



## **6. Safeguarding**

## Legislation

- **Keeping Children Safe in Education (sept 2018)**
- **The Children’s Homes (England) Regulations 2015**
- **Health and Social Care Act 2008, Section 20 Regulations**
- **Human Rights Act (1989)**
- **Children’s Act (1989, 2004)**
- **Working Together (2018)**
- **Safeguarding Vulnerable Groups Act (2006)**
- **Children and Families Act (2013)**
- **Children and Young Persons Act (2008)**
- **Sexual Offences Act (2003)**
- **Applying corporate parenting principles to looked-after children and care leavers (Feb 2018)**
- **Mental Capacity Act (2005)**

## Practice Evidence

<b>Inspection Body</b>	<b>Outcome/ Regulation</b>	<b>Evidence</b>
<b>Ofsted</b>	<b>12, 22, 34, 35, 36, 41, 42</b>	<b>Policy Manual, Safeguarding File, Restraint Book, Significant Event Book, Handover File, Welcome Pack, Regulation 33 Reports, Schedule 6 Reports, Regulation 34 Reports</b>

		<b>Absconding File, ITP Reports, Resident Supervision Review, Resident White Board, Staff Training Matrix, Staff Supervision, Advocacy, Locality Risk Assessment</b>
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**Practice Evidence**

<b>Inspection Body</b>	<b>Outcome/Regulation</b>	<b>Evidence</b>
<b>CQC</b>	<b>7, 12, 14, 17, 18,19 and 20</b>	<b>Policy Manual, Safeguarding File, Restraint Book, Significant Event Book, Handover File, Welcome Pack, Regulation 33 Reports, Schedule 6 Reports, Regulation 34 Reports, Absconding File, ITP Reports, Resident Supervision Review, Resident White Board, Staff Training Matrix, Staff Supervision, Advocacy, Locality Risk Assessment</b>

## **Reference**

**Flow diagram regarding concerns**

**6.1- Recognising Child Abuse Guidance**

**6.2- Recognising Abuse of Vulnerable Adults Guidance**

**6.3- Child /Adult Protection Referrals**

**6.4- Deprivation of Liberty**

**6.5- Absence of a Service User without Authority**

**6.6- Allegations made against Staff/**

**6.7- Confidential Reporting and Whistleblowing**

**6.8- Notification**

**6.9- Representations and Complaints**

**6.10- Countering Bullying**

**6.11- Restrictive Physical Intervention**

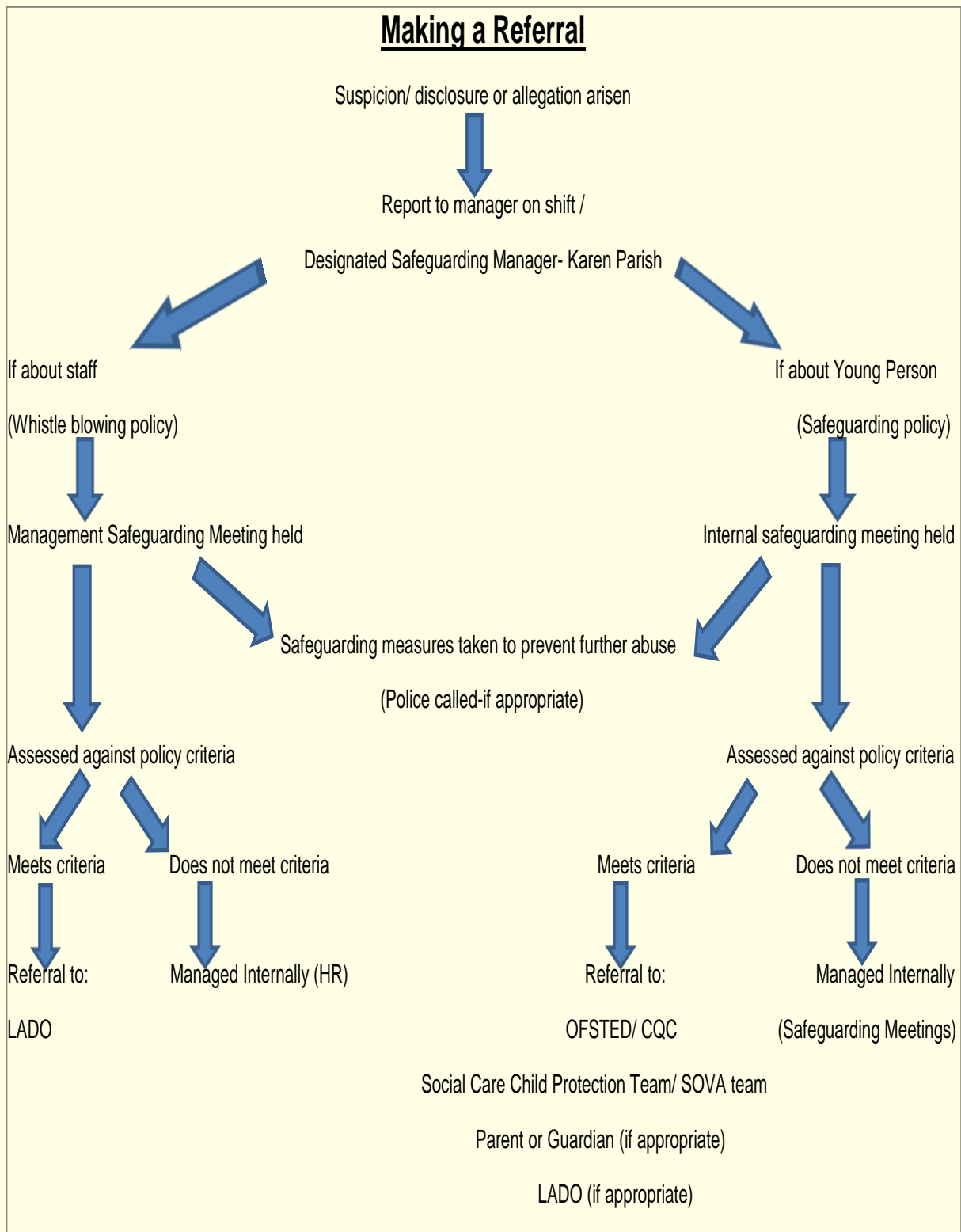
**6.12- Searching Bedrooms**

**6.13- Digital Photography**

**6.14- Prevent Policy**

**6.15- Additional Safeguarding areas**

**6.16- Locality Risk Assessment**



**Glebe House has an internal safeguarding team that monitor and assess any safeguarding issues. The Therapeutic Community Practice is centered on the meaning**

**and quality of relationships; therefore the community are encouraged to make sense of any potentially abusive relationships. The Community meetings are a core part of our daily programme and are an opportunity to explore issues of relationship, risk and risk management in terms of safeguarding.**

**As ‘Applying corporate parenting principles to looked after children and care leavers Feb 2018’ states “ For looked-after children this will mean having regard to the need to maintain, as far as possible, consistency in the home environment, relationships with carers and professionals and school placement” In the work undertaken in the circle of the Therapeutic Community Meeting we strive for a consistent, needs led approach to support the resident group in managing safely in all the different milieu of this service.**

## **6.1 Recognising Child Abuse Guidance**

### **The Concept of Significant Harm**

**‘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 development.

**‘Health’** Means physical or mental health; and

**‘Ill-treatment’** Includes sexual abuse and forms of ill-treatment which are not physical.

Your responsibility is not individually to make a judgment about whether or not the threshold of significant harm has been reached; it is to provide the best information possible in order to ensure that professional trained to assess significant harm can undertake appropriate assessment.

It is essential that any accounts of adverse experiences coming from children are as accurate and complete as possible.

‘Accuracy is the key, for without it effective decisions cannot be made and equally, inaccurate accounts can lead to children remaining unsafe, or to the possibility of wrongful actions being taken that affect children and adults’ (Jones DPH (2003) Communicating with vulnerable children: a guide for practitioners).

### **Child Abuse and Neglect as a form of Significant Harm**

There are four defined categories of child abuse, which are identified as forms of 'Significant Harm':

- Neglect;**
- Physical Abuse;**
- Emotional Abuse;**
- Sexual Abuse**

Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institution or community setting; by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults or another child or children.

## **Neglect**

### **Neglect includes:**

- failing to provide adequate food and clothing, shelter including exclusion from home or abandonment;
- Failing to protect a child from physical and emotional harm or danger;
- Failure to ensure adequate supervision including the use of inadequate care-takers;
- Failure to ensure access to appropriate medical care or treatment;
- May also include neglect of, or unresponsiveness to a child's basic emotional needs.

