**Child Protection Policy**

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Storyy Homes is committed to safeguarding and child protection. Safeguarding and promoting the welfare of children and young people and protecting them from abuse and harm is a shared responsibility and depends on effective joint working between all staff working in the home and other agencies.

**Definitions**

Safeguarding is a term which is broader than ‘child protection’ and relates to the action taken to promote the welfare of children and protect them from harm. Safeguarding is everyone’s responsibility. Safeguarding is defined in Working Together to Safeguard Children as:

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

The Children Act 1989 introduced the concept of 'significant harm’ and defined “harm” as the “ill treatment or the impairment of the health or development of the child”. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include, "... impairment suffered from seeing or hearing the ill treatment of another" (for example in the case of a child who witnesses domestic abuse).

Harm can be perpetrated by any person, including:

* Another child or young person (including serious or persistent bullying)
* A member of staff, or manager
* A visitor or person in the community
* A teacher, Social Worker or other professional
* A parent or other family member

**Categories of Abuse**

There are four defined categories of child abuse:

* Physical Abuse
* Emotional Abuse
* Neglect
* Sexual Abuse

In all forms of abuse there are elements of emotional abuse, and some children are subjected to more than one form of abuse at any one time. These four definitions do not minimise other forms of maltreatment.

There are several ways in which staff may become aware that a child is either being abused or is at risk of being abused:

* Observation: Through direct observation of symptoms and signs of abuse and neglect, and changes in behaviour.
* Allegations: Allegations or a report being made by a child or another person.
* Disclosure: Either directly from a child or by someone who says they are harming a child.

The following table provides definitions for the four main types of abuse, and the signs and symptoms that indicate abuse may be taking place, taken from <https://www.nspcc.org.uk> :

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| **TYPE OF ABUSE** | **DEFINITION** | **SIGNS & SYMPTOMS** |
| **Physical Abuse** | Physical abuse is when someone hurts or harms a child or young person on purpose. It includes:   * Slapping and punching * Kicking * Shaking * Throwing * Poisoning * Burning and scalding * Biting and scratching * Breaking bones * Drowning   It is important to remember that physical abuse is any way of intentionally causing physical harm to a child or young person, including making up symptoms of illness or causing a child to become unwell. | Physical abuse symptoms include:   * Bruises * Broken or fractured bones * Burns or scalds * Bite marks   It can also include other injuries and health problems, such as:   * Scarring * Effects of poisoning, such as vomiting, drowsiness or seizures * Breathing problems from drowning, suffocation, or poisoning.   Head injuries in babies and toddlers can be signs of abuse so it’s important to be aware of these visible signs:   * Swelling * Bruising * Fractures * Being extremely sleepy or unconscious * Breathing problems * Seizures * Vomiting * Unusual behaviour such as being irritable or not feeding properly.   Physical abuse can have long lasting effects on children and young people including poor physical or mental health:   * Anxiety * Behaviour issues * Criminal behaviour * Depression * Drug and alcohol problems * Eating disorders * Issues at school * Obesity * Vulnerable, inappropriate, or harmful sexual behaviour * Suicidal thoughts and/or attempts |
| **Emotional Abuse** | Emotional abuse is any type of abuse that involved the continual emotional mistreatment of a child. Emotional abuse can involve deliberately trying to scare, humiliate, isolate or ignore a child.  Emotional abuse is often a part of other kinds of [abuse](https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/), which means it can be difficult to [spot the signs](https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/emotional-abuse/#signs) or tell the difference, though it can also happen on its own.  Emotional abuse includes:   * Humiliating or constantly criticising a child * Threatening, shouting at a child or calling them names * Making the child subject of jokes, or using sarcasm to hurt them * Blaming and scapegoating * Making a child perform degrading acts * Not recognising a child’s individuality or trying to control their lives * Pushing a child too hard or not recognising their limitations * Exposing a child to upsetting events or situations like domestic abuse or drug taking * Failing to promote social development * Not allowing them to have friends * Persistently ignoring them * Being absent * Manipulating a child * Never saying anything kind, expressing positive feelings or congratulating a child on successes * Never showing any emotions in interactions with a child. | There might not be any obvious physical signs of emotional abuse or neglect and a child may not tell. That is why it is important to look for signs in how a child is acting.  