



Safeguarding and child protection policy

References to this policy

- <https://www.contextualsafeguarding.org.uk/>
- <https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/dedicated-helplines/whistleblowing-advice-line/>
- <https://suffolksp.org.uk/assets/Home-Concerned/Suffolk-Threshold-of-Need-Guidance-2022.pdf>
- <https://www.suffolk.gov.uk/care-and-support-for-adults/protecting-people-at-risk-of-abuse/mash/>
- <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
- <https://www.legislation.gov.uk/ukpga/2004/31/contents> - Children's Act 2004
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1000549/The_Children_Act_1989_guidance_and_regulations_Volume_2_care_planning_placement_and_case_review.pdf
- <https://www.gov.uk/topic/schools-colleges-childrens-services/safeguarding-children>

Introduction

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

This document is the Safeguarding Children Policy for Able Health Care Provisions (Fern Lodge and Liberty Lodge Able Health Care) which will be followed by all Carers and staff in residential and followed and promoted by those in the position of leadership within the organisation.

This policy outlines how all those who work with children and young people at Able Health Care Provisions must work together to safeguard and promote the welfare of



Safeguarding and child protection policy

children and young people in accordance with the Children's Act 1989 and the Children's Act 2004.

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

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

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

Principles upon which the Safeguarding Children Policy is based:

- Safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part
- A child centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children
- Keeping children safe from harm requires people who work with children to share information - see the Information Sharing and Confidentiality Guidance chapter in the policies and procedures manual.

Scope of this policy

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

- Clear priorities for safeguarding and promoting the welfare of children, explicitly stated in strategic policy documents.
- A clear commitment by senior management to the importance of safeguarding and promoting children's welfare.

Safeguarding and child protection policy

- A clear line of accountability and defined roles and responsibilities within the organisation for safeguarding and promoting the welfare of children.
- Recruitment and human resources management procedures that take account of the need to safeguard and promote the welfare of children and young people, including arrangements for appropriate checks on new staff and – and a safer recruitment strategy.
- Safe working practice guidance which staff have read and understood.
- Procedures for dealing with allegations of abuse against members of staff including an internal Named Safeguarding Lead Designated Officer(s), to whom allegations and concerns are reported.
- Arrangements to ensure that all staff undertake appropriate training to equip them to carry out their responsibilities effectively and keep this up to date by refresher training at regular intervals and that all staff, including temporary staff who work with children, are made aware of the company’s arrangements for safeguarding and promoting the welfare of children and their responsibilities for that.
 - Policies for safeguarding and promoting the welfare of children including a child protection policy and procedures that comply with Safeguarding Children legislation and procedures for safeguarding children
 - Arrangements to work effectively with others to safeguard and promote the welfare of children including arrangements for sharing information.
 - A culture of listening to and engaging in dialogue with children - seeking children's views in ways that are appropriate to their age and understanding and taking account of those views in individual decisions and in the establishment or development of services.
 - Appropriate whistle-blowing procedures and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed.

Protecting Children from Harm

Able Health Care acknowledges that protecting children; from harm and promoting their welfare depends on a shared responsibility and effective joint working between different agencies.

Safeguarding and child protection policy

This in turn relies on:

- Constructive relationships between individual agencies promoted and supported by all staff in residential care,
- The commitment of senior managers to safeguard and promote the welfare of children,
- Clear lines of accountability from all staff including formal reporting and recording of safeguarding concerns systems

The role of guidance

Able Health Care is aware that processes and procedures are never ending in themselves but should always be used as a means of bringing about better outcomes for children. No guidance can or should attempt to offer a detailed prescription for working with each child and their family

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

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

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

- 'Harm' means ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another.
- 'Development' means physical, intellectual, emotional, social or behavioural development.
- 'Health' means physical or mental health; and

Safeguarding and child protection policy

- 'Ill treatment' includes sexual abuse and forms of ill-treatment which are not physical.

Under section 31(10) of the Act:

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

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

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

Note: Section 11 of the Children Act 2004 places a statutory duty on key people and bodies to make arrangements to safeguard and promote the welfare of children. Revised statutory guidance on the duty was issued in April 2007. Schools and further education providers have an equivalent duty through the Education Act 2002, and must have regard to the statutory guidance, safeguarding children in education, issued in September 2004. All staff must be clear of the statutory responsibility to protect children from harm and be fully aware of the contents of this document.

Supporting children and families

Able Health Care believes that all children deserve the opportunity to achieve their full potential and they will be enabled to:

Safeguarding and child protection policy

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

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

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

A wide range of services and professionals provide support to families in bringing up children. Both statutory and voluntary services can support families by helping all children develop to their full potential - for example, through universal education and health services by providing specialist help to those who need it and by providing support or otherwise intervening at times of adversity or crisis.

Able Health Care acknowledges that some children are deemed to be “in need” as they have additional or particular needs because of a disability, learning needs,



Safeguarding and child protection policy

isolation etc., they require certain services in order to achieve or maintain a reasonable standard of health or development or to prevent their development being impaired.

