

## 2. J&R Care Ltd - Safeguarding Policy and Procedures

### INTRODUCTION

This is a core policy of the company, for both Pembroke House and The Annex School and forms part of the induction for all staff. It is a requirement that all members of staff have access to this policy and sign to say they have read and understood its contents. This policy is reviewed and updated at least annually and more regularly depending on National guidance.

This policy describes the management systems and arrangements in place to create and maintain a safe living and learning environment for all our children and staff. It identifies actions that should be taken to redress any concerns about child safety and welfare including protecting children and staff from extremist views, vocal or active, which are opposed to fundamental British values. All opinions or behaviours which are contrary to these fundamental values and the ethos of the organisation will be vigorously challenged.

**The Safeguarding Director and Designated Safeguarding Officer of J&R Care, Jane Parish** has the ultimate responsibility for safeguarding and promoting the welfare of children. Jane can be contacted on 01474 871999 or 07736774491 (out of office hours).

The designated Safeguarding Lead is **Eric de Mel** who is the Registered Manager of Pembroke House and is on site full time. Eric can be contacted on 01322 618776

The deputy Safeguarding officer is: **Brendan Aherne**, who is the head teacher at The Annex School and he can be contacted on 01474 871999/ 07742916400

Safeguarding and promoting the welfare of children goes beyond implementing basic child protection procedures. It is an integral part of all activities, functions, culture and ethos of J&R Care Ltd.

This policy complements and supports other relevant home and school and Local Authority policies including:

- Anti-bullying Policy
- Behaviour Management and Physical Intervention
- Staff code of Conduct
- Complaints Policy
- E-Safety Policy
- Whistleblowing Policy
- Preventing Radicalisation and Extremism
- Child Sexual Exploitation including sexting
- FGM
- Children missing from care and Children missing school

## Context

This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004 and the Education Act 2002 and related guidance. This includes:

- DfE guidance Keeping Children Safe in Education September 2016 (KCSIE)
- Working Together to Safeguard Children March 2015 (WTSC)
- Kent and Medway Safeguarding Children Procedures
- Children's Homes Regulations 2015 and Quality Standards
- Children missing education, Sept 2016
- Teacher Standards 2012

## ETHOS

J&R Care Ltd aims to create and maintain a safe living and learning environment where all children and adults feel safe, secure and valued and know they will be listened to and taken seriously. Our organisation is committed to the principles outlined in 'Working Together to Safeguard Children March 2015' and 'Keeping Children Safe in Education Sept 2016' and implements policies, practices and procedures that promote safeguarding and the emotional and physical well-being of children and staff.

Access to cross curricular activities will provide opportunities to develop self-esteem and self-motivation and to help children respect the rights of others, particularly those groups who may be considered a minority.

J&R Care Ltd will exercise diligence and prevent any organisation or speaker from using the organisations facilities to disseminate extremist views or radicalise children and staff.

All children have access to a curriculum within our school and activities within the home which is broad and balanced and differentiated to meet children's individual needs. This enables them to learn to develop the necessary skills to build self-esteem, respect others, defend those in need, resolve conflict without resorting to violence, question and challenge and to make informed choices in later life.

Children are encouraged to express and discuss their ideas, thoughts and feelings through a variety of activities and have access to a range of cultural opportunities which promote the fundamental British values of tolerance, respect, understanding and empathy for others.

Personal Social Health and Citizenship Education and Religious Education lessons within the school will provide opportunities for children to discuss and debate a range of subjects including lifestyles, forced marriage, family patterns, religious beliefs and practices and human rights issues.

J&R Care Ltd will take account of the latest advice and guidance provided to help address specific vulnerabilities and forms of exploitation eg CSE, Sexting, Grooming, Radicalisation and Extremism, Forced Marriage and FGM.

All children will know that there are adults in the school and the home whom they can approach in confidence if they are in difficulty or feeling worried and that their concerns will be taken seriously and treated with respect.

### **The following definitions of abuse are from Working Together to Safeguard Children (2015)**

**Significant Harm** - The threshold that justifies compulsory intervention in family life and gives Local Authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering or likely to suffer significant harm.

**Physical Abuse** - A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

**Emotional Abuse** - The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

**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.

## **Child Sexual Exploitation**

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

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

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

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

**(SEE APENDIX ONE FOR SIGNS AND SYMPTOMS OF ABUSE)**

## ROLES AND RESPONSIBILITIES

The Safeguarding Director will ensure that:

- The policies and procedures of J&R Care Ltd safeguard and promote the welfare of children and are fully implemented and followed by all staff including volunteers.
- Safe recruitment and selection of staff and volunteers is practised.
- Designated Senior Members of staff for child protection are identified and receive appropriate on-going training
- Sufficient time and resources are made available to enable the designated members of staff to discharge their responsibilities, including attending inter-agency meetings, contributing to the assessment of children, supporting colleagues and delivering training as appropriate.
- All staff and volunteers receive appropriate training which is regularly updated.
- All temporary staff and volunteers are made aware of the organisations safeguarding policy and arrangements.
- All staff and volunteers feel safe about raising concerns about poor or unsafe practice in regard to the safeguarding and welfare of the children and such concerns will be addressed sensitively and effectively.
- Parents are aware of and have an understanding of the organisations responsibilities to promote the safety and welfare of its children by making its obligations clear in the school prospectus and homes Statement of Purpose.
- Ensure that the Safeguarding and Child Protection policy is available on the schools and homes web-site.
- Manage and keep secure the homes and school's safeguarding records.
- Ensure that the organisation is pro-active and co-operates with appropriate agencies and risk based approaches to ensure children are safeguarded against any potential grooming activities which may attempt to draw them into harmful activities eg CSE and radicalization and extremism.
- Ensure that any referrals are actively followed up; and that the procedures for escalating a concern are followed if and where the Designated Persons feel it necessary, in consultation with each other and the LSCB.
- Procedures are in place for dealing with allegations of abuse against members of staff and volunteers and these are in line with 'Keeping Children Safe in Education Sept 2016', 'Working Together to Safeguard Children March 2015' and 'Children's Homes Regulations 2015' and Local Authority procedures.
- Send a child's child protection or safeguarding file separately from the main file to a new establishment if a child leaves the school or home. Keep a copy of the file.

**The Designated Senior Members of Staff for Child Protection are**

Jane Parish (Director of J&R Care) – Designated Safeguarding Officer

Eric de Mel (Registered Manager of Pembroke House) – Designated Safeguarding Lead

Brendan Aherne (Head Teacher of The Annex School) – Designated Deputy safeguarding officer

They have a specific responsibility for championing the importance of safeguarding and promoting the welfare of children within both the home and the school.

**The Designated Persons will:**

- Act as the first point of contact with regards to all safeguarding matters.
- Attend up-dated training every two years.
- Provide relevant information to the LA on how the home and school carries out its safeguarding duties.
- Provide support and training for staff and volunteers
- Ensure that the schools and homes actions are in line with the local Safeguarding procedures
- Support staff to make effective referrals to the Children and Families Services and any other agencies where there are concerns about the welfare of a child.
- Keep copies of all referrals to Children and Families Services and any other agencies related to safeguarding children.
- Ensure that all staff and volunteers receive information on safeguarding policies and procedures from the point of induction.
- Ensure that any staff with specific responsibility for safeguarding children receive the appropriate training to undertake this role.
- Ensure that all staff and volunteers understand and are aware of the home and school's reporting and recording procedures and are clear about what to do if they have a concern about a child.
- Ensure that all Safeguarding concerns are reported to the Safeguarding Director and that all reports and correspondence are passed to the Director for safe keeping at the Organisations head office.
- Liaise with all relevant professionals about any safeguarding issues.
- Keep up to date with changes in local policy and procedures and are aware of any guidance issued by the DfE concerning Safeguarding.

