

Safeguarding Policy

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Safeguarding Policy

1.0 Introduction and principles

Children's Residential Safeguarding policy aims to provide clear direction to staff and others about expected codes of behaviour in dealing with safeguarding issues. The policy also aims to make explicit the homes commitment to the development of good practice and sound procedures. The purpose of the policy is, therefore to ensure that safeguarding concerns and referrals are handled sensitively, professionally and in ways that support the needs of every child's wellbeing. Our home is committed to safeguarding and promoting the welfare of all children we care for. Each child's welfare is of paramount importance. We recognise that some children may be especially vulnerable to abuse. We recognise that children who are abused or neglected may find it difficult to develop a sense of self-worth and to view the world in a positive way. Whilst in our care, their behaviour may present at times as challenging to some of the people around them. We recognise that some children who have experienced abuse may harm others or be at further risk to themselves. We will always take a considered and sensitive approach so that we can support all of our children.

This is in line with the Warrington Safeguarding Partnership Board, and Working Together to Safeguard Children 2015 and 2018.

1.2 Working Together to Safeguard Children states:-

"Concern for the safety of children living away from home has to be put in the context of attention to the overall developmental needs of such children, and a concern for the best possible outcomes for their health and development. Every setting in which children live away from home should provide the same basic safeguards against abuse, founded on an approach which promotes their general welfare, protects them from harm of all kinds, and treats them with dignity and respect".

1.3 There are a number of essential safeguards which should be observed in all settings in which children live away from home including residential and short break care.

1.4 Children who live away or stay away from home for short breaks in residential settings or are living within a Children's Home should be safeguarded and the following ensured and adopted in each setting:

Children

- Children should feel valued and respected and have their self-esteem promoted.
- Children should be listened to and their views and concerns responded to.
- Contact between children, their parents and wider community should be encouraged and maintained.
- Children must have time with a trusted adult from outside the setting i.e.: family member, advocate, independent visitor.

Carers

- Carers must be appropriately trained in safeguarding and have knowledge about children's vulnerability, this training will be refreshed annually; all new staff will attend the child protection training. In addition to this, the staff team will receive regular training regarding missing from home, child sexual exploitation, e-safety and radicalisation.
- Carers should ascertain the wishes and feelings of children and will be aware of how individual children communicate including non-verbal ways of communication.
- Carers will have respect for diversity and sensitivity to race, culture, religion, gender, sexuality and disability.
- Staff and carers must be aware of the vulnerability of children living away from home and aware of safeguarding procedures and how to make referrals to children's social care
- Carers need to be able to identify children who are suffering or likely to suffer significant harm and take appropriate action with the aim of making sure they are kept safe both at home and in our settings.
- Carers will be aware that there is a clear, effective and readily-understood complaints procedure. They will ensure that this is accessible to children.
- Carers will follow our effective anti-bullying strategy which is in place.

- Managers will ensure that the rigorous recruitment and selection process is in place and adhered to.
- Managers will ensure effective supervision is given to all staff and volunteers.
- Contractors will be effectively monitored whilst on site.
- There will be and are clear and effective procedures in place for staff to raise concerns.

2.0 Regulation 44 visits

All homes are regularly inspected by an independent person as part of the regulation 44 (The Children's Homes (England) Regulations 2015).

The independent person must produce a report about a visit which sets out in particular, the independent person's opinions as to whether-

- Children are effectively safeguarded: and
- The conduct of the home promotes children's well-being.

3.0 Our Approach

In order to fulfil this responsibility effectively, all professionals should make sure their approach is child-centred. This means that they should consider, at all times what is in the best interests of the child. In addition, we ensure that we follow the key principles of a child centred and coordinated approach to safeguarding, including the standpoint that safeguarding is everyone's responsibility.

The staff teams recognise and understand that effective safeguarding systems are child centred. Children and young people in our care are clear what they want from an effective safeguarding system, we know this via our regular children and young people's meetings.