### **Warning signs include:**

- Faltering growth, i.e. where there is poor growth for which no medical cause is found, especially with a dramatic improvement in growth on a nutritious diet away from home;
- A consistently unkempt, dirty appearance;
- Severe and persistent infestations (for example, scabies or head lice) in a child;
- Un-met medical needs, e.g. failure to seek medical advice or attend appointments for illness, severe untreated nappy rash, missed immunisations where they have not been refused on other grounds;
- Developmental delay without any other clear cause;
- Lack of social responsiveness;
- Self-stimulating behaviours such as head banging or rocking (note that some special needs children may exhibit this behaviour due to their disability but this should also be evaluated for context);
- Repeated failure to prevent injury;
- Consistently inappropriately clothed for the weather;
- Hazardous living conditions.

## **Physical Abuse**

### **Physical Abuse includes:**

- Bites
- Bruises
- Lacerations, abrasions or scars
- Burns or Scalds
- Fractures
- Head Injuries
- Poisoning
- Other Injuries

**Warning Signs includes:**

- Late reporting
- Inconsistency between the story given and the injuries that you see
- A story which changes according to who tells it
- Frequent attendances in Emergency Departments
- Bruising or fracture in a child under the age of one year

**Sexual Abuse**

Glebe House is a specialist treatment provision which works directly with young people who have displayed sexually harmful behaviours. This work includes; exploring with the young people their own victim experiences; consideration of their own offending patterns and development relapse prevention packages.

**Sexual Abuse includes:**

- Sexual acts
- Inappropriate sexual touching & kissing
- Making children watch or participate in sexual activity or pornographic material
- Encouraging children to behave in sexually inappropriate ways
- Sexually exploiting children through prostitution
- Grooming

**Warning Signs:**

- Inappropriate sexual knowledge, comments or behaviour
- Pregnancy/sexually transmitted infections
- Unexplained gifts or money
- Secrets
- Severe sleep disturbances or nightmares
- Withdrawn, fearful or aggressive behaviour
- Distrust of adults (familiar or specific)
- Self-harming

**Emotional Abuse**

**Emotional Abuse includes:**

- Making a young person feel unwanted, unloved, frightened, worthless or inadequate
- Unrealistic expectations
- Overprotecting and limiting the young persons ability to explore and learn



- Stopping a young person from joining in normal activities
- Seeing domestic violence

### **Warning Signs:**

- Very poor self-confidence
- Lack of any sense of fun
- Overly clingy or attention seeking
- Over reacting
- Very significant delay in reaching academic potential
- Self-harming
- Repetitive or compulsive behaviours

### **6.2- Recognising Abuse of Vulnerable Adults Guidance**

At Glebe House young people arrive under the age of 18 however often leave in adulthood, therefore Glebe House work with both adult and child protection guidance.

Service-users are protected from abuse, or the risk of abuse, and their human rights are respected and upheld;

The employee's primary responsibility is to protect the vulnerable adult if they are at risk;

Each employee has a duty to take action;

Employees should not have to cope alone.

### **Principles**

We will:

- Take action to identify and prevent abuse from happening;
- Respond appropriately when it is suspected that abuse has occurred or is at risk of occurring;
- Ensure that Government and local guidance about safeguarding people from abuse is accessible to all staff and put into practice;
- Understand how diversity, beliefs and values of Service-users may influence the identification, prevention and response to safeguarding concerns;
- Work collaboratively with other services, teams, individuals and agencies in relation to all safeguarding matters, and in line with local multi-agency procedures.

### **Definition of Vulnerable Adults**

Many of our Service-users will be vulnerable adults. A '**Vulnerable Adult**' is defined as someone over 18 who is, or may be, in need of community care services by reason of mental or other disability, age or illness and who is, or may be, unable to take care of himself, or unable to protect himself against significant harm or exploitation.' ('No Secrets' (2000).

As for Child Protection: Sexual Abuse, Emotional Abuse, Physical Abuse and Neglect. With the addition of: Financial abuse, Discriminatory Abuse and Institutional Abuse

### **Financial Abuse includes**

- Including theft, fraud;
- Exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

#### **Warning signs:**

- Unexplained or sudden withdrawal of money from accounts;
- Disparity between assets and satisfactory living conditions;
- Extraordinary interest by family members and other people in the vulnerable person's assets.

#### **Retained Items and Financial deposits**

When a resident arrives at Glebe House their belongings are logged in, a list is kept in their file. Any valuables will be logged in and will either be stored within the young person own safe in their bedroom or if they request, secured safely on site.

Young people are discouraged from having large amounts of money on their person or in their rooms, as this presents a safeguarding risk in terms of exploitation. Therefore young people are encouraged to open savings accounts so that any money can be protected.

#### **Discriminatory**

- Including abuse, slurs and other forms of harassment based on a person's disability, race or sex;
- Multiple forms of abuse may occur in an ongoing relationship or abusive service setting to one person, or to more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

#### **Warning Signs:**

- Lack of respect shown to an individual;
- Signs of substandard service offered to an individual;
- Exclusion from rights afforded to others, such as health, education, criminal justice.

#### **Institutional**

##### **Institutional Abuse includes:**

- Institutional abuse: or the failure of an organisation to ensure necessary safeguards and good standards of care are in place to protect and support a vulnerable adult.
- This may include neglect and poor professional practice and may take the form of isolated incidents through to pervasive ill treatment or gross misconduct at the other.
- Any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

##### **Warning Signs:**

- Standards of care declining
- Lack of adherence to policies

### **6.3 Child / Adult Protection Referrals**

#### **Introduction, Summary and Definitions**

The homes Designated Safeguarding Managers are responsible for coordinating Protection Referrals and Allegations.

Safeguarding and promoting the welfare of young people and in particular protecting them from abuse and harm is a shared responsibility and depends on effective joint working between all staff, with all relevant agencies and professionals.

All staff have a responsibility to report any suspicions they have, that a young person has or may be mistreated or harmed; and to take all allegations seriously, and report them to a manager (or other professional depending on nature of the incident).

### **Reporting Concerns, Suspicions or Allegations of Abuse or Harm (See Flowchart 6.1)**

The general principle is that all suspicions, disclosures or allegations must be reported.

The following actions should be taken when there is any concern, disclosure, suspicion or allegation about the welfare of a young person, which is causing or likely to cause Significant Harm. This includes 'historical abuse', that may have occurred at some time in the past and may not have been reported or investigated.

It includes harm perpetrated by any person, including:

- Another young person (including serious or persistent bullying)
- A member of staff, or manager,
- A visitor or person in the community;
- A teacher, social worker or other professional;
- A parent or other family member.

Disclosures made as part of the clinical process should also be reported, unless there is clear, written evidence in the young person's file that the matter has been formally dealt with.

Staff should firstly make their report to the manager, unless the manager is implicated. In which case staff must notify one of the following:

In an emergency, where there is an immediate risk to the child, staff must take necessary action. This may involve asking for Police assistance or seeking emergency medical assistance e.g. taking the child to hospital or contacting the emergency services via 999. If the child is taken to hospital or the Police are called, staff must inform them that there is a suspicion of abuse or harm. Thereafter staff must notify the manager (or other agency) as described above.

Once notified, the manager will be responsible for following the Local Safeguarding Children or Adult Board procedures and making contact with the Local Authority.

The manager must inform the Designated Child Protection Managers or other senior manager.

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At this stage any action taken must not alert the person(s) who may have caused or be implicated in causing the abuse or harm.

### **Receiving Concerns or Allegations of Abuse of Harm**

Staff members seeing, hearing or being told anything that causes them to become concerned that a young person may be at risk of, is being or has been abused must report it immediately to a manager. Non-action is not an option in the protection of children and all staff have a duty to act.

Children and young people will sometimes disclose abuse to an adult who they have come to feel they can trust. If a young person discloses abuse it is important that staff respond appropriately by remaining calm and receptive; listening without interrupting; only asking questions of clarification; acknowledging the young person's courage in telling.

It is not staff member's responsibility to investigate or in any way make judgements about what is reported to them. Investigations, if necessary, must be undertaken by properly trained, professionals.

If a disclosure or allegation of abuse or harm has been made, staff should discuss with the young person who has made the complaint what steps they would like taken to protect them and their wishes should be shared and, if not in conflict with procedures, followed.

Where the allegation is of an historical nature, e.g. relating to abuse or harm that may have been perpetrated in another placement or by family members, allegations must be taken seriously and must be reported in the same way as any other allegation.

Staff must not give absolute guarantees of confidentiality to those who report possible abuse or harm, but they should guarantee that they will take steps to ensure that appropriate action is taken and the young person protected.

If an allegation or any suspicion is about the behaviour, past or present of another member of staff, including managers, which may in any way put children at risk, staff must follow the reporting procedures 6.5

Staff must make a written record as soon as possible of their concerns, what they have been told, any questions they asked and the replies given and the actions taken and by whom. They must then give the report to a manager.