## SAFE RECRUITMENT AND SELECTION OF STAFF

J&R Care's recruitment and selection policies and processes adhere to the DfE guidance 'Keeping Children Safe in Education Sept 2016', 'Working together to Safeguard Children March 2015' and 'Children's Homes Regulations 2015' and Quality Standards.

J&R Care has in place a comprehensive series of systems and checks which assist in the safe recruitment and selection of staff. Prior to appointment all staff are subject to a Disclosure & Barring Service check at the enhanced level and candidates must provide proof of identity through official documents and qualifications and references are checked for authenticity.

In addition to obtaining the DBS certificate, anyone who is appointed to carry out teaching work will undergo additional checks to ensure they are not prohibited from teaching.

For staff who are working in management roles within our school an additional check is also undertaken to ensure they are not prohibited under section 128 of the Childcare (Disqualification) Regulations 2009.

### All new appointments

Any offer of appointment made to a successful candidate, including one who has lived or worked abroad, will be conditional on satisfactory completion of the necessary pre-employment checks (as outlined in KCSIE):

When appointing new staff, we will:

- verify a candidate's identity.
- obtain an enhanced DBS certificate (including barred list information, for those who will be engaging in regulated activity);
- obtain a separate barred list check if an individual will start work in regulated activity before the DBS certificate is available;
- verify the candidate's mental and physical fitness to carry out their work responsibilities.
- verify the person's right to work in the UK.
- If the person has lived or worked outside the UK, make any further checks we consider appropriate.
- verify professional qualifications, as appropriate; and
- check that a person taking up a management position within our school is not subject to a section 128 direction made by the Secretary of State.

All staff must provide a full employment history with any gaps fully explained and all appointments will be subject to a minimum of two references having been received (one of which must be the most recent employer) and checked. Referees will be reminded that references must not contain any material mis-statement or omission relevant to the suitability of the applicant.

Even the most careful selection process cannot guarantee the suitability of candidates and all new appointments will be subject to a probationary period. On commencement of duties all staff participate in the staff induction, support and development programme which provides regular,

planned and supportive supervision, guidance and development opportunities.

No member of staff will begin working at the home or school without an up to date enhanced DBS and have completed an Induction which includes the organisations Safeguarding procedures and Child Protection training course.

J&R Care Ltd works with all agencies with regards to any enquiries regarding child protection issues this includes the Local Safeguarding Children's Board, Local Authorities and any other agency where it is required to be transparent and work together to safeguard children.

No member of staff will have authority to provide references on behalf of the organisation. The only person permitted to provide references for J&R Care is:

Jane Parish – Safeguarding/Managing Director

## **CONFIDENTIALITY AND INFORMATION SHARING**

Staff ensure that confidentiality protocols are followed and information is shared appropriately. The staff disclose any information about a child or young person to other members of staff on a need to know basis only.

All staff and volunteers must understand that they have a professional responsibility to share information with other agencies in order to safeguard children. All staff and volunteers must be clear with children that they cannot promise to keep secrets.

## **TRAINING FOR STAFF AND VOLUNTEERS**

J&R Care Ltd is committed to the training and updating of the Designated Safeguarding Leads (DSOs) as a priority. This includes dedicated safeguarding training with the NSPCC and LSCB Safeguarding training for Dedicated Persons and these are refreshed every two years.



## SAFEGUARDING TRAINING FOR STAFF

Prior to a member of staff starting work at J&R Care in either the home or the school they have a week's intensive induction. As part of this induction they will have dedicated Safeguarding training with the Designated Safeguarding officer, Jane Parish who is also a trainer for Kent Local Safeguarding Children's Board.

During their induction period all staff complete the following training:

- Child Exploitation and online safety, including sexting
- Child Neglect
- Risk Assessment
- Child Protection
- Equality and Diversity
- Food Hygiene and safety
- Preventing Bullying
- Safeguarding Young People
- Safer Recruitment
- Supervisory Management (Senior staff)
- The PREVENT duty
- First Aid
- Health and Safety

J&R Care mandates that all staff working in the school or home must have annual refresher training in Child Protection.

All staff will be supported to recognise warning signs and symptoms in relation to specific safeguarding issues and will receive up to date briefings on for example:

- Guns and Gangs
- Forced Marriage
- Female Genital Mutilation
- Domestic Abuse
- Child Sexual Exploitation
- Sexting
- Trafficking
- Preventing Radicalisation and Extremism

## **Aims and Objectives of our training:**

The primary aim of this training is to raise awareness amongst all staff in relation to child abuse in order to equip them with relevant knowledge and skills which will enable them to identify, prevent and respond appropriately to Safeguarding issues, whilst enabling them to implement our policy and to:

- Examine the values and attitudes underlying concerns about child abuse;
- Identify personal values and attitudes to child abuse. e.g. 'Am I aware of my personal prejudices? Will I transfer them to the child or young person? Will this affect my ability to function effectively in this situation?;
- Explore personal feelings about cases of abuse.

## **Links with other Policies**

This document must be considered within the context of other policies, which pertain to working with children. Other key policies to be considered in relation to safeguarding include:

- Safe Recruitment & Selection Policy;
- Complaints policy;
- Whistle Blowing Policy
- Equal Opportunities Policy;
- Risk Taking Policy,
- Health & Safety Policy
- Staff Code of Conduct.
- Countering Bullying Policy

## **REPORTING AND REPORTING CONCERNS/ ALLEGATIONS**

If staff members have 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 designated safeguarding lead to agree a course of action, although any staff member can make a referral to children's social care.

In the first instance, the Safeguarding Lead (or Deputy Safeguarding Lead) or where the Safeguarding Lead is the subject of an allegation, a Director, should immediately discuss the allegation with the designated officer(s). The purpose of an initial discussion is for the designated officer(s) and the case manager to consider the nature, content and context of the allegation and agree a course of action. The designated officer(s) may ask the case manager to provide or obtain relevant additional information, such as previous history, whether the child or their family have made similar allegations previously and the individual's current contact with children. There may be situations when the case manager will want to involve the police immediately, for example if the person is deemed to be an immediate risk to children or there is evidence of a possible criminal offence. Where there is no such evidence, the case manager should discuss the allegations with the designated officer(s) in order to help determine whether police involvement is necessary.

If anyone other than the designated safeguarding lead makes the referral, they should inform the designated safeguarding lead as soon as possible unless the allegation is about the Safeguarding Lead. In this instance, the staff member should contact the LADO themselves. The local authority should make a decision within one working day of a referral being made about what course of action they are taking and should let the referrer know the outcome. Staff should follow up on a referral should that information not be forthcoming.

If, after a referral, the child's situation does not appear to be improving, the designated safeguarding lead (or the person who made the referral) should press for re-consideration to ensure their concerns have been addressed and, most importantly, that the child's situation improves.

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

**If a child is in immediate danger or is at risk of harm, a referral should be made to children's social care and/or the police immediately.** Anyone can make a referral. Where referrals are not made by the designated safeguarding lead, the designated safeguarding lead should be informed as soon as possible that a referral has been made.

### **Record keeping**

All concerns, discussions and decisions made and the reasons for those decisions are recorded in writing. If in doubt about recording requirements, staff should discuss with the designated safeguarding lead.