All our children want to be respected, their views to be heard, to have stable relationships with professionals built on trust and for consistent support provided for their individual needs. This guides the behaviour of our staff. Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them collaboratively when deciding how to support their needs. A child-centred approach is supported by:

- The Equality Act 2010 which puts a responsibility on public authorities to have due regard to the need to eliminate discrimination and promote equality of opportunity. No child or group of children must be treated any less favorably than others in being able to access effective services which meet their particular needs; and
- The United Nations Convention on the Rights of the Child (UNCRC). This is an international agreement that protects the rights of children and provides a child-centered framework for the development of services to children.

For services to be effective each professional and organisation should play their full part: and a child centred approach is essential. For services to be effective they should be based on a clear understanding of the needs and views of children.

This policy applies to all adults, working in or on behalf of Children's Residential Services.

4.0 Definition of safeguarding

Safeguarding and promoting the welfare of the child is defined as:

- Protecting children from maltreatment.
- Preventing impairment of children's' health or development.
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children having the best outcomes.

Specific safeguarding issues may include:

- Child missing from home
- Child sexual exploitation (CSE)
- Child criminal exploitation (CCE)
- Bullying including cyberbullying
- Domestic abuse
- Drugs

- Fabricated or induced illness
- Faith abuse
- Female genital mutilation (FGM) and honour-based violence
- Forced marriage
- Gangs and youth violence
- Gender-based violence/violence against women and girls
- Mental health
- Private fostering
- Preventing radicalisation
- Sexting
- Teenage relationship abuse
- Trafficking

4.1 Definition of Harm:

As in the Children Act 1989 and 2004, a **child** is anyone who has not yet reached his/her 18th birthday.

Harm means ill-treatment or impairment of health and 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 includes physical and mental health; **ill-treatment** includes sexual abuse and other forms of ill-treatment which are not physical.

All staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another.

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 on page 7.

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

4.2 Abuse and neglect

Abuse and neglect are forms of maltreatment. Somebody may abuse or neglect a child by inflicting harm or 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. They may be abused by an adult or adults or another child or children.

4.3 Sexual abuse

This 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 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.

4.4 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.

4.5 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
- Daytime wetting
- Fecal soiling or retention

4.6 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 emotional difficulties, including behaviour problems, withdrawal from social contact, onset of wetting or soiling when previously dry and clean, severe sleep disturbances, arson (fire setting)
- Learning difficulties 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 clothing, etc.

4.6 Emotional Abuse

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 children 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 the 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, though it may occur alone.

Cyber-bullying 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.

4.7 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 behavior
- 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

4.8 Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food and clothing, 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 caretakers)
- ensure access to appropriate medical care or treatment.

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

4.9 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:

- **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
- Anemia
- 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

4.10 Physical abuse

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.

4.11 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
- Burns or scalds:
 - 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 parents/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 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.

5.0 Child sexual exploitation (CSE):

Sexual exploitation is a form of sexual abuse in which a child 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. Children and young people with complex health needs and disabilities are extremely vulnerable to becoming victims of CSE; this is evidenced through research conducted by Barnardo's "un-protected over protected 2015"

5.1 Criminal Exploitation

Criminal exploitation of children for the purposes of selling drugs is commonly known as 'County Lines'. This is a national issue involving the use of mobile phone 'lines' by groups to extend their drug dealing business into new locations outside of their home areas.

This issue affects the majority of police forces and Local Authorities. The most common drugs used are Cocaine and or Heroin. There are examples whereby some of our most vulnerable children have been coerced, threatened, assaulted and been victims of other gangs or people who have robbed them of their supply of drugs. This increases the risk to young people due to the harm caused by physical and sexual violence but also 'debt bondage' to suppliers when they have had the drugs seized or taken by other people.

Research highlights the following:

- Children can be recruited in both home and county forces. They can be used to run the operations on the ground. This can include delivering drugs and money between locations (often via trains), staying in safe houses to look after the drugs and money or in some cases selling drugs to local users. Children are believed to be used as they are inexpensive, easily controlled and less likely to be detected by the police.
- Boys aged 14-17 are the most often targeted, however girls can also be exploited. In some cases girls engage in a relationship with a group member and can later become victims of sexual and domestic violence. When mapping gang members, it is helpful to look at women and girls that they associate with as this can help support the identification of vulnerable women and girls.

