

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

Safeguarding and Young People Protection Policy and Procedure

Summary	This policy outlines how all those who work with children and young people at Care Quality Support must work together to safeguard and promote the welfare of children and young people in accordance with the Children's Act 1989 and the Children's Act 2004.
Scope	All staff and those who work with children and young people as part of their role including Commissioners, NHS, Local Authorities, visitors, and families.
Document Type	Policy & Procedure
Verified By	Care Quality Support
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Care Quality Support is committed to safeguarding and promoting the welfare of Children and Young People and expects all staff and volunteers to share this commitment. This policy and procedure will be available to and explained to children and their families and to all staff whatever their role. All staff must be familiar with, and must follow, this procedure for responding to and reporting concerns about the safety of a child.

Although the service is not offering regulated activities and is not registered with either Ofsted or CQC, **Care Quality Support Ltd** benchmarks its policies in line with the regulated services so as to achieve maximum compliance

Contact Details for Safeguarding Lead for Care Quality Support is:

Name	Care Quality Support
Address	
Telephone Number	
Email Address	



6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

LOCAL AUTHORITY DESIGNATED OFFICER CONTACTS

The LADO Team deal with allegations against staff who work with children and young people either in education or the wider workforce. If you need to speak to the LADO Team regarding an allegation against a member of staff, please call any member of the LADO Team number. Your details will be taken and passed to the intake officer. The same intake officer will support you through the process until the matter has been resolved. Please note that the team no longer works on an area basis.

LADO Team Contact Name:

[Phone number]

1. Introduction

It is an essential requirement that all those working to safeguard children and young people understand fully their responsibilities and duties as set out in primary legislation and associated regulations and guidance.

This document is the Safeguarding children and young people Policy for **Care Quality Support** which will be followed by all staff in and followed and promoted by those in the position of leadership within the organisation.

This policy outlines how all those who work with children and young people at **Care Quality Support** must work together to safeguard and promote the welfare of children and young people in accordance with the Children's Act 1989 and the Children's Act 2004.

Care Quality Support will ensure that all carers and staff are competent and confident in carrying out their responsibilities for safeguarding and promoting children and young people's welfare.

Care Quality Support recognises that being a young person makes them vulnerable to abuse by adults. The purpose of this policy is to make sure that the actions of an adult in the context of the work carried out by the organisation are transparent and safeguard and promote the welfare of all young people.

This document is written in accordance with **Working Together to Safeguard Children 2018**.

Principles upon which the Safeguarding Children and Young People Policy is based:

- **Safeguarding is everyone's responsibility:** for services to be effective each professional and organisation should play their full part
- **A child-centred approach:** for services to be effective they should be based on a clear understanding of the needs and views of children and young people.



6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

- Keeping children and young people safe from harm requires people who work with children to share information - see the information sharing and Confidentiality guidance in the policies and procedures manual.
- All employees and staff of **Care Quality Support** will work in accordance with the interests of children and young people and follow the policy outlined below.

2. Scope of this Policy

To fulfil our commitment to safeguard and promote the welfare of children and young people, all Organisations /Agencies that provide services for, or work with, children or young person must have:

- Clear priorities for safeguarding and promoting the welfare of children and young people are explicitly stated in strategic policy documents.
- A clear commitment by senior management to the importance of safeguarding and promoting children and young people's welfare.
- A clear line of accountability and defined roles and responsibilities within the organisation for safeguarding and promoting the welfare of children.
- Recruitment and human resources management procedures that take account of the need to safeguard and promote the welfare of children and young people, including arrangements for appropriate checks on new staff – and a safer recruitment strategy.
- Safe working practice guidance that staff have read and understood.
- Arrangements to ensure that all staff undertake appropriate training to equip them to carry out their responsibilities effectively and keep this up to date by refresher training at regular intervals and that all staff, including temporary staff who work with children and young people, are made aware of the company's arrangements for safeguarding and promoting the welfare of children and their responsibilities for that.
- Policies for safeguarding and promoting the welfare of children - including a child protection policy and procedures that comply with Local Safeguarding Children Board's policies and procedures for safeguarding children and young people.
- Arrangements to work effectively with others to safeguard and promote the welfare of children and young people including arrangements for sharing information.
- A culture of listening to and engaging in dialogue with children and young people - seeking children and young people's views in ways that are appropriate to their age and understanding and taking account of those views in individual decisions and in the establishment or development of services.
- Appropriate whistleblowing procedures and a culture that enables issues about safeguarding and promoting the welfare of children and young people to be addressed.

Protecting Children and young people from Harm

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

Care Quality Support acknowledges that protecting children and young people from harm and promoting their welfare depends on shared responsibility and effective joint working between different agencies. This in turn relies on:

- Constructive relationships between individual agencies are promoted and supported by all staff.
- The commitment of senior managers to safeguard and promote the welfare of children,
- Clear lines of accountability.

3. The Role of Guidance

Care Quality Support is aware that processes and procedures are never-ending in themselves but should always be used as a means of bringing about better outcomes for children and young people. No guidance can or should attempt to offer a detailed prescription for working with each child or young person and their family. However, staff will refer to the flow charts provided to assist in the formulation of decisions and steps to take.

Working with children, young people and families where there are concerns about a child or young person's welfare requires sensitivity and can be difficult. Good practice calls for effective cooperation between different agencies and professionals keeping the child's best interests central and the careful exercise of professional judgment based on thorough assessment and critical analysis of the available information.

It is only with information from a range of sources that a child or young person can be seen to be in need or at risk of harm.

Under section 31(9) of the Children Act 1989 as amended by the Adoption and Children Act 2002:

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

Under section 31(10) of the Act:

Where the question of whether harm suffered by a child or young person is significant turns on the child/young person's health and development, their health or development shall be compared with that which could reasonably be expected of a similar child or young person.

These core documents which are used alongside key texts such as 'Working Together to Safeguard Children' (2018) to be used alongside other key policy and planning documents relating to **Every Child Matters** include:

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

- The revised Care Planning, Placement and Case Review Regulations (England) 2010 and accompanying statutory guidance Putting Care into Practice describes how local authorities should exercise these functions for looked after children.
- **Information Sharing:** Guidance for practitioners and managers and the supporting materials which are for everyone who works with children and young people and explain when and how information can be shared legally and professionally.

Note: Section 11 of the Children Act 2004 places a statutory duty on key people and bodies to make arrangements to safeguard and promote the welfare of children. Revised statutory guidance on the duty was issued in April 2007. Schools and further education providers have an equivalent duty through the Education Act 2002 and must have regard to the statutory guidance, safeguarding children in education, issued in September 2004.

All staff must be clear of the statutory responsibility to protect children and young people from harm and be fully aware of the contents of this document.

4. Supporting Children and Families

Care Quality Support believes that all children and young people deserve the opportunity to achieve their full potential and they will be enabled to:

- Be as physically and mentally healthy as possible,
- Gain the maximum benefit possible from good-quality educational opportunities,
- Live in a safe environment and be protected from harm,
- Experience emotional well-being,
- Feel loved, valued and be supported by a network of reliable and affectionate relationships,
- Become competent in looking after themselves and coping with everyday living,
- Have a positive image of themselves and a secure sense of identity including cultural and racial identity,
- Develop good interpersonal skills and confidence in social situations.

If young people are denied the opportunity to achieve their potential in this way, they are at risk of not meeting their developmental potential and they are also more likely to experience disadvantage and social exclusion in adulthood.

Patterns of family life vary and there is no one perfect way to bring up children and young people. Good parenting involves caring for children's basic needs showing them warmth and love and providing the stimulation needed for their development within a stable environment where they experience consistent guidance and boundaries.

A wide range of services and professionals provide support to families in bringing up children. Both statutory and voluntary services can support families by helping all children develop to their full

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

potential - for example, through universal education and health services by providing specialist help to those who need it and by providing support or otherwise intervening at times of adversity or crisis.

Care Quality Support acknowledges that some children or young people are deemed to be “in need” as they have additional or particular needs because of a disability, learning needs, isolation etc. they require certain services in order to achieve or maintain a reasonable standard of health or development or to prevent their development being impaired.

Care Quality Support also understands that some young people may be suffering, or at risk of suffering, significant harm either as a result of a deliberate act or of a failure on the part of a parent or carer to act or provide proper care, or both. **Care Quality Support** staff will ensure that young people are made to feel safe from harm alongside meeting their other needs.