The record should be placed on the young person's file except where a colleague is implicated or there is any risk to the child as a result, in which case notes/records should be given to the manager dealing with the matter.

Staff should not discuss the matter with others, including other staff, parents etc. unless asked to do so by those responsible for dealing any subsequent investigation or enquiry.

### **Allegations made against Children or Young People**

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

Where there is any suspicion or allegation of abuse or harm perpetrated by one young person upon another, Protecting the rights of both victim and alleged perpetrator is important. It may be necessary, dependent on an assessment of all the facts, to separate the alleged perpetrator and victim but it may not be possible to explain why this is necessary to the perpetrator.

Throughout the process thereafter it will be necessary to ensure that young people with allegations made against them are properly supported, by an Independent Person if appropriate or required, as well as their social worker or significant other. Once the investigation is complete, consideration will then need to be given to the needs and interests of both alleged victim and perpetrator, and whether counselling and/or other support should be given. It is important to note that all the young people resident at Glebe House have sexually Harmful Behaviour

### **Action by the Manager and Internal Safeguarding Team**

After receiving a report of a concern, suspicion or allegation of abuse or harm, the manager must firstly take any steps needed to protect any child or young person from risk of immediate harm. An investigation by the Internal Safeguarding team will take place to inform the next steps to be taken. This may include local safeguarding teams, the police and regulatory authorities.

The procedures that will be followed will depend on the decisions made by the internal safeguarding team and whether a referral is made to an external agency. Having received the referral (report/allegation), it is likely that Strategy Discussion/Meeting will be convened, to decide whether to initiate a Child Protection Enquiry and, if so, to agree the following with the manager

1. Who should inform the child's parent(s);
2. Arrangements for any medical examination of the child;
3. Any immediate arrangements for protection of the young people, including whether the Child should be moved away from Home;
4. Whether it is necessary to inform staff within the home and if so who will do it;
5. Whether any implicated staff should be suspended.
6. Who should inform/update the person making the initial allegation of the steps/actions taken?

The manager should ensure that the young person is supported during any enquiries/investigation; this may require an independent advocate or independent person to be involved. The manager should also ensure that all staff co-operate fully.

### **6.4- Deprivation of Liberty**

Deprivation of Liberty (DOLs)

The Mental Capacity Act 2005 says that someone who lacks mental capacity cannot do one or more of the following four things:

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- understand information given to them
- retain that information long enough to be able to make a decision
- weigh up the information available and understand the consequences of the decision
- communicate their decision – this could be by any possible means, such as talking, using sign language or even simple muscle movements like blinking an eye or squeezing a hand.

At Glebe House we do not have any young people who lack capacity. They have to have informed consent in order to be admitted and benefit from undertaking our treatment programme. If a young person's mental capacity diminishes whilst placed at Glebe House then Glebe House would liaise with referring authority in respect of identifying a more appropriate placement.

### **6.5 Absence of a Service User without Authority**

#### **Unauthorised Absence/Missing Persons Procedure**

Definition: If a resident leaves the grounds without permission, or if a resident fails to keep to supervision boundaries while on a trip and staff are not aware of their location.

Residents whom are absent without permission must be protected in accordance with the following guidelines:

1. If a resident is absent without permission consideration must be given to the following:
  - The age and understanding of the young person;
  - The young person's state of mind when last seen;
  - Any possible precipitating or contributory factors;
  - The resident's history of running away;
  - The young person's degree of vulnerability e.g. self-harm behaviours;
  - The risk of offending connected with unauthorised absence;
  - The resident's legal status e.g. Accommodated, Care Order, Sex Offender Register, Sexual Offences Prevention Order, Order of Supervision from the Youth Offending Service or Probation Service.
2. Having assessed the risk, taking into account the above considerations, the senior member of staff on duty, in collaboration with the senior on call, will decide who should be notified about the resident's absence.
3. Police during office hours the placing authority should be contacted to discuss the situation and decide upon an appropriate course of action. Outside office hours the placing authority's Emergency Duty Team should be notified of the young person's absence and be kept informed of any developments;
4. If the young person is felt to be in any immediate danger or is likely to pose a significant risk to others, then details of the risk should be given to the police; We ensure our actions are in line with Joint Protocol for Safeguarding Children Missing from Home or Care in Cambridgeshire. See Appendix for Cambridgeshire's Local Safeguarding Children Board Procedures
5. The police response will depend upon the resident's legal status. Anyone harbouring a young person can be prosecuted - including parents. If the resident is accommodated under section 20, the police can only detain a young person for his own safety;

6. Any issues surrounding the use of publicity regarding an absent young person must be referred to the placing authority;

7. When a young person returns from having been absent, either of their own accord, or through being brought back by police for (example) all relevant people should be notified as soon as possible;

8. Talking with the young people upon their return should be done sensitively and with due consideration given to the factors identified in points 1 (a) to (g). The young person should be encouraged to discuss their experiences whilst absent. If a young person discloses information which is cause for concern, then it needs to be passed to a senior member of staff who should notify the placing authority;

9. It is the responsibility of the senior member of staff to ensure that all communications regarding the incident are appropriately and systematically logged.

The issue of absconding is taken very seriously at Glebe House and there is a large investment within the resident group to keep the organisation safe by remaining within the grounds. Support is given, often resident led, to young people who are struggling to find alternatives to having to leave the site without permission. As a consequence of this absconding is extremely infrequent.

### **Immediate Action to be Taken by the Lead Person on Duty**

- Notify the On Call Person;
- Inform the Police. It is important to highlight the resident's legal status recorded on their file front sheet;
- Complete a Significant Event Form; Start absconding record
- Inform Social Worker. If outside office hours update the placing Authorities Emergency Duty Team;
- Inform family.

### **On Return of the Resident**

- Debrief Resident;
- Inform everyone notified of the resident's absence;
- Update Significant Event Form. Complete absconding record

### **Follow up work with both Resident and Community**

Ensure events are discussed in the relevant community meeting and reviewed in the next Case Meeting when Social Worker should be present.

Ensure that all documentation is clear, correct legible and uses appropriate language.

**See Appendix for Missing from Care, Cambridgeshire Local safeguarding Children's boards Joint Protocol**

## **6.6-Allegations made against Staff**

### **Immediate Actions if Concerns/Allegations are Made/Raised**

“Any allegation should be reported immediately to a senior manager within the organisation. The LADO should also be informed within one working day of all allegations that come to an employer’s attention or that are made directly to the police; and if an organisation removes an individual (paid worker or unpaid volunteer) from work such as looking after children (or would have, had the person not left first) because the person poses a risk of harm to children, the organisation must make a referral to the Disclosure and Barring Service. It is an offence to fail to make a referral without good reason. “ Working Together 2013

The homes Designated Child Protection Manager is responsible for co-ordinating Child Protection Referrals and Allegations.

Under no circumstances should information about the concerns/allegations be given to a person who is implicated or against whom an allegation has been made. For additional guidance on what to say/how to behave, see Appendix 1: Guidance on What to Say.

For example, if a colleague (e.g. another member of staff or a manager), is implicated or there are any concerns or allegations that they may not follow appropriate procedures, staff must report their concerns to one of the following:

- The Designated Child Protection Manager or a manager who is not implicated;
- The Child's Social Worker;
- The Regulatory Authority;
- The local Children's Services/Duty Team;
- The Police.

Having reported concerns to one of the following, the procedures set out in Section 2, Initiating Child Protection Enquiries, the member of staff should be informed of the outcome within 2 or 3 days; if this does not happen, the concern/allegation should be reported to another of the people/agencies listed.

### **Initiating Child Protection Enquiries**

Once the concern or allegation has been made/raised - assuming it has been made to a Manager - the following actions must be taken.

The Manager must ensure that the Designated Child Protection Manager is notified and the Line Manager for the home and then must notify and co-operate with the

Local Authority Designated Officer (LADO) in the area where the Significant Harm is suspected – even if on the face of it the allegation is unfounded.

The LADO will advise on the actions/measures that must be taken including notifications to the following:



- The young person's Social Worker, and come to a decision about notifying parents and any actions that need to be taken to protect the young people e.g. whether it is necessary to change placements;
- The Regulatory Authority, if a Child Protection Enquiry is initiated;
- Referring the Member of Staff to the Disclosure and Barring Service.

In consultation with all the agencies (e.g. the Children's Services/LADO, relevant Social Workers and the Regulatory Authority), decisions will need to be taken about the on-going safety/placement arrangements of the young people and the alleged perpetrators e.g. it may be necessary to move/suspend or place staff on 'Garden Leave', or move/transfer children to other placements. If such a decision is made, the Disclosure and Barring Service must be notified – in consultation with the LADO).

It will also be necessary to co-operate with the procedures initiated by the LADO/Children's Services.