- The use of debt is a common feature in the exploitation of children, as with adults.
- Children may initially be groomed by a member of the group who will give them money and items such as clothes and mobile phones. They will then be told they owe the group money before being threatened and forced to take part in 'County Lines' drug dealing. In addition, we have received intelligence that whilst in possession of drugs the children become victims of a staged robbery; believing they are in debt to the group, they are told they must work for free to pay it off.
- Alternatively some children may be willing to take part in County Lines and do not consider themselves victims of exploitation, particularly when they believe they will be rewarded with large sums of money or higher status in the group.

5.2 Signs and symptoms of child sexual & criminal exploitation:

Sexual & Criminal exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex or commit crimes. This may include cyber bullying and grooming. It is important to recognise that some children who are being sexually and/or criminally 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 exploitation.

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 possession
- Associating with other young people involved in exploitation
- 'Petty' crime
- 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/ language

5.3 Child victims of trafficking

Trafficking of children is a form of human trafficking which means the recruitment, transportation, transfer, harboring, 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 as an object of exploitation; the child may be unaware of their fate. Reasons for trafficking children may 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 minimize 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 a child may be trafficked include:

- Being withdrawn and refusing to talk or appearing 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.

5.4 Grooming

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 child.

They can spend time learning about a child'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 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.

If staff have any concerns that a child is a victim of CSE, CCE/ Trafficking or has been missing from home, they must discuss their concerns with Registered Manager/ Assistant Manager and a referral will be made to the MCSETO (Missing, CSE and trafficking operational group.) They will convene a strategy meeting to ensure that the child is safe. The lead for Missing from home and CSE for Warrington LA is Dean Lawrence.

For further guidance please refer to www.nspcc.org.uk

6.0 Honour based violence (including female genital mutilation and forced marriage)

So-called 'honour-based' violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubt, staff should speak to the designated safeguarding lead. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

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 anesthetic, 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 another adult for help if she suspects FGM is going to happen or she may run away from home or miss school.

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:

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

Girls and women who have had FGM may have long term 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 - **0800 028 3550**.

- All of our Residential Homes are an 'open environment', where children should feel able to discuss issues that they may be facing
- The Designated Safeguarding Leads are aware of the issues surrounding FGM and forced marriage
- Advice and signposting is available for accessing additional help, e.g. the NSPCC's helpline, Childline services, Forced Marriage Unit
- Awareness raising about FGM is incorporated in the home's safeguarding training

If there is a disclosure of abuse of this kind, or staff are concerned for any other reason, they are advised:

- To alert the Registered Manager / Assistant Manager to their concerns. The Manager will then refer concerns to children's social care, who will inform the police. If a child has disclosed that they are at risk in this way, the case will still be referred to social care even if it is against the child's wishes. Where a staff member discovers that an act of FGM appears to have been carried out on a girl who is aged under 18, there will be a statutory duty for it to be reported to the police.
- Not to consult or discuss with the pupil's parents or family, or others within the community.

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.

There is a range of potential indicators that a girl may be at risk of FGM. Warning signs that FGM may be about to take place could be:

- A girl is withdrawn from school to allow for an extended holiday, or a girl talks about a long trip planned during the school summer holidays.
- A girl may talk about “something special happening”, or that there will be “a big party” or “she is going to be a woman soon”
- If forced marriage is suspected or known then risk of FGM should also be addressed where the girl comes from a group that traditionally practices FGM.

Section 5C of the Female Genital Mutilation Act 2003 (as inserted by section 75 of the Serious Crime Act 2015) gives Government powers to issue statutory guidance on FGM to relevant persons.

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.

If a staff member, in the course of their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18 the member of staff must report this to the police.

7.00 Vulnerable to extremism and radicalisation

Extremism and radicalisation is another part of safeguarding children. As with any concern, the risk of harm and abuse is raised when children are vulnerable and is often noticed when children change their behaviour, clothing or attitudes. One aspect of safeguarding children 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

Radicalisation refers to 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 behaviour 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 Social Care.

The Government Prevent Strategy 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

7.1 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 are also included in this definition.