5. An Integrated Approach

Care Quality Support acknowledges that young people have varying needs which change over time. **Care Quality Support** staff will intervene when there are concerns about harm to a young person that will often and unavoidably entail an element of risk. **Care Quality Support** staff will use their professional judgments based on observations and a sound assessment of the young person's needs.

Effective measures to safeguard young people will not be seen in isolation from the wider range of support and services available to meet the needs of the young people.

6. A Shared Responsibility

Promoting young people's well-being and safeguarding them from significant harm depends crucially upon effective information sharing, collaboration and understanding between agencies and professionals. Constructive relationships between individual workers need to be supported by a strong lead and commitment from senior managers.

Some of the most vulnerable young people are at the greatest risk of social exclusion.

Care Quality Support staff will work positively with other agencies (health, education, youth justice, police, and social services) to coordinate appropriate help and support.

For those young people who are suffering, or at risk of suffering, significant harm, joint working is essential to safeguard the young people and where necessary, to help bring to justice the perpetrators of crimes against children.

All Care Quality Support staff must:

- Be alert to potential indicators set out in the **Care Quality Support** Policies and Procedures of all forms of abuse,
- Be alert to the risks which individual abusers or potential abusers may pose to children and young people,
- Share and help to analyse information so that an informed assessment can be made of the child's needs and circumstances,

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

- Contribute to whatever actions are needed to safeguard the child and promote his or her welfare,
- Regularly review the outcomes for the child against specific shared objectives,
- Work cooperatively with parents unless this is inconsistent with the need to ensure the young person's safety.

The Children Act 2004 requires the Local Safeguarding Board (LSCB) to establish LSCB for their area. **Care Quality Support** will be proactive in working with each LSCB.

The LSCB has a range of roles and statutory functions including developing LSCB policy and procedures and scrutinizing local arrangements. The statutory objective and functions of the LSCB are detailed below:

Section 14 of the Children Act 2004 sets out a series of objectives of LSCB's which are:

1. a) To coordinate what is done by each person or body represented on the board for the purpose of safeguarding and promoting the welfare of children
2. b) To ensure the effectiveness of what is done by each such person or body for those purposes

Regulation 5 of the LSCB regulations 2006 sets out the functions of the LSCB in relation to the above objectives under Section 14 of the Children Act 2004 as follows:

1. a) Developing policies and procedures for safeguarding and promoting the Welfare of children in the area of the authority including policies and procedures in relation to:
 - The action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention,
 - Training of persons who work with children or in services affecting the safety and welfare of children,
 - Recruitment and supervision of persons who work with children,
 - Investigation of allegations concerning persons who work with children,
 - Cooperation with neighbouring children's services authorities and their Board partners.
1. b) Communicating to persons and bodies within the area of the authority, the need to safeguard and promote the welfare of children, raising their awareness of how this can be best done and encouraging them to do so,
2. c) Monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve,
3. d) Participating in the planning of services for children in the area of the authority,

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

4. Undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learnt.

Regulation 5(2) relates to the LSCB serious case reviews function and Regulation 6 relates to the LSCB child death functions.

Regulation 5(3) provides that an LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.

Use of Closed Circuit Television (CCTV) and Mobile phone usage as a Safeguarding measure:

Care Quality Support will not use CCTVs as a standard measure. CCTV will only be used where there has been an assessed and agreed risk and in communal areas solely for the purpose of safeguarding young people, staff and external stakeholders and in line with the *Use of Closed Circuit Television and Surveillance in Semi Independent Service Policy and Procedure*. (Refer to separate policy and procedure). Usage of mobile phones is covered under the *Mobile Phone Policy and Procedure* (Refer to separate policy and procedure).

E-Safety Breaches will be managed in line with the *Internet Online Safety Policy and Procedure* (Refer to separate policy and procedure). **Care Quality Support** will take all reasonable precautions to ensure online safety for all young people in their care but recognises that incidents may occur inside and outside of the home (with impact on the home) which will need intervention. **Care Quality Support** will ensure:

There are clear reporting routes which are understood and followed by all members of staff which are consistent with **Care Quality Support** safeguarding procedures, and with the whistleblowing, complaints and managing allegations policies.

7. **Immediate Action to Ensure Safety**

Care Quality Support will take any immediate action necessary at any stage in the involvement with children and families to ensure the safety and wellbeing of the young person.

IN ALL CASES IT IS VITAL TO TAKE WHATEVER ACTION IS NEEDED TO SAFEGUARD THE YOUNG PERSON CONCERNED i.e.:

If emergency medical attention is required, this can be secured by calling an ambulance (dial 999) or taking the young person to the nearest Accident and Emergency Department.

If a young person is in immediate danger the police must be contacted (dial 999) as they alone have the power to remove a young person immediately if protection is necessary, via their powers to use Police Protection.

8. **Physical Abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning, 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.

9. **Emotional Abuse**



6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

Emotional abuse is the persistent emotional ill-treatment of a child such as causing severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless, unloved, inadequate, or valued only in so far as they meet the needs of another person.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the young person's developmental capability as well as overprotection and limitation of exploration and learning or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying, causing children frequently to feel frightened or in danger or the exploitation or corruption of young people. Some level of emotional abuse is involved in all types of ill-treatment of a young person though it may occur alone.

10. Sexual Abuse

Sexual abuse involves forcing or enticing a young person to take part in sexual activities whether or not the young person is aware of what is happening. The activities may involve physical contact including penetrative (e.g., rape or buggery or oral sex) or non-penetrative acts. They may include non-contact activities such as involving young people in looking at or in the production of sexual online images watching sexual activities or encouraging children to behave in sexually inappropriate ways.

11. Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy because 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 caregivers)
- Ensure access to appropriate medical care or treatment.

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

Individuals within the organisation need to be alert to the potential abuse of children both within their families and also from other sources including abuse by members of that organisation.

Care Quality Support must know how to recognise and act upon indicators of abuse or potential abuse involving children and where there are concerns about a child's welfare. There is an expected responsibility for all members of the organisation to respond to any suspected or actual abuse of a child in accordance with these procedures.

It is good practice to be as open and honest as possible with parents/carers about any concerns. However, you **MUST NOT** discuss your concerns with parents/carers in the following circumstances:



6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

- Where Sexual Abuse or sexual exploitation is suspected,
- Where Organised or Multiple Abuse is suspected (see Complex Organised or Multiple Abuse procedure),
- Where Fabricated or Induced Illness (previously known as Munchausen Syndrome by proxy) is suspected (see Fabricated or Induced Illness procedure),
- Where Female Genital Mutilation is the concern (see Female Genital Mutilation procedure),
- in cases of suspect Forced Marriage (see Forced Marriage procedure)
- Where contacting parents/carers would place a young person, yourself, or others at immediate risk.

These decisions must not be taken in isolation. Consult with your line manager.

12. What to do if young people talk to you about abuse or neglect:

Disclosure is the process by which a child will let someone know that abuse is taking place. This may not happen all in one go and may be a slow process that takes place over a long period of time. Children and young people may disclose abuse in one or more of several different methods, each of which is likely to be very difficult for them and so when working with children and young people, it is important to know how to support them through what is likely to be a distressing time.

- **Direct disclosure:** this is a specific statement made by a child about the abuse that is happening to them.
- **Indirect disclosure:** one or more ambiguous statements, which imply that something is wrong.
- **Behavioural disclosure:** deliberate or inadvertent behaviour that indicates that something is wrong.
- **Non-verbal disclosure:** writing letters, drawing pictures or trying to communicate in any other way than verbal to let someone know that something is wrong.

Sometimes, a partial disclosure of abuse will take place but this does not mean that it should be taken less seriously than a full disclosure.

Care Quality Support recognises that a young person may seek out an adult to share information about abuse or neglect or talk spontaneously individually or in groups when you are present. In these situations, **YOU MUST:**

1. Listen carefully to the young person. **DO NOT** directly question the young person,
2. Give the young person time and attention,
3. Allow the young person to give a spontaneous account; do not stop a young person who is freely recalling significant events

Reporting and Recording safeguarding concerns.

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

The general principle is that all safeguarding concerns and any allegations must be recorded and reported.