A child who is being emotionally abused may:   * Struggle to control their emotions * Lack confidence or self-assurance * Act in a way that is inappropriate for their age * Have difficulty making or maintaining relationships   Emotional abuse can change how a child behaves such as:   * Wanting attention or becoming clingy * Not caring how they act or what happens to them * Trying to make people dislike them * Stealing, bullying, or running away   Emotional abuse can affect emotional development such as:   * Feeling, expressing, or controlling emotions * Lacking confidence or anger problems * Finding it difficult to maintain healthy relationships * Higher levels of depression and health problems in later life   Emotional abuse can increase the risk of:   * Eating disorders * Self-harm * Mental health problems * Difficulty maintaining healthy relationships * Difficulty with language development |
| **Sexual Abuse** | When a child is sexually abused, they are forced or tricked into sexual activities. They might not understand what is happening is wrong, and they may be afraid to tell. Sexual abuse can happen anywhere, in person or online.  It is never a child’s fault they were sexually abused. It is important to make sure children know this.  There are 2 types of sexual abuse – contact and non-contact abuse. It can happen in person and online.  Contact abuse is when an abuser makes physical contact with a child. This includes:   * Sexual touching of any part of the child’s body, whether they are clothed or not * Using a body part or object to rape or penetrate a child * Forcing a child to take part in sexual activities * Making a child undress or touch someone else   Contact abuse can include touching, kissing and oral sex, not just penetrative.  Non-contact abuse is where a child is abused without being touched by the abuser. This can be in person or online and includes:   * Exposing or flashing * Showing pornography * Exposing a child to sexual acts * Making them masturbate * Forcing a child to make, view or share child abuse images or videos * Making, viewing, or distributing child abuse images or videos * Forcing a child to take part in sexual activities, conversations online or through a smart phone | Signs of sexual abuse include:   * Bruises * Changes in eating habits or eating disorders * Language or sexual behaviour you would not expect them to know * Avoiding being alone with or frightened of people or a person they know * Alcohol or drug misuse * Self-harm * Nightmares or bed-wetting * Pregnancy * Sexually transmitted infections * Changed in mood, feeling irritable and angry, or anything out of the ordinary * Bleeding, discharge, pains or soreness in the genital area or anal area   If a child is being or has been abused online, they might:   * Spend a lot more or less time online, gaming, texting, on social media * Seem distant, upset or angry after being online * Be secretive about who they are talking to online/ with their phone * Have lots of new numbers, texts, emails on their phone/ laptop   Children may also drop hints or clues about the abuse. |
| **Neglect** | Neglect is the ongoing failure to meet a child’s basic needs and the most common form of child abuse. A child may be left hungry or dirty, or without proper clothing, shelter, supervision, or health care. This can put children in danger and can have a long-term effect on their physical and mental well-being.  Neglect can be a lot of things, which can make it hard to spot. Broadly speaking there are 4 types of neglect:   * **Physical neglect** – neglecting basic needs like food, clothing, shelter, or not supervising or keeping them safe * **Educational neglect** – not ensuring a child is given an education * **Emotional neglect**- a child doesn’t get the nurture and stimulation they need. This could be through ignoring, humiliating, or intimidating or isolating them * **Medical neglect** – a child is not given proper health care. This includes dental care and refusing or ignoring medical recommendations. | **Housing and family issues:**   * Being left alone for a long time * Living in an unsuitable home environment, such as having no heating * Taking the role as carer for other family members   **Behaviour problems:**   * Using drugs or alcohol * Showing signs of self-harm * Missing school * Concentration difficulties * Obsessive behaviour * Changes in eating habits * Being withdrawn, depressed, anxious, aggressive, or being clingy   **Health and development problems:**   * Regular illness and infection * Repeated accidental injury often caused by lack of supervision * Untreated injuries * Body issues, poor muscle tone or prominent joints * anaemia * Medical or dental issues * Poor language and social skills * Not given the correct medicine * Weight or growth issues * Tiredness * Missed medical appointments, vaccinations * Thin or swollen tummy * Skin issues, sores, rashes, flea bites, scabies and ringworm   **Poor hygiene and appearance:**   * Being smelly or dirty * Being hungry or not given money for food * Having unwashed clothes/ wrong clothes for the weather * Frequent or untreated nappy rash in infants |

