

# Glebe House



Friends Therapeutic Community Trust

## Safeguarding including Anti-Bullying POLICY

September 2023

### SAFEGUARDING POLICY

<b>The following post-holders are DSLs within the community</b>
Head of Therapeutic Care (Registered Manager)
Head of Therapy
Head of Transitions
Head of School
Deputy Head of School

#### Policy Review

Last Reviewed – 07-09-2023

Stephen Cheetham – CEO

## Legislation

Role	
Data Protection Act (2018)	<a href="https://www.gov.uk/data-protection">https://www.gov.uk/data-protection</a>
The Child Safeguarding Practice Review and Relevant Agency (England) Regulations (2018)	<a href="https://www.legislation.gov.uk/ukdsi/2018/9780111167540">https://www.legislation.gov.uk/ukdsi/2018/9780111167540</a>
Working together to safeguard children.	<a href="https://www.gov.uk/government/publications/working-together-to-safeguard-children--2">https://www.gov.uk/government/publications/working-together-to-safeguard-children--2</a>
Keeping Children Safe in Education	<a href="https://www.gov.uk/government/publications/keeping-children-safe-in-education--2">https://www.gov.uk/government/publications/keeping-children-safe-in-education--2</a>
The Health and Social Care Act 2008 (regulated Activities) Regulations 2014	<a href="https://www.gov.uk/government/consultations/the-health-and-social-care-act-2008-regulated-activities-regulations-2014-extension-of-expiry-date/the-health-and-social-care-act-2008-regulated-activities-regulations-2014-consultation-document">https://www.gov.uk/government/consultations/the-health-and-social-care-act-2008-regulated-activities-regulations-2014-extension-of-expiry-date/the-health-and-social-care-act-2008-regulated-activities-regulations-2014-consultation-document</a>
The Children's Homes (England) Regulations 2015	<a href="https://www.legislation.gov.uk/uksi/2015/541/contents/made">https://www.legislation.gov.uk/uksi/2015/541/contents/made</a>
Children's homes regulations, including quality standards.	<a href="https://www.gov.uk/government/publications/childrens-homes-regulations-including-quality-standards-guide">https://www.gov.uk/government/publications/childrens-homes-regulations-including-quality-standards-guide</a>
Health and Social Care Act 2008, Section 20 Regulations	<a href="https://www.legislation.gov.uk/ukdsi/2014/9780111117613/contents">https://www.legislation.gov.uk/ukdsi/2014/9780111117613/contents</a>
Human Rights Act (1989)	<a href="https://www.legislation.gov.uk/ukpga/1998/42/contents">https://www.legislation.gov.uk/ukpga/1998/42/contents</a>
Children's Act (1989, 2004)	<a href="https://www.legislation.gov.uk/ukpga/2004/31/contents">https://www.legislation.gov.uk/ukpga/2004/31/contents</a>
Safeguarding Vulnerable Groups Act (2006)	<a href="https://www.legislation.gov.uk/ukpga/2006/47/contents">https://www.legislation.gov.uk/ukpga/2006/47/contents</a>
Children and Families Act	<a href="https://www.legislation.gov.uk/ukpga/2014/6">https://www.legislation.gov.uk/ukpga/2014/6</a>
Children and Young Persons Act (2008)	<a href="https://www.legislation.gov.uk/ukpga/2008/23/contents">https://www.legislation.gov.uk/ukpga/2008/23/contents</a>
Sexual Offences Act (2003) • Applying corporate parenting principles to looked-after children and care leavers (Feb 2018)	<a href="https://www.legislation.gov.uk/ukpga/2003/42/contents">https://www.legislation.gov.uk/ukpga/2003/42/contents</a>
Mental Capacity Act (2005)	<a href="https://www.legislation.gov.uk/ukpga/2005/9/contents">https://www.legislation.gov.uk/ukpga/2005/9/contents</a>
Voyeurism Act (2019)	<a href="https://www.legislation.gov.uk/ukpga/2019/2/contents/enacted">https://www.legislation.gov.uk/ukpga/2019/2/contents/enacted</a>
Prevent Duty Guidance: England and Wales	<a href="https://www.gov.uk/government/publications/prevent-duty-guidance">https://www.gov.uk/government/publications/prevent-duty-guidance</a>

## Practice Evidence

Inspection Body	Evidence
Ofsted Care Home, Ofsted Education and CQC	Policy Manual, Safeguarding Records, Physical Intervention Records, Consequence records, Handover File, Welcome Pack, Regulation 44 Reports, Regulation 45 Reports Absconding Records, ITP Reports, Resident Supervision Review, Resident Black Folder, Staff Training Matrix, Staff Supervision, Advocacy, Locality Risk Assessment, School Bullying logs, School Behavioural Records, Behavioural Management Plans, ClearCare online recording system.

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## 1.1 Safeguarding Context

Glebe House is a charitable Trust providing specialist interventions for young men with a known history of harmful sexual behaviours. Glebe House is registered with Ofsted as a Children's Home, CQC under the Treatment of Disorder and Disease and with Ofsted Education as an Independent School. Our services include:

- Residential Treatment Service to address harmful behaviour in older teenagers
- Independent School
- An independence transition service
- Training and Consultancy
- Community based assessment and intervention work

It is important when considering Safeguarding that the nature of the service is understood and recognised within the Safeguarding Policy. Glebe House is a service that specifically works with young people who have displayed harmful sexual behaviour therefore Safeguarding is a primary focus of the therapeutic and educational work undertaken at Glebe House. Glebe House believes everyone has a responsibility to promote the welfare of all children and young people, to keep them safe and to practise in a way that protects them. We expect all staff members to share this commitment and maintain a duty of care to promote safety and welfare for children and young people.

Glebe House has a single Safeguarding Policy that covers the whole Trust, which includes Safeguarding within the Children's Home and within the Independent Special School. The decision to implement a single Safeguarding Policy was to ensure that there is a shared understanding of safeguarding and consistency across the whole community regarding safeguarding, ensuring robust communication between the different parts of the organisation. Glebe House has a commitment to safeguarding the young people within the Service, by providing a secure environment where young people feel safe, valued and respected. Glebe House fully recognises its responsibility for child and vulnerable adult safeguarding. Glebe House recognises that individual staff have a key role in preventing harm and providing intervention and support for the young people in our care.