Able Health Care also understands that some children may be suffering, or at risk of suffering, significant harm either as a result of a deliberate act or of a failure on the part of a parent or carer to act or provide proper care, or both.

Able Health Care staff and will ensure that young people are made to feel safe from harm alongside meeting their other needs.

An integrated approach

Able Health Care acknowledges that children have varying needs which change over time. Able Health Care staff will intervene when there are concerns about harm to a child that will often and unavoidably entail an element of risk. Able Health Care staff: will use their professional judgments based on observations, training and a sound assessment of the child's needs.

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

A shared responsibility

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

Some of the most vulnerable children are at the greatest risk of social exclusion. Able Health Care staff will work positively with other agencies (health, education, youth justice, police, clinical therapeutic services and social services) to co-ordinate appropriate help and support.



Safeguarding and child protection policy

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

All Able Health Care staff must:

- Be alert to potential indicators set out in the Able Health Care Policies and Procedures of all forms of abuse.
- Be alert to the risks which individual abusers or potential abusers may pose to children.
- Share and help to analyse information so that an informed assessment can be made of the child's needs and circumstances.
- Contribute to whatever actions are needed to safeguard the child and promote his or her welfare.
- Regularly review the outcomes for the child against specific shared objectives
- Work co-operatively with parents unless this is inconsistent with the need to ensure the child's safety.

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

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

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

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

Safeguarding and child protection policy

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

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

Regulation 5(2) which relates to the LSCB serious case review's function and Regulation 6 which relates to the LSCB child death functions;

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



Safeguarding and child protection policy

Immediate Action to Ensure Safety

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

IN ALL CASES IT IS VITAL TO TAKE WHATEVER ACTION IS NEEDED TO SAFEGUARD THE CHILD OR CHILDREN CONCERNED i.e.

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

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

Physical Abuse

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

Emotional Abuse

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

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability as well as overprotection and limitation of exploration and learning or

Safeguarding and child protection policy

preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying, causing children frequently to feel frightened or in danger or the exploitation or corruption of children. Some level of Emotional Abuse is involved in all types of ill treatment of a child though it may occur alone.

Sexual Abuse

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

Neglect

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

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment).
- Protect a child from physical and emotional harm or danger.
- Ensure adequate supervision (including the use of inadequate caregivers).
- Ensure access to appropriate medical care or treatment.

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

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

Safeguarding and child protection policy

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

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

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

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

What to do if Children or Young People Talk to you about Abuse or Neglect

Able Health Care recognises that a child may seek an adult out to share information about abuse or neglect or talk spontaneously individually or in groups when you are present.

In these situations, **YOU MUST**:

- Listen carefully to the child. **DO NOT** directly question the child.
- Give the child time and attention.
- Allow the child to give a spontaneous account; do not stop a child who is freely recalling significant events.

Safeguarding and child protection policy

- Make an accurate record of the information you have been given taking care to record the timing, setting and people present, the child's presentation as well as what was said. Do not destroy this as it may later be needed as evidence and must be recorded in the child's file.
- Use the child's own words where possible.
- Explain that you need to speak to others about the information they have shared - do not offer confidentiality. Explain that there are others that need to help and support.
- Reassure the child that:
 - a. They have done the right thing in telling you.
 - b. They have not done anything wrong.
- Tell the child what you are going to do next and explain that you will
- need to get help to keep him/her safe.
- **DO NOT** ask the child to repeat his or her account of events to anyone

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

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

Lead Person for Safeguarding (Designated Officer)

If Able Health Care staff have concerns relating to their line management support or staff require any support in relation to a safeguarding concern Able Health Care Lead for Safeguarding in the respective divisions are:



Safeguarding and child protection policy

Managers and deputy managers acting in their capacity as Deputy Designated Officers will be informed of all child protection matters pertaining to children within

their area of responsibility and keep fully up to date whilst any investigation or referral are in process.

The other designated child protection officer is the owner and Director, and they should be informed should the concern be about the manager or deputy manager.

If the Designated Officers are implicated in the concerns Able Health Care staff must discuss their concerns directly with the local Safeguarding Children's Team.

The role of the Safeguarding Lead is to:

- a) Take lead responsibility for dealing with child protection issues, provide advice and support to other practitioners, liaise with Local Authorities and support effective working with other agencies.
- b) Provide support, advice and expertise in the event of a child protection referral.
- c) They will attend (or identify a deputy) to attend any Initial Reviews or Child Protection conferences.
- d) Ensure all staff within their respective services receive and maintain their child protection training at the level required for their role.

Communication is critical and therefore Able Health Care staff must consult with their local Children's Social Care Duty & Investigation Team in the area where the child resides in the following circumstances:

- When you remain unsure after internal consultation as to whether child protection concerns exist.
- When there is disagreement as to whether child protection concerns exist.
- When you are unable to consult promptly or at all with your designated internal contact for child protection.

Safeguarding and child protection policy

Consultation is not the same as making a referral but will enable a decision to be made as to whether a referral to Local Safeguarding Children's Board (LSCB) or the Police should progress.