**Contextual and Specific Safeguarding Issues**

Contextual safeguarding recognises that as young people grow and develop, they are influenced by a whole range of environments and people outside of their family. These extra-familial threats might arise at school, from within peer groups, or more widely from within the local community. These threats can take a variety of different forms, and in such cases, professionals should consider whether wider environmental factors are present in a child’s life and are a threat to their safety and or welfare.

The following table provides definitions for other specific safeguarding issues, and the signs and symptoms that indicate they may be taking place; the list is not meant to be definitive but as a guide to assist you. It is important to remember that many children will exhibit some of these indicators at some time, and the presence of one or more should not be taken as proof that abuse is occurring:

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| **SAFEGUARDING ISSUE** | **DEFINITION** | **SIGNS & SYMPTOMS** |
| **Bullying & Cyberbullying** | Bullying is behaviour that hurts someone else – such as name-calling, hitting, pushing, spreading rumours, threatening, or undermining someone.  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.  Bullying that happens online, using social networks and mobile phones, is often called cyberbullying. A child can feel like there’s no escape because it can happen wherever they are, at any time of day or night. | 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. |
| **Child Sexual Exploitation**  **(CSE)** | Sexual exploitation of children and young people under 18 involves exploitative situations, contexts, and relationships where children (or a third person or persons) receive ‘something’ (e.g., food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) because of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through technology without the child’s immediate recognition; for example, being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.  Violence, coercion, and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person’s limited availability of choice resulting from their social/economic and/or emotional vulnerability. | Key indicators of children being sexually exploited can include:   * going missing for periods of time or regularly coming home late * regularly missing school or education or not taking part in education * appearing with unexplained gifts or new possessions * associating with other children involved in exploitation * having older boyfriends or girlfriends * suffering from sexually transmitted infections * mood swings or changes in emotional wellbeing * drug and alcohol misuse; and * displaying inappropriate sexualised behaviour.   Practitioners should also be aware that many children and young people who are victims of sexual exploitation do not recognise themselves as such. |
| **County Lines** | County lines is the police term for urban gangs supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or “deal lines”.  They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.  It involves child criminal exploitation (CCE) as gangs use children and vulnerable people to move drugs and money. Gangs establish a base in the market location, typically by taking over the homes of local vulnerable adults by force or coercion in a practice referred to as ‘cuckooing’. | County lines activity and the associated violence, drug dealing, and exploitation has a devastating impact on young people, vulnerable adults and local communities. A young person might exhibit some of these signs, either as a member or as an associate of a gang dealing drugs. Any sudden changes in a young person’s lifestyle should be discussed with them. Some indicators of county lines involvement may include:   * Persistently going missing from school or home and / or being found out-of-area * Unexplained acquisition of money, clothes, or mobile phones * Excessive receipt of texts / phone calls * Relationships with controlling / older individuals or groups * Leaving home / care without explanation * Suspicion of physical assault / unexplained injuries * Parental concerns * Carrying weapons * Significant decline in school/college results / performance * Gang association or isolation from peers or social networks * Self-harm or significant changes in emotional well-being |
| **Domestic Abuse** | Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence, or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:   * Psychological * Physical * Sexual * Financial * Emotional   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.  Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.  Domestic abuse affecting young people can also occur within their personal relationships, as well as in the context of their home life.  Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.  Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. | 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.   Other risk indicators may include:   * withdrawn * suddenly behaves differently * anxious * clingy * depressed * aggressive * problems sleeping * eating disorders * wets the bed * soils clothes * groomed into risk taking * misses school * changes in eating habits * obsessive behaviour * nightmares * drugs * alcohol * self-harm * thoughts about suicide |
| **Drug Misuse** | Drugs refer to alcohol, tobacco, illegal drugs, medicines, new psychoactive substances (“legal highs”) and volatile substances, unless otherwise specified. | Indicators may include:   * losing interest in hobbies, sports or other favourite activities * losing interest in their appearance or personal hygiene * dramatic changes in behaviour * suddenly forming an almost totally new group of friends * excessive tiredness and lack of appetite * playing truant from school * dilated pupils, red eyes, bad skin * spending an increased amount of money, coupled with a refusal to explain why * stealing money from you   Finding any of the following items in their room or in the house, could indicate that they are using drugs:   * pipes * rolling papers * small medicine bottles * eye drops * butane lighters * homemade 'bongs' (pipes that use water as a filter) made from tin cans or plastic drinks bottles * scorched tinfoil * razor blades * syringes |