In order to undertake the specialist work, Glebe House ensures that comprehensive information in relation to the young people is obtained prior to admission. This includes psychological reports, chronologies, EHCP reports and Court Reports. Glebe House undertakes a rigorous intake process, which includes preparing pen portraits on all young people, undertaking matching assessments with the young people within our service and undertaking a Safeguarding Screening Assessment (See Appendix 3).

Safeguarding is paramount during a young person's placement and there are a variety of forums where Safeguarding is discussed. Glebe House has an internal Safeguarding Team led by Designated Safeguarding Leaders (DSLs). The DSLs undertake annual DSL training in respect of both Children and Adults Safeguarding. The DSLs meet to review Safeguarding practice on a fortnightly basis. In addition to this, Safeguarding is also reviewed in the monthly Leadership Team Meeting, where the whole organisation is represented.

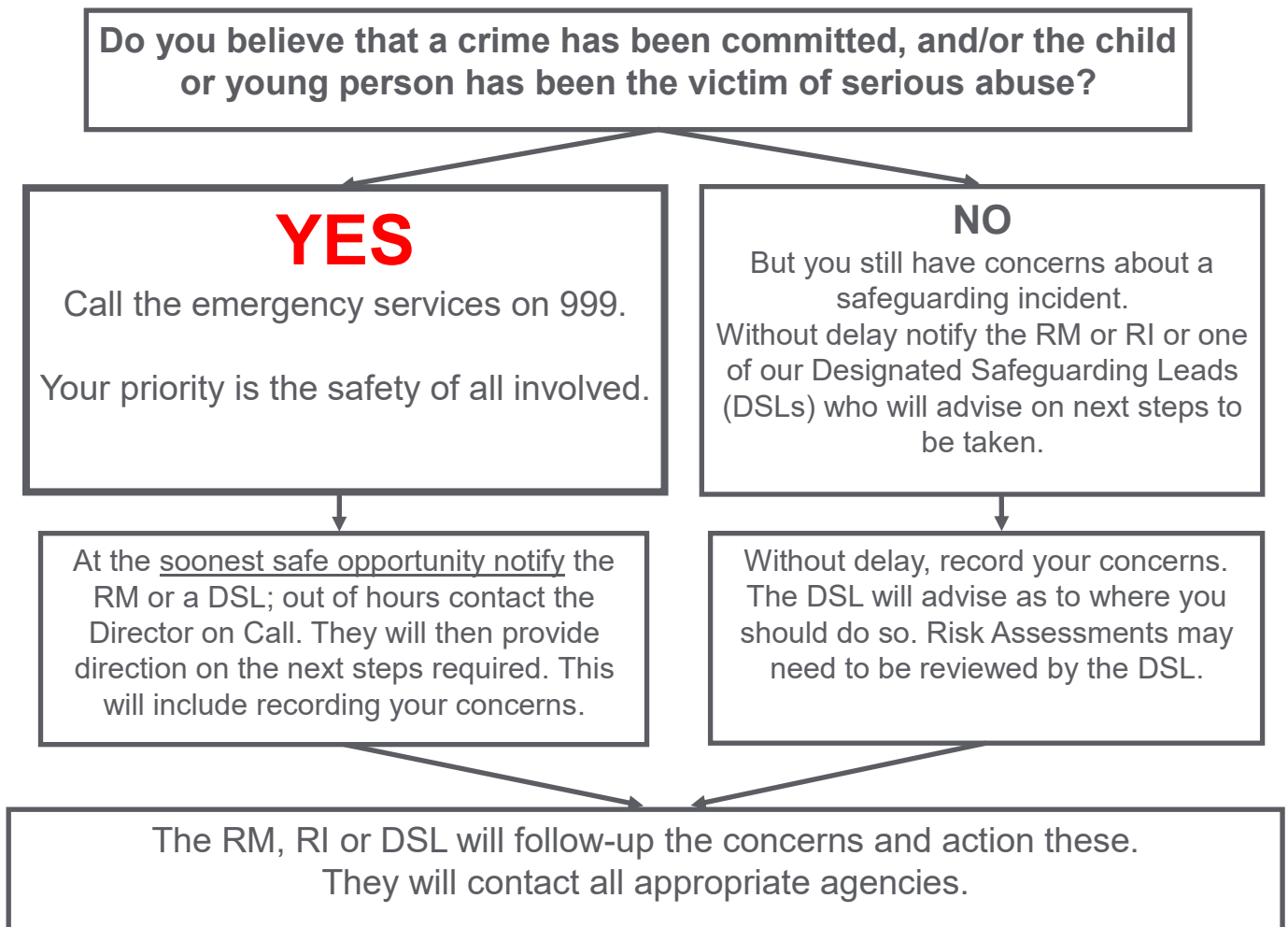
In addition, the Home and School are governed by a board of trustees. There is a Safeguarding Lead appointed on the Board of Trustees, who has a responsibility for reviewing and monitoring safeguarding, across the organisation. In addition to these safeguarding measures, we expect all our staff to share a commitment to safeguarding, which is imbedded throughout employment.

Young People undertake an intensive placement at Glebe House, and the nature of the work means that strong relationships are developed with the young people and their families. The Therapeutic Community Practice is centred on the meaning and quality of relationships. Therefore, the community is 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 regarding relationships, risks and risk management, all focussed on 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 environment, relationships with carers and professionals and school placement." In the work undertaken within the circle of the Therapeutic Community Meeting, we strive for a consistent, needs-led approach to support the young people in managing safely in all the different elements of this service.