Make a Referral

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

Parents will be informed, where appropriate, if a referral is being made except in the circumstances outlined in this policy (where sexual abuse or sexual exploitation is suspected, where organised or multiple abuse is suspected, fabricated or induced illness (previously known as Munchausen Syndrome by proxy) is suspected, where female genital mutilation is the concern or in cases of suspect forced marriage.

Or where contacting parents would place a child, Able Health Care staff or others at immediate risk.

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

Information required when making a referral:

Able Health Care staff must be prepared to give as much of the following information as possible (in emergency situations all of this information may not be available).

Unavailability of some information must not stop you making a referral:

- Your name, telephone number, position and request the same of the person to whom you are speaking.

Safeguarding and child protection policy

- Full name, address, telephone number of family, date of birth of child and siblings.
- Gender, ethnicity, first language and any special needs.
- Names, dates of birth and relationship of household members and any significant others.
- The names of professionals known to be involved with the child/family e.g., GP, Health Visitor and School.
- The nature of the concern and foundation for the concern.
- An opinion on whether the child may need urgent action to make them safe.
- Your view of what appears to be the needs of the child and family.

Action to be taken following the referral:

- Ensure that you keep an accurate record of your concern(s) made at the time.
- Put your concerns in writing to the Local Safeguarding Children's Board (LSCB) following the referral (within 48 hours - and using the multi-agency referral form).
- Accurately record the action agreed or that no further action is to be taken and the reasons for this decision.

Multi-Agency Safeguarding Hub (MASH)

The Suffolk MASH makes decisions about next steps when a concern is raised about an adult who is reported to be at risk of harm, abuse and neglect.

What is the MASH?

Suffolk MASH receives and processes all safeguarding referrals of children and adults at risk of harm and abuse.

It consists of around 60 professionals from health, police, fire services, education, social care, probation, youth justice, mental health services and housing.

Most of the staff are based at Landmark House in Ipswich, with some designated professionals working remotely.



Safeguarding and child protection policy

Why we need the MASH

The MASH was developed as a result of learning from previous experiences, especially from lessons highlighted by reviews of serious safeguarding incidents across the country.

A recurring theme of these reviews is the importance of information sharing and close working arrangements between relevant agencies.

The MASH model has been strongly endorsed in the Ofsted report Good practice by local safeguarding boards and the Munro review of child protection: a child-centred system.

The Care Act 2014 also highlights the benefits of a MASH, which includes specialist adult safeguarding professionals as a best practice example.

Information sharing

The main advantage of the MASH is that officers now share the information their agency may have on a child or adult immediately.

This is to ensure that decisions made take into account all available information.

An information sharing agreement has been established between the agencies involved with the MASH to ensure that information is shared confidentially, proportionately and securely.

Sensitive and confidential information will never leave the MASH team, but it will help inform decision making.

Guidance for professionals

If you think someone is at risk



Safeguarding and child protection policy

Please visit the Report abuse of an adult | Suffolk County Council page.

MASH consultation line

If you would like to discuss whether the situation you are concerned about should be the subject of a safeguarding referral, please contact the MASH Consultation Line on 0345 606 1499.

Allegations against Adults who work with Children

If Able Health Care staff has information which suggests an adult who works with children (in a paid or unpaid capacity) has:

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

Managing Allegations

Staff must speak immediately with their Registered Manager or deputy manager in absence, who has responsibility for managing allegations with the support of the Safeguarding Lead. The Registered Manager/Designated Manager will consult

with/make a referral to the LADO (Local Authority Designated Officer), Local Safeguarding Children's Board (LSCB).

If the Registered Manager is implicated in the concerns, then staff must discuss their concerns with the Director who will notify the Designated Officer/ safeguarding lead for the area in which the home is situated.

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



Safeguarding and child protection policy

Confidentiality

Able Health Care will ensure that any records made in relation to a referral will be kept confidentially and in a secure place.

Information in relation to child protection concerns will be shared on a "need to know" basis. However, the sharing of information is vital to child protection and therefore, the issue of confidentiality is secondary to a child's need for protection (see the Information Sharing and Confidentiality Guidance policy and procedure).

If in doubt, consult.

Training

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

Training and learning are done daily and weekly within the home by consistently reflecting and reviewing behaviour and risk and adapting the plans for the child to

manage this. This has to be a dynamic process to ensure that young people are thought of as individuals and the risks are fluid and ever changing. Safeguarding should be the foundation of all decisions made in the home.

Able Health Care in their delivery of Learning and Development will:

- Be open and transparent in all communications
- respond to all enquiries and communications within 24 hours
- Work in a way that is respectful, honest, interested and open in all roles
- Recognise and celebrate achievements
- Work within any set financial boundaries and provide value for money in all delivery and service

Safeguarding and child protection policy

- Provide a planned schedule of training which complies with legislative guidelines
- Provide opportunities for continual professional development
- Ensure all training and development resources are up to date and complicit with current need, legislation and guidance
- Respond to needs as identified by regulatory bodies and internal quality audits
- Measure effectiveness of training delivery through candidate self-assessment end of course assessment and feedback, with the aim to continually improve the service we offer'
- Be accountable for all our actions and agreements
- Respond and resolve any issues, concerns or challenges with respect and understanding

All Able Health Care staff receive safeguarding training as part of their initial induction into Able Health Care which includes promoting the welfare of children.