| **Fabricated or induced illness** | The following list is of behaviours exhibited by carers which can be associated with fabricating or inducing illness in a child. This list is not exhaustive and should be interpreted with an awareness of cultural behaviours and practices which can be mistakenly construed as abnormal behaviours:   * deliberately inducing symptoms in children by administering medication or other substances, by means of intentional transient airways obstruction or by interfering with the child’s body to cause physical signs. * interfering with treatments by overdosing with medication, not administering them or interfering with medical equipment such as infusion lines * claiming the child has symptoms which are unverifiable unless observed directly, such as pain, frequency of passing urine, vomiting or fits. These claims result in unnecessary investigations and treatments which may cause secondary physical problems * exaggerating symptoms which are unverifiable unless observed directly, causing professionals to undertake investigations and treatments which may be invasive, are unnecessary and therefore are harmful and possibly dangerous * obtaining specialist treatments or equipment for children who do not require them * alleging psychological illness in a child. | Doctors / paediatricians may be concerned at the possibility of a child suffering significant harm because of having illness fabricated or induced by her/his carer. These concerns may arise when:   * Reported symptoms and signs found on examination are not explained by any medical condition from which the child may be suffering / correlate with any disease * Physical examination and results of investigations do not explain reported symptoms and signs * There is an inexplicably poor response to prescribed medication and treatment * New symptoms are reported on resolution of previous ones * Reported symptoms and found signs are not observed to commence, in the absence of the carer * Over time the child repeatedly presents with a range of symptoms * The child's normal, daily life activities are being curtailed beyond that which might be expected from any known medical disorder from which the child is known to suffer. |
| Faith related harmful practice | Faith related harmful practice is child abuse linked to belief in concepts such as witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs), the evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context); ritual or muti murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies; and use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation.  This is not an exhaustive list and there will be other examples where children have been harmed when adults think that their actions have brought bad fortune, such as telephoning a wrong number which is believed by some to allow malevolent spirits to enter the home. | Indicators of abuse can include:   * A child's body showing signs or marks, such as bruises or burns, from physical abuse * A child becoming noticeably confused, withdrawn, disorientated or isolated and appearing alone amongst other children * A child's personal care deteriorating, for example through a loss of weight, being hungry, turning up to school without food or food money or being unkempt with dirty clothes and even faeces smeared on to them * It may also be directly evident that the child's parent does not show concern for or a close bond with them * A child's attendance at school becoming irregular, or being taken out of school all together without another school place having been organised * A child reporting that they are or have been accused of being evil, and / or that they are having the devil beaten out of them |
| **Female Genital Mutilation** | FGM is a form of abuse that could potentially be present within any child or young person’s family or community context. The predominance of FGM is in African countries but it has also been documented in communities in Iraq, Israel, Oman, the United Arab Emirates, the Occupied Palestinian Territories, India, Indonesia, Malaysia and Pakistan. Any child or young person from one of these ethnic backgrounds could be at risk.  FGM has been classified by the World Health Organization into four types:   1. Clitoridectomy: partial or total removal of the clitoris (a small, sensitive, and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin around the clitoris 2. Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the ‘lips’ that surround the vagina). 3. Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris. 4. Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping, and cauterising the genital area. | There can also be clear signs when FGM could be imminent:   * It may be possible that families will practice FGM in the UK when a female family elder is around, particularly when she is visiting from a country of origin. * A professional may hear reference to FGM in conversation, for example a girl may tell other children about it. (See Appendix B for commonly used terms in different languages). * A girl may confide that she is to have a ‘special procedure’ or to attend a special occasion to ‘become a woman’. * A girl may request help from a teacher or another adult if she is aware or suspects that she is at immediate risk. * Parents state that they or a relative will take the child out of the country for a prolonged period. * A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent. |
| **Forced marriage** | A 'forced' marriage (as distinct from a consensual 'arranged' marriage) is defined as one conducted without the valid consent of at least one of the parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds.  Forced marriages of children may involve non-consensual and/or underage sex, emotional and possibly physical abuse and should be regarded as a child protection issue and referred to Children's Social Care.  Although there is no specific criminal offence of a forced marriage, the forced marriages of children (and vulnerable adults) may involve one or more criminal offences e.g., common assault, cruelty to persons under 16, child abduction, rape, kidnapping, false imprisonment and even murder.  [The Forced Marriage (Civil Protection) Act 2007](http://www.legislation.gov.uk/ukpga/2007/20/contents) came into force in November 2008. The Act gives the courts a wide discretion to deal flexibly with each individual case, employing civil remedies that offer protection to victims without criminalising family members.  Forced marriage is primarily, but not exclusively, an issue of abuse against girls and young women: 'Most cases involve young women aged between 13 and 30, although there is evidence to suggest that as many as 15% of victims are male' ([Young People & Vulnerable Adults Facing Forced Marriage: Practice Guidance for Social Workers](http://berks.proceduresonline.com/pdfs/forced_marriage_guidance.pdf)).  Whilst most cases encountered in the UK involve South Asian families, partly reflecting the composition of the UK population, there have been cases involving families from East Asia, the Middle East, Europe and Africa. Some forced marriages take place in the UK with no overseas element, whilst others involve a partner coming from overseas or a British citizen being sent abroad. | Victims of existing or prospective forced marriages may be fearful of discussing their worries with friends and teachers but may come to the attention of professionals for various behaviours or circumstances consistent with distress. These may include:   * A family history of siblings being forced to marry or to marry early * A sibling who suddenly disappeared or went abroad * Frequent unauthorised absences or truancy from school / lessons * Social isolation * A sudden decline in education performance, aspirations or motivation * Unreasonable restrictions on the child's liberty e.g., accompanied to / from school, not allowed to attend extra-curricular activities * Depression, self-harming behaviour, eating disorders * Lethargy and inability to concentrate * Physical and domestic violence and abuse * Running away from home * Reports of having left the country suddenly or being on an extended family holiday. |