## 1.2 Reporting a Concern

**Safeguarding is EVERYONE's responsibility.**

If you **witness, suspect or hear** about possible abuse, concerns or risks in relation to a young person in our care, **YOU MUST DO SOMETHING ABOUT IT.**



## **REMEMBER!**

**WE** all have a responsibility to safeguard and protect the children and young people in our care.

**YOU** have a responsibility to share concerns with the relevant people so that these can be actioned.

**If you are unsure about a situation, share it with a DSL**

**Our DSLs are:**

**Head of Therapeutic Care, Head of Therapy, Head of Transitions, Head of School, Deputy Head of School**

## 1.3 Child / Adult Protection Referrals

### Introduction, Summary and Definitions

The organisation's DSLs are responsible for coordinating referrals to the Local Authority. However, all staff have a responsibility for safeguarding and can make a referral. 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 collaboration practices between all staff, with all relevant agencies and professionals.

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

All staff should be aware that children may not feel ready or know how to tell someone if they are being abused, exploited or neglected, and/or they may not recognise their experiences as harmful. This could be due to vulnerability, disability and/or sexual orientation or language barriers. This should not prevent staff from having a professional curiosity and speaking to the DSL if they have concerns.

### Reporting Concerns, Suspicions or Allegations of Abuse or Harm (See Flowchart 1.2)

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; and
- a parent or other family member.

### School

Within the school, there is an ARBOR system to report safeguarding concerns to both the Designated Safeguarding Lead (Head of School). This is then managed through a central safeguarding procedure.

### Clinical and Care (Milieu)

Disclosures made as part of the work of the Clinical and Care (Milieu) teams should also be reported, unless there is clear, written evidence in the young person's file that the matter has been formally dealt with. However, in such cases where a matter has been considered to have been dealt with, clarification should be sought from the child's placing authority that they also consider the information to have been dealt with, suitably recorded and that no new information has been shared that would signal a response or action.

### Reporting

In an emergency, where a crime has been committed, where there is immediate risk to the child or there are immediate concerns about a child's safety, action must be taken by staff to protect the child from harm. 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 DSL as outlined above and in the Reporting a Concern flowchart 1.2.

Staff must make their report to a DSL. If that DSL is implicated, staff must notify one of the following:

- Therapeutic Community Director
- CEO

Once notified, the DSL will be responsible for following the Local Safeguarding Children or Adult Board procedures and making contact with the Local Authority. Cambridgeshire County Council's processes are detailed in the links below:

<https://www.cambridgeshire.gov.uk/residents/children-and-families/children-s-socialcare/safeguarding-children-and-child-protection>

<https://www.cambridgeshire.gov.uk/residents/adults/keeping-safe/adult-safeguarding-and-mental-capacity/adult-safeguarding>

The DSL must ensure that any action taken must not alert the person(s) who may have caused or be implicated in causing the abuse or harm.

If you feel unable to speak to a DSL (or any other member of the Leadership Team), you could contact Protect (formerly known as Public Concern at Work) at <https://protect-advice.org.uk/contact-protect-advice-line/>. Referrals can also be made to the NSPCC who are contactable on 0808 800 5000 or email [help@nspcc.org.uk](mailto:help@nspcc.org.uk).

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

Staff members seeing, hearing or being told anything that causes them to become concerned that a child or young person may be at risk of, is being or has been abused must follow the steps set out in Reporting a Concern flowchart 1.2 and the Safeguarding Policy, and report their concern immediately to a manager. Non-action is not an option in the protection of children and all staff have a duty to act. Staff are required to ensure that any immediate harm, likelihood of an unsafe hazard or discovery of a crime is immediately reported to the police. This can include but is not limited to physical assault or aggression displayed towards children, young people or adults.

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; and acknowledging the young person's courage in telling.

It is not a 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 a 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 that the young person is protected.

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

Once a member of staff has discussed their concern with a DSL, staff must make a written record as soon as possible of their concerns. The 'Raising a Concern' guidance must be used.

The record will be placed on the young person's Safeguarding Log. Incidents involving staff will be discussed with HR and recorded appropriately.

Staff should not discuss the matter with others, including other staff, parents etc. unless asked to do so by a DSL, or those responsible for dealing with 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, and 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 the alleged victim and perpetrator, and whether counselling and/or other support should be given. It is important to note that all the young people residing at Glebe House are at risk of, or have a history of Harmful Sexual Behaviour.

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

After receiving a report of a concern, suspicion or allegation of abuse or harm, the DSL 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 a Strategy Discussion/Meeting will be arranged to decide whether to initiate a Child Protection Enquiry and, if so, to agree the following with the DSL:

1. Who should inform the child's parent(s) if this is felt appropriate?
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 the children's home
4. Whether it is necessary to inform staff 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 DSL should ensure that the young person is supported during any enquiries/investigation; this may require an Independent Advocate or Independent Person to be involved.

### **Notification Requirements and Procedure**

- If the young person/people are under 18, a referral is made to Ofsted.
- If the young person/young people are over 18, a referral is made to CQC.
- If an event involves young people under and over 18, a referral is made to BOTH Ofsted and CQC.
- Best Practice is to notify both if it meets the requirements - regardless of age.



## These are Notifiable Events:

Ofsted - Under 18 involvement	CQC - over 18 involvement
<ul style="list-style-type: none"> <li>• Death of a child</li> <li>• Referral of a person working in a home pursuant to section 35 of the Safeguarding Vulnerable Groups Act 2006 - Staff placing a young person at risk/harm</li> <li>• Child involved in, subject to, or is suspected of being involved in or subject to sexual exploitation</li> <li>• Incident requiring police involvement has occurred in relation to a child which the registered person considers to be serious</li> <li>• Allegation of abuse made against the home/school or a person working there</li> <li>• Child Protection enquiry involving a child has been instigated</li> <li>• Child Protection enquiry involving a child has concluded</li> <li>• Other incident relating to a child which the Registered Manager considers to be serious</li> </ul>	<ul style="list-style-type: none"> <li>• Abuse or allegations of abuse concerning a person who uses the service</li> <li>• Admission of a child or young person to an adult psychiatric ward</li> <li>• Change to a statement of purpose</li> <li>• Death notification</li> <li>• Deprivation of Liberty</li> <li>• Events that stop the service running safely and properly</li> <li>• Incidents reported to or investigated by the police</li> <li>• Serious injury to a person who uses the service</li> </ul>
Charity Commission	
<p>As we are a Charity, The Trust and Trustees have a requirement to notify the Charity Commission under the following criteria:</p> <ul style="list-style-type: none"> <li>• Harm to your charity's beneficiaries, staff, volunteers or others who come into contact with your charity through its work (who are collectively referred to throughout this guidance as people who come into contact with your charity through its work)</li> <li>• Loss of your charity's money or assets</li> <li>• Damage to your charity's property</li> <li>• Harm to your charity's work or reputation</li> </ul>	

## 1.4 How to make a Notification

### Ofsted

The notification process has changed for Ofsted, and there is now an online portal that allows you to submit a report. The link for this portal is below, together with our unique identifier for Ofsted.