**All child protection concerns will be recorded in a specific Child Protection log and this is kept at the Organisations head office for no less than 75 years.**

## **WHISTLEBLOWING**

J & R Care Ltd understands that it can be very difficult for staff to challenge the bad practice of colleagues or senior workers. Some staff, especially junior staff, sometimes feel they are not in a position to suspect or report bad practice.

J & R Care Ltd has a Whistle Blowing Policy, which encourages ALL staff to report any concerns they may have with regard to bad practice and abuse. J & R Care Ltd ensures that all concerns will be fully investigated and acted upon.

The policy may deal with specific concerns, which are in the public interest and may include:

- A criminal offence
- Failure to comply with legal obligations
- Financial or non-financial or malpractice or fraud
- A risk to the health or safety of any individual, including, abuse, bullying of Children or staff

- Improper conduct or unethical behaviour
- Attempts to suppress or conceal any information relating to any of the above.

## **J&R Care Ltd agree with the principles outlined in Sir Robert Frances Freedom to Speak up review**

It is J&R Care's aim to create a culture of safety throughout the organisation. We ensure that all staff understands that this is the most important principle in working within either the home or the school. All staff are actively encouraged to report concerns. J&R Care recognise that difficulties arise throughout staff teams and at times it is difficult to speak about concerns regarding a colleague.. The Child Protection procedures of the organisation advices all staff of what to do if they have a concern and this policy protects any member of staff from negative repercussions should they do so. The home and school should be free from bullying and it values all staff. Leaders are visible and there is an open door policy for management and Directors.

Part of the ethos of the home and school is reflecting on practice. To this end every two weeks at the homes staff meeting there is a reflective practice space of two hours where staff discuss particular issues that may be present with each other , concerns are discussed in an open forum with management present. In individual supervision sessions, staff are encouraged to discuss concerns they have. With regards to the school, the Head Teacher meets with the school staff regularly to reflect on practice and discuss any concerns. The LSA's attend the fortnightly staff meeting on a rotational basis.

'Freedom to speak up about concerns depends on staff being able to work in a culture which is free from bullying and other oppressive behaviours' – J&R Care will ensure that any bullying within the organisation is dealt with swiftly and this would include disciplinary procedures and dismissal of any employee who is intentionally bullying another colleague.

Safeguarding procedures, including Child Protection and how to report concerns are part of any staff member's induction and ongoing training and enshrined throughout training is the underlying principle of the staff's responsibility to report concerns they have with regards to children within the organisation.

### **Advice to staff**

Concerns must be raised without malice and in good faith, and the individual must reasonably believe that the information disclosed, and any allegations contained in it, are substantially true. The disclosure must not be made for purposes of personal gain, and in all the circumstances it must be reasonable to make the disclosure. J & R Care Ltd will ensure that any member of staff who makes a disclosure in such circumstances will not be penalised or suffer any adverse treatment for doing so. However, a member of staff who does not act in good faith or makes an allegation without having reasonable grounds for believing it to be substantially true, or makes it for purposes of personal gain, or makes it maliciously may be subject to disciplinary proceedings.

## **CHILDREN MISSING FROM CARE**

### **Definitions of a Missing Child**

**Missing** - For the purposes of this procedure a child under the age of 18 years is to be considered missing if absent from their home or school without authority to an extent or in circumstances

where the absence causes concern for their safety or there is potential danger to themselves and/or the public.

Absences that cause concern are those where the staff have no indication that the child is likely to return within a short space of time or where there is immediate concern for their safety. They will be considered missing until they are located and their well-being or otherwise is established. In terms of the steps which need to be taken to locate these children and safeguard their welfare, this procedure includes them as missing children.

**Unauthorised Absence** - This category is important when clarifying the roles of the Police and family. Some Looked After children may leave their placement for a short period and then return. Often their whereabouts are known or may easily be established through contact with family or friends, or are unknown but for specific, recorded reasons they are not considered to be at risk. Sometimes children stay out longer than agreed, which may be regarded as behaviour that is within the range of normal teenage behaviour. These children's absence may be regarded as an unauthorised absence, and would not usually come within the definition of missing for this Procedure. Unauthorised absences must be carefully monitored however as the child may subsequently be regarded as missing.

For further information please see J&R Care 'Missing from Care' policy.

### **CSE (as updated in DFE Guidance 2017)**

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

For more detailed advice, refer to DFE Guidance Child Sexual Exploitation, February 2017.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/591903/CSE\\_Guidance\\_Core\\_Document\\_13.02.2017.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf)

### **SEXTING**

Whilst professionals refer to the issue as 'sexting' there is no clear definition of 'sexting'. Many professionals consider sexting to be 'sending or posting sexually suggestive images, including nude or semi-nude photographs, via mobiles or over the Internet.' Yet when young people are asked 'What does sexting mean to you?' they are more likely to interpret sexting as 'writing and sharing explicit messages with people they know'. Similarly, many parents think of sexting as flirty or sexual text messages rather than images.

This advice only covers the sharing of sexual imagery by young people. Creating and sharing sexual photos and videos of under-18s is illegal and therefore causes the greatest complexity for schools and other agencies when responding. It also presents a range of risks which need careful management.

For advice please refer to J&R Care Child Sexual Exploitation policy.

## **FORCED MARRIAGE**

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage.

For further information please refer to NSPCC web site.

## **FEMALE GENITAL MUTILATION**

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs.

FGM is a criminal offence – it is child abuse and a form of violence against women and girls, and therefore should be treated as such. Cases will be dealt with as part of our existing structures, policies and procedures on child protection. There are, however, particular characteristics of FGM staff should be aware of to ensure that they can provide appropriate protection and support to those affected.

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers along with regulated health and social care professionals in England and Wales, 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. It will be rare for teachers or care staff to see visual evidence, and they should not be examining young people but the same definition of what is meant by “to discover that an act of FGM appears to have been carried out” is used for all professionals to whom this mandatory reporting duty applies.

The following principles will be adopted in relation to identifying and responding to those at risk of, or who have undergone FGM, and their parent(s) or guardians: (as outlined in KCSIE)

- the safety and welfare of the child is paramount;
- all agencies should act in the interests of the rights of the child, as stated in the United Nations Convention on the Rights of the Child (1989);
- FGM is illegal in the UK
- FGM is an extremely harmful practice - responding to it cannot be left to personal choice;
- accessible, high quality and sensitive health, education, police, social care and voluntary sector services must underpin all interventions;
- as FGM is often an embedded social norm, engagement with families and communities plays an important role in contributing to ending it; and



- all decisions or plans should be based on high quality assessments (in accordance with Working Together to Safeguard Children (2015) statutory guidance in England, and

For further information regarding FGM, please refer to the NSPCC web site.

## **RADICALISATION**

Protecting children from the risk of radicalisation will be seen as part of the home and schools wider safeguarding duties, and is similar in nature to protecting children from other forms of harm and abuse. During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised.

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 with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of young people.

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

### **Prevent**

From 1 July 2015, specified authorities, including all schools (and, since 18 September 2015, all colleges) as defined in the summary of this guidance, are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 (the CTSA 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 applies to a wide range of public-facing bodies. Bodies to which the duty applies must have regard to statutory guidance issued under section 29 of the CTSA 2015. Paragraphs 57-76 of the Revised Prevent duty guidance: for England and Wales are specifically concerned with schools (but also cover childcare). The guidance is set out in terms of four general themes: Risk assessment; working in partnership; staff training; and IT policies.

J&R Care staff are expected to assess 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 and what to do to support them. We have clear procedures in place for protecting children at risk of radicalisation. These procedures are set out in existing safeguarding policies and in our Countering Radicalisation and extremism policy.