| **Gangs and youth violence** | A gang is defined as a “relatively durable group who have a collective identity and meet frequently. They are predominantly street-based groups of young people who see themselves (and are seen by others) as a discernible group for whom crime and violence is integral to the groups’ identity.”  Children and young people in gangs are being groomed and criminally exploited, likely by organized crime groups. They are victims of human trafficking and/ or modern slavery and are being exploited to commit criminal offences. | Risk indicators may include:   * Becoming withdrawn * Sudden loss of interest in school - decline in attendance or academic achievement * Starting to use new or unknown slang words * Holding unexplained money or possessions * Staying out unusually late without reason * Sudden change in appearance - dressing in a particular style or ‘uniform’ * Dropping out of positive activities * New nickname * Unexplained physical injuries * Graffiti style tags on possessions, school books, walls * Constantly talking about another young person who seems to have a lot of influence over them * Broken off with old friends and hanging around with a new group * Increased use of social networking sites * Starting to adopt codes of group behaviour e.g., ways of talking and hand signs * Expressing aggressive or intimidating views towards other groups of young people some of whom may have been friends in the past * Being scared when entering certain areas * Being concerned by the presence of unknown youths in their neighbourhood.   This is not an exhaustive list and should be used as a guide, amended as appropriate considering local knowledge of the risk factors in a particular area. |
| Harmful Sexual Behaviour (HSB) & Technology Assisted Harmful Sexual Behaviour (TA-HSB) | Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult'. (Hackett 2014 Children and Young People with Harmful Sexual Behaviours) | There are no diagnostic indicators in personal or family functioning that indicate a pre-disposition towards sexual offending although the following characteristics have been found in the background of some young people who sexually offend:   * Attachment disorders - poor nurturing and parental guidance * Domestic violence and abuse * Previous sexual victimisation - a younger age at the onset of the abuse is more likely to lead to problematic sexualised behaviour * Social rejection and loneliness * Poor empathy skills   Many of these factors exist alongside typical family environments where other forms of abuse are present. Technology-assisted harmful sexual behaviour (TA-HSB) can range from developmentally inappropriate use of pornography (and exposing other children to this), through grooming and sexual harassment. Online behaviour may be a trigger for sexual abuse and the long-term effect of exposure to pornography can affect the ability to build healthy sexual relationships. |
| **So called ‘Honour Based’ Violence** | ‘Honour-based’ violence (HBV) encompasses incidents or 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. Abuse committed in the context of preserving “honour” often involves a wider network of family or community pressure and can include multiple perpetrators.  Honour-based violence is normally associated with cultures and communities from Asia, the Middle East and Africa as well as Gypsies and Travellers, it also occurs in communities in parts of Europe and Eastern Europe. Honour based violence can be found across all cultures, nationalities, faith groups and communities and transcends national and international boundaries.  There is no statutory definition of HBV.  There is no specific offence of "honour-based” crime". It is an umbrella term to encompass various offences covered by existing legislation. HBV can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.  Forms of HBV include practices performed by perpetrators on victims for cultural or socio-conventional motives which have harmful consequences.  Honour killings are another form of Honour-based violence. Honour killings are an extreme example of a violation of human rights of mainly women who are perceived to have brought shame or dishonour. | Abuse and violence because of ‘dishonour’ and shame may include:   * Self-harm, suicide, or attempted suicide because of controls and abuse * Forced suicide/ attempted suicide as an inflicted act or punishment * Controlling sex e.g., forcing or withholding sex * Child abuse * Rape * Kidnapping or false imprisonment * Threats to kill * Assault * Harassment/ stalking * Bullying * Forced abortion * Being forced into marriage * Pressure to return home * Pressure to go abroad * House ‘arrest’ and restriction of movement within and outside the home * Excessive restrictions on life (not allowed a phone, internet or develop friendships outside of wider family / friend’s circle etc.) * Honour killings   This list is not exhaustive but highlights abuse of human rights and/or criminal offenses over and above the disproval by family/ community. |
| **Missing from home, school or care** | The National College of Policing definitions are as follows:   * **Missing**: Anyone whose whereabouts cannot be established and where the circumstance are out of character or the context suggests the person may be the subject of crime or at risk of harm to themselves or another. * **Absent without permission**: A person not at a place where they are expected or required to be. | A child going missing from home, school or care, particularly repeatedly, can be a warning sign of a range of safeguarding issues. This might include abuse or neglect, such as sexual abuse or exploitation or child criminal exploitation, or issues such as mental health problems, substance abuse, radicalisation, FGM or forced marriage.  There are many circumstances where a child may become missing from education or home or care, but some children are particularly at risk. These include children who:   * Are at risk of harm or neglect * Are at risk of forced marriage or FGM Come from Gypsy, Roma, or Traveller families * Come from the families of service personnel * Go missing or run away from home or care * Are supervised by the youth justice system * Cease to attend a school * Come from new migrant families |
| **Online abuse** | The use of technology has become a significant component of many safeguarding issues. Child sexual exploitation; radicalisation; sexual predation: technology often provides the platform that facilitates harm.  The breadth of issues classified within online safety is considerable, but can be categorised into three areas of risk:   * content: being exposed to illegal, inappropriate, or harmful material; for example, pornography, fake news, racist or radical and extremist views * contact being subjected to harmful online interaction with other users; for example, commercial advertising as well as adults posing as children or young adults * conduct personal online behaviour that increases the likelihood of, or causes, harm; for example, making, sending, and receiving explicit images, or online bullying. | 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.   https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/online-abuse/signs-symptoms-effects/ |