**Ofsted:** [Tell Ofsted about an incident: children's social care notification - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/tell-ofsted-about-an-incident-childrens-social-care-notification)

**Ofsted home URN:** SC025733

**Ofsted School:** 142625 or **DFE:** 87316053

**Ofsted Process** Log on to the website link above, and click onto the 'Online notification form for adoption, fostering agencies, children's homes and residential family-centres'. Press next on the first screen 'Introduction', then select 'Children's home'. From this you will go through a series of pages that are self-explanatory. When you come to the end, it gives the option to 'download pdf'. Select this and print a copy for the notification file (ensure that you put a date on it of when the notification was made) and save a copy to: R-Drive: Ofsted > Notifications > Ofsted forms and info. Please save the file with the young person's initials and the date. Once this is completed, the form will ask you to enter a security code and then it will tell you the notification has been sent.

The Designated Safeguard Lead will decide whether it is a school or home notification.

**CQC:** The notification process is on the R-Drive and is emailed to CQC.

**Provider Number:** 1-1125427285

**CQC Process:** The notification process for CQC requires you to go to: R-Drive > Ofsted. In the Ofsted folder, go to the folder that says Notifications, open the 'Ofsted Forms and Info' folder, and open the CQC folder. Next, choose the correct form and complete it. Once completed, save it in the 'Referrals Made' folder in the 'Ofsted Forms and Info' folder. They are saved with young people's initials and dates. This is then emailed to CQC, whose address is on the form. Print the notification out and file in the lilac Notification folder under the correct section (CQC/Ofsted).

### **Charity Commission**

Any concerns should be discussed in Leadership Team Meetings, where the Company Secretary will decide whether there is cause for notification.

**Local Authority Designated Officers (LADO) can be contacted for allegations against all staff and volunteers via:**

Email: [LADO@cambridgeshire.gov.uk](mailto:LADO@cambridgeshire.gov.uk)

Telephone: 01223 727 967 (Monday to Friday during office opening hours)

Telephone: 01733 234 724 (Emergency Duty Team - out of hours queries)

**This referral should be made within 24 hours of allegations coming to light. See 2.9 regarding allegations against staff.**

## **1.5 The Management of Safeguarding**

Glebe House has a designated safeguarding team. There is a trustee responsible for oversight of safeguarding. The Trust Board have a strategic leadership responsibility for safeguarding arrangements and must ensure that they comply with their duties under legislation.

### **Training**

All staff receive mandatory training in respect of Children and Adults. The DSL team receive additional DSL training in Children and Adults Safeguarding. In addition to this, the Governing Body and Proprietors should ensure that all governors and trustees receive appropriate safeguarding in child and adult protection training during their induction (including online).

Governing Bodies and Proprietors should be aware of their obligations under the Human Rights Act 1998, the Equality Act 2010 (including the public sector equality duty) and their local multi-agency safeguarding arrangements.

## 1.6 Recognising Child Abuse Guidance

### The Concept of Significant Harm

- **'Harm'** means ill-treatment or the impairment of health or development. For example, this includes 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.
- **'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 professionals who are 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).

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

### 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/adults or another child/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; and
- 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; and
- 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 include:

- 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; and
- bruising or fracture in a child under the age of one year.

## **Sexual Abuse**

Sexual Abuse includes:

- sexual acts;
- inappropriate sexual touching and 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; and
- grooming

Warning signs include:

- 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); and
- 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 person's ability to explore and learn;
- stopping a young person from joining in normal activities; and
- seeing domestic violence.

Warning signs include:

- 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; and
- repetitive or compulsive behaviours.

## 1.7 Recognising Abuse of Vulnerable Adults Guidance

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

Children and young people 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 abuse and prevent it 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; and
- 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

Some 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. They are, or may be, unable to take care of themselves, or unable to protect themselves against significant harm or exploitation.' ('No Secrets' (2000).

Whereas Child Protection covers: Sexual Abuse, Emotional Abuse, Physical Abuse and Neglect, with the addition of: Financial abuse, Discriminatory Abuse and Institutional Abuse.

### Financial Abuse

Financial Abuse includes:

- theft;
- fraud; and

- exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Warning signs include:

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

### **Retained Items and Financial Deposits**

When a young person arrives at Glebe House, their belongings are logged, and a list is kept in their file. Any valuables will be logged and will either be stored within the young person's own safe in their bedroom or if they request, or 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 Abuse**

- 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 include:

- lack of respect shown to an individual;
- signs of substandard service offered to an individual; and
- exclusion from rights afforded to others, such as health, education, criminal justice.

### **Institutional Abuse**

Institutional Abuse includes:

- the failure of an organisation to ensure that necessary safeguards and good standards of care are in place to protect and support a vulnerable adult;
- neglect and poor professional practice, including isolated incidents through to pervasive ill-treatment or gross misconduct; and
- any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

Warning signs include:

- standards of care declining
- lack of adherence to policies.

## 1.8 HSB, Peer on Peer Abuse and CSE

### Harmful Sexual Behaviour

The nature of our service is to work with young people who display harmful sexual behaviour. The young people undergo an intensive therapeutic programme to address these behaviours, which includes individual and group work as well as educational support.

All staff are aware of the nature of the young people's harmful behaviour and there are clear treatment plans in place to address their behaviour. Staff need to ensure that they are:

- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
- not tolerating or dismissing sexual violence or sexual harassment as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”; and
- challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts.

Dismissing or tolerating such behaviours risks normalising them.