In line with guidance all J&R Care staff undertaken prevent training as part of their induction.

Our E Safety ensures that children are safe from terrorist and extremist material when accessing the internet in schools and our E Safety consultant performs regular checks.

## Channel

School and college staff should understand when it is appropriate to make a referral to the Channel programme. Channel guidance is available at: [Channel guidance](#). An e-learning channel awareness programme for staff is available at: [Channel General Awareness](#). 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 for schools to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual's engagement with the programme is entirely voluntary at all stages. In addition to information sharing, if a staff member makes a referral to Channel, they may be asked to attend a Channel panel to discuss the individual referred to determine whether support is required.

Section 36 of the CTSA 2015 places a 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 the 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. Schools and colleges that are required to have regard to Keeping children safe in education are listed in the CTSA 2015 as partners required to cooperate with local Channel panels.

## Warning Signs and Risk Factors

There is no such thing as a 'typical extremist' and those involved in extremism come from a range of backgrounds and backgrounds and sections of society. Research shows that the following indicators may help to identify factors that suggest a young person or their family may be vulnerable or involved with extremism:

- Peer, social, family or faith group rejection
- International events in areas of conflict and civil unrest having a personal impact on the young person resulting in a noticeable change in behaviour
- Verbal or written support of terrorist attacks or extremist views
- First-hand experience of racial or religious hate crime
- Extended periods of travel to international locations known to be associated with extremism
- Evidence of fraudulent identity/use of documents to support this
- Experience of disadvantage, discrimination or social exclusion
- History of criminal activity
- Pending a decision on their immigration/national status
- Being in contact with extremist recruiters

**It is our duty to be vigilant and share concerns appropriately.**



**Concerns should initially be reported through our usual safeguarding channels:****Designated Safeguarding Director/ Designated Safeguarding Officer:** Jane Parish**Designated Safeguarding Lead for Pembroke House:** Eric de Mel**Designated Safeguarding Lead for The Annex School:** Brendan Aherne

Concerns about home or school staff links to violent extremism should be passed to the **Local Authority Designated Officer (LADO)**

Concerns about suspicious activity or behaviour can be reported to the Confidential Anti-Terrorist Hotline on 0800 789 321. In the case of an immediate threat, always dial 999

**E - SAFETY**

J&R Care has an E-Learning Policy which recognises that E-safety is a safeguarding issue not an ICT issue and includes safety at home as well as in school.

The purpose of internet use in school and the home is to help raise educational standards, promote pupil achievement, and support the professional work of staff as well as enhance the homes and school's management information and business administration.

The internet is an essential element in 21<sup>st</sup> century life for education, business and social interaction and J&R Care has a duty to provide children and young people with quality access as part of their learning experience.

It is the duty of J&R Care to ensure that every child and young person in its care is safe and this applies equally to the 'virtual' or digital world.

J&R Care will ensure that appropriate filtering methods are in place to ensure that all children and young people are safe from all types of inappropriate and unacceptable materials, including terrorist and extremist material.

E – Safety training will be incorporated into all staff training.

**For more information, please see our e safety policies and procedures**

## **CHILD PROTECTION CONFERENCES / STRATEGY MEETINGS**

Members of staff may be asked to attend a child protection conference or other relevant meeting for example, a Child Protection Strategy meeting about an individual child or young person and will need to have as much relevant updated information about the child as possible.

The Safeguarding Director along with the Registered Manager of Pembroke House and the Head Teacher of The Annex School will attend meetings held for the child/children who are suffering or at risk of significant harm.

All reports for such a meeting should be prepared in advance of the meeting and will include information about the child's physical, emotional, intellectual development and well-being as well as relevant family related issues.

## **MANAGING ALLEGATIONS AND CONCERNS AGAINST STAFF AND VOLUNTEERS**

J&R Care follows the government guidance 'Keeping children safe in education –2016' and 'Children's Homes Regulations 2015' along with the Local Safeguarding Children's Board procedures when dealing with allegations made against staff and volunteers.

All allegations of abuse of children by staff member must be taken seriously and treated in accordance with the procedures set out below.

It should be used in respect of all cases in which it is alleged that a person who works with children 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;
- Behaved towards a child or children in a way that indicates s/he may be unsuitable to work with children

These concerns must be immediately passed to the Designated safeguarding person who will contact the Local Authority Designated Officer (LADO) for Managing Allegations.

### **Reporting Allegations Against Staff**

Upon receipt of the report/allegation, the Designated Safeguarding person must consult the Safeguarding Director.

However, the first priority must be to ensure the immediate safety of the child and any other children affected or in contact with the individual and to consider what supervision arrangements are required to safeguard the child.

Procedures need to be applied with common sense and judgement. Some allegations will be so serious as to require immediate referral to Children's Services/LADO and the Police for investigation. Others may be much less serious and at first sight might not seem to warrant consideration of a Police investigation, or enquiries by Children's Services/LADO.

However, it is important to ensure that even apparently less serious allegations are examined objectively by someone independent. This person will be either the Registered Manager or Head Teacher in conjunction with The Local Authority Designated Officer (LADO) for allegations who will provide the overall independence.

The Registered Manager / Head teacher will always consult the relevant LADO of all allegations that come to his/her attention and appear to meet the criteria described above. This consultation with the LADO will aim to establish the following:

- That the allegation is within the scope of procedures for a LADO discussion.
- That the allegation is not demonstrably false or unfounded
- The nature of the concern, how and why it has arisen, and any previous information about the child/ accused person and their relationship with the accused person.
- Any background information relevant to the allegation
- Any arrangements taken to secure the immediate safety of the child
- Necessity for a Strategy Meeting and whether the police and children's services should be contacted.
- If the parents/carers of the child concerned are not already aware of the allegation, there will be a discussion about how and by whom they should be informed. In some circumstances the manager may need to advise parents of an incident involving their child straight away. Thus consideration on how to consult formally with them about the investigation needs to be agreed, deciding on how this should be done, balancing this with the overriding need to ensure the child's safety.

### **Referrals to The Independent Safeguarding Authority**

If staff are suspended from work as a result of an allegation, or otherwise removed from or cease working with children (e.g. given 'Garden Leave', leave J&R Care's employment or retire), the LADO must be consulted and consideration given to making a referral to the Independent Safeguarding Authority.

### **Notifying the Staff Member Concerned**

The Registered Manager or Head Teacher should inform the accused person about the allegation as soon as possible after consulting the LADO. However, where a Strategy Meeting is needed, or it is clear that police or children's Services may need to be involved, that should not be done until those agencies have been consulted, and have agreed what information can be disclosed to the person. If the person is a member of a union or professional association s/he should be advised to seek support from that organisation. However it is anticipated that even if Police /Children's Services involvement is required; the person will be notified of the allegation's existence within 3 working days.

If a Child Protection Enquiry is conducted, the staff concerned may be suspended from work or asked to take 'Garden Leave'. While an investigation is carried out.

During the enquiry the staff concerned will be asked not to contact or to discuss the matter with colleagues or children or visit the home.

The member of staff will have a nominated 'support person' who they can contact and who will keep them up to date on progress.

## **Considering Whether Suspension is Appropriate**

The suspension of an employee, particularly in situations of potential child protection allegations will have a significant impact on the individual and therefore it is essential that the facts of the case, as they are known and alternative courses of action are carefully considered in deciding whether to suspend.

Suspension at J&R Care is considered a neutral act to protect the interests of both parties and not an assumption of guilt. It is also essential that appropriate support to the individual is offered throughout the period of suspension.