The Designated Child Protection Manager will be consulted as to whom, should contribute to reports or attend procedures including:

- A Strategy Discussion;
- A Child Protection Enquiry;
- An Initial Child Protection Conference.

### **Appendix 1: Guidance on What to Say**

The following are principles of good practice which must be adhered to when receiving/reporting concern.

However, this guidance is not exhaustive, all staff should have received training on receiving and reporting child protection concerns - if in doubt, staff must consult the Designated Child Protection Manager or another manager who is not implicated immediately.

Staff may ask questions or seek clarification about concerns raised with them, but they may not take any actions to investigate or in any way make judgements about what is reported to them. Investigations or enquiries, if necessary, must be undertaken by properly trained, independent, professionals - usually social workers representing Children's Services.

Staff must not inform or discuss concerns/allegations with any person who is alleged or reported to be the perpetrator, including any colleague/manager. If a manager is implicated, staff must ensure that any reports are passed to an independent manager or directly to Children's Services, the Social Worker, Police or Regulatory Authority.

Staff must not give absolute guarantees of confidentiality to those who report possible Significant Harm to them, but they should guarantee that the information will only be passed to the minimum number of people who need to know to ensure proper action is taken to sort the problem out.

### **DO**

- Listen to the child attentively;
- Maintain eye contact;
- Allow the child to talk, but don't press for information;
- Tell the child that they are not to blame for anything that has happened;
- Reassure the child that they were right to tell;
- Let the child know that other people will have to be told so that the abuse can stop;
- Try to explain in a way that the child can understand.

### **DON'T**

- Promise to keep secrets;
- Make any promises you can't keep;
- Interrogate the child or ask leading questions;
- Cast doubt on what they have said;
- Make the child feel responsible for what's happened;
- Show anger;
- Panic and act hastily (it's unlikely to be a life threatening situation);
- Gossip about what you have been told;
- Talk to the alleged abuser.

Staff must make a written record as soon as possible of what they have been told, detailing the questions they asked and the replies given and the actions taken and by whom. They must then give the report to the Manager (except any Manager who may be implicated).

The record should be placed on the child's file except where a colleague is implicated or where there is any risk to the child as a result, in which case notes/records should be given to the manager dealing with the matter.

### **Appendix 2: HR Procedures Relating to Allegations Against Staff**

#### **During the Child Protection Enquiry/Police Investigation**

The Home's Manager or Designated Child Protection Manager should consult with the Local Authority Designated Officer (LADO) and consider recommendations from the Strategy Discussion and come to a decision about what actions to take in relation to any staff implicated.

This will include the following:

- Whether to suspend any member of staff or place them on 'Garden Leave';

- What support to provide any member of staff (see Lead/Co-ordinator and Support Manager);
- Information about the enquiries/investigations that should be given to other staff/managers;
- The arrangements for notifying the Regulatory Authority;
- Who will act as Lead/Co-ordinator of the on-going case during until the enquiries/investigations are complete (see Lead/Co-ordinator and Support Manager);
- Any decision to suspend any member of staff or place them on 'Garden Leave' should account for:
  - A child or young person may be at risk;
  - The allegations are so serious that dismissal for gross misconduct is possible;
  - Suspension is necessary to allow the conduct of the investigation to proceed unimpeded.
    - Referral to Professional regulatory or Body if appropriate

The LADO should be consulted with a view to referring the member of staff to The Independent Safeguarding Authority.

Suspension should be viewed as a precautionary measure and does not prejudice the outcome of any formal Disciplinary hearing; nor should it be regarded as a punishment for an offence.

Alternatives should always be considered e.g. leave of absence, transfer duties, additional supervision.

During the Child Protection Enquiry and any Police Investigation or Criminal Action, a senior manager will be allocated to act as Lead/Co-ordinator for the case - this person will be responsible for monitoring the enquiries/investigations and liaising between the various agencies concerned.

The Lead/Co-ordinator will also keep all managers and the Regulatory Authority informed as the case/enquiries progress and will be the first point of contact for any staff who are implicated/suspended.

### **Supporting Staff and Children/Young People**

The Lead/Co-ordinator will either act as support person for any staff that are implicated/suspended, or will nominate another person to act in this role.

For guidance on the role and responsibilities of the person supporting staff and for staff who are implicated/suspended, see the following:

### **Case Evaluation and Review**

Once the Child Protection Enquiries and any Police Investigation have been concluded, the Designated Child Protection Manager will consult the LADO and come to a decision about the following:

- Whether an internal disciplinary or other investigation should be initiated;

- Whether any policies, procedures or processes should be amended;
- Whether any training or other measures are required;
- Whether to update/notify the Regulatory Authority of the outcome of the Enquiries/Investigations.

If any allegation against a member of staff is substantiated and/or a member of staff is dismissed, a referral should be made to the Disclosure and Barring Service in consultation with the LADO. Consideration will then be given as to whether the individual should be barred from, or have conditions imposed in respect of, working with children.

For more information please go to: Disclosure and Barring Service (DBS) Website.

## **6.7- Confidential Reporting and Whistleblowing**

### **Purpose of this Procedure**

Confidential Reporting is also referred to as 'Whistleblowing'.

Staff have the right and the responsibility to raise genuinely held concerns about abuses of power and trust by colleagues towards:

- Children using our services
- Any other children
- Adult Service Users (i.e. Social Workers)
- Other employees

Any concerns that a colleague might or has been mistreating or abusing a child must always be reported see Child Protection Referrals Procedure.

This procedure is designed to ensure that other (non-abusive) genuinely held concerns are raised and are effectively addressed.

The procedure will also apply to people involved in working with us though not employed by the Company (e.g. consultants, students on placement etc.).

Any concerns about the actions or behaviour of such staff should be reported in accordance with using the procedure and the Home Manager receiving the concern should pursue the matter with the employer or placing college of the person about whom concerns have been raised.

No one exercising their responsibilities under this procedure and in good faith will be penalised for doing so. Any attempt to victimise employees for raising genuine concerns or to prevent such concerns being raised will be regarded as a disciplinary matter.

Any attempt to abuse this procedure by maliciously raising unfounded allegations will also be regarded as a disciplinary matter.

The Confidential Reporting Procedure does not: -

- require employees to prove that their suspicions are well founded; nevertheless they should have reasonable grounds for their suspicions.

- replace the Grievance Procedure which is available to employees concerned about their own situation. See Grievance Procedure.
- replace the Disciplinary Procedure, although the Policy may lead on to disciplinary proceedings. See Disciplinary Procedure.

The procedure does require management to act quickly and appropriately where there are concerns about:

- children using our services.
- any other children.
- adult service users.
- other employees

### **Personal Awareness**

In working with abused children, staff need to recognise as far as possible the impact that their behaviour, speech and presentation will have on children.

Those working with children should also be aware that games involving physical contact could be misinterpreted by children or can frequently be used by abusers as part of the 'grooming' process of a child. Therefore, any contact should be used only where relevant to the needs of the child, and should form part of the ITP and be reflected fully in recording and supervision. Workers should recognise that children need to deal with the pain of their experiences through acknowledgement and expression of their feelings. Physical contact meant as comfort can stifle this process.

### **Using the Procedure**

NOTE: Any concerns relating to possible mistreatment or abuse of a child must be reported via the Child Protection Referrals Procedure.

### **How do I raise concerns?**

You should raise them with your Home Manager or, if you prefer, with the line Manager for the Home.

### **What if I feel unable to speak to either my Manager or his/her Manager?**

You should talk to another manager or you could contact Public Concern at Work. [www.pcaw.org.uk](http://www.pcaw.org.uk)

### **What happens when I raise my concerns?**

This will depend largely on the nature of the concerns you raise. However, in all cases, the Manager, or other person, with whom you raise your concerns will arrange to meet you as soon as possible and away from the workplace, if necessary, to enable you to explain fully what your concerns are and why you have them. We will ask you how you wish to see the concern resolved and whether you would want to be told about how we will conduct the investigation. The Manager will tell you either at that meeting or as soon as possible afterwards, what action will be taken in response to the issues you have raised. You will be told the outcome of any investigation into your concerns. Sometimes, however, it may not be

possible to reveal the full extent of the investigation where this relates to personal issues involving a third party. Where action is not taken, you will be given an explanation.

### **Can I bring someone to support me when I meet the Manager to discuss my concerns?**

Yes, but because issues raised under this procedure will often be of a sensitive nature, you should discuss the matter with as few people as possible.

### **How long will it take for my concerns to be addressed?**

This will depend on the nature of the issues you raise. Wherever possible, the matter will be addressed within 28 days of you raising it.

### **What can I do if I am unhappy with the actions taken in response to the concerns I have raised?**

If you do not agree with the way your concerns have been dealt with by Management, you may in the first instance notify the Designated Manager (Confidential Reporting). Alternatively, you may seek advice from Public Concern at Work, a charity which provides free independent legal advice to staff and others who wish to raise concerns about the workplace.