Make an accurate record of the information you have been given taking care to record the timing, setting and people present, the young person's presentation as well as what was said. Do not destroy this as it may later be needed as evidence and must be recorded in the young person's file,

1. Use the young person's own words where possible,
2. Explain that you need to speak to others about the information they have shared - do not offer confidentiality. Explain that there are others that need to help and to support,
3. Reassure the young person that:
 - They have done the right thing in telling you,
 - They have not done anything wrong.
 - Tell the young person what you are going to do next and explain that you will need to get help to keep him/her safe,

DO NOT ask the young person to repeat his or her account of events to anyone.

Details to be recorded in a safeguarding concern notification report:

Recording should be impartial at all times.

Details to be recorded on the **Safeguarding Concern form** (attached at the end of this policy) must include the following:

1. Name of young person
 2. Date of suspected safeguarding concern:
 3. Time of suspected safeguarding concern:
 4. Location:
 5. Any other people involved:
 6. Name of person completing the report:
 7. Details of the alleged incident and any action taken
 8. Name of person who received the report
 9. Date of completing the form and Signature of person completing the report.
- Details should also be given about the circumstances of the disclosure and whether or not anyone else was present at the time that the disclosure was made.

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

- **A reporting safeguarding concern form** must be completed in order to capture all of the information needed.
- Information should be signed and dated and always signed in pen on each page so that none of it can be amended or removed at a later time.

The information should then be passed to the relevant person as quickly as possible and in a work setting, the employee is responsible for knowing who this person is, in line with their setting's safeguarding policies and procedures.

If you have a Child Protection concern you must consult about your concern. If you become concerned about a young person who is not verbalising but displaying challenging behaviours; and observe the young person has been hurt; then it is good practice to ask a young person, why they are upset or how a cut or bruise was caused or respond to a young person who may want to talk to them. This practice can help clarify vague concerns and result in the appropriate action.

If staff are concerned about a young person, they must share their concerns. Initially, staff must talk to one of the people designated as responsible for child protection and safeguarding. This initially can be with your Line Manager or Team Leader.

Records keeping and Securing Safeguarding Records:

Designated Safeguarding Lead (DSL) is responsible for ensuring that child/young person protection files are kept up to date, stored securely in the office or as electronic records that can be accessed only by authorised personnel and are transferred appropriately in line with the Data Protection Act. Electronic records will be secured in line with the **Password Policy and Procedure, and the Record Keeping Policy and Procedure** (refer to separate policies and procedures)

The Service Manager should ensure child /young person protection files are maintained as set out in the **Guidance for: Child-Young person Protection Record Keeping and the Transfer of Child /young person Protection Records** (Refer to separate guidance)

Records should include:

- a clear and comprehensive summary of the concern;
- details of how the concern was followed up and resolved;
- **a note of any action taken, decisions reached and the outcome**

Quality Assurance and Evaluating Child Protection Records

In order to support reflective safeguarding practice and ensure statutory requirements are met, DSL for **Care Quality Support** will conduct quality assurance checks of safeguarding records, using the safeguarding records audit tool (see attached form) Regular audit of records will enable identification of strengths and areas of development in record keeping, development of improvement actions which can be reviewed over time for progress.

13. Make a Referral

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

A referral involves giving the Local Safeguarding Children Board (LSCB) or the Police information about concerns relating to an individual or family in order that enquiries can be undertaken by the appropriate agency followed by any necessary action.

Parents will be informed, where appropriate, if a referral is being made except in the circumstances outlined in this policy (where sexual abuse or sexual exploitation is suspected, where organised or multiple cases of abuse are suspected, fabricated or induced illness (previously known as Munchausen Syndrome by proxy) is suspected, where female genital mutilation is the concern or in cases of suspect forced marriage, or where contacting parents would place a child, **Care Quality Support** staff or others at immediate risk.

However, the inability to inform parents for any reason will not prevent a referral from being made. It would then become a joint decision with the Local safeguarding children Board (LSCB) about how and when the parents will be approached and by whom.

Care Quality Support staff must be prepared to give as much of the following information as possible (in emergency situations all of this information may not be available). The unavailability of some information must not stop you from making a referral. Information required when making a referral:

- Your name, telephone number, position and request the same of the person to whom you are speaking,
 - Full name, address, telephone number of family, date of birth of young person and siblings,
 - Gender, ethnicity, first language and any special needs,
 - Names, dates of birth and relationship of household members and any significant others,
 - The names of professionals known to be involved with the child/family e.g., GP, Health Visitor and School,
 - The nature of the concern and foundation for the concern,
 - An opinion on whether the child may need urgent action to make them safe,
 - Your view of what appears to be the needs of the young person and family.
 - Action to be taken following the referral:
 - Ensure that you keep an accurate record of your concern(s) made at the time,
 - Put your concerns in writing to the Local safeguarding children Board (LSCB) following the referral (within 48 hours - and using the multi-agency referral form),
 - Accurately record the action agreed or that no further action is to be taken and the reasons for this decision.

14. Allegations against Adults who work with Children and Young People

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

If **Care Quality Support** staff have information that suggests an adult who works with children (in a paid or unpaid capacity) has:

- Behaved in a way that has harmed or may have harmed a child,
- Possibly committed a criminal offence against or related to a child,
- Behaved towards a child/ren in a way that indicated s/he is unsuitable to work with children.

Staff or the staff must speak immediately with their Line Manager who has responsibility for managing allegations with the support of the Safeguarding Lead. The Service Manager will consult with/make a referral to the Local Authority Designated Officer (LADO), Local Safeguarding Children Board (LSCB). If the Service Manager is implicated in the concerns, then staff must discuss their concerns with the **Company's Managing Director**.

If one of those people is implicated in the concerns you should discuss your concerns directly with the Local Safeguarding Children Board (LSCB) / LADO.

Care Quality Support Reporting and Support Structure

(Please also refer to Care Quality Support On-call structure)



15. Confidentiality

Care Quality Support will ensure that any records made in relation to a referral will be kept confidentially and in a secure place. Information in relation to child protection concerns will be shared on a "need to know" basis. However, the sharing of information is vital to child protection and therefore, the issue of confidentiality is secondary to a young person's need for protection.

If in doubt, consult!

16. Training

The aim of **Care Quality Support** learning and development opportunities is to play an integral part, in enhancing the quality of life of the young people in our care. We will do this by offering high quality, relevant and responsive development opportunities to all **Care Quality Support** staff.

Care Quality Support in their delivery of Learning and Development will:

- Be open and transparent in all communications



6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

- respond to all enquiries and communications within 24 hours
- Work in a way that is respectful, honest, interested, and open in all roles
- Recognise and celebrate achievements
- Work within any set financial boundaries and provide value for money in all delivery and service
- Provide a planned schedule of training that complies with legislative guidelines
- Provide opportunities for continual professional development
- Ensure all training and development resources are up to date and complicit with current needs, legislation, and guidance,
- Respond to needs as identified by regulatory bodies and internal quality audits
- Measure effectiveness of training delivery through candidate self-assessment, end of course assessment and feedback, with the aim to continually improve the service we offer
- Be accountable for all our actions and agreements
- Respond and resolve any issues, concerns or challenges with respect and understanding.

All **Care Quality Support** staff receive safeguarding training as part of their initial induction into **Care Quality Support** which includes promoting the welfare of children and young people.

All staff are then required to complete a **Level 2 Safeguarding course within 3 months** of their commencement and as part of their probationary period. This training focuses on the skills and levels of knowledge required within their role.

Refresher training is provided to all staff annually in order that a team learning culture can be maintained and where experiences within teams can be discussed and shared in order to improve practice and develop further strategies creating an ethos which:

- Promotes the participation of children and families in the processes
- Is Child-Centred
- Values working collaboratively
- Respects diversity
- Promotes equality

17. Guidance on Children Living Away from Home**General**

Care Quality Support acknowledges that revelations of widespread abuse and neglect of children living away from home have done much to raise awareness of the particular vulnerability of children in residential settings. Many of these have focused on sexual abuse but physical and emotional abuse

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

and neglect – including peer abuse, bullying and substance misuse are equally a threat to children and young people who are looked after.

Care Quality Support will ensure there is an awareness of the need for continued vigilance and will not become complacent that these are problems of the past.

Concern for the safety of children living away from home will be put in the context of attention to the overall developmental needs of such children and a concern for the best possible outcomes for their health and development.