The decision to suspend is taken by the Directors of J&R Care and not by the Police or Social Care. However, Social Care, in collaboration with other agencies, may advise the Directorate of any action recommended to ensure the protection of children, protection of employees and safeguarding of information.

Being suspended or asked to refrain from work can give rise to great anxiety in the individual subject to the allegations. They may fear that colleagues and others within the organisation will have interpreted the very act of suspension as an indicator of presumed guilt from an early stage, and may feel particularly isolated and vulnerable.

Any member of staff subject to an allegation should be encouraged to seek advice and support at the earliest opportunity from their professional association or trade union. It must also be acknowledged that the whole organisation may be affected by a staff member's suspension, and consideration should be given to necessary support strategies to address this.

The need for support is equally applicable when considering a staff member's return to work. Suspension should be retained for as short a length of time as possible and if it is agreed a staff member is to return to work, careful planning needs to take place as to how this situation can be managed as sensitively as possible.

### **Initial considerations**

It may not be immediately obvious that suspension should be considered, and this course of action sometimes only becomes clear after information is shared with, and discussion had, with other agencies.

In some cases early or immediate suspension may impede a Police investigation, and therefore the decision whether to suspend may have to be delayed until sufficient evidence has been gathered. Suspension will be avoided in such cases wherever possible, and will not be seen as an automatic response to an allegation. This applies to the possible suspension of a Manager as well as other staff. Suspension should only follow after discussion with the Directors. The decision to suspend is the responsibility of the Directors depending on the staff member concerned.

**When considering suspension it is important to have regard to the following factors:**

- The nature of the allegation
- Assessment of the presenting risk
- The context in which the allegation occurred
- The individual's contact with children
- Any other relevant information
- The power to suspend
- Alternatives to suspension

**Suspension should only be applied if one or more of the following grounds apply:**

- A child or children would be at risk
- The allegation is so serious that summary dismissal for gross misconduct is possible
- It is necessary to allow any investigation to continue unimpeded

**Alternatives to suspension**

While weighing the factors as to whether suspension is necessary, available alternatives to suspension should be considered. This may be achieved by:

- Leave of absence
- Undertaking different duties which do not involve direct contact with the individual child or other children
- Providing a colleague to be present throughout contact time with children.

If the member of staff is not based in the home or school then an alternative may be to:

- Undertake office duty
- Undertake non-contact tasks only

**Outcomes of the Enquiries / Investigations****There are 4 possible outcomes to the first steps of the investigation:**

- 1) There is cause to suspect a child is suffering or is likely to suffer Significant Harm - In this event Children's Services will undertake an Initial Assessment and if there remains concerns that the child is at risk of suffering Significant Harm, a Strategy Meeting is likely to be arranged and this may lead to a Section 47 Enquiry  
The threshold of Significant Harm is not considered to be reached, but there is cause to suspect that a criminal offence has been committed and a police investigation is necessary. In cases where the threshold of Significant Harm is not reached, but further investigation such as police investigation is required the Registered Manager/Director and the LADO

will have further discussions with the police, to evaluate the allegation and decide how it should be dealt with.

- 2) This discussion will share all available information about the allegation and the person against whom the allegation has been made, consider whether a Police investigation is needed and if so, agree the timing and conduct of that. In cases where a police investigation is necessary the initial evaluation will also consider whether there are matters which can be taken forward in a disciplinary process in parallel with the criminal process, or whether any disciplinary action will need to wait completion of the police enquiries and/or prosecution. If the initial evaluation identifies concerns about the welfare of a child a referral should be made to Children's social care.
- 3) The threshold of Significant Harm is not considered to be reached and a police investigation is not necessary, but that J&R Care may wish to conduct an internal investigation and consider whether to take disciplinary action in respect of the individual.
- 4) No further action

**If there is cause to suspect a child is suffering or is likely to suffer Significant Harm, and a referral is made to Children's Services. The Designated person must obtain the following information:**

- The name of the staff member who the allegation is made against
- The staff member's address
- The staff member's date of birth
- The address of the home where they work
- Date of incident and date allegation made
- Nature of allegation

**The investigation will have three related, but independent strands:**

- Child Protection Enquiries (Section 47), relating to the safety and welfare of any children who are or who may have been involved including the alleged person's own children or children within his/ her care
- A police investigation into a possible offence.
- Disciplinary procedures (including internal investigation) where, where it appears that the allegations may amount to misconduct or gross misconduct on the part of staff.

The fact that a prosecution is not possible does not mean that action in relation to safeguarding children, or employee discipline, is not necessary or feasible. The important thing is that each aspect is thoroughly assessed, and a definite conclusion reached that is focused to be in the Child's favour.

### **Allegations made against Children**

These Child protection Procedures also apply to “child on child” allegations.

Immediately it will be necessary to separate the alleged perpetrator and victim but it may not be possible to explain why this is necessary to the perpetrator until the professionals undertaking the investigation have been consulted.

The Designated Safeguarding person should be contacted and will inform the Safeguarding Director. The matter will be referred to relevant authorities including the social workers of all children within the home.

In such circumstances the manager of the home should consider the need to protect the rights of both victim and alleged perpetrator.

Throughout the process, it will be necessary to ensure that children who have had allegations made against them are properly supported and the alleged victim is kept safe which may include removing the alleged perpetrator from the home.

Once the investigation is complete consideration will then need to be given to the needs and interests of both alleged victim and perpetrator, and whether counselling and /or other support should be given.

#### **The following should then be undertaken:**

- A risk assessment of the interaction between the children should be undertaken and recorded in both files and the care plans updated if necessary.
- Appropriate preventative measures should be instituted.
- Staff should be briefed at Handover and Staff Meetings.
- A regular reassessment of risk and the success of preventative measures should be undertaken and recorded.
- Also, it is the responsibility of the Registered Manager in consultation with the Safeguarding Director to consider whether both children can continue to live together.

This will also be discussed with the LADO for the home. Where it is necessary for any child to be interviewed by the police, the manager must ensure he/she is accompanied by a supportive and independent member of staff or other appropriate adult of his/her own choice.

It is important that any contacts between children in the same house should be observed and always recorded in the daily log and children’s files as a matter of course. This should include any inappropriate sexual activity.



## **Injuries caused whilst using physical intervention**

On rare occasions children will be injured during the use of physical intervention, this can occur even when appropriate techniques are being employed. The techniques that are used at J&R Care are designed by National Federation for Personal Safety to ensure the maximum certainty of achievement in the minimum time with the minimum effort and also the techniques are designed to lessen the risk of injury, however it is possible that bruising or scratching may occur accidentally and are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent side effect of ensuring that the child remains safe.

Where very minor injuries such as bruising or scratches have occurred Designated Safeguarding Officers will need to use their professional judgement in determining whether the injury warrants referral to the Local Safeguarding Children's board.

If any doubt exists regarding whether the injury has reached the threshold for referral then the safeguarding officer must seek advice and guidance from the LADO (Local Area Designated Officer) at the Local Safeguarding Children's team.

However, a referral should always be made if any of the following criteria applies:

- The child receives an injury that is more serious than very minor bruising or abrasions that have arisen accidentally from properly used physical restraint;
- The child wishes to complain about the manner in which they have been restrained;
- The parent of a child makes a complaint about the use of restrictive physical intervention.

## **Power and Position of Trust**

As a result of their knowledge, position and/or the authority invested in their role, all adults working with children are in positions of trust in relation to the children in their care.