### What is Sexual violence and sexual harassment?

It is important that all staff are aware of sexual violence and the fact that children can, and sometimes do, abuse their peers in this way. When referring to sexual violence, we are referring to sexual violence offences under the Sexual Offences Act 2003 [22] as described below:

#### Rape:

A person commits an offence of rape if: they intentionally penetrate the vagina, anus or mouth of the other person with their penis without their consent to the penetration, and the perpetrator does not reasonably believe that the other person consents.

#### Assault by Penetration:

A person commits an offence if: s/he intentionally penetrates the vagina or anus of another person with a part of her/his body, or anything else; the penetration is sexual; the victim does not consent to the penetration and the perpetrator does not reasonably believe that the victim consents.

#### Sexual Assault:

A person commits an offence of sexual assault if: s/he intentionally touches another person; the touching is sexual; the victim does not consent to the touching and the perpetrator does not reasonably believe that the victim consents.

### What is Consent?

For context, living together safely in a community at Glebe House requires containing and maintaining safe boundaries which do not permit children to engage in or have relationships that may be described as personal, physical, or sexual in nature. This also considers the needs of children who have chosen Glebe House as their home, the purpose of the therapeutic programme and how this functions alongside a clear commitment to safeguarding children within Glebe house.

However, Glebe House accepts that definitions of consent exist and identify that these include having the freedom and capacity to choose. Definitions of consent also outline that consent to sexual activity may be given to one sort of sexual activity but not to another, e.g. consent might be given to vaginal but not anal penetration and consent might be given with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice. Explicit approval and permission to engage in sexual activity is demonstrated by clear actions, words, or writings. Informed consent is freely and voluntarily given, and it is mutually understood by all parties involved. If coercion, intimidation, threats, and/or physical force are used, there is no consent.

## Peer on Peer Abuse

Young People can abuse their peers. This is generally referred to as peer on peer abuse and can take many forms. This can include (but is not limited to): bullying (including cyberbullying); sexual violence and sexual harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; and sexting and initiation/hazing type violence and rituals.

## Child Sexual Exploitation

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

- affect any child or young person (male or female) under the age of 18 years, including 16 and 17-year old's who can legally consent to have sex;
- still be abuse even if the sexual activity appears consensual;
- include both contact (penetrative and non-penetrative acts) and non- contact sexual activity;
- take place in person or via technology, or a combination of both;
- involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
- may occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media);
- be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse; and
- is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.

Some of the following signs may be indicators of child sexual exploitation:

- Young people who appear with unexplained gifts or new possessions.
- Young people who associate with other young people involved in exploitation.
- Young people who have older boyfriends or girlfriends.
- Young people who suffer from sexually transmitted infections or become pregnant.
- Young people who suffer from changes in emotional well-being.
- Young people who misuse drugs and alcohol.
- Young people who go missing for periods of time or regularly come home late.
- Young people who regularly miss school or education or do not take part in education.

## Domestic Abuse

Domestic Abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. That abuse can be, but is not limited to, psychological, physical, sexual, financial or emotional. Children can be victims of domestic abuse. They may see, hear, or experience the effects at home and/or suffer domestic abuse in their own intimate relationship (teenage relationship abuse). All of this can have a detrimental and long-term impact on their health, wellbeing, development, and ability to learn.



## 1.9 Counter- Bullying

### Introduction

Within this specialist therapeutic service, many of the young people 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 of 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 (also referred to as Reg 44 Visitor) meets monthly with the young people, as does the young people's advocate from Coram 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; and
- cyber bullying - e.g. using mobile phones or social networking sites to intimidate or bully others.

### Cyber Bullying

Due to the specialist nature of the service, young people have restricted and supervised access to technology, therefore reducing the opportunity for cyber bullying. Internet safety is included within the PSHE curriculum and within the Transitions Programme.

### 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; and
- 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 organisation and by individual staff to counter it. Everyone should also understand the 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 a staff member has any concerns, they must discuss them with colleagues and the DSL; who should take necessary actions to reduce or prevent it.

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

- The bully/bullies may be asked to apologise sincerely.
- In serious cases (see next paragraph), some form of sanction or exclusion from the other young person will be considered.
- If possible, the young people will be reconciled.
- After the incident(s) 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, a young person's social worker should be consulted and it may be necessary to conduct a Placement Planning Meeting or a Strategy Discussion in line with Child Protection Referral Procedures (see: Child Protection Referrals Procedure).

Glebe House now has 5 DSLs (for each element of service provision). In the unlikely event that all DSLs are unavailable, staff may take any necessary, immediate actions to reduce or prevent bullying from occurring and then inform a DSL as soon as practicable.

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

- **Non-Persistent Bullying**

Where bullying is not persistent it should be reported to the DSL at the first opportunity; the DSL will decide whether to inform the social worker and what further actions to take.

- **Persistent or Serious Bullying**

Serious or persistent bullying must be reported immediately to the DSL 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.

### **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 DSL is responsible for reviewing the incidence and nature of bullying in the organisation as part regular Quality Audits (see Monitoring Quality Procedure).

## **2.0 CCE and County Lines**

### **Child Criminal Exploitation (CCE): County Lines**

Criminal exploitation of young people is a geographically widespread form of harm that is a typical feature of County Lines criminal activity, in which drug networks or gangs groom and exploit young people to carry drugs and money from urban areas to suburban and rural areas, and market and seaside towns. Young people are assessed at admission to Glebe House for their susceptibility to and experience of CCE and County Lines activity. If a susceptibility is highlighted then it will become a

specific element of their therapeutic programme. Key to identifying potential involvement in County Lines are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs, and a referral to the National Referral Mechanism [15] should be considered. Like other forms of abuse and exploitation, County Lines exploitation:

- can affect any child or young person (male or female) under the age of 18 years;
- can affect any vulnerable adult over the age of 18 years;
- can still be exploitation even if the activity appears consensual;
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- can be perpetrated by individuals or groups, males or females, and young people or adults; and
- is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

## 2.1 Prevent Policy

The Prevent Duty 2019 <https://www.gov.uk/government/publications/prevent-duty-guidance> outlines the duty that children's homes and schools have in relation to protecting and preventing children from extremism and radicalisation.