All staff will have ongoing and regular safeguarding training specific to the needs of the group and home.

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

- It is child centred.
- It promotes the participation of children and families in the processes.
- Values working collaboratively.
- Respects diversity.
- Promotes equality.

Opportunities will exist for initial safeguarding training, refresher training, in-depth training and discussion and reflection and in regular supervision.

Safeguarding and child protection policy

Basic Safeguards for Children and Young People

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

There are a number of essential safeguards which must be observed in all settings in which children live away from home. These safeguards include that:

- Children feel valued and respected, and their self-esteem is promoted.
- There is openness on the part of the school, s and residential Home when involved in the care of a child or young operation to the external world and external scrutiny including openness with families and the wider community.
- All residential staff; are trained in all aspects of safeguarding children, alert to children's vulnerabilities and risks of harm and knowledgeable about how to implement child safeguarding procedures.
- Children have ready access to a trusted adult outside of the residential home e.g., a family member, the child's Social Worker, independent visitor, children's advocate. Children will be made aware of the help they can receive from independent advocacy services, external mentors, and Child Line. This is particularly relevant if a young person does become involved in a child

Safeguarding and child protection policy

protection matter. Staff should provide names and contact details of independent advocates to the young person.

- Complaints procedures are clear, effective, user friendly and are readily accessible to children and young people including those with disabilities and those for whom English is not a first language. Procedures should address informal as well as formal complaints. Systems that do not promote open communication about 'minor' complaints will not be responsive to major ones and a pattern of 'minor' complaints may indicate more deeply seated problems in management and culture which need to be addressed. There should be a complaints register in every children's home which records all representations or complaints, the action taken to address them, and the outcomes.
- Children will be given information written and otherwise explaining the child protection procedures when they arrive in placement.
- Every young person has an individual care plan aimed at meeting their needs and promoting their welfare and keeping them safe.
- Every young person is kept safe by staff continually assessing their situation and risk assessments are clear and inform care plans and Risk assessments.
- Recruitment and selection procedures are rigorous and create a high threshold of entry to deter abusers.
- Clear procedures and support systems are in place for dealing with expressions of concern by staff about other staff. All at Able Health Care embrace a code of conduct instructing staff on their duty to their employer and their professional obligation to raise legitimate concerns about the conduct of colleagues or managers. There should be a guarantee that procedures can be invoked in ways which do not prejudice the whistle-blowers' own position and prospects and that they will be supported during the processes of bringing alleged perpetrators to justice or supporting those demonstrating poor practice to change.
- There is respect for diversity and sensitivity to race, culture, religion, gender, sexuality and disability.
- There is effective supervision and support, which extends to all staff.

Safeguarding and child protection policy

- All staff are alert to the risks to children in the external environment from people prepared to exploit the additional vulnerability of children living away from home.
- All staff; are given basic training on safeguarding and child protection during induction.
- All services will be registered with the Local Safeguarding Children's Boards (LSCB) as they must receive updates on policy and procedures. They must also acquire copies of the Area Child Protection Procedures/Local Safeguarding Children's Boards procedures and the procedures for the placing authorities of young people on placement. All staff will familiarize themselves with these as well as other relevant information e.g. working Together to Safeguard Children (2018).
- Able Health Care has appointed a Designated Officer/ safeguarding lead in Child Protection – all young people in services / placements and all staff will be able to access the contact details of the Safeguarding Lead Officer for their service or in their absence the deputy Designated Officers / Senior Manager.
- Able Health Care will review this Safeguarding Policy on an annual basis and more frequently if required.

Peer Abuse

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



Safeguarding and child protection policy

Exploited Children

Able Health Care has a child-centred approach to the sexual exploitation of young people and, ensures that these young people; are treated as 'victims of abuse'. We are proactive and will focus on early identification and intervention in working with young people. We are aware that all vulnerable young people both male and female are at risk of sexual exploitation,

Able Health Care will raise awareness of young people whom we fear may be at risk of sexual exploitation and the protection of these young people will be our main aim.

Able Health Care will ensure staff are up to date with legislation and guidance, and ensure they are trained to recognise the warning signs and risk factors of sexual exploitation of young people by; engaging LSCB and Specialist Service Projects to deliver training.

Any young person thought to be at risk of sexual exploitation' will be assessed using Able Health Care in-house risk assessment tool which will include the indicators set out, which will work in conjunction with the requirements of LSCB.

Able Health Care will work with, and ensure information is shared as a matter of good practice, with other agencies including Local Authorities, Police, LSCB, Education, YOT, Health and Specialist Services working with sexual exploitation, to ensure a multi-agency approach/response.

