
- Right wing extremism
- Animal rights extremism

The Prevent duty builds on existing local partnership arrangements. All staffs are expected to recognise the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. This means being able to demonstrate both a general understanding of the risks affecting children and young people in the area and a specific understanding of how to identify individual children who may be at risk of radicalisation.

The statutory Prevent guidance summarises the requirements in terms of four general themes: risk assessment, working in partnership, staff training and IT policies.

The Prevent guidance refers to the importance of Prevent awareness training to equip staff to identify designated safeguarding lead must undertake Prevent awareness training and is able to provide advice and support to other members of staff on protecting children from the risk of radicalisation.

Halliwell Homes must ensure that children are safe from terrorist and extremist material when accessing the internet in the home or schools. They should ensure that suitable filtering is in

place. It is also important that the home and the schools teach pupils about online safety more generally.

The Department for Education has also **PUBLISHED ADVICE ON THE PREVENT DUTY**. The advice is intended to complement the Prevent Guidance and signposts other sources of advice and support. Staff should understand when it is appropriate to make a referral to the Channel Programme. Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism to make referrals if there are concern that an individual might be vulnerable to radicalisation. An individual's engagement with the programme is entirely voluntary at all stages.

Section 36 of the CTSA 2015 places duty on local authorities to ensure Channel panels are in place. The panel must be chaired by the local authority and include the police for the relevant local authority area. Following a referral, the panel will assess the extent to which identified individuals are vulnerable to being drawn into terrorism, and, where considered appropriate and necessary, consent is obtained, arrange for support to be provided to those individuals. Section 38 of the CTSA 2015 requires partners of Channel panels to co-operate with the panel in the carrying out of its functions and with the police in providing information about a referred individual. (See Radicalisation Policy).

### **Indicators of vulnerability (signs and symptoms) include –**

#### **Identity**

- The young person is distanced from their cultural/religious heritage and experiences
- Discomfort about their place in society
- Personal crises, the student may be experiencing family tensions
- A sense of isolation
- Low self-esteem
- They may be disassociated from their existing friendship group and become involved with a new and different group of friends
- They may be searching for answers to questions about their identity, faith and belonging

#### **Personal Circumstances**

- Migration
- Local community tensions and events affecting the student's country of origin may contribute to a sense of grievance that is triggered by a personal experience of racism or discrimination or aspects of Government policy

#### **Unmet Aspirations**

- The young person may have perceptions of injustice
- A feeling of failure
- Rejection of civic life

#### **Experiences of Criminality**

- Involvement with criminal groups
- Imprisonment and poor resettlement/reintegration on release Special Educational Needs
- Social interaction

- Empathy with others
- Understanding the consequences of their actions; and awareness of the motivation of others

**More Critical Risk factors could include –**

- Being in contact with extremist recruiters
- Accessing violent extremist websites, especially those with a social networking element
- Possessing or accessing violent extremist literature
- Using extremist narratives and a global ideology to explain personal disadvantage

As with any concern, the risk of harm and abuse is raised when young people are vulnerable and is often noticed when young people change their behaviour, clothing or attitudes. One aspect of safeguarding children and young people from radicalisation is to set out in 'Promoting fundamental British values as part of SMSC in schools'.

**This guidance sets out British values as:**

- Democracy
- The rule of law
- Individual liberty
- Mutual respect
- The tolerance of those with different faiths and values

**GANGS**

Children and young people may join a gang or even start up their own, looking for friends who will protect them. They may even think it will provide easy access to money and a glamorous lifestyle. The truth is very different.

**Being part of a gang will put children more at risk of:**

- Being involved in or committing a crime
- Dealing or taking drugs
- Being involved in other illegal activities such as fighting, dog fighting, or gambling
- Being put in prison or in a young offender's institution.

They will also be more at risk of becoming a victim of violence, which may lead to serious injury or even death.

**Spot the signs:**

Look out for unusual behaviours in your child, such as:

- Stopping or dropping out of hobbies or clubs they're involved in
- School reports dramatically change
- Not doing as they told, for example staying out later than scheduled
- Not telling you where they are going, who they are with and what they are doing
- Sudden extra money, new gadgets, clothes or trainers and other unexplained amenities
- New habits, for example smoking, drinking, dealing or taking drugs, taken an interest in illegal activities
- Adopting a change of name, or new nickname.

## **12. Supporting Good Behaviour and Discipline – The Use of Positive Behaviour Management (PBM)**

The use of physical intervention should, wherever possible, be avoided. It should only be used to manage a child or young person's behaviour, as a last resort, if it is necessary to prevent significant harm to the child, other children or an adult or to prevent serious damage to property.