| **Organised/ contextual crime:** | As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered.  Organised crime can be defined as serious crime planned, coordinated, and conducted by people working together on a continuing basis. Their motivation is often, but not always, financial gain. Organised criminals working together for a criminal activity or activities are called an organised crime group.  Organised crime group structures vary. Successful organised crime groups often consist of a durable core of key individuals. Around them is a cluster of subordinates, specialists, and other more transient members, plus an extended network of associates.  Many groups are often loose networks of criminals that come together for a specific criminal activity, acting in different roles depending on their skills and expertise. Collaboration is reinforced by shared experiences (such as prison), or recommendation from trusted individuals. Others are bonded by family or ethnic ties – some ‘crime families’ are precisely that.  Organised crime includes drug trafficking, human trafficking, and organised illegal immigration, child sexual exploitation, high value fraud and other financial crimes, counterfeiting, organised acquisitive crime and cyber-crime. | All the above signs and symptoms may apply if someone is subject to organised/contextual crime. |
| **Racism** | Racism does not constitute a separate category of abuse, although it can be a source of significant harm and can be an aggravating factor in other incidents of abuse. Children and their families from black and minority ethnic groups are more likely to have experienced harassment, racial discrimination and institutional racism.  Adultification is a form of bias where children from Black, Asian and minoritised ethnic communities are perceived as being more ‘streetwise’, more ‘grown up’, less innocent and less vulnerable than other children. This particularly affects Black children, who might be viewed primarily as a threat rather than as a child who needs support. Children who have been adultified might also be perceived as having more understanding of their actions and the consequences. All staff at Storyy Homes are trained to be alert to bias (conscious and unconscious) and we take a zero-tolerance approach to racism or discrimination against any child or young person. Victim-blaming attitudes will always be challenged. |  |
| **Radicalisation** | Radicalisation is defined as the process by which people come to support terrorism and violent extremism and, in some cases, to then participate in terrorist groups. | Children and young people can be drawn into violence, or they can be exposed to the messages of extremist groups by many means.  These can include through the influence of family members or friends and/or direct contact with extremist groups and organisations or, increasingly, through the internet. This can put a child at risk of being drawn into criminal activity and has the potential to cause [significant harm](http://www.proceduresonline.com/resources/keywords_online/nat_key/keywords/significant_harm.html).  The risk of radicalisation is the product of a number of factors and identifying this risk requires that staff exercise their professional judgement, seeking further advice as necessary. It may be combined with other vulnerabilities or may be the only risk identified.  Potential indicators include:   * Use of inappropriate language * Possession of violent extremist literature * Behavioural changes * The expression of extremist views * Advocating violent actions and means * Association with known extremists * Seeking to recruit others to an extremist ideology. |
| **Sexting and Youth Produced Sexual Images** | Sexting is when a child takes an indecent image of them self and sends this to their friends or boy / girlfriends via mobile phones.  Youth Produced Sexual Images are defined as images of minors created by minors that could qualify as child pornography under applicable statutes. The episodes can be broadly divided into two categories ‘Aggravated’ and ‘Experimental’. Aggravated incidents involved criminal or abusive elements beyond the creation, sending or possession of youth‐produced sexual images. These additional elements included 1) adult involvement; or 2) criminal or abusive behavior by minors such as sexual abuse, extortion, threats; malicious conduct arising from interpersonal conflicts; or creation or sending or showing of images without the knowledge or against the will of a minor who was pictured. In Experimental incidents, by contrast, youth took pictures of themselves to send to established boy‐ or girlfriends, to create romantic interest in other youth, or for reasons such as attention‐seeking, but there was no criminal behavior beyond the creation or sending of images, no apparent malice and no lack of willing participation by youth who were pictured  By having in their possession, or distributing, indecent images of a person under 18 on to someone else – young people are not even aware that they could be breaking the law as these are offences under the Sexual Offences Act 2003. | The NSPCC warn that most children do not see 'sexting' as a problem and are reluctant to talk to adults about it because they are afraid of being judged or having their phones taken away. They advise that it is important to talk to children to explain the risks of ‘sexting’, how to stay safe and that they can talk to you if something ever makes them feel scared or uncomfortable.  <http://www.nspcc.org.uk/sexting> |
| **(Child) Trafficking or Modern Slavery**  (NOTE: When considering the use of the term ‘slavery’ in conversations with young people, or in paperwork relating to the abuse, consider how it might feel to be described as a ‘slave’, what it might mean for them, and consider alternatives.) | Modern slavery' is a form of organised crime in which individuals including children and young people are treated as commodities and exploited for criminal and financial gain. It encompasses human trafficking, slavery, servitude and forced labour. ‘Trafficking of persons' means the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation  'Exploitation' for modern slavery purposes is defined, as a minimum, to include sexual exploitation, forced labour, domestic servitude, and organ trafficking | Grooming methods are often used to gain the trust of a child and their parents, e.g., the promise of a better life or education, which results in a life of abuse, servitude, and inhumane treatment. Trafficked victims are coerced or deceived by the person arranging their relocation, and are often subject to physical, sexual, and mental abuse. The trafficked child or person is denied their human rights and is forced into exploitation by the trafficker or person into whose control they are delivered. Children are not considered able to give 'informed consent' to their own exploitation (including criminal exploitation), so it is not necessary to consider the means used for the exploitation - whether they were forced, coerced, or deceived, i.e., a child’s consent to being trafficked is irrelevant and it is not necessary to prove coercion or any other inducement |
| **Upskirting** | Upskirting is defined as ‘taking a picture under a person’s clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm’ (DfE 2019) The Voyeurism Offences Act, which was commonly known as the Upskirting Bill, was introduced on 21 June 2018. It came into force on 12 April 2019. This states that upskirting, where committed to obtain sexual gratification, can result in the most serious offenders being placed on the sex offenders’ register. Additionally, perpetrators can now face up to two years in prison. | Upskirting is distressing and a humiliating violation of privacy for victims |

