



Safeguarding

This policy refers to 'Keeping Children Safe in Education 2021' (KCSIE) and 'Working together to safeguard children' 2018

[Keeping children safe in education 2021](#)

[Working together to safeguard children 2018](#)

Many looked after young people come from a background of abuse, neglect and trauma. They have been badly let down by adults and their safety compromised.

Definition of safeguarding can be summarised as:

- To protect children from being maltreated.
 - To prevent a child facing impairment of their development or physical or mental health.
 - To make sure that children are given care in their childhood that's safe and effective.
 - To take action to ensure children get the best possible outcomes.
- (KCSIE 2021)*

Care Focus endeavours to ensure that children are not exposed to further or continued exploitation while in their care and are protected from all types of abuse and neglect. With the implementation of robust policies and procedures, staff training, and high levels of supervision, children's safety and welfare is fully promoted.

Care Focus takes a child-centred approach, whereby there is a clear understanding of the child's needs and views.

'Early help protocols' are encouraged in order to support a child as soon as a problem emerges. All staff remain in a unique position to identify concerns and prevent them from escalating. Any young person can benefit from early help, but looked after children, particularly with those with mental health needs, EHCP's,

regular missing episodes, risk of exploitation etc. These young people are likely to be higher risk.

Care Focus' commitment to safeguarding children is an absolute priority which is achieved through a culture of vigilance and competence.

Staff consciously make positive relationships with young people to encourage a culture of 'openness' and 'trust', to encourage them to share any concerns they may have. Many of these children have a deep-rooted mistrust for adults, due to their past experiences, but through positive interactions over a period of time, the healing process begins.

During Key-Time sessions; a large emphasis is placed upon 'making good choices', 'keeping safe', 'taking controlled risks' and learning how to identify unsafe situations, and then protect themselves from harm. Young people are supported to understand what abuse is, and explained how to report concerns, including using the '*I want you to know...*' forms. It's important that young people are given the tools and knowledge to cope independently in life and promote their mental wellbeing.

Safe Adults

All staff undertake an Enhanced DBS check before commencement of duty, and at least two references are obtained, including follow up phone calls to check they are authentic. Once a DBS has been sought, these are then registered with the live update system. Teaching staff and Directors also undertake prohibition checks in addition to Enhanced DBS checks, which covers Section 18 checks.

At the application stage any gaps in working history are explored before a decision about employment is given.

At the interview stage, where possible, at least one member on the panel has undertaken the 'Safer Recruitment Course.'

From January 2021 the TRA Teacher Service System will no longer maintain a list of those teachers who have been sanctioned in EEA member states. Therefore, Care Focus must make any further checks they deem appropriate so that any relevant events outside of the UK can be fully considered.

Sadly, despite these measures and being placed at safety within Care Focus homes, still there remains the possibility of abuse from others. This policy will explore the nature of Child Protection and the correct procedures to follow in reporting, recording and making sound decisions about any concerns or allegations.

Children have the right to be protected from any form of abuse; these include physical injury, neglect, sexual, emotional and mental abuse. All staff at Care Focus have a '**Duty of Care**' to safeguard children, and to promote their welfare at all times. Safeguarding is the responsibility of **everyone**.

A Single Central Register maintains a record of pre-appointment checks.

Different types of Abuse

Emotional-

'Failure to provide for the child's basic emotional needs, such as love and to value them. Emotional abuse may include belittling children, taunting them, and not allowing them to express themselves. This, as a result, has a direct effect on their behaviour and emotional development.'

Signs include: Developmental delay, Poor attachment ability, inability to regulate behaviour, low self-esteem.

Physical-

'Physical injury to a child, where there is knowledge, or reasonable suspicion, that the injury was inflicted or knowingly not prevented.'

Signs include: bruises, cuts, burns to the young person's body. A child covering up their body more than they usually would. Inconsistent explanations as to what happened to them, flinching, high levels of anxiety.

Neglect-

'Consistently failing to meet the basic needs of the child. Lack of appropriate adult supervision, nutritious meals, care and affection.'

Signs include: A child stealing food or always wants more at meal times, doesn't wear appropriate clothing for the weather, has poor hygiene, slight build for their age, presents as very emotionally 'needy'.

Sexual-

'Any child below the age of 16 may be deemed to have been sexually abused when any person, exploits the child, forces or entices them to take part in any sexual activity intended to lead to the sexual arousal or other forms of gratification of that person.'

Signs include: Experiences sudden changes in their appetite, demonstrate unusual or sophisticated sexual knowledge. Increased sexualised behaviour, sudden bed wetting.

All of the above signs and symptoms are not necessary always connected to abuse, but if staff see one or more of these in a child, they should consider the possibility. Any change in the child's 'normal' behaviour should be observed closely, as this could be an indication that 'something' is not right.

Child Sexual Exploitation (CSE)

Definition:

Child sexual exploitation is a form of child 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 (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator. 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. (Child Sexual Exploitation, Department of Education-February 2017

[Child Sexual Exploitation-DfE 2017](#)

Children under the age of 16 cannot by law consent to sexual intercourse, children under the age of 18 cannot be paid for sexual services with money or in kind.