Children who may have been Trafficked

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

Safeguarding and child protection policy

“Trafficking of persons” shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour services, slavery or practices similar to slavery, servitude or the removal of organs

There are three basic components:

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

Principles

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

- Trafficking causes significant harm to children in both the short and long term; it constitutes physical and emotional abuse.
- The safety and welfare of the child is paramount, i.e., nationality or immigration status of the child is secondary and will be addressed only after the child safety is assured).
- Trafficked children will be provided with the same standard of care that is available to any other child in Able Health Care.
- All decisions and plans for the young people will be based on good quality assessments and supported by Able Health Care and multi-agency services
- Able Health Care will work in partnership with Local Authorities, Education and Police to empower and develop support networks and information sharing.

Able Health Care recognises the following Indicators: (see also Able Health Care Risk Assessment Tool)

Safeguarding and child protection policy

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

Able Health Care staff will use these indicators as guidance and will make themselves aware of any other factors that may suggest the young person may have been trafficked. Information gathering will include the young person's presenting behaviours



Safeguarding and child protection policy

together with any information the young person discloses and their circumstances. The above will also be used in conjunction with Working Together to Safeguard Young People 2018.

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

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

Children Affected by Gang Activity

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

This guidance promotes an approach where Able Health Care as an agency must work together to:

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



Safeguarding and child protection policy

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

Able Health Care recognises that friendships within groups is a normal part of growing up, and these groups must be distinguished from `street gangs`.

We will:

- Make a return home a positive experience for the young person
- Take time to listen to young people
- Raise awareness of 'risky' behaviours
- Educate young people about 'Healthy Relationships'
- Find ways to work with the 'push pull factor' for going missing' by listening and talking to young people when they have been missing from placement.
- Support young people in making positive attachments and building relationships within the home using our 'authentic warmth model' of working with young people
- Support building self-esteem in young people
- Address any issues of bullying of young people
- We will where appropriate work with a restorative justice approach
- Give young people a voice and to feel safe to enable them to speak out, and disclose if they are being sexually exploited
- Ensure all the young person's medical needs are attended to
- Be aware of the difference between young people gathering together to socialise and gang membership.

Race and Racism

Children from black and minority ethnic groups (and their parents) are likely to have experienced harassment, racial discrimination and institutional racism. Although racism causes significant harm it is not, in itself, a category of abuse. The experience of racism is likely to affect the responses of the child and family to assessment and enquiry processes. Failure to consider the effects of racism will undermine efforts to

Safeguarding and child protection policy

protect children from other forms of significant harm. The effects of racism differ for different communities and individuals and should not be assumed to be uniform. The specific needs of children of mixed parentage and refugee children should be given attention. In particular, the need for neutral, high quality, gender-appropriate translation or interpretation services should be taken into account when working with children and families whose language of normal use is not English.

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

Bullying

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

Fabricated or Induced Illness

Concerns may be raised when it is considered that the health or development of a child is likely to be significantly impaired or further impaired by a parent or caregiver

Safeguarding and child protection policy

who has fabricated or induced illness. These concerns can arise when you might observe (some examples not exhaustive):

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

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

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

Allegations of Abuse Made Against a Professional, or staff member within Able Health Care Ltd

Experience has shown that children can be subjected to abuse by those who work with them in any and every setting. All allegations of abuse of children by a



Safeguarding and child protection policy

professional staff member or should therefore be taken seriously and treated in accordance with LSCB safeguarding children's procedures.

Able Health Care has clear written procedures in place in line with Working Together to Safeguard Children 2018 which are available for scrutiny by service users, and which are supported by the training and supervision of staff. It is essential that all allegations are examined objectively by staff that are; independent of the service concerned.

Investigating Allegations

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

The Social Worker and the police will need to decide how to proceed with an investigation and Able Health Care staff and managers will cooperate fully with enquiries and requirements of the local safeguarding board and strategy meeting if held.

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

- Child safeguarding enquiries relating to the safety and welfare of any children who are or who may have been involved.
- A police investigation into a possible offence.

Safeguarding and child protection policy

- Disciplinary procedures where it appears that the allegations may amount to misconduct or gross misconduct on the part of staff or require termination of employment

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

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

Able Health Care will ensure all staff whom there are concerns around will be treated fairly and honestly and should be provided with support throughout the investigation process as should others who are also involved. Able Health Care will help all staff to understand the concerns expressed and the processes being operated and be clearly informed of the outcome of any investigation, and the implications for disciplinary or related processes. The investigation will be completed as quickly as possible and consistent with its effective conduct. The police and other relevant agencies should always agree jointly when to inform the suspect of allegations which are the subject of criminal proceedings. All staff that are; subject to internal disciplinary procedures or assessment as to suitability to be a carer will have access to details of concerns, so as to prepare and answer the concerns (where appropriate and not related to an excluded area).

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



Safeguarding and child protection policy

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

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

If an allegation is substantiated, the Registered Managers including the Senior Management Team of Able Health Care, will consider the contents of the allegation and any outcomes from the case, and how they should be acted upon within the organisation. This should include whether there are features of the Residential home or its oversight which may have contributed to the abuse occurring or failed to prevent the abuse occurring. Registered Managers must also consider if any changes are required to policies and procedures.