When physical intervention is used it should be undertaken in such a way that maintains the safety and dignity of all concerned. The scale and nature of any physical intervention must be proportionate to both the behaviour of the individual to be controlled and the nature of the significant harm they may cause.

Halliwell Homes accepts the definition of reasonable force: "Reasonable force uses the minimum degree of force necessary for the shortest period of time to prevent a young person harming him/herself, others or seriously damaging property".

Halliwell Homes supports and endorses the legal position that it is unlawful to use force as a punishment and believes reasonable force should never be used as a method of compliance.

The staff are trained to use physical intervention (Positive Behaviour Management) with the emphasis on de-escalation and preventative strategies and techniques (See PBM Policy).

## **13. Information Sharing and Confidentiality**

Based upon Government guidance 'Information Sharing: Guidance for Practitioners and Managers', DfE 2008/2015, Halliwell Homes will ensure that data regarding children is correctly stored and managed in line with these principles defined in the 2008 guidance, and that we will take all appropriate action regarding the sharing of information as follows:

- Recognise that legislation (GDPR) is not a barrier to sharing information about concerns
- Be honest and open with the person (be they a child or an adult) about why, what, how and with whom information will be shared
- Seek advice when we are in doubt, without disclosing the identity of the person (be they a child or an adult) where possible
- Share information with consent where appropriate and respect the wishes of those who do not consent to share confidential information where possible
- Base our information sharing decisions on considerations of safety and well being
- Ensure the information we share is necessary, proportionate, relevant, accurate, timely and secure
- Keep a record of our actions, decisions, and reasons.

### **CONFIDENTIALITY**

- We recognise that all matters relating to child protection are confidential.
- Confidentiality is an issue that needs to be understood by all those working with children, particularly in the context of child protection. This is a complex area and involves consideration of a number of pieces of legislation.

- Professionals can only work together to safeguard children if there is an exchange of relevant information between them. This has been recognised in principle by the courts.

However, any disclosure of personal information to others, including children's social care departments, must always have regard to both common and statute law.

- Normally, personal information should only be disclosed to third parties (including other agencies) with the consent of the subject of that information (General Data Protection regulation 2016 GDPR). Wherever possible, consent should be obtained before sharing personal information with third parties. In some circumstances, however, consent may not be possible or desirable but the safety and welfare of the child dictate that the information should be shared.
- The law requires the disclosure of confidential information necessary to safeguard a child or children. Under Section 47 of the Children Act 1989 statutory agencies have a duty to cooperate. Therefore, if the Police or Social Care/Services are conducting a Section 47 investigation under the 1989 Children Act, staff must share requested information relevant to the investigation. Legal advice should be sought if in doubt.
- All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- All staff must be aware that they cannot promise to keep secrets which might compromise the safety or well-being of the 'disclosing' young person or that of another.

#### **14. Power and Position of Trust**

All adults working with children and young people are in positions of trust in relation to the children and young people in their care. A relationship of trust can be described where one party is in a position of power or influence over the other by virtue of their work or the nature of their activity. All staff must recognise the power this can give them over those they care for and the responsibility they must exercise as a consequence of this relationship.

All staff must uphold public trust in and maintain high standards of ethics and behaviour, within and outside the work place by:

- Treating children and young people with dignity, building relationships rooted in mutual respect, and at all times observing proper boundaries appropriate to the member of staff's professional position
- Having regard for the need to safeguard the 'well-being' of children and young people in accordance with statutory provisions

#### **Protecting yourself against allegations of abuse**

The code of conduct is set out in the Staff Handbook.

The following sensible precautions can be taken when working alone with children:

- Work in a room where there is a glass panel (school) in the door or leave the door open (home or school)
- Make sure that other staff are aware you are on your own but ask for a visit the room occasionally

- Avoid working in isolation with children unless thought has been given to safeguards and a lone working risk assessment has been completed
- Never give out personal mobile phone numbers or private e-mail addresses
- Do not arrange to meet children and young people outside of work related activities
- Never 'befriend' or chat to children and young people on social network sites

***Under the Sexual Offences Act 2003 it is a criminal offence for anyone working in a position of trust to have a sexual relationship with a young person even when the young person is over the age of consent but under 18 years of age.***

## **15. Whistleblowing**

Whistleblowing is the mechanism by which adults can voice their concerns, made in good faith, without fear of repercussion. Halliwell Homes has a clear and accessible Whistle Blowing Policy that meets the terms of the Public Interest Disclosure Act 1998. Adults who use whistleblowing procedure are made aware that their employment rights are protected.