## **Managing the Procedure**

### **What do I do as a Manager if concerns are raised with me?**

- You must arrange to meet the person raising the concerns as quickly as possible to establish exactly what the concern is and understand what has given rise to it.
- You need to consider carefully where the meeting should take place and allow the person raising the concerns to be accompanied by an appropriate friend or colleague, if that is their wish.
- You must make a note of your conversations with the person raising the concerns and agree the accuracy of that note with them.
- You must be sensitive to the fact that the person concerned may feel uncomfortable about raising issues with you regarding a colleague or a manager.
- You must consider and address the support needs of the person who is the subject of the concerns and of the person raising them.
- If a person disclosing a concern wishes their identity to be confidential, you ought to provide reassurance that their wish will be respected. You should explain that you will not disclose their identity without their consent unless a Court Order requires this. You should also explain that it may not always be possible to take all the necessary action if their identity is to remain confidential.

You must prioritise the process of dealing with the issue remembering that, wherever possible, it should be addressed within 28 days of the matter being raised with you.

### **What do I do once I have established what the concerns are?**

If the issue appears to be of a relatively minor and straightforward nature, you may decide to resolve it informally and directly with the individual who is the cause of the concerns.

If the issue appears to be complex or more serious, you must first consider whether any immediate action is necessary to protect the needs of the child, or other service users. (This may include referring the matter to the Police and/or initiating Child and Protection Procedure. If the concern relates to the welfare of a child and you do not feel able to respond, you should seek advice on how to proceed from the Designated Manager (Confidential Reporting)).

You must then decide how the issue is to be investigated (e.g. under Disciplinary Procedures) and must arrange for that investigation to take place as quickly as possible.

You must inform the person raising the concerns of the action that you have taken and of the outcome of any investigation.

**What do I do if I have no line management responsibility for the individual who is the cause of the concerns?**

You must refer the matter to an appropriate manager with responsibility for the individual who is the cause of the concerns. However, in considering who to refer the matter to, you should take account of the level of seriousness of the concerns and any reservations expressed by the person raising them about who they should be referred to. If you are left with any uncertainties, you should talk to the Designated Manager (Confidential Reporting).

**Who notifies the person raising the concern of the outcome of any investigation if I refer the matter to the Line Manager of the individual who is the subject of the concerns?**

You must decide which of you will do this in your discussions with the Line Manager or the Designated Manager (Confidential Reporting) of the person who is the cause of the concerns. If confidentiality is an issue, then it will be necessary for you to advise the person raising the concern of the outcome of the investigation. If not, it may be most appropriate for the Manager initiating the investigation to do so. Either way, the employee raising the concerns should be told before the investigation begins, if possible, who will notify her/him of its outcome.

**Recording**

A record of concerns raised under this procedure together with a record of action taken in response will be retained on the personal files of the complainant and the person complained about for as long as those files are retained. The record on the file of the person complained about will exclude the identity of the complainant in cases where anonymity has been maintained.

**Confidentiality**

This Procedure has been designed to ensure that employees can feel confident that they can raise concerns about malpractice and that those concerns will be properly and effectively dealt with within the Trust.

It is preferable that a serious concern is raised responsibly rather than not at all. If you are uncertain about who to approach with your concerns, you should seek advice from any relevant body including public concern at work.

### **6.8- Notifications Relevant to Safeguarding**

These are the specific notifications that need to be made in respect of safeguarding concerns only.

If there is a referral of an individual working in the home pursuant to section 35 of the Safeguarding Vulnerable Groups Act 2006, the registered person must without delay notify—

- (a) HMCI;
  - (b) the placing authority; and
  - (c) any other relevant person.
- (3) If, in relation to a children's home, a serious event takes place affecting the welfare of a child, the registered person must without delay notify any relevant person.

#### **Ofsted**

##### **Child death**

(1) If a child accommodated in the children's home dies, the registered person must without delay notify—

- (a) HMCI;
- (b) the placing authority;
- (c) the Secretary of State;
- (d) if different from the placing authority, the local authority in whose area the home is situated;
- (e) the clinical commissioning group (as defined in section 14D of the National Health Service Act 2006(b)) for the area in which the home is situated;

4) The registered person must without delay notify the parent of any child accommodated in the home of any serious event affecting the child's welfare unless to do so is not reasonably practicable or would place the child's welfare at risk.

(5) Any notification made in accordance with this regulation which is given orally must be confirmed in writing.

#### **CQC**

- a) Death of a person that uses the service
- b) Abuse and allegations of abuse of people who use the service
- c) Serious injuries to people who use the service
- d) Incidents reported to or investigated by the Police
- e) Death or unauthorised absence of people detained or liable to be detained under Mental Health Act- Not applicable
- f) Deprivation of Liberty- Not applicable
- g) Placement of Children on Adult psychiatric ward- Not applicable

For details and forms for notification either seek AD Clinical or Head of Policy, alternatively in their absence see safeguarding file.

### **6.9- Representation and Complaints**

The philosophy of The Children Act seeks to promote the concept of partnership with families, the rights of young people to be consulted and to participate in decision making, and their entitlement to a consistent standard of service and care. The Act also emphasizes the importance of children in Care having access to independent people and organisations outside the residential setting in which they are living.

These ideas are very much in harmony with the aims of Glebe House Community in enabling young people to move towards independence, to accept responsibility and to take control of



their own lives, and to learn to manage risk. This process inevitably involves residents not only in gaining awareness of their own rights and entitlement but also in understanding the social and political systems in which they live and acquiring the skills of self-assertion in their own interests and advocacy in the interests of others.

In this context Glebe House Complaints Procedure should be seen as one of a number of appropriate ways in which young people can take appropriate control in their lives. Workers should be ready to help and advice as to the most effective avenue of representation if a complaint or problem has not been resolved satisfactory at the informal, in-house lever or when it is in the young person's best interests to air a problem in a wider arena.

Available options might include:

- Talking to Designated complaints officer at Glebe House
- Talking to their social worker
- Use of an independent advocate- CORAM VOICE
- Consulting a solicitor
- Childline
- Contacting a Representative of Ofsted

The phone number for CORAM VOICE, Childline and Ofsted are published next to the telephones, to which residents have access to.

If the problem concerns the Local Authority the young person can use the authorities' complaints procedures. They have the right to also use this procedure about a problem at Glebe House.

Remember that any complaint or issue involving possible sexual abuse or physical abuse should be immediately reported to a member of the Safeguarding Team who will convene a Safeguarding meeting.

The complaints procedure will cover all young people and their families involved in Glebe House services. The procedure may be used to:

- Challenge decisions made at Glebe House
- Raise issues about the standards of care
- Ensure action is taken about alleged infringements of rights, abuse or ill treatment (including bullying)
- Secure consideration of Glebe House's policies and practice

### **Summary of Complaints Procedure**

At Glebe House the three daily meetings are a forum where young people are encouraged to express their feelings. This work includes supporting residents to express any dissatisfaction in an appropriate way. Given this underpinning ethos many areas raised as a concern can be resolved.

The young people all have individual therapists with whom they have 1:1 session weekly. Part of the session usually involves spending some time exploring feelings from the previous week. We have regular visits from a VOICE advocate who spends time with each young person to see whether he can help them in anyway.

All young people are also in a number of small groups where they can address any troubles or concerns they may have. If the young person feels these mechanisms are not adequate they have the right to complain formally. A detailed procedure is contained in the staff manual and a user friendly version is in the young people's induction pack. Telephone numbers to VOICE are on display near to all telephones to which residents have access, along with a detailed poster about whom they can complain to.

Residents have access to their local authority complaints procedure; they can be supported in accessing this by a member of staff or the VOICE advocacy visitor.

The Glebe House formal internal complaints procedure identifies people, roles and timescales involved in managing formal complaints. Formal complains will be dealt with within 28 days.

### **Designated Complaints contact details**

**Designated Complaints Officer:** Anil Kalbag (Head of Quality Assurance)

**Investigating Officer:** Decided on an individual bases by Complaints Officer

**Adjudicator:** Peter Clarke (Director) or Clerk to Trustees

**The Panel:** Clerk to Trustees, Current Duty Trustee, CORAM VOICE Representative

### **Position of the workers**

A staff member who is the subject of a complaint or an allegation, which promotes action and leads to a Child Protection Investigation, should not have contact with the complainant, any Glebe House staff or residents regarding the matters under investigation except The Director within the formal strategy of the investigation. If the member of staff attempts to make contact with the express consent of The Director, this will be seen as a serious breach of this procedure and in itself may lead to disciplinary procedures against the member of staff.

Consent given by the Director will only be for the purpose of providing support at any investigation to the member of staff and boundaries for the contact takes place.