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) Paragraphs 57-76 of the Prevent guidance are concerned specifically with schools, but many social care settings use the same 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

As part of its commitment to the Prevent Strategy Westland Drive is aware of the risk of radicalisation of young people and understands and takes seriously its responsibilities in ensuring these risks are minimised and dealt with. All Residential Homes are committed to ensuring:

- Staff are aware of immediate and long term threats of radicalization and terrorism and are able to raise concerns
- Interventions are undertaken to help ensure that children are able to lead a fulfilling life without recourse to radicalization
- Children have an opportunity to raise concerns and give feedback
- Risks are communicated between agencies
- Information is shared between agencies
- Advice is available to children on where to turn if they are being exploited
- Advice is available to staff where concerns are raised

Indicators of vulnerability (signs and symptoms) include:

- Identity
- Children distanced from their cultural/religious heritage and experiences
- Discomfort about their place in society
- Personal crises, the children and young people 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 children and young people'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

- Children 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
- Justifying the use of violence to solve societal issues
- Joining or seeking to join extremist organisations
- Significant changes to appearance and/or behaviour

- Experiencing a high level of social isolation, resulting in issues of identity crises and/or personal crises

De-radicalisation

- All-inclusive ethos
- Create doubt or disillusionment
- Question ideas
- Safe discussions
- Range of view

8.0 Bullying (including cyber-bullying)

(See also Anti-Bullying Policy and procedures and E-Safety Policy.)

Bullying occurs when a person or group of people behave in ways which are designed to cause distress or to hurt a person or group of people. Bullying can be overt and plain for all to see or can be subtle and insidious. It can take many forms, but the three main types are:

- Physical – e.g. hitting, kicking, theft
- Verbal – e.g. racist or homophobic remarks, threats, name calling
- Psychological – e.g. excluding from social groups and activities, spreading hurtful rumours

8.1 Allegations of abuse made by other children

Staff recognise that children are capable of abusing their peers. Within Children’s Residential services we ensure that our safeguarding policy includes procedures to minimise the risk of peer on peer abuse and sets out how allegations of peer on peer abuse will be investigated and dealt with. The policy reflects the different forms peer on peer abuse can take, make clear that abuse is abuse and should never be tolerated or passed off as “banter” or “part of growing up”. It should be clear as to how victims of peer on peer abuse will be supported.

Staff should be vigilant and aware of potential peer on peer abuse. Reporting and recording of these incidents are essential in the continuing protection of all children and young people in our care.

8.2 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 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 children.

Children can engage in or be a target of cyber-bullying 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 to make children aware of the dangers through direct work linked to the young people's care plans.

8.3 Protection is prevention

- Software is in place to minimise access and to highlight any one accessing inappropriate sites or information, this is managed by Netopia
- Children 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 Registered Manager should be informed immediately)
- Children should not give out their personal details, phone numbers, schools, home address, computer passwords etc.

- Children should adhere to the Children’s Residential E-Safety Policy
- The police will be involved if there is any criminal element to misuse of the internet, phones or any other form of electronic media.

8.4 Sexting

Sexting is when someone shares sexual, naked or semi-naked images or videos of themselves or others, or sends sexually explicit messages.

They can be sent using mobiles, tablets, smartphones, laptops - any device that allows you to share media and messages.

Sexting may also be called:

- trading nudes
- dirties
- pic for pic.

There are many reasons why a child may want to send a naked or semi-naked picture, video or message to someone else. They may include:

- joining in because they think that ‘everyone is doing it’
- boosting their self-esteem
- flirting with others and testing their sexual identity
- exploring their sexual feelings
- to get attention and connect with new people on social media
- they may find it difficult to say no if somebody asks them for an explicit image, especially if the person asking is persistent

8.5 What are the risks of sexting?

It's easy to send a photo or message but the sender has no control about how it's passed on.

When images are stored or shared online they become public. Some people may think that images and videos only last a few seconds on social media and then they're deleted, but they can still be saved or

copied by others. This means that photos or videos which a child may have shared privately could still be end up being shared between adults they don't know.

Children may think 'sexting' is harmless but it can leave them vulnerable to:

- **Blackmail** - An offender may threaten to share the pictures with the child's family and friends unless the child sends money or more images.
- **Bullying** - If images are shared with their peers or in school, the child may be bullied
- **Unwanted attention** - Images posted online can attract the attention of sex offenders, who know how to search for, collect and modify images.
- **Emotional distress** - Children can feel embarrassed and humiliated. If they're very distressed this could lead to suicide or self-harm.