Abuse by Children and Young People

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

Able Health Care recognises that children and young people who abuse others are often not yet able to be responsible for their abusive behaviour, so the onus is on staff

Safeguarding and child protection policy

and other professionals, to be aware when working with children and young people the need to supervise monitor and risk assess appropriately.

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

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

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

- There must be a coordinated approach on the part of Able Health Care staff with relevant agencies and this should be guided by the child's Social Worker, the victim's Social Worker and the investigating officer.
- The needs of children and young people who abuse others must be; considered separately from the needs of their victims.
- An assessment must be carried out in each case appreciating that these children may have considerable unmet needs as well as specific needs arising from their behaviour.

Safeguarding and child protection policy

Able Health Care staff assessing a child or young person who abuses another - relevant considerations include:

- The nature and extent of the abusive behaviours in respect of sexual abuse can sometimes be difficult in distinguishing between normal childhood sexual development; experimentation; and sexually inappropriate or aggressive behaviour.
- Expert professional judgement may be needed within the context of knowledge about normal child sexuality/psycho-sexual development.
- The context of the abusive behaviours.
- The child's development and family and social circumstances.
- Needs for services specifically focusing on the child's harmful behaviour as well as other significant needs.
- The risks to self and others including other children in the home, staff, extended family, school, peer group or wider social network

This risk is likely to be present unless:

- The opportunity of further abuse is ended
- The young person has acknowledged the abusive behaviour and accepted responsibility
- There is agreement by the young person displaying abusive behaviour and his/her family to work with relevant agencies to address the problem.

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

- the most appropriate course of action within the criminal justice system, if the child is above the age of criminal responsibility.
- whether the young person who has abused will be the subject of a child protection conference (section 47); and

Safeguarding and child protection policy

- What plan of action will be put in place to address the needs of the young person with abusive behaviour, detailing the involvement of all relevant agencies?

When working with a young person who has harmed another young person or child, Able Health Care staff must discuss with the Social Worker the need for a multi-agency approach if the young persons' needs are complex. Issues regarding suitable educational and accommodation arrangements often require skilled and careful consideration.

Children Involved in Child Exploitation

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

The Home Office guidance published March 2018 Working Together to Safeguard Children gives guidance on how all agencies involved in working with young people who are at risk of child exploitation. Able Health Care will work with other agencies and follow this guidance to:

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

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

Safeguarding and child protection policy

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

Child Pornography and the Internet

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

Able Health Care Managers as part of their role in preventing abuse and neglect will ensure that they raise the awareness of staff and young people about the safe use of the Internet, in relation to both school and home-based use of computers by children. All staff will be provided with clear advice and guidance on supporting children and young people to understand the potential risks involved.

All children are assessed in terms of their ability to self-manage on the basis of age and development. Able Health Care staff will adopt a child centred approach in their care. Able Health Care staff will ensure that young people are supported and supervised when using the internet and again will use strategies developed by CEOP for children and young people. Safeguarding measures will be incorporated in the internet usage to ensure unsuitable material cannot be accessed.

If Able Health Care and staff discover any member of their household or staff including Managers is discovered to have placed child pornography on the Internet or accessed pornography, the police will be informed to carry out their own procedures in relation to child pornography and any staff member suspected of being involved in child pornography will be suspended immediately pending investigation. Registered

Safeguarding and child protection policy

Managers or a designated senior manager will have to consider what disciplinary action is required in relation to staff members.

If there are particular concerns about one or more specific children, there will be a need to carry out child protection enquiries in respect of those children

Child Affected by Parental Substance Misuse

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

Foetal Alcohol Syndrome

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

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



Safeguarding and child protection policy

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

How Safeguarding and Child Protection Concerns must be dealt within Able Health Care

This section provides advice on what will happen if somebody has concerns about the welfare of a child within an Able Health Care home with concerns that a child may be suffering, or at risk of suffering, abuse or neglect. It is not intended as a detailed practice guide, but it sets out clear expectations about the ways in which professionals must work together in the interests of the child's safety and well-being and will be used in conjunction with Child Protection procedures (LSCB) and Working Together to Safeguard Children 2018.

If Able Health Care staff observe a concern, or a child or other person tells you something of concern about a child, it is VITAL that you pass this information on promptly to your Registered Manager, Designated Manager, Senior Manager

Everybody who works with children, parents and other adults in contact with children must be able to recognise, and know how to act upon, indicators that a child's welfare or safety may be at risk. Professionals, staff members and Registered Managers will be mindful always of the welfare and safety of children.

Able Health Care will ensure every staff member who may encounter concerns about the wellbeing or safety of a child will be trained to know the following:

- What services are available locally, how to gain access to them (every region will have contact details of Local Safeguarding Children's Board, Police etc).
- What sources of further advice and expertise are available, who to contact in what circumstances and how.
- When and how to make a referral to the local authority social work department.
- Never delay emergency action to protect a child.