1. **Procedures**

**All safeguarding concerns and allegations must be reported**. This includes non-recent or historical abuse, and abuse that has been previously reported or investigated.

Children must be listened to and enabled to report any abuse or neglect at the earliest opportunity. Children should be supported by staff to understand what abuse is. They should be given information about how to report abuse or how to share any concerns about possible abuse. This should include being able to access in private, relevant websites or help lines such as Childline to seek advice and help.

**The Designated Safeguarding Officer (DSL)**

The Designated Safeguarding Officer (DSL) is responsible for dealing with any concerns about the protection of children/ young people and ensuring that appropriate arrangements are in place for keeping children and young people safe.

Emerald House’s DSL’s are: Adie – Jamin Mills and Bethany Lewin

Where either Bethany or Adie may be implicated in the concern, the Responsible Individual Chloe Valentine automatically takes the role of DSL.

If the concern implicates the Responsible Individual, the Director will take the role of the DSL.

Ryan White

Director

[Ryan.white@storyy.group](mailto:Ryan.white@storyy.group)

|  |  |
| --- | --- |
| **Chloe Valentine**  (Operations Manager/ Designated Safeguarding Lead) | **07930762389**  **Chloe.valentine@storyy.group** |
| **Adie- Jasmin Mills**  (Registered Home Manager/ Designated Safeguarding Lead) | **07949408473**  **Adie.mills@storyy.group** |
| **Bethany Lewin**  (Deputy Manager/ Designated Safeguarding Lead) | **07950335905**  **Bethany.lewin@storyy.group** |
| **NSPCC** | **08088005000**  [**help@nspcc.gov.uk**](mailto:help@nspcc.gov.uk) |
| **NSPCC Child Abuse Whistleblowing Helpline** | **08000280285**  [**help@nspcc.org.uk**](mailto:help@nspcc.org.uk) |
| **LADO (Wokingham)** | **0118 974 6141**  [**LADO@wokingham.gov.uk**](mailto:LADO@wokingham.gov.uk) |
| **Police non-emergency line**  **(including referrals for the Prevent Officer in suspected cases of radicalisation)** | **101** |
| **Wokingham Muti-agency Safeguarding** | **0118 908 8002**  [**triage@wokingham.gov.uk.**](mailto:triage@wokingham.gov.uk) |
| **Bracknell Radicalisation Contact** | **01344 352999 (answerphone)**  [**community.safety@bracknell-forest.gov.uk**](mailto:community.safety@bracknell-forest.gov.uk) |
| **Wokingham Radicalisation Contact** | **0118 908 8002**  [**preventreferralswokingham@thamesvalley.pnn.police.uk**](mailto:preventreferralswokingham@thamesvalley.pnn.police.uk) |

When the DSL(s) are implicated, the staff member must use their professional judgement to notify the relevant external agencies:

* The Local Authority Children's Social Care Services in whose area the home is located;
* The child's Social Worker / the placing authority;
* Police;
* The Regulatory Authority (Ofsted).
* The Local Authority Designated Officer (LADO) for allegations against staff

If you suspect, discover, or are informed that a person is suffering has suffered/ is likely to suffer abuse, harm or neglect; or if a person tells you that they or someone they know is suffering/ has suffered/ is likely to suffer abuse, harm or neglect:

* Accept what the person is saying and take it seriously.
* Reassure the person who has made the allegation/ disclosure to you that they have done the right thing.
* Give them time to talk and do not probe or ask leading questions**. Investigation is not your responsibility**. Encouraging statements such as “Can you tell me more about that?”; “Please go on” may be offered.
* Do not promise to keep secrets. All allegations of harm or potential harm (including historical harm) must be acted upon. Explain to the person making the allegation/ disclosure that you will share this information with the DSL.
* Take immediate action to keep the person safe as needed (seek police or medical assistance if required).
* Discuss the situation immediately with the DSL who will advise on additional actions you need to take.
* Fully record any allegation/ disclosure as it is given, using the child/ young person’s own words.
* All safeguarding concerns must be recorded on an Incident Report Form on Clearcare. The DSL will receive an email notification and will manage the referral.
* All original notes must be retained for legal purposes. Any observable injuries should be detailed on the **Body Map**.
* As soon as possible, at least within 24 hours, the DSL will complete a Notification of Significant Events form in line with the Regulation 40 Policy.
* The DSL will contact the police and/ or child/ young person’s Social Worker/ Children’s Social Care to make a referral. The timing of referrals must reflect the perceived risk and should normally be within one working day of recognition. If, for any reason, you cannot contact the DSL you should go ahead and contact the police and/ or child/ young person’s Social Worker/ Children’s Social Care.
* The person making the referral to the Social Worker and Children’s Social Care must agree with them what the young person and parents will be told, by whom and when. Always speak to someone directly rather than leaving a message. Verbal and telephone referrals must be confirmed in writing within 48 hours. Children’s Social Care should acknowledge the written referral within one working day of receiving it. If a response has not been received within 3 working days, they should be contacted again.
* Under no circumstances should you speak to or confront the alleged abuser. Do not share suspicions or information with any other person other than the DSL, Social Worker/ Children’s Social Care and the Police.
* All information will be taken seriously, handled sensitively and shared only on a ‘need to know’ basis, wholly to protect the child. However, in order to ensure that children are safeguarded on the basis of proper evidence, the source of the referral cannot be kept anonymous.
* Any material evidence will need to be collated for any Forensic and Medical investigations that might be needed. Such evidence would need to be stored securely but sensitively. Referral to a designated medical practitioner would occur at this point.
* You may need to attend any Child Protection Conference or relevant meeting to which you are invited and share information relating to the matters being investigated.
* Where there is a concern regarding Radicalisation, the DSL will consider the level of risk and decide which agency to make a referral to. This could include [Channel](https://www.gov.uk/government/publications/channel-guidance), the government’s programme for identifying and supporting individuals at risk of being drawn into terrorism, or the local authority children’s social care team. The referrer can also email [counter.extremism@education.gov.uk](mailto:counter.extremism@education.gov.uk). Note that this is not for use in emergency situations. In an emergency, all staff should call 999 or the confidential anti-terrorist hotline on 0800 789 321 if they believe someone is in immediate danger, if they believe someone may be planning to travel to join an extremist group, or if they see/ hear something that may be terrorist-related.
* The DSL should ensure that the child is supported during any enquiries/investigation, this may require an independent advocate or independent person to be involved. The manager should also ensure that all staff co-operate fully.