If a young person tells you they've been involved with sexting, it's important to remain calm and be understanding. Try and find out:

- if it's an image, video or message
- how the young person is feeling
- how widely has the image been shared and with whom, and if an adult has been involved
- if it's on an organisational or personal device

The [National Police Chief's Council \(NPCC\) recommends](#) that safeguarding should be the main concern of any investigation into a sexting incident; and that we should avoid criminalising children necessarily.

If the images were not intended to cause harm and the child involved have given consent, you should still inform the registered Manager / Assistant Manager.

Avoid looking at the image, video or message.

Details of the incident and the actions taken must be recorded immediately and reported to the Registered Manager or Assistant Manager.

Contact the police and children's social care if:

- somebody involved is over the age of 18 or under the age of 13
- There are concerns about the ability to give consent
- The images are extreme or show violence

- The incident is intended to cause physical or emotional harm
- There's reason to believe that the young person has been blackmailed, coerced or groomed.

9.0 'Working Together to Safeguard Children 2018'

All staff follow the home's procedures which are consistent with 'Working Together to Safeguard Children 2018'

It is **not** the responsibility of the home staff to investigate welfare concerns or determine the truth of any disclosure or allegation. All staff, however, have a duty to recognise concerns and maintain an open mind. Accordingly, all concerns regarding the welfare of a child will be recorded and with the Registered Manager and allocated social worker/ duty worker

9.1 Principles

Staff will not investigate but will, wherever possible, elicit enough information to pass on to the Registered Manager/Assistant Manager/ Responsible Individual in order that she/he can make an informed decision of what to do next.

Staff will:

- listen to and take seriously any disclosure or information that a child may be at risk of harm and
- Try to ensure that the person disclosing does not have to speak to another member of the staff team.
- Clarify the information using the appropriate communication methods for that child/young person.
- Try to keep questions to a minimum and of an 'open' nature e.g. 'Can you tell me what happened?' rather than 'Did x hit you?'
- Try not to show signs of shock, horror or surprise
- Not express feelings or judgments regarding any person alleged to have harmed the child
- Explain sensitively to the person that they have a responsibility to refer the information to the senior designated person
- Reassure and support the person as far as possible

- Explain that only those who 'need to know' will be told
- Explain what will happen next and that the person will be involved as appropriate
- Complete a detailed report sheet.

9.2 Procedure

Staff must immediately report:

- Any suspicion that a child is injured, marked, or bruised in a way which is not readily attributable to the normal knocks or scrapes received in play
- Any explanation given which appears inconsistent or suspicious
- Any behaviours which give rise to suspicions that a child may have suffered harm (e.g. worrying drawings or play)
- Any concerns that a child may be suffering from inadequate care, ill treatment, or emotional maltreatment
- Any concerns that a child is presenting signs or symptoms of abuse or neglect
- Any significant changes in a child's presentation, including non-attendance
- Any hint or disclosure of abuse from any person
- Any concerns regarding person(s) who may pose a risk to children (e.g. living in a household with children present)

9.3 Concerns about a child

If a staff member has any concerns about a child (as opposed to a child being in immediate danger) they will need to decide what action to take. Where possible, there should be a conversation with the Registered Manager to agree a course of action, although any staff member can discuss any concerns with social care or LADO.

9.4 Referrals for Immediate danger/risk of harm

If a child is in immediate danger or is at risk of harm, a consultation should be made to children's social care, all the children who stay are live in Children's Residential services are open Warrington Children's services . When working out of working hours the staff member should contact the duty on call manager, the rota and contact details for the on call manager can be found within each home.

Anyone can make a referral or seek advice. Where referrals are not made by the Registered Manager or Assistant Manager, then they should be notified as soon as possible that a referral has been made.

- Immediately after a disclosure is made the person receiving the disclosure must:
- Ensure an account of the disclosure is written down, signed and dated
- Document any information about the times, dates, locations and names of potential witnesses
- Inform the child's parents /carers if appropriate (seek advice from a manager)
- Inform the Social Worker of the child
- Inform the child's Independent Officer if allocated

If the disclosure is made during out of hours the information should be reported the duty on call manager.