Basic Safeguards for Young People

- Get to know us
- Speak with us
- Listen to us
- Take us seriously
- Involve us
- Respect our privacy
- Be responsible to us
- Think about our lives as a whole
- Think carefully about how you use information about us
- Put us in touch with the right people
- Use your power to help
- Make things happen when they should
- Help us be safe
- The Framework should underpin practice.

There are several essential safeguards that must be observed in all settings in which young people live away from home. These safeguards include that:

- Young people feel valued and respected, and their self-esteem is promoted,
- There is openness on the part of the organisation, staff when involved in the care of a young person to the external world and external scrutiny including openness with families and the wider community,

All staff are trained in all aspects of safeguarding children, alert to children's vulnerabilities and risks of harm and knowledgeable about how to implement child safeguarding procedures.

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

- Young people have ready access to a trusted adult in placement e.g. a family member, the child's Social Worker, independent visitor, children's advocate. Young people will be made aware of the help they can receive from independent advocacy services, external mentors, and ChildLine. This is particularly relevant if a young person does become involved in a child protection matter. Staff should provide names and contact details of independent advocates to the young person,
- Complaints procedures are clear, effective, user friendly and are readily accessible to children and young people including those with disabilities and those for whom English is not the first language. Procedures should address informal as well as formal complaints. Systems that do not promote open communication about 'minor' complaints will not be responsive to major ones and a pattern of 'minor' complaints may indicate more deeply seated problems in management and culture which need to be addressed. There should be a complaints register which records all representations or complaints, the action taken to address them, and the outcomes,
- Young people will be given information written and otherwise explaining the child protection procedures when they arrive in placement,
- Every young person has an individual care plan aimed at meeting their needs and promoting their welfare and keeping them safe,
- Every young person is kept safe by staff continually assessing their situation and risk assessments are clear and inform care plans.
 - Recruitment and selection procedures are rigorous and create a high threshold of entry to deter abusers,
 - Clear procedures and support systems are in place for dealing with expressions of concern by staff about other staff or staff. All at **Care Quality Support** embrace a code of conduct instructing staff on their duty to their employer and their professional obligation to raise legitimate concerns about the conduct of colleagues or managers. There should be a guarantee that procedures can be invoked in ways that do not prejudice the whistle-blowers' own position and prospects and that they will be supported during the processes of bringing alleged perpetrators to justice or supporting those demonstrating poor practice to change,
 - There is respect for diversity and sensitivity to race, culture, religion, gender, sexuality and disability,
 - There is effective supervision and support, which extends to all staff,
 - All staff are alert to the risks to children in the external environment from people prepared to exploit the additional vulnerability of children living away from home,
 - All staff are given basic training on safeguarding and child protection during induction,

All services will be registered with the Local Safeguarding Children Boards (LSCB) as they must receive updates on policy and procedures. They must also acquire copies of the Area Child Protection Procedures/Local Safeguarding Children Boards procedures and the procedures for placing



6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

authorities of young people on placement. All staff will familiarize themselves with these as well as other relevant information e.g., working Together to Safeguard Children (2013). Staff will ensure that staff are aware of these procedures and know how to respond if required.

Care Quality Support will review this Safeguarding Policy on an annual basis and more frequently if required.

18. Peer Abuse

Care Quality Support acknowledges that young people, particularly those living away from home, are also vulnerable to abuse by their peers. Such abuse will always be taken as seriously as abuse perpetrated by an adult. It will be subject to the same child protection procedures as apply in respect of any child who is suffering or at risk of suffering significant harm from an adverse source. A significant proportion of sex offences are committed by teenagers and on occasion by younger children. The staff of **Care Quality Support** will have access to clear guidance and training to identify the difference between consenting and abusive, appropriate, or exploitative peer relationships. Staff must not dismiss some abusive sexual behaviour as 'normal' between young people and must take appropriate action within given timescales.

19. Sexually Exploited Children

- **Care Quality Support** has a child-centred approach to the sexual exploitation of young people and, ensures that these young people are treated as 'victims of abuse'. We are proactive and will focus on early identification and intervention in working with young people. We are aware that all vulnerable young people both male and female are at risk of sexual exploitation.
- **Care Quality Support** will raise awareness of young people whom we fear may be at risk of sexual exploitation and the protection of these young people will be our main aim.
- **Care Quality Support** will ensure staff are up to date with legislation and guidance, and ensure they are trained to recognise the warning signs and risk factors of sexual exploitation of young people by engaging LSCB and Service Projects to deliver training.
- **Care Quality Support** works within the guidance of HM Government
- Working Together 2013 Safeguarding Young People from Sexual Exploitation (Supplementary Guidance on Working Together to Safeguard Children).
- Any young person thought to be at risk of sexual exploitation will be assessed using the **Care Quality Support** in-house risk assessment tool which will include the indicators set out in (Safeguarding Children and Young People from Sexual Exploitation) which will work in conjunction with the requirements of LSCB.
- **Care Quality Support** will work with, and ensure information is shared as a matter of good practice, with other agencies including Local Authorities, Police, LSCB, Education, YOT, Health and Specialist Services working with sexual, to ensure a Multi-Agency approach/response.

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

- Chapter (4) of the Safeguarding Children and Young People from Sexual Exploitation (Supplementary Guidance to Working Together to Safeguard Children) sets out in detail the roles and responsibilities of organisations involved in safeguarding and promoting the welfare of children, whilst Chapter (3) of Working Together to Safeguard Children 2018 explains the role of LSCBs. These chapters along with Section (11) of the Children Act 2004 should be read in conjunction and focus on how roles and responsibilities apply specifically to safeguarding and promoting the welfare of children and young people in the context of sexual exploitation.

20. Children who may have been trafficked

Care Quality Support uses the definition as described by Article 3 of the Palermo Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children supplementing the United Nations Convention Against Organised Crime to the UN Convention (2000) (ratified by the UK on the 6 February 2006) defines trafficking as:

“Trafficking of persons” shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of 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 shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour services, slavery, or practices similar to slavery, servitude, or the removal of organs.

There are three basic components:

- Movement including within the UK
- Control, through harm/threat of harm or fraud
- For the purpose of exploitation

21. Principles

Care Quality Support has adopted the following principles in identifying and responding to young people (and unborn children) at risk of or having been trafficked:

- Trafficking causes significant harm to children in both the short and long term; it constitutes physical and emotional abuse,
 - The safety and welfare of the child is paramount, i.e., nationality or immigration status of the child is secondary and will be addressed only after the child's safety is assured).
 - Trafficked children will be provided with the same standard of care that is available to any other child.
 - All decisions and plans for the young people will be based on good quality assessments and supported by **Care Quality Support** and multi-agency services,

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

- **Care Quality Support** will work in partnership with Local Authorities, Education and Police to empower and develop support networks and information sharing.

Care Quality Support recognises the following Indicators:

- Physical symptoms
- Sexually transmitted infections or unwanted pregnancy
- Young persons are known to be sexually active
- Involvement in Sexual Exploitation
- Evidence of drug and alcohol abuse
- Leaving the home in clothing that is unusual for the individual young person (inappropriate for age, borrowing clothing from older people)
- Phone calls or letters from adults outside the usual age range of social contacts.
- Adults loitering outside the **Care Quality Support** Residential Home
- Significantly older boyfriend
- Accounts of social activities, expensive clothes, mobile phones or other possessions with no plausible explanation of the source of funding
- Persistently missing, staying out overnight or returning late with no plausible explanation
- Returning after having been missing, looking well cared for despite having no known base
- Placement breakdown
- Having keys to unknown premises
- Low self-image, low self-esteem, self-harming behaviour including cutting, overdosing, eating disorder, promiscuity
- Truancy/ disengagement with education
- Entering or leaving vehicles driven by unknown adults
- Going missing and being found in areas where the child or young person has no known links.
- Possible inappropriate use of the internet and forming online relationships, particularly with adults.

Care Quality Support staff will use these indicators as guidance and will make themselves aware of any other factors that may suggest the young person may have been trafficked. Information gathering will include the young person's presenting behaviours together with any information the young person discloses and their circumstances. The above will also be used in conjunction with Working Together to Safeguard Young People 2013.

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

Care Quality Support recognises that young people are not only trafficked from country to country but also from area to area within the UK. **Care Quality Support** will share information with other agencies to ensure that together they combat the issues of Child Trafficking to ensure that perpetrators are prosecuted.