Broadly speaking, a relationship of trust can be described as one in which one party is in a position of power or influence over the other by virtue of their work or the nature of their activity. It is vital for all those in positions of trust to understand the power this can give them over those they care for and the responsibility they must exercise as a consequence of this relationship.

A relationship between an adult and a child cannot be equal especially where it is a professional relationship. There is potential for exploitation and harm of children. Adults have a responsibility to ensure that an unequal balance of power is not used for personal advantage or gratification.

Adults should always maintain appropriate professional boundaries and avoid behaviour which might be misinterpreted by others. They should report and record any incident with this potential.

Where a person aged 18 or over is in a specified position of trust with a child under 18, it is an offence for that person to engage in sexual activity with or in the presence of that child, or to cause or incite that child to engage in or watch sexual activities.



It is important to note that on occasions there may be a young person residing in the home that has become 18 years old. This young person will be in the process of moving on however while they remain in our care this policy is still relevant. Regardless of age, if staff are caring for a vulnerable young person all professional boundaries must be adhered to.

## **Positive Personal Contact between Staff and Children**

Within J&R Care there is clear and unequivocal expression of normal, positive, physical contact between adults and between adults and children. This is not physical contact that in any way seeks to establish authority over a child, but that which expresses 'parental' affection, to provide comfort, ease distress and signal care as would be expected between good parents and their children.

To deny this would be tantamount to emotional deprivation and we believe that normal adult/child physical contact is a critical therapeutic factor in children's care plans to a greater or lesser degree.

Every adult needs to appreciate the difference between appropriate and inappropriate touch, and to be aware of touch which poses as therapeutic, but which is actually being used to satisfy the staff members need for contact rather than that of the child's. Naturally adults have to be fully cognisant of touch that is invasive or which could be confusing, re-traumatising, or experienced as stimulating in any way whatsoever. Should any such touch be used, it would be deemed as the most serious breach of professional boundaries warranting disciplinary action.

Bearing in mind the specific context, the following guiding principles should apply:

- Given that a high proportion of children with emotional and behavioural problems may have experienced sexual and/or physical abuse, staff need to ensure that any physical contact is not misinterpreted. If at any time a child demonstrates verbally or otherwise that he is not comfortable with physical contact staff should respond immediately by ceasing that contact.
- There should be no general expectations of privacy for the physical expression of affection or comfort, although this may be appropriate in exceptional circumstances (e.g. bereavement)
- Staff need to be aware that different cultural factors may apply
- Age and maturity are factors to be considered in deciding appropriate physical contact
- Where a member of staff feels that it would be inappropriate to respond to a child seeking physical comfort, the reasons for denying this should be clearly explained to the child. The child should be comforted verbally as necessary.
- Children should be counselled with regard to socially appropriate/inappropriate times/places/situations to seek physical comfort
- Appropriate physical contact should be a focus of discussions with parents/carers and placing authorities through Key Worker (or equivalent one – one) sessions (and Reviews where necessary).
- The issue of Personal Contact in general should be raised in interviews and induction training for staff and discussed in staff development and supervision.
- Physical contact of any kind initiated by staff should be no more than is necessary to fulfil its purpose. For example, in comforting a young person in distress, such physical comfort

should be the minimum necessary to assist the young person to regain composure and calm.

## **Intimate Care**

There may be occasions when staff are involved in the intimate care of a child either because of the child's age or level of functioning. For example it may be necessary for staff to supervise the running of a bath with particular regard to temperature and safety.

If a child asks for help when bathing this should take the form of verbal instruction, prior to the child going into the shower or bath.

Some young people may ask for help in washing their hair and this is acceptable providing that it is done over a sink. Any other bodily contact is not appropriate. Never have any contact with a child which may compromise you and allow misinterpretation of your intentions. If you are in any doubt about the appropriateness of your actions seek advice from a senior colleague.

Any variation to the guidance noted above must be recorded and must have been agreed with the placing authority, parents or carers (if appropriate) and all parties must have signed indicating their agreement and consent.

The following are examples of physical contact, which is unacceptable:

- Over affectionate cuddles;
- Kissing, and;
- Any contact likely to be interpreted as sexual in nature.

The kind of physical contacts likely to be acceptable include:

- physical contact which is part of a bespoke therapeutic intervention;
- Holding a hand in situations which might present fear or anxiety;
- Putting an arm around a young person in distress;
- Patting a young person on the back to display approval, and; Reinforcing a verbal request to calm down with a physical prompt such as a hand on a shoulder.

The following areas of activity have been identified as situations in which staff and children could be vulnerable:

- Being alone with a child in their bedroom;
- Examining a young person in case of injury or illness;
- Physical contact arising out of social interactions with SEN children;
- Touching with the intent of providing comfort, and Physical contact initiated by a child

In order to minimise the risks in this sensitive area, the following procedures should be adopted:

All reasonable measures should be taken to avoid being alone with a child in their bedroom. There are many circumstances where this will not be possible. In such circumstances, ensure that a colleague knows your whereabouts and the proposed duration of your 1:1 work. If alone with a child, the door should never be closed and a room with a window should be used;

- All physical examinations of a child should take place with another member of staff present. Intimate examinations should, under no circumstances, be carried out by members of staff and should be done only by medical practitioners;
- In the case of a distressed child seeking physical contact this should be kept to the minimum necessary to fulfil the purpose of the child regaining composure.
- When inappropriate physical contact is initiated by a child staff should seek to disengage from the situation as soon as is possible. In seeking to disengage, staff may need to signal their disapproval of the inappropriate contact. It is possible to disengage from the physical contact without signalling rejection of the young person or their affectionate intentions.

There may be some children for whom touching is particularly unwelcome. For example, some young people may be particularly sensitive to physical contact because of their cultural background or because they have been abused. It is important that all staff have an awareness of these children and their individual circumstances. Physical contact with children becomes increasingly open to question as children approach adolescence, and staff should also bear in mind that even innocent and well-intentioned physical contact can be misconstrued.

If the staff believe their intentions have been misconstrued they should record their concerns on an Incident Report Form and bring the matter to the immediate attention of the senior member of staff on duty.

## **RISK ASSESSMENTS**

On-going risk assessments of the Children's Home or School and all associated activities will be carried out to identify areas and situations of high, medium and low risk to danger;

- In the case of safeguarding they will identify areas where supervision is difficult, where unauthorised visitors may access the children's home, school or residential provision and times when young people may be more vulnerable;
- The assessments will also consider identifying areas where staff may become vulnerable to allegation - being alone with children, specific lonely areas;
- They will also make reference to staff selection procedures and the use of volunteers.

**For more information please see our Risk Assessment policy**

## **CHILDREN AT RISK OF SEXUAL EXPLOITATION**

Most children at J&R Care will have special educational needs, poorly developed social skills, emotional vulnerability and impulsivity which can lead to poor decision making and place these children at particular risk. It is a delicate balance between protecting children and promoting independence and self-help skills. Staff need to consider carefully the risks involved and the level of supervision and support required in activities where children engage with members of the public both in person and also electronically via the internet or telephone. Staff must always be vigilant for those who may seek to take advantage of or exploit the children in our care.

Staff working in our homes and school may become aware that children are being picked up regularly by unauthorised older persons in cars, or that there are individuals loitering outside the home or school to meet children. These people and events should always be reported to a senior manager and to the police.

The reports should always be taken seriously and investigated. Reporting procedures should be well known within the home.

In many cases, appropriate responses by the police and other professionals may disrupt this abusive pattern and provide protection for the child. However, police and social services staff should be aware that once concerns have been reported, the child may continue to be at risk from his/her coercers and urgent action may be required to safeguard the child.