Safeguarding and child protection policy

- Always record in writing concerns about a child's welfare, whether or not further action is taken.
- Always record in writing discussions about a child's welfare. At the close of a discussion, always reach clear and explicit agreement, which will be recorded, about who will be taking what action, or that no further action will be taken.

Able Health Care staff will be alert to notice signs of possibly abusive situations arising. These signs are many and are covered in training provided by Able Health Care.

Registered Managers will ensure that all staff; are aware of what constitutes abuse and what signs there may be that this is occurring. On suspecting that any such situation has arisen, staff will immediately pass on their suspicions to their Registered Manager. It is important to pass on all suspicions, however slight, and not to wait until one is 'sure'. Registered Managers must decide on the next steps to be taken, as early information is more likely to protect children rather than late.

When Able Health Care and staff suspect abuse within a residential setting, they will follow child protection procedures. However, there are additional considerations as outlined below. Able Health Care acknowledge the importance that all suspicions are discussed, and a sensitive investigation may eliminate concern.

Defining Abuse in Residential Homes

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

However, Able Health Care recognises that occasionally children may be abused by a member of staff. Therefore, Able Health Care have clear procedures that ensure all



Safeguarding and child protection policy

allegations or suspicions of abuse are fully investigated and where necessary by an independent person.

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

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

If Able Health Care staff suspect or observe the behaviour or attitude of a member of staff towards a child which gives them cause for concern, this must be reported immediately to the Registered Manager or Designated Manager. An example of this could be the development of an exclusive relationship between a member of staff and a child, involving long periods spent together in privacy; observed to hit a child or act towards them in a demeaning or discriminatory way. Able Health Care staff will be trained to ensure they know the boundaries that must exist between staff and young people.

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

There are potentially several strands to an investigation:

Safeguarding and child protection policy

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

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

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

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

Residential - Physical Restraints

All Able Health Care Residential staff will be trained restraint which gives clear guidance on the circumstances in which restraint is appropriate, how it is to be carried out, and how it should be recorded. There must also be provision for discussion and de-briefing following the use of restraint with staff which will be fully recorded on the incident report; and the Registered Manager or Designated Manager must ensure that a debrief is fully recorded on the incident report.

Safeguarding and child protection policy

Able Health Care uses nationally recognised and accredited restraint training as a standard method of behavioural management and safe holding. Registered Managers must ensure that no other approaches are permitted or endorsed by Able Health Care in the support and care of children.

The use of physical restraint is an area of great sensitivity for staff and children and young people. Staff members must be able to demonstrate that restraint is justified and carried out in accordance with guidelines. Children may voice objections to the use of restraint and may exercise their right to make a formal complaint. The excessive or inappropriate use of physical restraint will constitute an assault, or abuse.

A child protection investigation may be required if, following the use of physical restraint the child/young person, the Social Worker, the parent/carer, another member of staff or a Registered Manager in the Home or another professional involved, feels that the use of restraint has been excessive or unjustified.

Within Able Health Care staff are trained in the use of medium methods of physical restraints including Safe Holding as taught by Price Training. This is only to be used which a child is in danger of high risk to themselves or others.

staff are trained and supported to manage children's behaviour in the least restrictive manner and only resorting to physical restraint through high-risk situations

All staff are expected to be up to follow:

- Individual risk assessments and plans to minimise the risks where appropriate
- Excellent parenting, role modelling and creating an environment where children feel safe and secure
- The development of positive relationships and routines within and outside of the Children's home

Safeguarding and child protection policy

- Understanding children's individual needs so that their behaviour and responses towards the children in their care are appropriate to these needs
- Recognising when children are becoming distressed and having planned responses to reduce or remove this distress.

Staff are trained in strategies and actions for when children do become threatening or violent. These are:

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

It is essential that all measures are employed to minimise the occasions when any form of physical intervention is required to manage the behaviour of a child in Residential care, and when it is required that this is carried out sensitively and with minimum physical force.

Able Health Care will ensure staff member suspects, witnesses, or hears allegations of abuse (including physical, sexual or emotional abuse) of a child by another member of staff, they must immediately contact the Registered Manager or Designated Manager and give details of the suspicion or allegation. The Registered Manager will ensure this is fully recorded and investigated and inform the relevant Senior Manager or Responsible Individual.

The Registered Manager must immediately contact their Regional Manager/Senior Manager to inform them about the nature of the suspicion or allegation. The



Safeguarding and child protection policy

Registered Manager will also ensure that the child's Social Worker or Child Care Team Manager (or E.D.T. out of hours) is notified.

If within normal working hours, Able Health Care Registered Manager, and the Social Worker/Team Manager of the relevant Local Authority and LADO must be

notified. The out of hours the on call Manager must notify straight away the Registered Manager and Senior Manager including EDT of any concerns relating to the abuse of a young person by a member of staff.