Care Quality Support will ensure that any young person who has been trafficked receives the appropriate support through multi-agency planning to promote the welfare and safeguarding of young people.

22. Children Affected by Gang Activity

Children and young people who become involved in gangs are at risk of violent crime and as a result of this involvement are deemed vulnerable. **Care Quality Support** employees have a responsibility to safeguard these young people. Risks associated with gang activity include access to weapons (including firearms), retaliatory violence and territorial violence with other gangs. The recently published guidance on Safeguarding Children and Young People who may be affected by Gang Activity should be reviewed in such situations.

This guidance promotes an approach where **Care Quality Support** as an agency must work together to:

- Clearly define the local problem,
- Understand the risks posed by local gangs,
- Effectively identify young people at risk,
- Assess the needs of children, young people and their families,
- Identify effective referral pathways,
- Support staff in delivering effective interventions.

Care Quality Support will support all young people who are already associated, or a member of a gang, to protect them from the associated risks of gang activity.

Care Quality Support recognises that friendships within groups is a normal part of growing up, and these groups must be distinguished from 'street gangs'.

We will:

- Make a return home a positive experience for the young person,
- Take time to listen to young people,
- Raise awareness of 'risky' behaviours,
- Educate young people about 'Healthy Relationships',
- Find ways to work with the 'push-pull factor' for going missing' by listening and talking to young people when they have been missing from placement,

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

- Support young people in making positive attachments and building relationships within the home using our 'authentic warmth model' of working with young people,
 - Support building self-esteem in young people,
 - Address any issues of bullying of young people,
 - We will where appropriate work with a restorative justice approach,
 - Give young people a voice, and to feel safe to enable them to speak out, and disclose if they are being sexually exploited,
 - Ensure all the young person's medical needs are attended to,
 - Be aware of the difference between young people gathering together to socialise and gang

23. Race and Racism

Young people from black and minority ethnic groups (and their parents) are likely to have experienced harassment, racial discrimination, and institutional racism. Although racism causes significant harm it is not, in itself, a category of abuse. The experience of racism is likely to affect the responses of the child and family to assessment and enquiry processes. Failure to consider the effects of racism will undermine efforts to protect children from other forms of significant harm. The effects of racism differ for different communities and individuals and should not be assumed to be uniform. The specific needs of children of mixed parentage and refugee children should be given attention. In particular, the need for neutral, high quality, gender-appropriate translation or interpretation services should be taken into account when working with children and families whose language of normal use is not English.

When working with children including those operating in areas where black and minority ethnic communities are numerically small should address institutional racism defined in the MacPherson Inquiry Report on Stephen Lawrence as "the collective failure by an organisation to provide an appropriate and professional service to people on account of their race, culture and/or religion". They should have access to information and training in this area of work.

24. Bullying

Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time where it is difficult for those bullied to defend themselves. It can take many forms but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name-calling) and emotional (e.g. isolating an individual from the activities and social acceptance of their peer group). The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children to the extent that it affects their health and development or, at the extreme, causes them significant harm (including self-harm). **Care Quality Support** has rigorous strategies in place to prevent and address all forms of bullying and will ensure all staff are trained to deal with all allegations in relation to Bullying.

25. Fabricated or Induced Illness

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

Concerns may be raised when it is considered that the health or development of a young person is likely to be significantly impaired or further impaired by a parent or caregiver who has fabricated or induced illness. These concerns can arise when you might observe (some examples not exhaustive):

- Reported symptoms and signs found on examination are not explained by any medical condition from which the child may be suffering,
- A physical examination by a qualified medical practitioner and the results of medical investigations do not explain reported symptoms and signs,
- There is an inexplicably poor response to prescribed medication and other treatment e.g. carer is provided medication for conditions that continue to persist,
- Over time the child is repeatedly presented with a range of signs and symptoms.

In 2008 the Government published statutory guidance Safeguarding children in whom illness is fabricated or induced. This guidance provides a national framework within which agencies and professionals at a local level – individually and jointly – draw up and agree on their own more detailed ways of working together where illness may be being fabricated or induced in a child by a caregiver who has parenting responsibilities for him or her.

Care Quality Support will work in conjunction with those who work in health, education, schools, probation, social care, the police and all others whose work brings them into contact with children and families. It is relevant to those working in the statutory, voluntary and independent sectors.

It is intended that LSCBs' procedures should incorporate this guidance (Working Together to Safeguard Children 2013) and its references to covert video surveillance, rather than having separate guidance on fabricated or induced illness in young people. Within local procedures, the section on the use of covert video surveillance should make reference to the good practice advice for police officers which are available to them from the National Police Improvement Agency's Specialist Operations Centre.

Note: To support the use of this statutory guidance the Government published Incredibly Caring in 2009. This training resource (in the form of a DVD) has been designed to assist both practitioners and managers promote the best outcomes for young people where fabricated or induced illness is suspected, working sensitively with parents and carers in the child's best interests and better exercising their professional judgment.

26. Allegations of Abuse Made Against a Professional, or Staff Member Within Care Quality Support**General**

Experience has shown that young people can be subjected to abuse by those who work with them in any and every setting. All allegations of abuse of young people by a professional staff member or staff should therefore be taken seriously and treated in accordance with LSCB safeguarding children procedures.

Care Quality Support has clear written procedures in place in line with Working Together to Safeguard Children 2013 which are available for scrutiny and are supported by the training and



6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

supervision of staff. It is essential that all allegations are examined objectively by staff who are independent of the service concerned.

Investigating Allegations

Where allegations of abuse are made against a staff member or staff whether contemporary in nature, historical or both the matter should be referred to the Designated Officer at LADO in the same way as any other concern about possible abuse. The Social Worker will need to discuss the case with the police at the first opportunity if a criminal offence may have been committed against a child. The organisation will follow its procedures in respect of the suspension of the staff member without prejudice to protect the staff member and children alike during an investigation of the concerns.

The Social Worker and the police will need to decide how to proceed with an investigation and **Care Quality Support** staff, and managers will co-operate fully with enquiries and requirements of the local safeguarding board and strategy meeting if held.

Any decisions about proceeding with an investigation may well have three related but independent strands:

- Child safeguarding enquiries relating to the safety and welfare of any children who are or who may have been involved,
- A police investigation into a possible offence,
- Disciplinary procedures where it appears that the allegations may amount to misconduct or gross misconduct on the part of the staff or require termination of a staff's approval.

It is essential that the common facts of the alleged abuse are applied independently to each of the three strands of possible enquiries/investigation. The fact that a prosecution is not possible does not mean that action in relation to safeguarding children or employee/staff discipline is not necessary or feasible. The important thing is that each aspect is thoroughly assessed, and a definite conclusion is reached.

The risk of harm to young people posed by the person under investigation must be effectively evaluated and managed in respect of the young people involved in the allegations and any other young people in the individual's home, work or community life.

Care Quality Support will ensure all staff or staff whom there are concerns around will be treated fairly and honestly and should be provided with support throughout the investigation process as should others who are also involved.

Care Quality Support will help all staff to understand the concerns expressed and the processes being operated and be clearly informed of the outcome of any investigation and the implications for disciplinary or related processes. The investigation will be completed as quickly as possible and consistent with its effective conduct. The police and other relevant agencies should always agree jointly when to inform the suspect of allegations that are the subject of criminal proceedings. All staff that are subject to internal disciplinary procedures or assessment as to the suitability to be a carer will have access to details of concerns so as to prepare and answer the concerns (where appropriate and not related to an excluded area).



6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

Where appropriate parents of affected children must be given information about the concerns and how this is done will be agreed upon with the child's Social Worker.

Care Quality Support will ensure that the information and advice must take place in a manner that does not impede the proper exercise of enquiry, disciplinary and investigative processes.

Care Quality Support Managers will be alert to any sign or pattern which suggests that the abuse is more widespread or organised than it appears at first sight, or that it involves other perpetrators. It is important not to assume that initial signs will necessarily be; related directly to abuse, and to consider occasions where boundaries have been; blurred inappropriate behaviour has taken place, and matters such as fraud, deception or pornography have been involved.

If an allegation is substantiated, the Service Managers, will consider the contents of the allegation and any outcomes from the case and how they should be acted upon within the organisation. The Service Manager must also consider if any changes are required to policies and procedures.