### Definition

**Extremism** is the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces.

**Radicalisation** refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

There is no single way of identifying whether a young person is likely to be susceptible to an extremist ideology. Background factors combined with specific influences such as family and friends may contribute to a young person's vulnerability. Similarly, radicalisation can occur through many different methods (such as social media) and settings (such as the internet).

However, it is possible to protect vulnerable people from extremist ideology and intervene to prevent those at risk of radicalisation being radicalised. As with other safeguarding risks, staff should be alert to changes in young people's behaviour, which could indicate that they may be in need of help or protection. Staff should use their judgement in identifying young people who might be at risk of radicalisation and act proportionately which may include the designated safeguarding lead (or deputy) undertaking Prevent therapeutic work.

### Strategies for Preventing Extremism

The Glebe House Children's Home and Independent Special School promotes community cohesion and 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 has a Designated Prevent Officer (**VACANCY**) who is trained to deliver the Prevent training package. All young people are assessed at the point of admission for vulnerability to or experiences of radicalisation. Where concerns are highlighted, Prevent therapeutic intervention is included within their therapeutic programme. 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.

The staff team are encouraged to recognise their own religious and political views and to be alert to the influence that they have over the young people with whom they work. The staff team receive monthly supervision and this is a space where concerns can be addressed, should they arise.

### **Additional Support**

[Educate Against Hate](#), a website launched by the His Majesty's Government, has been developed to support and equip school and college leaders, teachers, and parents with information, tools and resources (including on the promotion of fundamental British values) to help recognise and address extremism and radicalisation in young people. The platform provides information on and access to training resources for teachers, staff and school and college leaders. Some of these resources are free, such as Prevent e-learning, via the Prevent Training catalogue.

## **2.2 Additional Safeguarding Areas**

Although there are some safeguarding issues that are unlikely to be presented by our specific service users, 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 the Glebe House Safeguarding Team, where they can be responded to either through therapy, community response or external referral.

**Female Genital Mutilation:** 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. For any young person who has come from a background in which FGM is an issue, this would be addressed through individual therapy and liaison with referring authorities.

**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. Should they have experienced homelessness prior to arrival, this would be explored within therapy. There is a comprehensive transition process that provides 18 months of 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 will 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 undertaking sports activities.

**Children who are Lesbian, Gay, Bisexual, or Transsexual (LGBTQ+):** The fact that a child or a young person may be LGBT is not in itself an inherent risk factor for harm. However, children who are LGBTQ+ can be targeted by other children. In some cases, a child who is perceived by other children to be LGBTQ+ (whether they are or not) can be just as vulnerable as children who identify as LGBTQ+.

Risks can be compounded where children who are LGBTQ+ lack a trusted adult with whom they can be open. It is therefore vital that staff endeavour to reduce the additional barriers faced, and provide a safe space for them to speak out or share their concerns with members of staff.

LGBTQ+ inclusion is part of the statutory Relationships Education, Relationship and Sex Education and Health Education curriculum and there is a range of support available to help schools counter homophobic, biphobic and transphobic bullying and abuse.

## 2.3 Safeguarding, Digital Material, Internet and Social Media Boundaries

### Online Safety

The internet, and especially the World Wide Web, is an essential part of modern life which can enrich lives and empower young people when used in a safe and secure environment. There are ever more ways to access this world using computers, tablets, phones, games consoles, TVs, watches, etc. The list gets longer each year. With this access comes an element of risk, and a responsibility for adults to protect and educate children to use the technology safely. Due to the nature of the service, all young people have restricted internet access. The Internet is password protected within the service and regular checks are undertaken across the site for unsecure WIFI sources. Glebe House encourages neighbours to password protect their WIFI. Access within Education and within the Home is supervised with stringent search restrictions in place. Young people receive education on how to be safe online within their education curriculum and within their therapeutic transition intervention.

### Boundaries for Young People's 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. All electronic devices owned by the young people are checked on admission to Glebe House, this is to ensure that no inappropriate material is brought into the service. Young people have clear boundaries in place about the use of devices, which includes precluding access to the internet, and the young people are also not allowed to take photos of other young people on their devices. As a young person nears the end of their therapeutic programme, they can negotiate to have unsupervised access to mobile telephones and internet in preparation for moving on to less restricted environments. These negotiations require clear boundaries being set about use and monitoring, depending on legal orders this may include the Police checking their devices.

It is necessary to consider how to ameliorate the threat that 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 are training and resources available to introduce regular checks on devices held by the young people.
- Management Team to introduce a monitoring process for ensuring that checks are carried out.
- Clinical programme in relation to internet safety. This includes Glebe House working with The Lucy Faithful Foundation, who operate Inform+.

### 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. Residents are asked to sign a consent form to allow photos of them to be used for marketing purposes, e.g. in brochures and other publications or in other members of the community's leaving albums or their peer's achievement files. Residents can say no to any of these circumstances and this is communicated to the wider team, including the school. When photos are used in publications they are used in a way that makes it difficult to recognise the individual.

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 member of staff and a young person are on a trip out and the young person sees something that is important to them and wish to be photographed with it; and
- report any concerns about any inappropriate or intrusive photographs found to their manager.

### **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 be reported to the police, and will also lead to a criminal investigation and, if proven, the individual will be barred from working with children and young people.

Staff should not use equipment belonging to their company to access pornography, nor 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. DSL 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 DSL should be notified. The DSL 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 the 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; and
- 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.

## 2.4 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 training and policy in place at Glebe House. The definition of Physical Intervention 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

There are times when force may have to be used, for such reasons as protecting a young person from harm. To ensure that our staff are trained effectively and safely to deal with this situation, all staff receive either physical intervention or break away training in PMVA (prevention and management of violence and aggression) which is refreshed as per guidelines. All staff should receive breakaway training during their induction. Our internal trainer has completed a Physical Intervention Trainer Course (BTEC Level 3 Award) with NFPS (The National Federation of Personal Safety). They also train in accordance with D of E guidelines.

#### Staff Training

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

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; and
- 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 Guiding, Holding, Touching and Physical Presence.