Staff must acknowledge their individual responsibility to bring matters of concern to the attention of senior management and/or relevant agencies. Although this can be difficult this is particularly important where the welfare of children may be at risk.

Through our staff induction process and Employee Handbook, we provide procedures on how staff can implement the Whistleblowing Policy. Staff are aware of their mandatory duty to raise concerns about the attitude and actions of colleagues where these are inappropriate or unsuitable. Staff are required to approach their immediate manager in the first instance, if necessary the member of staff should speak to the Head of Safeguarding or Head of Care.

Staff will be protected from harassment or victimisation, and no action will be taken against staff if the concern proves to be unfounded and was raised in good faith. Malicious allegations may be considered as a disciplinary offence. (See Whistleblowing Policy).

## **16. Induction and Training**

When new staff, or regular visitors join our homes and schools they will be informed of the safeguarding arrangements in place. They will be given a copy of the Safeguarding Policy, Procedures and Practice Guidance.

Every new member of staff will have an induction period that will include essential safeguarding information. This programme will include basic safeguarding information relating to, signs and symptoms of abuse, how to manage a disclosure from a child, how to record any issues of confidentiality (Level 3 and Introduction to Child Protection) After the induction all staff will have a clear understanding of the definition of emotional, physical, sexual and neglectful child abuse and the risks of child sexual exploitation.

New staff will be made aware of the Local safeguarding partnership procedures, for the area that their allocated home is located. New staff who have not had any Child Protection/Safeguarding training will receive aforementioned training within their first six

months in post. The Level 3 training will be updated every 12 months and recorded. After this, and providing they are in date and are in an appropriate role, they will go onto complete Level 5 Safeguarding and the Complete Child Protection Course. Once Level 5 Safeguarding has been completed, the staff do not need to revisit Level 3 but should work on Level 5 at all times hereafter. Head of Safeguarding will attend Local Safeguarding Partnerships Courses at Level 3 and above at least every 2 years in order to maintain continuous professional development and comply with statutory guidance

All regular visitors and volunteers to Halliwell Homes, will be given a set of our safeguarding procedures and they will be given the name and contact details of the responsible Head of Safeguarding (where applicable only)

Halliwell Homes will also undertake appropriate training to ensure they are able to carry out their duty to safeguard all of the children at our schools and homes.

We actively encourage all of our staff at Halliwell Homes to keep up to date with the most recent local and national Safeguarding advice and guidance via the Local Safeguarding Partnerships websites in each locality. This information will be collected by Head of Safeguarding and distributed to the staff

We will ensure that at least one member of any interview panel is appropriately trained in safer recruitment. Halliwell Homes will use the recruitment and selection process to deter and reject unsuitable candidates. We require evidence of original academic certificates. Halliwell Homes has a 'Safer Recruitment' Policy and we do not accept testimonials only and insist on receiving a completed application form prior to a candidate commencing employment and we verify all references. We question the contents of application form e.g. breaks in employment history (including overseas), if we are unclear about them. We undertake enhanced Disclosure and Barring Service checks and use any other means of ensuring we are recruiting and selecting the most suitable people to work with our children. Under no circumstances will we consider offering employment to anyone who is barred from working with children and young people and identity checks include evidence of right to work in the UK

Any staff member who becomes the subject of a police investigation in relation to physical or sexual offences against adults or children, or are charged with such a criminal offence, must inform the Head of Safeguarding and the HR Department. Staff must disclose any convictions, cautions, court orders, reprimands and warnings which may affect their suitability to work with children whether received before, or during their employment. The Head of Safeguarding will discuss any potential safeguarding matters with the HR Department and any required action will be agreed.

Any staff member, whose own children become subject to child protection investigations must inform the Head of Safeguarding and HR who will discuss with the Directors in regard to procedures for dealing with allegations against Persons who work in a position of trust with children. Appropriate action will be agreed.

Halliwell Homes have a legal duty to refer to the DBS anyone who has harmed, or poses a risk of harm, to a child or vulnerable adult; where the harm test is satisfied in respect of that

individual; where the individual has received a caution or conviction for a relevant offence, or if there is reason to believe that individual has committed a listed relevant offence; and that individual has been removed from working (paid or unpaid) in regulated activity, or would have been removed had they not left. The DBS will consider whether to bar the person. Referrals should be made as soon as possible after the resignation or removal of the individual. Guidance on referrals can be found on [www.gov.uk](http://www.gov.uk) (see Safer Recruitment Policy).