27. Abuse by Children and Young People

Evidence suggests that young people who abuse others may have suffered considerable disruption in their lives. They may have been exposed to violence within the family and may have witnessed or been subject to physical or sexual abuse. This may cause the child to have problems in their development and may lead to them committing other offences; such children and young people are likely to be children in need, and some will in addition be suffering or at risk of significant harm and may themselves be in need of protection.

Care Quality Support recognises that young people who abuse others are often not yet able to be responsible for their abusive behaviour, so the onus is on staff and other professionals, to be aware when working with young people the need to supervise monitor and risk assess appropriately.

The safety of the young person and other children will be a priority for staff. The young person's needs have to be identified and both aspects must inform a risk assessment and care plan. Work with adult abusers has shown that many of them began committing abusive acts during childhood or adolescence and that significant numbers themselves have been subjected to abuse. **Care Quality Support** recognises early intervention with children and young people may play an important part in protecting the public by preventing the continuation or escalation of abusive behaviour.

Where children and young people are being; placed alongside each other in care, an appropriate matching risk assessment and management plan must be completed prior to commencement of the child's placement. Full information must be sought and obtained from the local authority looking to place the child in order to maximize the ability to protect other children and those looking after the child.

Care Quality Support will be led by three key principles to guide work with children and young people who abuse others:

There must be a co-ordinated approach on the part of **Care Quality Support** staff with relevant agencies and this should be guided by the child's Social Worker, the victim's Social Worker and the investigating officer,

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

- The needs of children and young people who abuse others must be considered separately from the needs of their victims,
- An assessment must be carried out in each case appreciating that these children may have considerable unmet needs as well as specific needs arising from their behaviour.

Care Quality Support staff involved in assessing a child or young person who abuses another must consider these relevant considerations:

- The nature and extent of the abusive behaviours in respect of sexual abuse can sometimes be difficult in distinguishing between normal childhood sexual development, experimentation and sexually, inappropriate or aggressive behaviour,
- Expert professional judgement may be needed within the context of knowledge about normal child sexuality/psycho-sexual development,
- The context of the abusive behaviours,
- The child's development and family and social circumstances,
- Needs for services specifically focusing on the child's harmful behaviour as well as other significant needs,
- The risks to self and others include other children in the home, staff, extended family, peer group or wider social network.
- This risk is likely to be present unless:
 - The young person has acknowledged the abusive behaviour and accepted responsibility,
 - The opportunity of further abuse is ended,
 - There is an agreement by the young person displaying abusive behaviour and his/her family to work with relevant agencies to address the problem.

Care Quality Support staff need to be aware that decisions will have to be made by the child's Social Worker, the Investigating officer or other relevant local agencies (including the police, LSCB), according to the responsibilities of each, in relation to the following:

- The most appropriate course of action within the criminal justice system, if the child is above the age of criminal responsibility,
- Whether the young person who has been abused will be the subject of a child protection conference (section 47) and
- What plan of action will be put in place to address the needs of the young person with abusive behaviour, detailing the involvement of all relevant agencies.

When working with a young person who has harmed another young person, **Care Quality Support** staff must discuss with the Social Worker the need for a multi-agency approach if the young person's

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

needs are complex. Issues regarding suitable educational and accommodation arrangements often require skilled and careful consideration.

28. Children Involved in Prostitution

Young people involved in prostitution and other forms of commercial sexual exploitation should be treated primarily as victims of abuse whose needs require careful assessment. They are likely to be in need of welfare services and in many cases, protection. The problem is often hidden from view.

The Home Office guidance published March 2013 Working Together to Safeguard Children gives guidance on how all agencies involved in working with young people who are at risk of child prostitution. **Care Quality Support** will work with other agencies and follow this guide to:

- Recognise the problem,
- Treat the child primarily as a victim of abuse,
- Safeguard the children involved and promote their welfare,
- Provide children with strategies to leave prostitution,
- Investigate and prosecute those who coerce, exploit and abuse children.

The identification of a young person involved in prostitution, or at risk of being drawn into prostitution, should always trigger the agreed local procedures to ensure the child's safety and welfare, to enable the police to gather evidence about abusers and coercers. The strong links that have been identified between prostitution and substance misuse should be borne in mind in the development of protocols.

Young people involved in prostitution may be difficult to reach and under very strong pressure to remain in prostitution. They may be fearful of being involved with the police or social services and may respond best initially to informal contact from health or voluntary sector outreach workers. Gaining the child's trust and confidence is vital if he or she is to be helped to be safe and well and diverted from prostitution.

29. Young person Pornography and the Internet

The Internet has now become a significant tool in the distribution of young person pornography. Adults are now using the Internet to try and establish contact with young people with a view of 'grooming' them for inappropriate or abusive relationships.

Care Quality Support Manager as part of their role in preventing abuse and neglect will ensure that they raise the awareness of staff and young people about the safe use of the Internet. All staff will be provided with clear advice and guidance on supporting young people to understand the potential risks involved (This guidance will be taken from the Young person Exploitation and Online Protection Centre updated 2015 (CEOP) supported guidance).

All young people are assessed in terms of their ability to self-manage on the basis of age and development. **Care Quality Support** staff will adopt a young person -centred approach in their care. **Care Quality Support** staff will ensure that young people are supported and supervised when using the internet and again will use strategies developed by CEOP for young people and young people

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

If **Care Quality Support** staff discover any member of their household or staff, including managers, is discovered to have placed young person pornography on the Internet or accessed pornography, the police will be informed to carry out their own procedures in relation to young person pornography and any staff member suspected of being involved in young person pornography will be suspended immediately pending investigation. The Manager will have to consider what disciplinary action, if any, is required in relation to staff members.

If there are particular concerns about one or more specific young person then there will be a need to carry out young person protection enquiries in respect of the young person.

Cyberbullying as a safeguarding matter

The home encourages young people to understand and appreciate the importance of communicating with others, including those from outside of the home, and forming active and stable relationships in their lives. Technology plays an important and developing role in this objective and common tools such as PC's, laptops, mobile phones and tablets, for example, all harness the internet and allow fast and instant communication.

The home recognises, however, that although much of the internet is a force for good, there are those within society who will use it for cruel and evil purposes. Cyberbullying and internet grooming are two of the most prominent examples of such abuse.

Young people living in the home are vulnerable to such abuse, and need to be safeguarded. The organisation aims to explain the issues in greater detail, to provide advice and guidance on how young people may be protected from significant harm and/or distress, and what action needs to be taken if abuse occurs, or is thought to be occurring. The organisation has a separate **Cyberbullying and Internet grooming Policy and Procedure** as part of the safeguarding suite.

How can we minimise the potential problems for our children?

The best way to deal with cyberbullying is to prevent it happening in the first place. However such a goal is rather implausible, as victims have no control over the activities of serious and determined bullies.

The home has therefore chosen the "education route" and has established a "Code of Conduct" which, if followed, will greatly minimise the potential for young people to suffer harm in this way. The code is discussed at regular key workers meetings, and is reviewed and updated at regular intervals, so as to take note of new forms of cyberbullying which develop as new technologies are introduced.

Internet Safety and online protection

As a provider, we may have concerns over internet safety, however, there are practical steps that the organisation can take to guide young people on how to use the internet safely.

Below are a range of tips for our organisation and our staff team can take to help protect young people.

- ensure that parental controls are on computers/gaming consoles and that internet protection software is up to date on your pc.