Consideration during consultation will result in one of the following:

- An immediate referral for a child protection investigation,
- There is reason to believe that abuse has occurred and that a referral may be necessary
- The allegation was prompted by inappropriate behavior on the part of the member of staff which needs to be considered under the Local Authority disciplinary procedures.

9.5 Supporting the child and partnership with parents

Children's Residential staff recognises that the child's welfare is paramount. However, good child protection practice and outcome relies on a positive, open and honest working partnership with parents and professionals.

Whilst we may, on occasion, need to make referrals without consultation with parents, we will make every effort to maintain a positive working relationship with them whilst fulfilling our duties to protect any child.

We will provide a secure, caring, supportive and protective relationship for the child.

Children will be given a proper explanation (appropriate to age & understanding) of what action is being taken on their behalf and why, using the chosen communication methods of that child/young person.

We will always endeavour to preserve the privacy, dignity and right to confidentiality of the child and parents. The Registered Manager will determine which members of staff "need to know" personal information and what they "need to know" for the purpose of supporting and protecting the child.

9.6 Allegations regarding person(s) working in or on behalf of Children's Residential Services (including Casual staff)

Where a disclosure is made against any person working in or on behalf of Children's Residential Services, which states that he or she 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
- Has 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.

We will apply the same principles as in the rest of this document and we will always follow the Warrington Safeguarding Children Partnership procedures. Detailed records will be made to include decisions, actions taken, and reasons for these. All records will be retained securely.

Whilst we acknowledge such allegations, (as all others) may be false, malicious or misplaced, we also acknowledge they may be founded. It is, therefore, essential that all allegations are investigated properly and in line with agreed procedures.

9.7 Responding to disclosure

Disclosures or information may be received from children, parents or other members of the public. All Children Residential staff recognises that those who disclose such information may do so with difficulty, having chosen carefully to whom they will speak. All of our staff will handle disclosures with sensitivity.

Such information cannot remain confidential and staff will immediately communicate what they have been told to the Assistant Manager/ Registered Manager or Responsible Individual.

Any person who makes or receives an allegation about a member of staff should report the matter immediately to the Registered Manager of the Short Break/ Children's Home setting who in turn will inform the Local Authority Designated Officer. If the Registered Manager is not available you must contact another homes Registered Manager, the Service Manager or the Responsible Individual. Where the allegation is against the Registered Manager the matter should be reported immediately to:

- The Local Authority Designated Officer

- Service Manager- Families First
- Head of Service (Responsible Individual)

9.8 Initial action

The person who has received an allegation or witnessed an event will immediately inform the Registered Manager/Assistant Manager or Responsible individual and make a record.

When an allegation is made against a member of staff, suspension should not be automatic as this would be distressing for the accused person and disruptive for the home. The Registered Manager should take account of the seriousness and plausibility of the allegation, the risk of harm to the child and the possibility of tampering with evidence, as well as the interests of the person concerned and of the home. If there are concerns about the Registered Manager this should be raised with the Responsible Individual and LADO. In order to safeguard themselves against allegations of abuse, staff should be aware of the following:

- Welfare of the child is paramount (Children Act 1989).
- Staff are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions.
- Staff should work, and be seen to work in an open and transparent way.
- Staff should discuss and/or take advice promptly from their line manager or other senior member of staff over any incident, which may give rise to concern.
- Records should be made of any such incident and of decisions made/further actions agreed, in accordance with the recording policy and practice for keeping and maintaining records.
- Staff should apply the same professional standards regardless of gender or sexuality.
- All staff should know that they must report any safeguarding concerns to the Assistant Manager/ Registered Manager or Responsible individual, and to be familiar with local child protection arrangements and understand their responsibility to safeguard the protected children and young people.
- Staff who are subject to an allegation are advised to contact their Union and HR.
- Staff should be aware that breaches of the law and other professional guidelines could result in criminal or disciplinary action being taken against them.

10 Providing a safe and supportive environment

Safer recruitment and selection

Children's Residential Services pays full regard to the Quality Care Standards 2015 and Working Together to Safeguard Children 2015, 2018. We ensure that all appropriate measures are applied in relation to everyone who works at Westland Drive who is likely to be perceived by the children as a safe and trustworthy adult including volunteers and staff employed by contractors. Safer recruitment practice includes scrutinising applicants, verifying identity and academic or vocational qualifications, obtaining professional references, checking previous employment history and ensuring that a candidate has the health and physical capacity for the job and completing DBS checks.