- a. 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;
- b. Other forms of Physical Intervention, such as Guiding, 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;

- c. Restraint may not be used to force compliance or as a punishment where Significant Harm or serious damage to property are not otherwise likely;
- d. 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.
- e. The actions or interventions will be proportionate and will only be used when other methods have failed or are unlikely to work
- f. That any force or intervention used is 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 or school 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 in such situations as 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 Records within 24 hours. The incident should be recorded in the Home's Handover File. The recording of the physical intervention should be overseen by a senior on duty. If this happens during the evening or at the weekend, the on-call should be called in to ensure all aspects of the physical interventions are completed. This should include facilitating any debrief meetings to ensure that this section of the records can be completed.

There may be occasion to support safeguarding with risk management strategies which involve temporary restrictive practices. For example, we have had to limit access to some metal cutlery as particular members of the group are threatening to use this as a weapon. There is a process for engaging with the residents to discuss, monitor and review such restrictions. Such matters are resolved as part of the work carried out in the daily Community Meetings and recorded in the Restrictive Practice Log. These restrictive practices are reviewed weekly to ensure that there are no disproportionate restrictions in place.

### **Management Review**

The young person's Behavioural Management Plans should be reviewed to incorporate strategies for reducing or preventing future incidents.



The Registered Manager 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.

## 2.5 Absence of a Service User without Authority

Glebe House monitors and responds to absences under three categories:

- **Missing from Care**

Definition: If a young person leaves the grounds without permission, or if a young person fails to keep to supervision boundaries while off-site and staff are not aware of their location.

- **Unauthorised Absence**

Definition: If a young person leaves the grounds without permission or if a young person fails to keep supervision boundaries while off-site and staff are aware of their location. This would include following them whilst off-site and liaising with seniors and/or staff who are on-site.

- **Boundary testing**

Definition: If a young person leaves the grounds but does not try to leave the area.

## Missing from care and Unauthorised Absence Procedure

1. Young People who are absent without permission must be protected in accordance with the following guidelines. If a young person is absent without permission, consideration must be given to the following:
  - a. The age and understanding of the young person;
  - b. The young person's state of mind when last seen;
  - c. Any possible precipitating or contributory factors;
  - d. The young person's history of running away;
  - e. The young person's degree of vulnerability, e.g. self-harm behaviours;
  - f. The risk of offending connected with unauthorised absence;
  - g. The young person'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 and taken 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 young person's absence.
3. 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, 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 4 for Cambridgeshire's Local Safeguarding Children Board Procedures.
5. The police response will depend upon the young person's legal status. Anyone harbouring a young person can be prosecuted, including parents. If the young person 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, all relevant people should be notified as soon as possible. An absence recording record should be completed, including the welfare checks from Glebe House. Local Authorities should be encouraged to also undertake a welfare check.
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 young person's group to keep the organisation safe by remaining within the grounds. Support is given, often young person 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.

In the event that a young person does abscond, it is important to ensure that:

- immediate Action is taken by the Lead Person on Duty;
- the On-Call Person is notified;
- police are informed. It is important to highlight the young person's legal status recorded on their file front sheet;
- a Significant Event Form is completed; and absconding record is started;
- notifications to Ofsted and CQC are made, if appropriate;
- the young person's social Worker is informed. If outside office hours update the placing Authorities Emergency Duty Team; and
- The young person's family are informed.

On Return of the young person:

- debrief the young person, using the absence recording record;
- inform everyone notified of the young person's absence;
- contact the referring authority so that they can organise an independent Safe and Well return interview;
- update the Significant Event Form;
- complete an Absconding Record; and
- update Behavioural Management plans as necessary.

### **Follow-up Work with both Young Person and Community**

Ensure events are discussed in the relevant community meeting and reviewed in the next Case Meeting, in which the young person's Social Worker should be present.

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

**See Appendix 5 for Missing from Care, Cambridgeshire Local Safeguarding Children's Boards Joint Protocol.**

## 2.6 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. This could be the case if there is reasonable cause to believe that the child has concealed weapons, illegal drugs, or 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 or contacting someone that they should not contact.

Statutory guidance on searching and confiscating in school is held within the School Behaviour Policy.

### Searches with Co-operation

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

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

Before conducting such a search, staff should consult their own supervisor/manager. Two members of staff should be present during the search, one of whom 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. Only a person with more extensive powers, e.g. a Police Officer, can do this higher level of search.

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 unlikely to, a search may be undertaken without the child's cooperation or knowledge. Unless there are exceptional circumstances, the Registered Manager (or the Director 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 should 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 as they can and consult the Home's Manager or a supervisor before proceeding. Consideration should be 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; and
- 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 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.

## Confiscating Items

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

If an item is thought to be a weapon, it should be passed to the police. Where staff find controlled drugs, the DSL 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 DSL, 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.

## Passing Weapons or other Items to the Police:

The DSL should have a good reason not to pass items to the police and should take account of the following:

- Where the DSL 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 and, if necessary, to the Consequence Book. When recording details of the search, include:

- 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; and
- g. behavioural Management plans to be updated as necessary.

## 2.7 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:

- 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 the referring authority in regards to identifying a more appropriate placement. There are times when Dols may be implemented by the young person's Local Authority; these are then reviewed regularly to ensure that a young person's rights are not being unnecessarily restricted.

## 2.8 Locality Risk Assessment

Glebe House undertakes 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 6 of this document. Also see the section on Health and Safety in this policy manual. This includes issues with criminal activities within the local area.

## 2.9 Allegations made against Staff

For any allegations against staff, including supply staff, volunteers and contractors; the information will be shared with LADO to explore the threshold test and will be held on the individual's HR file, not within the safeguarding file - a reference to an HR matter will be placed on this file with a date and who has been leading on the incident, but this will not identify the member of staff. Notifications and investigations will be managed by senior staff only, to ensure information is collected and responded to in line with GDPR regulations.

### **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 24 hours of all allegations that come to Glebe House's attention or that are made directly to the police. If an organisation removes a paid worker or unpaid volunteer from working with 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 2018). Where appropriate, there will be a notification to Professional Registration bodies, such as Social Work England and the Teaching Regulation Agency.