The complaint or allegation, which leads to a Safeguarding, will lead to the member of staff being suspended from duty until such time that the investigation has been concluded. At the time that the member of staff is informed of the complaint or allegation a member of the Trustees body will be appointed to provide support to the member of staff in this matter.

As part of the investigation the member of staff will be interviewed and at that interview they have the right to be accompanied by a fellow employee. At the conclusion of the Investigation the member of staff will be cleared of any wrongful action or formal staff disciplinary procedures have been commenced. The suspension from duty in itself will not be seen as disciplinary procedure.

Unless disciplinary or court procedures are involved, information which arises from Glebe House Complaints Procedures will not appear on personal records of staff.

Any person who is the subject of a complaint will have no part or responsibility for dealing with it.

Fundamental to any procedure must be the acceptance that any complaint will be taken seriously and appropriate responses to the complaint made. Young people must feel confident that they will not be sanctioned or punished as a result of making a complaint.

### **Informing residents, parents and social workers about the procedure**

When a young person arrives at Glebe House they are given a Welcome Pack that includes information on how to make a Complaint.

**The Resident's Link Worker** should make sure that the resident understands the significance of these procedures in the light of Glebe House's policy of shared responsibility and open discussion.

The Complaints procedure is also summarized in section 23 of The Statement of Purpose that is available to referrers and parents. See above.

**The Designated Complaints Officer** is responsible for the overall co-ordination of the procedure at Glebe House. The tasks are:

- Ensuring that young people/ workers are informed and understand the procedure
- Ensuring that any necessary training takes place in connection with the operation of the procedure.
- Recording and Monitoring Complaints
- Appointment of the Investigating Officer and obtaining the services of the Independent Person.
- Ensuring that timescales are kept.
- The appointment of a panel to review decisions at Stage III

**The Investigating Officer** is responsible for the investigation of the complaint within the guidelines and timescales.

### **The Independent Person**

If a formal complaint is registered then the Designated Complaints Officer will contact VOICE to appoint an Independent Person.

The Independent Person's task is to provide the objective element in the consideration of the complaints. The Independent Person is neither an investigator nor an advocate for the young person. The Independent Person has a right to see case records. In the course of the investigation they will:

- Observe that procedures are carried out correctly
- Interview the complainant and everyone else involved with the Investigating Officer and Designated Complaints Officer
- To provide a report for all parties including the complainant
- To make written comment on the overall experience and make relevant representation to management

## **The Adjudicator**

This is the person who will decide on the complaint. They will read the reports from the investigating Officer and Independent Person and inform all parties of their decision.

## **The Review Panel:**

The panel at stage III is a defined group of three people at least one of whom is independent. At Glebe House the Panel will be made up of the follow:

- Members of Trustees
- Clerk to Trustees
- Independent Person (VOICE)

## **The Advocate**

In some cases it may be necessary or desirable for the young person to be provided with an independent advocate who will identify with the needs of the complainant and assist in presenting and clarifying the complaint. Advocacy should be provided informally by ensuring that the complainant can be supported through the process by a chosen person; maybe the Keyworker, Social Worker or a friend. Advocacy on a formal basis will be felt to be necessary in some instances, for example what a complaint is made against the manager of the home, and could be provided by VOICE or by Local Authority Children's Rights Officers or through the Consumer Rights Officer at NCH.

## **Confidentiality**

All written reports and submissions will be treated as confidential to the Complaints

Procedure. They will only be used in other procedures with the consent of those who have provided the information. All records are kept within The Complaints File and archived annually to the written records room.

## **External complaint**

External complaints e.g. from neighbours are referred to the Director.

## **Stages of the Procedure**

### **Stage I: Informal Resolution**

At stage Glebe House there is an expectation that the daily meeting is a forum in which residents and staff can discuss, explore and resolve issues arising out of day-to-day life in the Community.

Residents can talk to The Designated Complaints Officer- Anil Kalbag, who will look to resolve the complaint informally if possible.

Problems can also be taken to the representative provided by VOICE who may help to mediate and/or represent the young person, so that a satisfactory resolution can be achieved.

Residents can also discuss a problem with their keyworker who will attempt to sort it out. If necessary the Director or Assistant Directors can become involved in resolutions.

It may be, however, that a resident considers that a particular issues has not been resolved satisfactorily and will want to take the matter further by making a formal complaint.

Remember that the procedure can also be made use of by parents and other interested people.

## **Stage II: Formal Complaint**

The complaint or representation **needs to be written down** and given to the Designated Complaints Officer. The designated Complaints Officer will ensure that the Glebe House procedure is the most appropriate means of resolving the complaint. They will make sure that the complainant understands the procedures and has the relevant information.

The Designated Complaints Officer will appoint the **Investigating Officer** who will see the young person and other people involved like the independent person from VOICE.

The Investigating Officer and Independent Person will each write a report that will be considered by the Adjudicator.

The designated Complaints Officer will write to the complainant giving the decision made by the Adjudicator. The letter should include information as to the complainant's rights at Stage II if he is still not satisfied that the complaint has been resolved. It is likely that the Independent Person will want to meet with the complainant to talk about the results of the investigation.

## **Stage III: Formal Complaint**

The complainant may decide to **refer the complaint on to an Independent Panel**. The request in writing should be via the Designated Complaints Officer and should be received no longer than 28 days from the letter of notification at stage II.

**The Panel**, convened by the designated complaints officer should meet within 28 days. The Complainant and the Independent person at Stage II should be notified in writing of the time and date of the meeting. The complainant has the right to be accompanied and supported by another person of their choice at the meeting. The Panel will consist of a member of the Glebe House Trust.

An agenda will be drawn up for **The Panel meeting**.

The Complainant and representative from Glebe House all have the right to make verbal and written submissions at the meeting.

The Panel is required to **decide on its recommendation with 24 hours** and to make this available in writing to all parties.

The Director in conjunction with the complaints officer is then required **to consider the recommendations of the Panel** in conjunction with the decisions arising from their consideration. This should be conveyed to the complainant and all other relevant people within **28 days**.

## **Record for Inspectorates**

Any complaint records will be forwarded to Ofsted and CQC upon request. Any interested party has the right to contact Ofsted or CQC of any concerns they may have in respect of the carrying out of the regulated activity. Staff are encourage to use the internal procedures as a first response.

## **6.10- Countering Bullying**

### **Introduction**

Within this specialist therapeutic service many of the residents have often come from environments in which they were subject to abusive and other harmful behaviours. They have also gone on to act out in similar ways and are placed here in order to develop non-abusive and non-harmful ways of managing. This informs our understanding the dynamics around bullying both as a perpetrator and as a victim. Our three daily community meetings are key to highlighting and challenging any bullying types of behaviour in a thoughtful and impactful way. We also have individual sessions with Clinical Practitioners and group sessions along with other therapeutic groups.

Our independent visitor meets monthly with the young people, likewise the young people's advocate from Voice.

### **Definition of Bullying**

Bullying is defined as behaviour or actions of a person, group of people or a whole organisation designed to cause distress or to hurt a person or group of people.

### **Bullying can be:**

- Emotional - being unfriendly, excluding, tormenting (e.g. hiding possessions, threatening gestures);
- Physical - pushing, kicking, hitting, punching or any use of violence;
- Racist - racial taunts, graffiti, gestures;
- Sexual - unwanted physical contact or sexually abusive comments;
- Homophobic - because of, or focusing on the issue of sexuality;
- Verbal - name-calling, sarcasm, spreading rumours, teasing;
- Cyber bullying - e.g. using mobile phones or social networking sites to intimidate or bully others.

### **General/Prevention**

Staff must be alert to the risk of bullying and should take all reasonable steps to prevent such behaviour. This includes:

- Implementing a clear policy within the home/school that bullying is not acceptable;
- Undertaking risk assessments at point of referral and at appropriate stages thereafter;
- Providing information and guidance to children;
- Providing clarity to children on acceptable behaviours;
- Drafting Individual Crisis Management Plans/contracts with relevant children;

- Providing opportunities for children to explore issues of bullying e.g. writing stories or poems or drawing pictures about bullying;
- Reading stories about bullying or having them read to them;
- Making use of role-plays;
- Having discussions about bullying and why it matters.

We all have a responsibility to respond promptly and effectively to issues of bullying.

Everyone involved in looking after children shares responsibility for countering bullying and for creating a culture which positively encourages acceptable behaviour and reduces or prevents the likelihood of bullying.

As part of this ethos, everyone must understand what bullying means and what measures should be taken within the home and by individual staff to counter it.

Everyone should also be clear what measures they should take if they suspect bullying or it is reported to them.

In this respect, everyone should be alert to the fact that bullying may constitute Significant Harm and, if so, must be reported under the Child Protection Referrals Procedure.