Children involved in prostitution may also come to the attention of the police in the course of their duties, such as during the investigation of drug offences, or in the execution of search warrants.

J&R Care has a requirement to report to the police any evidence of children becoming involved in prostitution, or of unauthorised persons picking children up, contacting children in school or at home, or observed trying to make contact with children in public. Staff must report any such incident immediately to a senior member of staff.

Children and young people involved in prostitution are primarily to be treated as the victims of abuse and in many cases will be in need of welfare services or protection under the Children Act 1989. Staff should be aware of the signs and symptoms of possible involvement in prostitution.

### **Possible Signs and Symptoms of sexual exploitation.**

We know that checklist approaches to the identification of possible abuse are far from failsafe. The early recognition of a child's involvement in prostitution is critical in generating a positive outcome.

In respect of possible involvement in prostitution, research does suggest some specific potential indicators although these cannot be viewed, singly or in combination, as conclusive proof.

(Remember, within J&R Care staff have no investigative role; our task is to share information which indicates that a child is in need, is suffering or is likely to suffer significant harm):

- Physical symptoms of sexually transmitted infections or bruising which may be indicative of restraint or sexual abuse/assault;
- Reports from reliable sources;
- Consorting with unknown adult men outside the usual range of social contact(s) (including via telephone, texts, emails, letters etc);
- Consorting with adults or children known or suspected of being involved in prostitution;
- Accounts of social activities with no plausible account of how they were paid for;
- Acquisition of expensive clothes or possessions;
- Low self-esteem;
- History of child sexual abuse;
- History of absconding from home or Local Authority care;
- Returning from missing from care episodes appearing well cared for despite having no known base

Any concerns of this nature must be reported immediately to the senior member of staff on duty.

## **PEER ON PEER ABUSE**

### Definition

There is no clear definition of what peer on peer abuse entails. However it can be captured in a range of different definitions:

- Domestic Abuse: relates to young people aged 16 and 17 who experience physical, emotional, sexual and / or financial abuse, and coercive control in their intimate relationships;
- Child Sexual Exploitation: captures young people aged under-18 who are sexually abused in the context of exploitative relationships, contexts and situations by a person of any age - including another young person;
- Harmful Sexual Behaviour: refers to any young person, under the age of 18, who demonstrates behaviour outside of their normative parameters of development (this includes, but is not exclusive to abusive behaviours);
- Serious Youth Crime / Violence: reference to offences (as opposed to relationships / contexts) and captures all those of the most serious in nature including murder, rape and GBH between young people under-18.

Peer on peer abuse can refer to any of the above individually or as a combination, therefore professionals working with children and young people who are experiencing abuse from their peers must respond to the needs of each of the definitions to uncover the level of complexity and respond in the most effective manner. It is possible that a young person may be sexually exploited in a gang related situation by their boyfriend or girlfriend.

Bullying is defined as “behaviour by an individual or group, usually repeated over time, which intentionally hurts another individual or group either physically or emotionally”. Bullying often starts with trivial events and it is behaviour that hurts someone else - such as name calling, hitting, pushing, spreading hurtful and untruthful rumours, threatening or undermining someone; mocking; making offensive comments; taking belongings; inappropriate touching; producing offensive graffiti; or always leaving someone out of groups. It can happen anywhere - at school, at home or online. It's usually repeated over a long period of time and can hurt a child both physically and emotionally.

A child that is being bullied can feel like there's no escape because it can happen wherever they are, at any time of day or night. There are many different forms of bullying:

- Cyberbullying': involves sending inappropriate or hurtful text messages, emails or instant messages, posting malicious material online (e.g. on social networking websites) or sending or posting offensive or degrading images and videos;
- Racist and Religious Bullying: A range of hurtful behaviour, both physical and psychological, that makes a person feel unwelcome, marginalised, excluded, powerless or worthless because of their colour, ethnicity, culture, faith community, national origin or national status;
- Sexual, Sexist and Transphobic Bullying: includes any behaviour, whether physical or non- physical, where sexuality is used as a weapon by boys or girls;
- Homophobic Bullying: targets someone because of their sexual orientation (or perceived sexual orientation);
- Disablist Bullying: targets a young person solely based on their disability, this can include manipulative bullying where a perpetrator forces the victim to act in a certain way, or exploiting a certain aspect of the victims disability.

It is important to remember that bullying can also be a combination of the above.

There has been much media attention surrounding children and young people who have committed suicide due to being bullied. Professionals must understand the damaging and at times fatal effects bullying can and does have on children and young people and be able to respond to it effectively.

## **BULLYING**

Few young people complete their education or leave care without having been exposed to bullying. Many will have been bullied at some time, or will at least have seen someone else being picked on. Some will have bullied others, although only a small percentage does so persistently. A significant minority, however, will have experienced regular and routine victimisation.

Bullying generally takes place out of sight of adults; staff and other professionals can underestimate the misery and distress it causes. Victims are often reluctant to speak out for the fear of reprisals, the unwillingness to break a moral code that 'you should not tell', and the fear that nothing will be done to stop it.

It is particularly important to recognise that bullying is not restricted to overt physical aggression, and that indirect persecution can be just as hurtful. Bullying takes many forms but the three main types are:

- Physical - hitting, kicking, spitting and taking or hiding belongings;
- Verbal - name calling, invective, racist remarks;
- Psychological - spreading nasty stories about someone or their families, excluding someone from social groups.

Staff need to examine carefully their own responses to bullying incidents or the suspicion of such. The lack of support to victims is often considered as permission for further attacks. If children are to be protected from bullying, the staff need to ensure that they:

- Respond quickly and unambiguously to it;
- Are continually and persistently observant;
- Do not subconsciously transfer feeling of irritation to groups;
- Actually seek to bring bullying into the open with knowledge that it thrives on secrecy and often fades when discovered and discussed;
- Frequently seek adherence by all to mutually agreed rules;
- Make use of key workers sessions, and other appropriate times to discuss personal relationship problems;
- Make use of appropriate training opportunities, resource material etc. to improve their knowledge and skills in respect of helping both the bullied and the bully; and
- Refer serious incidents to senior staff members or duty managers.

For further information refer to the preventing bullying policy

## **VISITORS**

All visitors, including visiting speakers, are subject to the home and school's safeguarding protocols while on site and will be supervised at all times.



## **CHILD PROTECTION PROCEDURES – FOR BOTH PEMBROKE HOUSE AND THE ANNEX SCHOOL**

### **WHAT TO DO WHEN STAFF HAVE CONCERNS**

Abuse (which may be physical, emotional or sexual) and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or failing to act to prevent harm. If you have any reason to suspect that a child has suffered such harm, is in danger of suffering such harm, or if a child makes a disclosure, please observe the following procedures:

- Listen to the child and be supportive, but do not directly question them.
- Do not promise the child confidentiality - explain that you may need to pass information onto other professionals to help keep them or other children safe.
- Do not jump to conclusions, ask leading questions or influence a child's words.
- Write an account of the conversation immediately afterwards, as close to verbatim as possible. Only use words the child themselves used, not your interpretation.
- Sign and date your transcript and hand to A Designated Person – (Jane Parish, Brendan Aherne or Eric de Mel) immediately or as soon as possible.
- Do not discuss the incident with others –information should only be passed on when necessary and we will advise you as to whether this is appropriate.

It is not our responsibility to investigate suspected cases of abuse. But it is our responsibility to follow safeguarding procedures.