1. **Allegations made against Staff**

If an allegation or any suspicion is about the behaviour, past or present, of a member of staff, including managers, which may in any way put children/ young people at risk, it must be recorded on a ‘Staff Allegation’ form (see Appendix A) and emailed to the DSL. The DSL will lead on the referral. A failure to report an allegation or concern in accordance with this procedure is a potential disciplinary matter.

It may be necessary to safeguard both a child and the staff member concerned, to suspend the staff member (on full pay) pending any investigation.

The DSL should report any allegation to the Local Authority Designated Officer (LADO), and other relevant persons, without delay in line with the procedures outlined above in this policy. Referrals to the LADO should not be postponed to gather additional information.

**NOTE:**If the DSL is concerned that there is an immediate risk to children/ young people or a crime has been committed, the police should be contacted.

The initial discussion between the DSL and the LADO will consider the nature, content and context of the allegation and agree a course of action. The DSL may be asked to provide additional information, such as the previous history of the child/ young person or member of staff concerned.

The initial sharing of information and evaluation may lead to a decision that no further action is to be taken. In this instance, the decision and its reasons should be recorded. An agreement should be reached about what the next steps should be, together with the information that will be provided to the individuals concerned.

Follow-up support may need to be considered for both the subject of the allegation and the child / young person.

The DSL will consult with the LADO and other relevant persons e.g., the Placing Authority and the Local Authority (if different), the police, and Ofsted to manage and coordinate decisions which will need to be taken in relation to the member of staff against who the allegation has been made. This will include whether it is necessary to suspend the staff member, or if they can be moved to other duties which do not involve direct contact with children/ young people.

If there is cause to suspect a child is suffering or likely to suffer significant harm, a Strategy Discussion / Meeting will be convened.

Instances of abuse or neglect in any form perpetrated by a staff member towards a child/ young person will not be tolerated and will be dealt with as misconduct under the organisation’s Disciplinary Procedure.

If an allegation is substantiated and the DSL removes the individual from work because they consider that they pose a risk of harm to children (or would have done had the person not left) they must ensure a referral is made to the Disclosure and Barring Service (DBS).

1. **Allegations made against Children and Young People**

Abuse and harm can be perpetrated upon one child or young person by another in many different ways, including persistent or serious bullying, sexual exploitation, aggressive, exploitative or other threatening behaviour which places a child or young person at risk.

Where there is any suspicion or allegation of abuse or harm perpetrated by one child or young person upon another, the procedures in section 2 above should be followed.

Protecting the rights of both victim and alleged perpetrator is important. It may be necessary, dependent on an assessment of all the facts, to separate the alleged perpetrator and victim but it may not be possible to explain why this is necessary to the perpetrator.

Throughout the process thereafter it will be necessary to ensure that children or young people with allegations made against them are properly supported, by an independent person if appropriate or required, as well as their social worker and parent(s).

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.

Children or young people who are known to have sexually abused other children should not be placed together unless a risk assessment has been undertaken by someone specially qualified to do so

**Appendix A: Staff Allegation Form**

|  |  |
| --- | --- |
| **Reference Number:**  **(Child Initials DD/MM/YY)** |  |
| **Date of allegation:** |  |
| **Time of allegation:** |  |
| **Full name of person making the allegation:** |  |
| **Context in which the allegation was made**   * **Where?** * **Who was present?** * **What was happening at the time?** |  |
| **Please record the allegation made, using the child/ young person/ adult’s own words. Please also include any questions or prompts given (Tell, Explain Describe):** | |
|  | |
| **Any immediate steps taken to safeguard the situation:** |  |
| **Signature:** |  |
| **Name:** |  |
| **Job Title:** |  |

**Appendix B: DSL’s Child Protection/ Safeguarding Chronology**

|  |  |  |
| --- | --- | --- |
| **Reference Number:**  **(Child Initials DD/MM/YY)** | |  |
| **Date:** | **Action Taken (please include rationale for decision making):** | **By Whom:** |
|  |  |  |
|  |  |  |
|  |  |  |
| **No Further Action Required** | | |
| **DSL Signature:** | **DSL Name:** | **Date:** |
|  |  |  |

**Child Protection/ Safeguarding Review**

Please list any follow up actions, including any serious incident reviews, policy reviews and/ or training.

|  |  |  |  |
| --- | --- | --- | --- |
| **Actions to be Completed:** | **By Whom:** | **By When:** | **Date Completed:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **No Further Action Required** | | | |
| **DSL Signature:** | **DSL Name:** | | **Date:** |
|  |  | |  |