The following must be observed:

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

Responsible Individual, Senior Manager or Registered Manager for Able Health Care, in discussion with the Local Authority must then:

- Determine how the matter is to be investigated.
- Agree the time scale and the process for dealing with the matter.
- Decide if the suspension of the member of staff is appropriate
- This process though needs to take into account the seriousness of the allegation or concern whether there is evidence to support the allegation whether the investigation itself would be undermined by the member of staff remaining in role.
- Determine the support to be offered to the member of staff and by whom.
- Discuss the support needed for the child and family.
- Decide who is going to explain the process to the member of staff what they are going to say.
- Decide if and what information needs to be given to parents and other members of staff etc.



Safeguarding and child protection policy

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

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

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

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

The Registered Manager should ensure that Ofsted are informed of any investigations that are taking place in the home.

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



Safeguarding and child protection policy

The Registered Manager / Designated Manager Regional Manager or Senior Manager must also ensure that the child's Social Worker, or Child Care Team Manager, is notified. The Social Worker of the alleged perpetrator must also be informed.

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

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

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

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

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



Safeguarding and child protection policy

uncertain about confidentiality, they must seek guidance from the Senior Manager or Safeguarding Lead.

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

If a formal investigation takes place, Able Health Care staff must co-operate and provide relevant information to the investigating officers.

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

The Registered Manager must inform Ofsted of any investigations taking place in the home.

Allegation of Historical Abuse

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

Again, when a child makes an allegation against another person, it is important to make it clear to them that you will have to share information they may give you about the abuse – it is not possible to enter into 'secrets'. Listen carefully to the child but try not to make suggestions to them as to what might have happened, or lead them in



Safeguarding and child protection policy

any way. Note down what they say and the circumstances in which they said it, and check it over with them if possible, and pass this on to your Registered Manager, placing a copy in the child's file.

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

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

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

Recruitment

Before confirmation of appointment, staff who apply to work at Able Health Care Ltd will be subject to a rigorous recruitment process to ensure, as far as possible, their suitability to work with children. Successful applicants will be required to apply for enhanced DBS disclosure including all relevant safeguarding checks.

2 written references will be required; however, we will request references from all workplaces with children, along with verification from the author of the reference. We also require confirmation that they have not been disqualified from working with children. All candidates are required to provide evidence of their qualifications and details of previous experience and work history.



Safeguarding and child protection policy

All gaps in employment will be explored at the interview. As part of this recruitment process, all potential staff will be asked to declare any criminal record – failure to disclose a criminal record and if a record is subsequently found to be in existence, will result in disciplinary action and may result in any assessment being stopped or approval terminated.

DBS disclosure checks will be undertaken at an enhanced level for all and staff regardless of role. No one will be considered for employment or assessment if they are deemed to be unsuitable to work with children.

All Staff: undergo a recruitment process based on recommendations

All staff will be provided during their induction:

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

All staff; need to be alert to the signs of harm and abuse. They must report any concerns immediately.

L.A Child Protection / Safeguarding Procedures are available in all Residential homes and provided to all employees.

About the Whistleblowing Advice Line (NSPCC)

The Whistleblowing Advice Line offers free advice and support to professionals with concerns about how child protection issues are being handled in their own or another organisation.

If you think an organisation is putting children at risk, even if you're not certain, call NSPCC to talk through your concerns.

Safeguarding and child protection policy

A chat with your partner or a mate about your concerns won't change anything but a chat with NSPCC can change a child's life.

The Whistleblowing Advice Line was commissioned by the Home Office. It is a direct response to the recommendation for "a new whistleblowing national portal for child abuse related reports" set out in the Government's Tackling child sexual exploitation report (HM Government, 2015).

The Whistleblowing Advice Line isn't intended to replace any current practices or responsibilities of organisations working with children. We encourage staff to raise any concerns about a child to their own Designated Safeguarding Lead in the first instance.

What is whistleblowing?

Whistleblowing is when someone raises a concern about a dangerous or illegal activity or any wrongdoing within their organisation.

Raising a concern is known as "blowing the whistle" and is a vital process for identifying risks to people's safety.

Sharing information or talking through a concern can be the first step to helping an organisation identify problems and improve their practices.

What happens when you contact NSPCC

One of our call handlers will connect you with a trained practitioner. They'll discuss your concerns with you and:

- talk you through the whistleblowing process
- take details of your concern
- explain the protection available to you if you need it
- get relevant agencies and authorities to take action on your concern.



Safeguarding and child protection policy

You don't have to tell NSPCC who you are if you don't want to - you can remain anonymous. If you do give NSPCC, your name and contact details you can ask NSPCC not to share these with other agencies.

When to contact NSPCC or Ofsted

If you have any concerns about a child in your workplace you should raise this with your employer or organisational safeguarding lead in the first instance.

You should contact the Whistleblowing Advice Line if:

- your organisation doesn't have clear safeguarding procedures to follow
- you think your concern won't be dealt with properly or may be covered-up
- you've raised a concern but it hasn't been acted upon
- you're worried about being treated unfairly.
- You can contact us about an incident that happened in the past, is happening now or you believe may happen in the future.

Call NSPCC - 0800 028 0285

Ofsted - 0300 1233155

Conclusion

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



Safeguarding and child protection policy