In line with statutory changes, underpinned by regulations, please see below for the following that will apply.

10.1 Roles and Responsibilities

The Registered Manager is responsible for:

- Ensuring that all new appointments to Children's Residential services workforce are DBS checked and are not barred from working with children.
- Ensuring that identity checks are carried out by the council's recruitment team on all appointments to the Children's Residential Services workforce.
- Ensuring that appointments recruited from overseas or those who have lived and worked outside the UK have a DBS disclosure and further checks as appropriate if the DBS disclosure is not sufficient for the purpose of assessing their suitability for the post.
- Ensuring that employment history is fully explored, any gaps explained and at least 2 references taken up.
- Children's Residential services workforce who have lived outside the UK will be subject to additional checks as appropriate.

- Identity checks must be carried out on all appointments to Children's Residential services workforce before the appointment is made, in partnership with the LA.

10.2 Safe Practice

All Childrens Residential staff are expected to abide by the relevant Code of Conduct. They will be reminded of the need to maintain appropriate professional boundaries in their dealings with children and their parents and should clearly understand the need to maintain such boundaries. They will be provided with guidance as to the behaviours expected of them and which, if followed, should help prevent them becoming vulnerable to allegations of abuse.

Safe working practice ensures that children are safe and that all staff are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions:-

- Aware of their professional responsibilities when using social media.
- Work in an open and transparent way.
- Work with other colleagues where possible in situations open to question.
- Discuss and/or take advice from Assistant/Registered Manager over any incident which may give rise to concern.
- Record any incidents or decisions made.
- Apply the same professional standards regardless of gender or sexuality.
- Be aware of confidentiality policy.

10.3 Whistle-blowing

This is when someone raises a concern about a dangerous or illegal activity or any wrong doing.

As soon as there is a reasonable belief that one of the serious concerns covered by this procedure may be happening, the Registered/Assistant Manager should be informed. This can be either verbally or in writing, although it is preferable that it is in writing to ensure that all the relevant details of the concern are noted.

If it is believed that a Manager or supervisor is involved in the matter, then the employee should contact a more Senior Manager. If the concern is sufficiently serious, one of the following can be contacted:

- The Solicitor to the Council
- The Chief Executive
- The Chief Finance Officer
- The Chief Internal Auditor

A Whistle-blowing hotline and an on-line web form where details of any concerns can be logged is also provided. The information provided goes to Internal Audit, who decide how to proceed.

Whistleblowing line number: 01925 442360

www.warrington.gov.uk/info/201114/publications_and_strategies/965/whistleblowing

Further information is to be found in the Local Authority's Whistle blowing Procedure.

If staff are not happy with the response they receive from the Registered Manager they can contact Human Resources team on 01925 442742.

If a member of staff has been dismissed or removed due to safeguarding concerns, or would have been had they not resigned, a referral will be made to the Disclosure and Barring Service (DBS).

If allegations are made, contact should be made and advice sought from the Local Authority Designated Officers.

10.4 Related Home Policies

Safeguarding covers more than the contribution made to child protection in relation to individual children. It is not just about protecting children from deliberate harm. It relates to aspects of care the children receive within Warrington Children's Residential Services. .

10.5 Related safeguarding portfolio policies

- Physical intervention and the use of reasonable force
- Personal and intimate care
- Complaints procedure
- Anti-bullying
- Appropriate physical contact
- Whistleblowing
- SEN
- Behaviour
- Missing children
- E safety
- Safer recruitment
- Managing allegations
- Grievance and disciplinary
- Medication Policy
- Health and Safety Policy

10.6 Key documents referred to and underpinning this policy are:

- Working Together to Safeguard Children (2015, 2018)
- Warrington Local Safeguarding Children Board Procedures
- SEND Code of Practice 2014
- Safeguarding Vulnerable Groups 2006
- The Children Act 1989 and 2004
- Information Sharing: Guidance for Practitioners and Managers, DfE 2008/2015
- Safeguarding Children with Disabilities (2009)/ SEND reforms 2015