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

- We will use internet filters to protect young people from exposed to inappropriate onsite material such as information on radicalisation, sexualised material, gangs and crime related information.
- talk to the young people about online safety and the risks involved with talking to strangers on the computer. We tell them to never give out personal details such as home address, school/ college and phone number. We also, tell them that they should never meet up with someone they have met online without an adult being present.
- as social networking sites are becoming popular with teenagers, we will remind young people to set their Facebook, Bebo, Twitter pages to private. This can be done by: clicking on 'my accounts', scrolling down to 'privacy settings' and clicking on 'only friends and networks.'
- beware - someone online might lie about who they are and information on the internet may not be true. Always check information.
- talk about viewing inappropriate material online such as sexually explicit images, racist and self harm websites. We also mention that illegal downloading (such as music files/file sharing) can cost them access to the internet if they are caught.
- many young people use their mobile phones to access the internet. We advise them to keep their Bluetooth on 'off.'
- meeting someone they have only been in contact with online can be dangerous. We advise them to only do so with our knowledge and permission when someone is with them. Remember online friends are still strangers even if you have been talking to them for a long time. More details of Internet Online Safety can be found in the associated policy :***Internet Online Safety Policy and Procedure***

E-Safety Breach Management:

All incidents of breaches of E-Safety will be managed in line with the ***Internet Policy and Procedure*** (Refer to separate policy)

Admissions process as a safeguarding measure:

In order to safeguard all the people who use our service, we will conduct a pre-admission assessment. This gives us the opportunity to determine the bands of young that we can support. We will conduct compatibility assessment. Our matching and referral process will make sure we only place compatible young people who will not be a risk to each other and this is in line with our We will only admit to our service the people we feel we are skilled and competent to support without risk to other people already living in the home and staff. (Refer to ***Admissions Referrals and Discharge Policy and Procedure***)

People whose band is outside the scope of those who are already in our placement will not be admitted as a safeguard measure. Where we do not have the skills, staff will be trained prior to admission of any new young people.

Professional Boundaries as a safeguarding measure

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

Care Quality Support has a **Professional Boundaries Policy and Procedure** that must be read together with this safeguarding policy.

Professional Boundaries Policy and Procedure sets out the principles and values underlying Care Quality Support's approach to professional boundaries in relationships with young people and their relatives, friends, visitors and representatives. aims to have an open and transparent culture in which everyone is clear about their roles and responsibilities, and the boundaries in which they carry out their work.

Professional Boundaries Policy and Procedure is in line with the principles of a safe, effective, caring, responsive and well led service. Staff should know their roles and responsibilities to the young people they support and their limits and can work to the respective codes of practice and conduct in place. They will also be aware of the possible consequences of breaching their professional boundaries.

Care Quality Support considers that staff need to observe professional boundaries in their relationships with young people and their relatives, friends, visitors and representatives, and that behaviour outside those boundaries should be regarded as potentially abusive and a reason for disciplinary action.

We recognise that it is often difficult to draw precise lines defining appropriate behaviour, so we encourage staff to be transparent in their dealings with young people and others and to discuss with managers any difficulties which arise. The starting point is that the needs of the young people should be at the centre of our care practice; any relationship which might threaten that objective should be questioned.

30. Child Affected by Parental Substance Misuse

Parents' misuse of alcohol and substances can have a direct effect on the risk and needs of children. Young people in our services may be affected by this emotionally and physically. A parent's substance misuse may result in a young person being at risk of harm or actually being significantly harmed. Young people in our care who return to the family for contact may also be at risk of being affected by their parent's substance misuse. This contact should be monitored and reviewed according to the care plan and risk assessed regularly. The young person may be in need of other support services outside the child protection procedures

31. Foetal Alcohol Syndrome

Foetal alcohol syndrome (FAS) is defined as a pattern of mental and physical defects that can develop in a foetus in association with high levels of alcohol consumption during pregnancy. Alcohol crosses the placental barrier and can stunt fetal growth or weight, create distinctive facial stigmata, damage neurons and brain structures, which can result in psychological or behavioural problems, and cause other physical damage.

The main effect of FAS is permanent central nervous system damage, especially to the brain. Developing brain cells and structures can be malformed or have development interrupted by prenatal alcohol exposure; this can create an array of primary cognitive and functional disabilities (including poor memory, attention deficits, impulsive behaviour, and poor cause-effect reasoning) as well as secondary disabilities (for example, predispositions to mental health problems and drug addiction).

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

Alcohol exposure presents a risk of fetal brain damage at any point during pregnancy since brain development is ongoing throughout pregnancy.

If a young person is placed with **Care Quality Support** and has been diagnosed with Foetal Alcohol Syndrome (FAS); the Manager will ensure that multi-agency working is carried out to ensure the young person is supported.

32. How Safeguarding and Child Protection Concerns Must Be Dealt With in Care Quality Support

Introduction

This section provides advice on what will happen if somebody has concerns about the welfare of a young person within an **Care Quality Support** placement with concerns that a child may be suffering, or at risk of suffering, abuse or neglect. It is not intended as a detailed practice guide, but it sets out clear expectations about the ways in which professionals must work together in the interests of the child's safety and wellbeing and will be used in conjunction with Child Protection procedures (LSCB) and Working Together to Safeguard Children 2013.

If **Care Quality Support** staff or staff observe a concern, or a child or other person tells you something of concern about a child, it is VITAL that you pass this information on promptly to your Manager.

33. Defining Abuse in Residential Homes

Care Quality Support recognises fully that the majority of staff who are engaged in the care of children and young people are caring people who are working hard to meet the needs of children, many of whom are extremely damaged, and whose behaviour can be difficult and challenging.

However, **Care Quality Support** recognises that occasionally children may be abused by a member of staff. Therefore, **Care Quality Support** have clear procedures and follow the guidance set out in the Local Area Designated Officer that all allegations or suspicions of abuse are fully investigated and where necessary by an independent person, and any action taken to protect the child (and other children if necessary).

It is accepted that the behaviour of some children, particularly those who have been subject to previous abuse, may be such that it continues to raise suspicion of abuse and that these children's way of relating to adults may mean that adults in close contact with them are vulnerable to allegations of abuse. **Care Quality Support** will take into account the child's previous experience.

Care Quality Support recognises that abuse may be physical, emotional, sexual or neglect and suspicions may be raised in a number of ways. A child may state that someone has abused them or maybe overheard talking about abuse, or someone else (such as another child or a parent) may state that the child has been abused.

If **Care Quality Support** staff suspect or observe the behaviour or attitude of a member of staff or staff towards a child which gives them cause for concern, this must be reported immediately to the Manager. An example of this could be: the development of an exclusive relationship between a member of staff and a child, involving long periods spent together in privacy; a staff observed to hit a child or act towards them in a demeaning or discriminatory way.

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

Care Quality Support staff will be trained to ensure they know the boundaries that must exist between staff and young people.

Care Quality Support recognises the importance that suspicions or allegations of child abuse are investigated by an independent person and any actions from the findings of the investigation are recorded in the outcomes of the investigation e.g. disciplinary action or no further action.

There are potentially several strands to an investigation:

- Section 47 – strategy meeting – decides if one is proceeding with an investigation,
- Firstly, the child protection investigation is undertaken in accordance with safeguarding procedures with the primary purpose of ensuring that any action necessary to ensure the protection of the child(ren) concerned is taken (Notification to LSCB),
- Secondly, the circumstances may require a police investigation of whether a crime has been committed,
- Thirdly, the authority's disciplinary procedures would consider the possibility of misconduct or gross misconduct on the part of the staff member.

No internal investigation in relation to disciplinary procedures will begin until the conclusion of any multiagency process to ensure that evidence and or process is not contaminated.

Care Quality Support will ensure that it shares information with the relevant agencies and will co-operate with coordinated action in order to ensure an effective and appropriate response and to avoid unnecessary duplication of effort and disruption.

The aim is to investigate thoroughly and within reasonable timescales. It needs to be clear to all concerned that, for instance, the lack of evidence to support a prosecution does not rule out the possible need for action to protect the child or action under disciplinary procedures.

35. Staff and Physical Restraint

Within the **Care Quality Support** service, no staff are trained in the use of any form of physical restraint other than Safe Holding.

Carers and staff are trained and supported to manage children's behaviour without resorting to physical restraint through:

Individual risk assessments and plans to minimise the risks where appropriate,

- Excellent parenting, role modelling and creating an environment where children feel safe and secure,
- The development of positive relationships and routines within and outside of the home,
- Understanding children's individual needs so that their behaviour and responses towards the children in their care are appropriate to these needs,
- Recognising when children are becoming distressed and having planned responses to reduce or remove this distress.

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

- Staff are made aware of strategies and actions for when children do become threatening or violent. These are:
- Personal safety – strategies and actions to ensure they do not find themselves in a situation where they may be harmed,
- Safe holding – this is only to be employed to stop a child harming themselves or others, and is only used when staff feel it is safe to do this. A child should only be held to allow them to regain control. This must not last for a prolonged period,
- If a child fails to respond to a short period of holding by an adult the staff member will contact the police for assistance.

It is essential that all measures are employed to minimise the occasions when any form of physical intervention is required to manage the behaviour of a child in care,

and when it is required that this is carried out sensitively and with minimum physical force.