### **Countering Bullying Day-to-Day**

If they have any concerns, they must discuss them with colleagues and the Home Manager; who should take what actions are necessary to reduce or prevent it.

It may be appropriate to convene a meeting, preferably with the young person/people concerned, to discuss strategies to prevent or reduce the bullying. This may include the following:

1. The bully (bullies) may be asked to genuinely apologise;
2. In serious cases (see next paragraph), some form of sanction or exclusion from the other young person will be considered;
3. If possible, the young people will be reconciled;
4. After the incident / incidents have been investigated and dealt with, each case will be continuously monitored to ensure repeated bullying does not take place.

If the bullying is persistent or serious, the social worker should be consulted and it may be necessary to conduct a Placement Planning Meetings or a Strategy Discussion in line with Child Protection Referral Procedures.

See: Child Protection Referrals Procedure

If the Home Manager is unavailable, staff may take what immediate actions are necessary to reduce or prevent bullying from occurring and then inform the Manager as soon as practicable.

### **Notifications, Recording and Review**

- **Minor or Non Persistent Bullying**

Where bullying is not persistent or not serious it should be notified to the Home Manager at the first opportunity; the manager will decide whether to inform the social worker and what further actions to take.

- **Persistent or Serious Bullying**

Serious or persistent bullying must be notified immediately to the Home's Manager and the relevant Social Worker notified within 1 working day - the social worker should be consulted and consideration given to whether a Child Protection Referral should be made, if so, see Child Protection Referrals Procedure.

The Designated Manager (safeguarding) should also be notified and consideration given to whether the incident is a Notifiable Event, see Delegated Authorities and Notifications Procedure.

### **Recording and Review**

All incidents must be recorded in the Home's Handover File and relevant child's Daily Record.

An Incident Report must also be completed.

The Child's ITP should be reviewed with a view to incorporating strategies to reduce or prevent future incidents.

The Home's Manager is responsible for reviewing the incidence and nature of bullying in the home as part regular Quality Audits, see Monitoring Quality Procedure.

### **6.11- Definition of Physical Interventions**

1. Restraint is defined as the positive application of force with the intention of overpowering a child. The intention is to overpower the child, completely restricting the child's mobility. The other categories of Physical Intervention provide the child with varying degrees of freedom and mobility;

2. Holding: This includes any measure or technique which involves the child being held firmly by one person, so long as the child retains a degree of mobility and can leave if determined enough;

3. Touching: This includes minimum contact in order to lead, guide, usher or block a child; applied in a manner which permits the child quite a lot of freedom and mobility;



4. Presence: A form of control using no contact, such as standing in front of a child or obstructing a doorway to negotiate with a child; but allowing the child the freedom to leave if they wish.

### **Who may use Physical Interventions**

Staff will use techniques that are approved by the home; such techniques should comply with the following principles: However this definition does not preclude the use of reasonable force within the legal definition.

The use of any force must be necessary or honestly believed to be necessary and that the force used must be proportionate to the risk or likely harm to result if an intervention is not made.

### **Staff Training and criteria for using Physical Interventions**

At Glebe House some staff are trained in the Btec Level 2 in Physical Intervention (Care and Control). However all staff will have a one day course taught under licence from the National Federation of Personal Safety and will receive an annual half day refresher

#### **Staff Training**

All staff are trained in methods of behaviour management, including the use of physical intervention and restraint, that are agreed by the Home.

This training ensures that staff are able to:

- Manage their own feelings and responses to the emotions and behaviours presented by children and understand how past experiences and present emotions are communicated through behaviour;
- Manage their responses and feelings arising from working with children, particularly where children display challenging behaviour or have difficult emotional issues;
- Understand how children's previous experiences can manifest in challenging behaviour;
- Use methods to de-escalate confrontations or potentially violent behaviour to avoid the use of physical intervention and restraint.

Have the skills to undertake Non harmful and more restrictive methods of control.

#### **Criteria for using Physical Intervention**

There are different criteria for the use of Restraint and other forms of Physical Intervention, such as Holding, Touching and Physical Presence.

1. Restraint, which is the form of Physical Intervention used with the intention of overpowering a child, may only be used where there is likely Significant Harm or Serious Damage to Property;

2. Other forms of Physical Intervention, such as Holding, Touching or Presence, are less forceful and restrictive than Restraint, and may be used to protect children or others from Injury which is less than significant or to prevent Damage to Property which is less serious;
  3. Restraint may not be used to force compliance or as a punishment where Significant Harm or serious damage to property are not otherwise likely;
  4. Before Restraint or any other form of Physical Intervention is used, staff must be satisfied that it is necessary because there is a risk of injury or serious damage to property.
- c. The actions or interventions will be proportionate and will only be used when other methods have failed or are unlikely to work
  - d. That any force or intervention used is the proportionate to achieve the desired objective.

### **Locking or Bolting of Doors**

It is also acceptable to temporarily lock doors to physically restrict the movement within or from the home to reduce the risk of Significant Injury or Serious Damage to Property especially when this would prevent the needs for more significant interventions such as a restraint. Criteria for Using Physical Intervention) are met i.e. where the injury or damage to property is likely in the predictable future, that the locking of the door is immediately necessary and proportional to the risk which is presented. This must be used for the minimum amount of time necessary to de-escalate the situation.

### **Notifications**

If Physical Intervention is used upon a child, the Registered Manager will be notified.

If a serious incident or the police/emergency services are called, the Registered Manager must be notified and consideration given to whether a Notifiable Event has occurred, if so, see Delegated Authorities and Notifications Procedure.

### **Medical Assistance & Examination**

Where Physical Intervention has been used, the child, staff and others involved will be able to call on medical assistance and children must always be given the opportunity to see a Registered Nurse or Medical Practitioner, even if there are no apparent injuries.

If a Registered Nurse or Medical Practitioner is seen, they must be informed that any injuries may have been caused from an incident involving Physical Intervention.

Whether or not the child or others decide to see a Registered Nurse or Medical Practitioner it must be recorded, together with the outcome.

### **Recording and Management Review**

#### **Recording**

All forms of Physical Interventions should be recorded in the Restraint Log within 24. The incident should be recorded in the Home's Handover File.

### **Management Review**

The young person's ITP should be reviewed to incorporate strategies for reducing or preventing future incidents. The Child must be encouraged to contribute to this review and, if a health care professional is involved with the Child, any new strategies must be approved by that person.

The Registered Manager of the Home should regularly review incidents and examine trends and issues emerging from this to enable staff to reflect, learn and inform future practice and, where necessary, should ensure that procedures and training are updated.

### **6.12- Searching Children/Bedrooms**

It may be appropriate to conduct a search of a child or a child's belongings, including the searching of a child's bedroom, if there is reasonable cause to believe that the child has concealed weapons, illegal drugs other items, which may place the child or others at risk of injury; this may include mobile phones if they are being used in a way that places the Child or others at risk of Significant harm e.g. as a form of cyberbullying.

#### **Searches with Co-operation**

If there is a suspicion that such items are concealed, staff should try to obtain them with the child's co-operation.

If the child does not co-operate, or is unlikely to, it may be appropriate to conduct a search of the child or his/her belongings/room.

Before conducting such a search, staff should consult their own supervisor/manager and the child's. Two staff should be present during the search, one of which should ideally be the same gender as the child, and the child should be present.

The power to search without consent enables a 'personal search', involving removal of outer garments and searching of pockets, but not an intimate search going further than that; which only a person with more extensive powers e.g. a Police Officer, can do.

When conducting searches, reasonable precautions must be taken to protect against possible sharp or dangerous objects that may be concealed.

If weapons or any dangerous or offensive items are found, they must be seized and passed to the Manager, see Section 2, confiscating items.

#### **Searches without Co-operation or without the knowledge of the child**

If the child does not co-operate, or is likely not to, a search may be undertaken without the child's co-operation or knowledge. Unless there are exceptional circumstances, the

Registered Manager or person holding the Directors on call must be consulted and come to a decision about the actions that may be taken.

When coming to a decision on the actions that will be taken, the managers/social worker(s) must take account of the following:

- Two staff must be present, one of whom must be the same gender as the child, and the child if possible;
- If there is a risk that the searching of the Child may escalate the situation e.g. lead to violence or injury to the Child, staff or others, staff should contain the situation as best they can and consult the Home's Manager or a supervisor before proceeding; and consideration given to asking for Police assistance;
- The power to search without consent enables a 'personal search', involving removal of outer garments and searching of pockets, but not an intimate search going further than that; which only a person with more extensive powers e.g. a Police Officer, can do;
- When conducting searches, reasonable precautions must be taken to protect against possible sharp or dangerous objects that may be concealed;
- If weapons or any dangerous or offensive items are found, they must be seized and passed to the Manager, see Section 2, confiscating items.