**IF YOU FEEL THERE IS AN IMMEDIATE RISK OF HARM – DO NOT LEAVE THE CHILD. CONTACT ANY OF THE FOLLOWING IMMEDIATELY:**

**THE SAFEGUARDING DIRECTOR/DESIGNATED OFFICER - JANE PARISH – 07736774491**

**DESIGNATED SAFEGUARDING LEAD – ERIC DE MEL (01322 618776)**

**DESIGNATED SAFEGUARDING DEPUTY - BRENDAN AHERNE – 07742916400**

### **REFERENCES**

This policy has been informed by and complies with:

DfE statutory guidance 'Keeping Children Safe in Education (Sept 2016),  
DfE advice 'The Prevent Duty' (June 2015) from The Counter-Terrorism and Security Act (2015)  
HM Gov advice 'What to do if you're worried a child is being abused' (March 2015)  
HM Gov guidance 'Working Together to Safeguard Children' (March 2015),



## APPENDIX ONE – SIGNS AND SYMPTOMS OF ABUSE

### Things you may notice

If you're worried that a child is being abused, watch out for any unusual behaviour.

- withdrawn
- suddenly behaves differently
- anxious
- clingy
- depressed
- aggressive
- problems sleeping
- eating disorders
- wets the bed
- soils clothes
- takes risks
- misses school
- changes in eating habits
- obsessive behaviour
- nightmares
- drugs
- alcohol
- self-harm
- thoughts about suicide

### Sexual Abuse

Children who are sexually abused may:

#### Stay away from certain people

- they might avoid being alone with people, such as family members or friends
- they could seem frightened of a person or reluctant to socialise with them.

#### Show sexual behaviour that's inappropriate for their age

- a child might become sexually active at a young age
- they might be promiscuous
- they could use sexual language or know information that [you wouldn't expect them to](#).

#### Have physical symptoms

- anal or vaginal soreness
- an unusual discharge
- sexually transmitted infection (STI)

- pregnancy.

## ***Physical Abuse***

### ***Bruises***

- commonly on the head but also on the ear or neck or soft areas - the abdomen, back and buttocks
- defensive wounds commonly on the forearm, upper arm, back of the leg, hands or feet
- clusters of bruises on the upper arm, outside of the thigh or on the body
- bruises with dots of blood under the skin
- a bruised scalp and swollen eyes from hair being pulled violently
- bruises in the shape of a hand or object.

### ***Burns or Scalds***

- can be from hot liquids, hot objects, flames, chemicals or electricity
- on the hands, back, shoulders or buttocks; scalds may be on lower limbs, both arms and/or both legs
- a clear edge to the burn or scald
- sometimes in the shape of an implement for example, a circular cigarette burn
- multiple burns or scalds.

### ***Bite Marks***

- usually oval or circular in shape
- visible wounds, indentations or bruising from individual teeth.

### ***Fractures or broken bones***

- fractures to the ribs or the leg bones in babies
- multiple fractures or breaks at different stages of healing

### ***Other injuries and health problems***

- scarring
- effects of poisoning such as vomiting, drowsiness or seizures
- respiratory problems from drowning, suffocation or poisoning

### ***Neglect***

- Talks of being left home alone or with strangers.
- Poor bond or relationship with a parent, also known as attachment.
- Acts out excessive violence with other children.
- Lacks social skills and has few if any friends.
- Becomes secretive and reluctant to share information.
- Reluctant to go home after school.

- Unable to bring friends home or reluctant for professionals to visit the family home.
- Poor school attendance and punctuality, or late being picked up.
- Parents show little interest in child's performance and behaviour at school.
- Parents are dismissive and non-responsive to professional concerns.
- Is reluctant to get changed for sports etc.
- Wets or soils the bed.
- Drinks alcohol regularly from an early age.
- Is concerned for younger siblings without explaining why.
- Becomes secretive and reluctant to share information.
- Talks of running away.
- Shows challenging/disruptive behaviour at school.
- Is reluctant to get changed for sports etc.

### ***Emotional abuse***

There often aren't any obvious physical symptoms of emotional abuse or neglect but you may spot signs in a child's actions or emotions.

Changes in emotions are a normal part of growing up, so it can be really difficult to tell if a child is being emotionally abused.

Babies and pre-school children who are being emotionally abused or neglected may:

- be overly-affectionate towards strangers or people they haven't known for very long
- lack confidence or become wary or anxious
- not appear to have a close relationship with their parent, e.g. when being taken to or collected from nursery etc.
- be aggressive or nasty towards other children and animals.

Older children may:

- use language, act in a way or know about things that you wouldn't expect them to [know for their age](#)
- struggle to control strong emotions or have extreme outbursts
- seem isolated from their parents
- lack social skills or have few, if any, friends.

### ***Bullying and Cyber Bullying***

It can be hard for adults, including parents, to know whether or not a child is being bullied. A child might not tell anyone because they're scared the bullying will get worse. They might think that they deserve to be bullied, or that it's their fault.

You can't always see the signs of bullying. And no one sign indicates for certain that a child's being bullied. But you should look out for:

- belongings getting "lost" or damaged
- physical injuries such as unexplained bruises
- being afraid to go to school, being mysteriously 'ill' each morning, or skipping school

- not doing as well at school
- asking for, or stealing, money (to give to a bully)
- being nervous, losing confidence, or becoming distressed and withdrawn
- problems with eating or sleeping
- bullying others.

### **Online abuse**

Many of the signs that a child is being abused are the same no matter how the abuse happens.

A child may be experiencing abuse online if they:

- spend lots, much more or much less time online, texting, gaming or using social media
- are withdrawn, upset or outraged after using the internet or texting
- are secretive about who they're talking to and what they're doing online or on their mobile phone
- have lots of new phone numbers, texts or e-mail addresses on their mobile phone, laptop or tablet.

### **CSE**

The definition of child sexual exploitation described in the document "Child sexual exploitation Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation – February 2017" is:

"Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. "

Sexual exploitation can be very difficult to identify. Warning signs can easily be mistaken for 'normal' teenage behaviour.

Young people who are being sexually exploited may:

- be involved in abusive relationships, intimidated and fearful of certain people or situations
- hang out with groups of older people, or antisocial groups, or with other vulnerable peers
- associate with other young people involved in sexual exploitation
- get involved in gangs, gang fights, gang membership
- have older boyfriends or girlfriends
- spend time at places of concern, such as hotels or known brothels
- not know where they are, because they have been moved around the country
- go missing from home, care or education.

### **FGM**

A girl or woman who's 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.

### ***Domestic Abuse***

It's often difficult to tell if domestic abuse is happening, because it usually takes place in the family home and abusers can act very differently when other people are around.

Children who witness domestic abuse may:

- become aggressive
- display anti-social behaviour
- suffer from depression or anxiety
- not do as well at school - due to difficulties at home or disruption of moving to and from refuges.

### ***Child Trafficking***

Child trafficking is child abuse. Children are recruited, moved or transported and then exploited, forced to work or sold. They are often subject to multiple forms of exploitation.

Children are trafficked for:

- [child sexual exploitation](#)
- benefit fraud
- forced marriage
- domestic servitude such as cleaning, childcare, cooking
- forced labour in factories or agriculture
- criminal activity such as pickpocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVDs, bag theft.

Many children are trafficked into the UK from abroad, but children can also be trafficked from one part of the UK to another.

### ***Grooming***

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of [sexual abuse](#) or [exploitation](#).

Children and young people can be groomed online or in the real world, by a stranger or by someone they know - for example a family member, friend or professional.

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.

#### Safeguarding Key Contacts – Updated – April 2017

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