## **17. Missing Children**

Halliwell Homes recognises that safeguarding and promoting the welfare of children is a key duty and requires effective joint working between agencies and professionals. When a child goes missing or runs away they are at risk. Safeguarding children therefore includes protecting them from this risk.

Halliwell Homes refers to the definitions set out by the police force in April 2013. These are:

- Missing: anyone whose whereabouts cannot be established and where the circumstances are out of character, or the context suggests the person may be the subject of crime or at risk of harm to themselves or another; and
- Absent: a person not at a place where they are expected or required to be

The police classification of a person as 'missing' or 'absent' will be based on on-going risk assessment. Note that 'absent' within this definition would not include those defined as "away from placement without authorisation" above: a child whose whereabouts are known would not be treated as either 'missing' or 'absent' under the police definitions. However, if a child is considered vulnerable they will ALWAYS be treated as missing NOT absent. Ofsted do not need to be notified every time a child is reported as missing from home if it is a regular or persistent occurrence.

A child going missing from care or education is a potential indicator of possible underlying concerns. Staff should follow the procedures for dealing with children that go missing from care or education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and Criminal exploitation (County Lines) and to help prevent the risks of their going missing in future.

It is essential that all staff are alert to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns such as travelling to conflict zones, FGM and forced marriage (see Missing From Home and Unauthorised Absence (Children) Policy).

## **18. Bullying**

Halliwell Homes acknowledges and recognises that under the Children Act 1989 bullying incidents should be addressed as a child protection concern when there is 'reasonable cause to suspect that a child is suffering, or likely to suffer significant harm'. Where this is the case staff should report their concerns to the Registered Manager, Lead Teacher, and Head of Safeguarding, even where safeguarding is not considered to be an issue, we may need to draw on a range of other services to support the child or young person who is experiencing

bullying, or to tackle any underlying issue which has contributed to a child or young person engaging in bullying (see Anti Bullying Policy).

Bullying can have a profound impact on emotional and mental health. We have an Anti Bullying policy setting out the respective rights and responsibilities of the young people and our staff in preventing and dealing with bullying.

Staff raise awareness of bullying through developing a culture in which respect and consideration for others is fundamental. We encourage young people to report bullying in the knowledge that it will be taken seriously.

Staff are trained in conflict management techniques to help them boost a young person's self esteem and create a positive environment both of which we recognise as important factors in preventing young people from being bullied or becoming bullies.

Staff will apply intervention or disciplinary measures to children and young people to show clearly that their behaviour is wrong. Intervention or disciplinary measures will be applied fairly, consistently and reasonably taking into account any special educational needs or disabilities that the children or young people may have and taking into account the needs of vulnerable children and young people. It is important that staff consider the motivations behind the bullying and whether it reveals any concerns for the safety of the perpetrator. Please also see Anti-Bullying Policy.

## **19. Peer on Peer Abuse**

In most instances, the conduct of children and young people towards each other will be covered by our behaviour policy. However, some allegations may be of such a serious nature that they may raise safeguarding concerns. We recognise that children are capable of abusing their peers. It will not be passed off as 'banter' or 'part of growing up'. The forms of peer on peer abuse are outlined below.

Domestic abuse – an incident or pattern of actual or threatened acts of physical, sexual, financial and/or emotional abuse, perpetrated by an adolescent against a current or former dating partner regardless of gender or sexuality.

Child Sexual Exploitation – children under the age of 18 may be sexually abused in the context of exploitative relationships, contexts and situations by peers who are also under 18.  
Harmful Sexual Behaviour – Children and young people presenting with sexual behaviours that are outside of developmentally 'normative' parameters and harmful to themselves and others

Serious Youth Violence – Any offence of most serious violence or weapon enabled crime, where the victim is aged 1-19' i.e. murder, manslaughter, rape, wounding with intent and causing grievous bodily harm. 'Youth violence' is defined in the same way, but also includes assault with injury offences.

The term peer-on-peer abuse can refer to all of these definitions and a child may experience one or multiple facets of abuse at any one time. Therefore, our response will cut across these definitions and capture the complex web of their experiences.

There are also different gender issues that can be prevalent when dealing with peer on peer abuse (i.e. girls being sexually touched/assaulted or boys being subjected to initiation/hazing type violence).

We aim to reduce the likelihood of peer on peer abuse through:

- (a) the established ethos of respect, friendship, courtesy and kindness
- (b) high expectations of behaviour
- (c) clear consequences for unacceptable behaviour
  - (i) providing a developmentally appropriate learning opportunities which develops children and young people' understanding of healthy relationships, acceptable behaviour, consent and keeping themselves safe
  - (ii) systems for any child/young person to raise concerns with staff, knowing that they will be listened to, valued and believed
  - (iii) robust risk assessments and providing targeted work for children and young people identified as being a potential risk to other children and young people and those identified as being at risk.