### **Exceptional Circumstances**

If there is an immediate risk of Injury or Damage to Property, staff may take what actions they deem to be appropriate to protect themselves or others. As a Last Resort, this can include the use of Physical Intervention in order to search a child, and the entering of a child's bedroom without their knowledge. However, staff must only take such actions if it is safe to do so and their actions comply with the provisions/procedures set out in Restrictive Physical Interventions Procedure. If there is a risk that an offence may be committed, the Police must be called (See: The Police Procedure)

### **Confiscating Items**

Any items that are seized or removed by staff passed to the Home's Manager, even if they are owned by Children. The Home's Manager should record the matter and, if items are confiscated, they must be kept securely until the Child leaves or the Manager considers that they should be returned to the Child e.g. where a Child demonstrates s/he is able to use a mobile phone safely. The Manager must provide the Child with a receipt for the confiscated item(s).

If the items are thought to be a weapon, they should be passed to the Police. Where staff find controlled drugs, the Home's Manager should consider passing them to the Police; other substances not believed to be controlled drugs e.g. so called 'legal highs', should be confiscated, passed to the Home's Manager, recorded and destroyed. If items are thought to be stolen they must be delivered to the police unless there is a good reason not to do so (see below) – in which case the stolen item should be returned to the owner. These stolen items may be retained or disposed of if returning them to their owner is not practicable.

Re passing weapons or other items to the Police: Home's managers should have a good reason not to pass items to the Police and should take account of the following:

- Where the manager is unsure as to the legal status of a substance and has reason to believe it may be a controlled drug they should treat it as such;
- With regard to stolen items, it would not be reasonable or desirable to involve the police in dealing with low value items. However, the manager may judge it appropriate to contact the police if the items are valuable (iPods/laptops) or illegal (alcohol/fireworks);
- Disposing of alcohol does not include returning it to the young person. It should be poured down the sink.

#### Recording

Searches should be noted in the home's Handover File. If necessary to consequence book

- a. The time and date of the search;
- b. The reason or suspicions which led to the need to conduct the search;
- c. Who conducted the search and whether the child or others were present
- d. Whether the child cooperated;
- e. What was found, and whether items found were retained/confiscated;
- f. If items were retained/confiscated, where they were stored.

### **6.13- Safeguarding, Digital Material, Internet and Social Media Boundaries**

#### Photography and Videos

Working with children and young people may involve the taking or recording of images. Any such work should take place with due regard to the law and the need to safeguard the privacy, dignity, safety and wellbeing of the children and young people. It is important to add that at Glebe House the photographic record of the young person's journey through their treatment programme is often used as an integrative component of their relapse prevention toolkit.

Careful consideration should be given as to how activities involving the taking of images are organised and undertaken. Care should be taken to ensure that all parties understand the implications of the image being taken especially if it is to be used for any publicity purposes or published in the media, or on the internet. There also needs to be an agreement as to whether the images will be destroyed or retained for further use, where these will be stored and who will have access to them.

Staff need to remain sensitive to any children who appear uncomfortable, for whatever reason, and should recognise the potential for such activities to raise concerns or lead to misunderstandings.

It is not acceptable for staff to take photographs of children for their personal use.

This means that staff should:

- Be clear about the purpose of the activity and about what will happen to the images when the activity is concluded;
- Be able to justify images of children in their possession;
- Avoid making images in one to one situations or which show a single child with no surrounding context;
- Ensure the child/young person understands why the images are being taken and has agreed to the activity and that they are appropriately dressed;
- Only use equipment provided or authorised by the company unless it is important to capture the image and no other means or authorisations are available e.g. A your' on a trip out and the young person see's something that is important to them like a wild animal and wish to be photographed with it;
- Report any concerns about any inappropriate or intrusive photographs found to their manager always ensure that they have parental permission to take and/or display photographs.

### **Access to Inappropriate Images and Internet Usage**

There are no circumstances that will justify staff possessing indecent images of children.

Staff who access and possess links to such websites will be viewed as a significant and potential threat to children. Accessing, making and storing indecent images of children on the internet is illegal. This will lead to criminal investigation and the individual being barred from working with children and young people, if proven.

Staff should not use equipment belonging to their company to access pornography; neither should personal equipment containing these images or links to them be brought into the workplace. This will raise serious concerns about the suitability of the adult to continue to work with children.

Staff should ensure that children and young people are not exposed to any inappropriate images or web links. Home's Managers and staff need to ensure that internet equipment used by young people have the appropriate controls with regards to access e.g. personal passwords should be kept confidential.

Where indecent images of children and other unsuitable material are found in staff possession, they should be confiscated and the Home's Manager should be notified. The Home's Manager should then notify the relevant social worker(s) and a decision should be reached about the actions that should follow – which may include consulting, the police and

local authority designated officer (LADO) should be immediately informed. Staff should not attempt to investigate the matter or evaluate the material themselves, as this may lead to evidence being contaminated which in itself can lead to a criminal prosecution.

This means that staff should:

- Ensure that children are not exposed to unsuitable material on the internet;
- Ensure that any films or material shown to children and young people are age appropriate. In relation to offending patterns of our young people we may restrict access to films of other media with inappropriate content even if certification boards deem it age appropriate.

Whilst accessing internet, all or any instances of inappropriate images or material which are not suitable for young people must be reported to line manager.

### **Boundaries for residents' devices**

Without draconian measures we cannot prevent digital material from entering the organisation. The prevalence of devices that can read digital material coupled with the variety of storage devices makes it almost inevitable that material will be brought into the Community in an underhand way.

It is therefore necessary to consider how to ameliorate the threat this poses to the young people and to the organisation. The following boundaries will assist

- Administrator settings to be used on all devices that allow. These will be managed by the keyworker/Clinician
- Management Team to ensure that there is training and resources available to introduce regular checks on devices held by the young people
- Management Team to introduce a monitoring process for ensuring checks are carried out
- Education programme to be developed. Lucy Faithful(who operate Inform+) to be approached to consider consultancy or partnership working.

### **6.14 Prevent Policy**

The Prevent Duty 2015 <https://www.gov.uk/government/publications/prevent-duty-guidance> outlines the duty Children's Homes and Schools have in relation to protecting and preventing children from extremism and radicalisation.

#### **Definition**

Extremism can be defined as 'holding of extreme opinions: the holding of extreme political or religious views or the taking of extreme actions on the basis of those views.

Approved by Peter Clarke, Director, April 2018

## **Strategies from preventing extremism**

The Glebe House children's home and school promotes community cohesion and promote the values of democracy, the rule of the law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs.

Glebe House have a designated Prevent Officer (Karen Parish- Clinical Director), trained to deliver the Prevent training package. Due to the nature of our service the young people have restricted internet access and supervised interaction with the local community, this allows Glebe House to be able to limit the opportunities for radicalisation significantly. Where it is identified that a young person may be vulnerable to extremism then the Prevent Officer will work with the young person's Clinical Practitioner and keyworker to address these matters.

The staff team are encouraged to recognise their own religious and political views and to be alert to the influence they have over the young people they work with. The staff team receive monthly supervision and this is a space where these issues would be addressed should they be a concern.

### **6.15- Additional Safeguarding Areas**

There are some safeguarding issues that are unlikely to be presented by our specific service users, however our staff are aware that these issues are covered within safeguarding and the following provides brief details of how we would respond.

**Early Help-** Any emerging safeguarding concerns are referred to Glebe House Safeguarding team, where they can be responded to either through therapy, community response or external referral.

**FGM-** As a male only service, any contact with FGM is likely to be second hand and therefore any disclosures made would be referred to Social Care, any young person who has come from a background when FGM is an issue, this would be addressed through individual therapy.

**Forced Marriage and Honour based Violence-** All young people in our service are Looked After children and the Local Authority would need to be notified if there were concerns about forced marriage or HBV. These issues would also be addressed within individual therapy.

**Homelessness-** All young people are Looked after and residing in a residential service, young people may have experienced homelessness prior to arrival, this would be explored within therapy. There is a comprehensive transition process, that provides 18 months outreach support for young people, to ensure that their housing, education/ employment and reintegration is managed.

**Family members in prison-** pastoral support will be provided as necessary. Any young person affected with receive a copy of 'Are you a young person with family member in prison'.



**Young people going to court-** Any young person going to court will be supported by Glebe House staff who due to the nature of our service are court aware. Intermediaries are requested should the young person need additional support.

**Sports Clubs and Extra-curricular activities-** Due to the nature of our service young people are supervised when undertaken sports activities.

### **6.16- Locality Risk Assessment**

Glebe House undertake a risk assessment in respect of the suitability and safety of the premise. The full details in respect of this assessment can be found in the Appendix of this document. Also see section on Health and Safety in this policy manual. This includes issues with criminal activities within the local area.