36. Allegations against a Staff or Member of Staff of Abuse of a Child or Children

Care Quality Support will ensure that if a staff or staff member suspects, witnesses, or hears allegations of abuse (including physical, sexual, or emotional abuse) of a child by staff or another member of staff, they must immediately contact the manager and give details of the suspicion or allegation. The Manager will ensure this is fully recorded and investigated. The Manager will also ensure that the child's Social Worker or Team Manager (or E.D.T. out of hours) is notified.

If within normal working hours, **Care Quality Support** Manager, and the Social Worker/Team Manager of the relevant Local Authority and LADO must be notified. If out of hours the on-call Manager must notify the Head of Service and EDT of any concerns relating to the abuse of a young person by a member of staff or staff. The following must be observed:

- Report the nature of the concern and immediately implement the LSCB procedures.

Service Manager for **Care Quality Support** in discussion with the Local Authority must then:

Determine how the matter is to be investigated,

- Agree on the time scale and the process for dealing with the matter,
- Decide if the suspension of the member of staff is appropriate or, alternatively, appropriate for the role as staff to continue (in all cases where the process is continuing to be reviewed and a decision is not able to be made promptly the member of staff will be suspended or placements ceased in respect of staff without prejudice for the protection of all concerned),
- This process though needs to take into account the seriousness of the allegation or concern whether there is evidence to support the allegation whether the investigation itself would be undermined by the member of staff or staff remaining in the role,
- Determine the support to be offered to the member of staff or staff and by whom,
- Discuss the support needed for the young person,

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

- Decide who is going to explain the process to the member of staff and what they are going to say,
- Decide if and what information needs to be given to parents and other members of staff etc.

The meeting also needs to consider whether the circumstances require enquiries in relation to other young people with whom the member of staff has contact, in particular his/her own children.

37. The Investigation

Where a police investigation is required, this will take priority over other investigative procedures. Other internal investigations may need to be deferred pending the outcome of the police investigation.

At the conclusion of their investigation and/or any criminal proceedings **Care Quality Support** Manager will seek relevant information from the police in order to facilitate any action required under disciplinary and capability procedures, or the complaints procedure, without a duplicate investigation.

Further strategy meetings may be convened where appropriate to review the progress of the investigation and to consider the outcome and any action required. It is essential that the outcome of the investigation and any action required is clearly recorded and communicated to the staff or member of staff and the young person.

38. Allegation of Abuse by a young person against another young person

When a young person makes an allegation against another young person it is important to make it clear to the young people that you will have to share information they may give you about abuse – it is not possible to enter into 'secrets. Listen carefully to the young person but try not to make suggestions to them as to what might have happened, or 'lead' them in any way. Note down what they say and the circumstances in which they said it, and check it over with them if possible, and pass this on to your Manager, placing a copy in the young person's file.

The Service Manager must immediately contact and inform them about the nature of the suspicion or allegation. The Service Manager must also ensure that the young person's Social Worker, or Team Manager, is notified. The Social Worker of the alleged perpetrator must also be informed.

Discussion must take place between **Care Quality Support** and all Local Authorities involved about how the matter is to be investigated and whether the police should be informed. An agreement must be reached between all agencies involved about how the young person making the allegation will be protected and whether any immediate medical advice or treatment should be sought.

The Manager must decide whether the alleged perpetrator should be moved to another home pending completion of the investigations. Any decision must take into account the seriousness of the allegation, the need to protect the young person and will be taken in conjunction with the placing local authorities.

Care Quality Support recognises that any allegation of abuse is likely to raise anxiety for the victim and the alleged perpetrator. The Manager must discuss with the local authority how the children concerned will be supported and will agree if other agencies or professionals need to be involved in any support arrangements.

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

The Manager will discuss with the Social Worker how the victim's and the alleged perpetrator's parents will be informed and whether it is appropriate, and who will take responsibility for doing this.

All discussions will be recorded and placed on the relevant child's files. Staff; need to be aware of data protection issues and ensure that only relevant information is placed on records and children's files and names are confidential.

Care Quality Support will ensure that consideration will be given to the impact of any disclosure and subsequent investigation on other children in the same household. The Manager will discuss what will be said to other children in the home and what explanation can be given to other young people. Consideration needs to be given to informing the Social Workers of other children placed in that an investigation is being undertaken. Where the allegations are serious, the Social Workers will always be informed.

If a formal investigation takes place, **Care Quality Support** staff must cooperate and provide relevant information to the investigating officers.

The Manager must consider if staff also need additional support and the chance to de-brief after any investigation.

39. Allegation of Historical Abuse

Some young people, once they feel safe in the environment of their placement, will make disclosures about abuse that may have taken place prior to coming into the home about which there has been no prior information.

Again, when a child makes an allegation against another person, it is important to make it clear to them that you will have to share information they may give you about the abuse – it is not possible to enter into 'secrets'. Listen carefully to the child, but try not to make suggestions to them as to what might have happened, or lead them in any way. Note down what they say and the circumstances in which they said it, and check it over with them if possible, and pass this on to the Service Manager, placing a copy in the young person's file.

The placing local authority will need to make a decision about whether they will implement their local child protection procedures and **Care Quality Support** staff may have to be available to attend strategy meetings.

The Service Manager will discuss with the Social Worker what steps may need to be taken within the home to protect the child if the child has access to the alleged perpetrators.

Staff will need to be aware that the child is likely to be very anxious once they have made a disclosure and this may lead to difficult behaviour, feelings of despair or even, in more extreme cases, suicidal thoughts. Regular assessment of the child's mood after the disclosure will be important and any concerns shared with the Social Worker/Team Manager and agreement reached about whether additional supports are necessary, from other professionals or agencies.

40. Safer Recruitment as a Safeguarding measure.

Before confirmation of appointment, all staff who apply to work at **Care Quality Support** will be subject to a rigorous recruitment process to ensure, as far as possible, their suitability to work with

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

children. Successful applicants will be required to apply for enhanced Disclosure and Barring Service disclosure including all relevant safeguarding checks. Our safer recruitment process is done in line with our **Recruitment and Selection Policy and Procedure** (Refer to separate policy).

Three written references will be required. However, we will request references from all workplaces along with verification from the author of the reference where an individual has worked in childcare. References will be verified by phoning the person who did the reference, or check with former employer by sending a written request asking specific questions related to when the person started working, their attendance and disciplinary records. We also require confirmation that they have not been disqualified from working with children. All candidates are required to provide evidence of their qualifications and details of previous experience and work history.

All gaps in employment will be explored at the interview. As part of this recruitment process, all potential staff will be asked to declare any criminal record – failure to disclose a criminal record and if a record is subsequently found to be in existence, will result in disciplinary action and, in the case of staff, may result in any assessment being stopped or approval terminated. DBS disclosure checks will be undertaken at an enhanced level for all staff regardless of role. No one will be considered for employment if they are deemed to be unsuitable to work with children.

All staff; undergo a recruitment process based on recommendations by **'Safer Recruitment'**.

All staff will be provided during their induction with:

- Training in safeguarding and child protection,
- A copy of this policy,
- The staff handbook.

All staff need to be alert to the signs of harm and abuse. They must report any concerns, if not immediately then as soon as possible.

41. Conclusion

The aim of these procedures is to give Guidance to all **Care Quality Support** staff in order to ensure that all young people are safe and free from harm within the care setting. If young people are considered to be at risk of or have suffered from abuse or neglect, **Care Quality Support** staff will take any appropriate action required to minimise the risk in order to protect young people from further harm.

Associated Documents and References

- **Care Quality Support** Employee Handbook
- Corporate Manslaughter and Corporate Homicide Act 2007
- Data Protection Act 2018
- Health and Safety at Work Act etc. 1974

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

- Health and Social Care Act 2008 (Registration and Regulated Activities (Amendment) Regulations 2015
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Guidance for: Child-Young person Protection Record Keeping and the Transfer of Child /young person Protection Records
- Internet Online Safety Policy and Procedure
- Mobile Phone Policy and Procedure,
- Management of Health and Safety at Work Regulations 1999.
- Recruitment and Selection Policy and Procedure
- The Care Act 2014

Getting Help

If you require any help with any matters relating to this policy and procedure, please speak to your line manager or Senior manager.

It is the responsibility of every member of staff to ensure that they are working within this policy and keep up to date with changes in policy that may affect their practice at work.