The Trust's DSL team are 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 above and followed the procedures set out in Section 2, Initiating Child Protection Enquiries, the reporting 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 DSL - the following actions must be taken.

The DSL must co-operate with the Cambridgeshire Local Authority Designated Officer (LADO) – even if the allegation appears unfounded.

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

- Notifying 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.
- Notifying the Regulatory Authority, if a Child Protection Enquiry is initiated.
- Referring the Member of Staff to the Disclosure and Barring Service.
- Referring to the Member of Staff's professional regulatory body, where appropriate.

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 to consider who should contribute to reports or attend procedures, including:

- a Strategy Discussion;
- a Child Protection Enquiry; and
- 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 a 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 immediately consult the Designated Child Protection Manager or another manager who is not implicated.

Staff may ask questions or seek clarification about concerns raised, 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 DSL 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 the following:
  - 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 Young People

The Lead/Co-ordinator will either act as a support person for any staff who 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.



## 2A 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 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 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 Individual Therapy Plan 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?

As per the 'Reporting a Concern' flowchart (1.2) you must speak with a DSL first, unless a crime has been committed or the young person has been a victim of serious abuse.

### 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 Protect (formerly known as Public Concern at Work) at <https://protect-advice.org.uk/contact-protect-advice-line/>.

### 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, the actions that 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 Protect (formerly known as 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 see 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 Protect (formerly known as Public Concern at Work).

## 2B 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, to take control of their own lives, and to learn to manage risk. This process inevitably involves young people 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 advise as to the most effective avenue of representation if a complaint or problem has not been resolved to satisfaction at the informal, in-house level, 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;
- consulting Childline; and
- contacting a Representative of Ofsted.

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

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); and
- secure consideration of Glebe House's policies and practice.

### Summary of Complaints Procedure

At Glebe House, the three daily Community Meetings are a forum where young people are encouraged to express their feelings. This work includes supporting young people 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 weekly 1:1 sessions. 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 that 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 young people have access, along with a detailed poster about whom they can complain to.

Young People 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 complaints will be dealt with within 28 days.

### Designated Complaints contact details

**Designated Complaints Officer: VACANCY**

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

**Adjudicator:** Head of Therapeutic Care (Registered Manager)

**The Panel:** Therapeutic Community Director, CEO, CORAM VOICE Representative

If the complaint is against the Designated Complaints Officer, the matter will be dealt with by the CEO. If the complaint is against the CEO, HR will liaise with members of the trustee group to manage an investigation.

### 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 young people regarding the matters under investigation. If the member of staff attempts to make contact without the express consent of HR, 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 HR will only be for the purpose of providing support in any investigation to the member of staff.

The complaint or allegation may 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 that 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 young people, 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 Young Person's Link Worker** should make sure that the young person understands how these procedures align with the organisation's approach to being open and honest.

The Complaints procedure is also summarised in section 23 of the published Statement of Purpose.

**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; and
- 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;
- provide a report for all parties including the complainant; and
- make written comment on the overall experience and make relevant representation to management.

### **The Adjudicator**

This is the person who will decide on the outcome of 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 following:

- 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 their Keyworker, Social Worker or a friend. Advocacy on a formal basis will be felt to be necessary in some instances, i.e. when 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 Glebe House, there is an expectation that the daily Community Meetings are a forum in which young people and staff can discuss, explore and resolve issues arising out of day-to-day life in the community. Young people can talk to The Designated Complaints Officer, 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.

Young people 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 young person considers that a particular issue 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 within 24 hours** and to make this available in writing to all parties. The Registered Manager, 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 encouraged to use the internal procedures as a first response.

Specific data on complaints is recorded in the Regulation 45 reports which are sent to Ofsted.



## Appendix 3 Safeguarding Screening Assessment

### Safeguarding Screening Assessment

<b>Name:</b>				
<b>Date of Birth:</b>				
<b>Date of Screening:</b>				
<b>Screening undertaken by:</b>				
Concern	Present	Potential/ Vulnerability	Not Present	Unknown
HSB				
CSE				
Peer Abuse				
Technology Related Abuse				
Experience of Sexual Abuse				
Experience of Physical Abuse				
Experience of Emotional Abuse				
Experience of Neglect				
Domestic Violence				
FGM				
Honour-Based Violence				
Drugs and Alcohol				
Parental Drugs and Alcohol				
County Lines				
Bullying (victim)				
Bullying (perpetrator)				
Radicalisation (Prevent)				

## Appendix 4 Cambridgeshire's Local Safeguarding Children Board Procedures

<https://www.cambridgeshire.gov.uk/residents/children-and-families/children-s-socialcare/safeguarding-children-and-child-protection>

<https://safeguardingcambspeterborough.org.uk/children-board/professionals/lscbprocedures/>

## Appendix 5 Missing from Care, Cambridgeshire Local Safeguarding Children's Boards Joint Protocol

<https://www.gov.uk/government/publications/children-who-run-away-or-go-missing-from-home-or-care>

<https://www.safeguardingcambspeterborough.org.uk/children-board/professionals/missing/>

## Appendix 6

[Locality Risk Assessment](#)

## Appendix 7

### Useful Links and information

- DfE advice for schools: [teaching online in schools](#)
- UK council for internet safety (UKCIS) guidance: [Education for a connected world](#)
- DfE advice for schools: [teaching online safety in schools](#)
- UKCIS guidance: Sharing nudes and semi-nudes: [advice for education settings working with children and young people](#)
- The UKCIS external visitors' guidance will help schools and colleges to ensure the maximum impact of any online safety sessions delivered by external visitors
- National Crime Agency's CEOP education programme: [Thinkuknow](#)
- Public Health England: [Every Mind Matters](#)
- [Harmful online challenges and online hoaxes](#) - this includes advice on preparing for any online challenges and hoaxes, sharing information with parents and carers and where to get help and support.
- [NSPCC](#) helpline
- [Anti-Bullying Alliance](#)
- [Internet watch foundation](#)
- [Childline](#)

### Acknowledgement

I have read this policy, acknowledge the contents and will comply with the requirements of the Trust

Signed .....