Research indicates that young people rarely disclose peer on peer abuse and that if they do, it is likely to be to their friends. Therefore, we will also educate children and young people in how to support their friends if they are concerned about them, that they should talk to a trusted adult in the school and what services they can contact for further advice.

Any concerns, disclosures or allegations of peer on peer abuse in any form should be referred to the Manager or Head of Therapeutic Parenting using our child protection procedures as set out in this policy. Where a concern regarding peer on peer abuse has been disclosed to the Manager, advice and guidance will be sought from Children Social Care and where it is clear a crime has been committed or there is a risk of crime being committed the Police will be contacted.

Working with external agencies the Home will respond to the unacceptable behaviour. If a child/young person's behaviour negatively impacts on the safety and welfare of other children and young people then safeguards will be put in place to promote the well-being of the children and young people affected, and the victim and perpetrator will be provided with support.

## **20. E Safety**

The growth of different electronic media in everyday life and an ever developing variety of devices including PC's, tablets, laptops, mobile phones, webcams etc. place an additional risk on our children.

Internet chat rooms, discussion forums or social networks can all be used as a means of contacting children and young people with a view to grooming them for inappropriate or abusive relationships. The anonymity of the internet allows adults, often pretending to be children, to have conversations with children and in some cases arrange to meet them. Access to abusive images is not a 'victimless' act as it has already involved the abuse of children. The internet has become a significant tool in the distribution of indecent photographs of children and should be a concern to all those working with pupils at this school.

Children and young people can engage in or be a target of cyberbullying using a range of methods including text and instant messaging to reach their target. Mobile phones are also

used to capture violent assaults of other children for circulation (happy slapping), or distributing indecent images of children (e.g. sexting).

The best protection is prevention by making young people aware of the dangers through education and through effective monitoring arrangements including:

- Software is in place to minimise access and to highlight any one accessing inappropriate sites or information
- Young people will be encouraged to discuss openly their use of technology and anything which makes them feel uncomfortable. (If this results in child protection concerns the Designated Safeguarding Lead should be informed immediately)
- Young people should not give out their personal details, phone numbers, schools, home address, computer passwords etc.
- Young people should adhere to the policy on mobile phones and E-Safety The police will be involved if there is any criminal element to misuse of the internet, phones or any other form of electronic media. (See E Safety Policy) (See E Safety Handout)

## **21. Risk Assessments**

Risk Assessments will be completed in respect of known safeguarding risks, both home and school specific and child specific, and the control measures in place to control these risks. Each setting has differences in regard to the scope of need of the young people it accommodates, the built environment and the locality. For this reason, different approaches and control measures will be taken dependent on the setting. This is to ensure we are doing everything possible to assess, control and action any presenting risks and Risk Management Thus promoting a safe, positive environment and safeguarding culture for all concerned.

## **22. Safeguarding Contact Details:**

**Heads of Therapeutic Parenting** for Halliwell Homes are

**Paul Bliss – 07958 614815**

[paul.bliss@halliwellhomes.co.uk](mailto:paul.bliss@halliwellhomes.co.uk)

**Mathew Fisher – 07960637655**

[matthew.fisher@halliwellhomes.co.uk](mailto:matthew.fisher@halliwellhomes.co.uk)

**Local Authority Designated Officers**

**Lancashire**

**Tim Booth – 01772 536694**

[Tim.booth@lancashire.gov.uk](mailto:Tim.booth@lancashire.gov.uk)

**Jim Wright – 01772 536694**

[Jim.wright@lancashire.gov.uk](mailto:Jim.wright@lancashire.gov.uk)

**Shane Penn – 01772 536694  
Shane.penn@lancashire.gov.uk**

**Tameside**

**Tania Brown – 0161 342 4398/07812 140002  
Tania.brown@tameside.gov.uk**

**Stockport**

**Gill Moore – 0161 474 5657/07866 999583  
Gill.moore@stockport.gov.uk**

**Stoke on Trent**

**John Hanlon - 01782 233342 / 07942 676060  
John.Hanlon@stoke.gov.uk**

**Your Multi Agency Safeguarding and Support Hub (MASSH) -**

**Should be contacted through your Manager or Head of Therapeutic Parenting, during working hours or via your On Call Manager at weekends, however if the manger or Head of Therapeutic parent is unavailable then do not hesitate to contact them.**

**Safeguarding Flow Chart**