Child Sexual Exploitation is a form of child abuse that is characterised by often 'seemingly' consensual relationships. It involves exploitative situations whereby young people receive something e.g. drugs, money, alcohol, accommodation,

power or status as a direct result of performing a sexual act. The balance of power remains with the abuser at all times.

Young people are often tricked into believing that they are in loving relationships. (Sometimes called the boyfriend model.) Young people are groomed and

abused. Violence, coercion and intimidation is common, leaving the young person isolated and eventually feeling trapped, in their ever-shrinking world.

To begin with, young people might be invited to parties, where they are given drugs or alcohol or shown affection, to get them hooked in.

Social media poses great risks to these young people, providing an easy platform for abusers to groom children by sharing indecent images or pretending to be someone of a similar age to them.

Staff must be aware of the backgrounds that these young people come from and the likelihood of them having been exposed to these situations. Key work should be targeted around the Bwise and Love Rocks programs that explore this area in great detail, educating the young person to recognise the signs, and empower them to make better, safer choices.

Staff must remain sensitive to the fact that many young people will be unaware that they were/are being sexually exploited, due to their own negative perceptions and experiences of relationships. Furthermore, staff should remain open to the fact that despite being in our care, they may still be at risk of further exploitation.

Staff complete CSE Indicator forms for each young person and review every 3 months. Any areas identified as high risk are then used as a basis for targeted key work. Any concerns that a young person may be exploited, should be reported to a DSL immediately, and if appropriate, a referral made.

Some signs that a young person is being sexually exploited include: Being late returning from free time, or home contact, disengagement in the rewards program at the home, appearing to have unexplained gifts and money, mood swings, secretive behaviour, associating with older individuals.

Children in residential care are amongst the most vulnerable group of young people, and therefore are easy targets.

Honour-based Violence (HBV)

Honour based violence is a form of domestic violence, which occurs in the name of 'honour', in order to protect the 'name or reputation' of a family. It is often linked to the perceived shame brought to the family, or not adhering to the traditional beliefs.

Some reasons why honour-based crimes are committed are as follows:

- Being in a relationship with someone who is not part of their religion,
- Wanting to get out of a forced or arranged marriage,
- Turning their back on their culture or religion.

If staff have any concerns that one of the children in our care is vulnerable to this type of crime, they must share this immediately with a DSL.

Counter Terrorism, Radicalisation

The government is clear that any form of extremism or radicalisation are safeguarding concerns, and as such should be taken seriously and dealt with by following the homes safeguarding policy and procedure. In 2015 the Counter Terrorism Security Act, placed a 'Prevent Duty' on schools to actively look out for signs of radicalisation, to provide education to young people, and make referrals where necessary.

Whilst the school offers a diverse religious education, it places a particular emphasis on teaching British values.

Social media is often used as a way to 'hook in' vulnerable young people, and while the children in the homes are not given access to social media, the risk still poses if they have free time, or home contact. Therefore, it is important that all young people are educated about the dangers, and the vulnerability of social media more widely, not just having these removed.

Staff use radicalization tool kits to identify the level of risk for each child, these are updated every three months. Any risks identified will be linked with targeted key work. If staff are concerned that a child is being radicalised, they should inform a DSL and a referral should be made.

Signs for staff to look out for include: Changes in behaviour, changes in attitude, Changes in physical presentation.

Country Lines and Child Criminal Exploitation (CCE)

County Lines are usually operating from cities into more rural areas. Young people in rural areas including Suffolk and Essex are being recruited by gangs/serious organised crime networks and used to facilitate the establishment of drug markets in these locations as a result of the saturation of the markets in suburban areas.

Other forms of CCE include children working in cannabis factories, shoplifting and pickpocketing. Children often become trapped by this exploitation as they are threatened and coerced into debt.

Staff are reminded to stay vigilant to these risks and report any concerns they have regarding young people's possible engagement to the DSL.

- Running the Risks, Catch 22, The Dawes Unit
- <http://www.bbc.co.uk/news/uk-33889406>
- <http://www.bbc.co.uk/programmes/b09911tc>

Female Genital Mutilation (FGM)

Female genital mutilation involves the removal or partial removal of female genital organs. The procedure is typically carried on girls between the ages of 4-12, and often carried out by a razor blade without anaesthetic. This is illegal in the UK, so often children are sent abroad for the procedure, since 2003 it became illegal for UK nationals to take a child abroad for this procedure. Sometimes, reasons given for FGM include culture or religion, however FGM is child abuse.

FGM is extremely painful, can lead to severe bleeding, pain, infection, can cause kidney infections, and problems with both urination and menstruation. Many of these physical symptoms continue into adulthood, and the psychological damage that this traumatic procedure can cause is vast.

Signs of FGM:

- Other members of the young person's family already undergone the procedure.
- A long holiday booked for the young person with family/friends.
- A special ceremony marking the young girl 'becoming a woman'.

- Family members coming to Britain from abroad, who might be involved in the 'cutting' procedure.

All staff have a duty to report any suspicions of FGM to a DSL as soon as possible.

There is a specific 'legal duty on teachers' to report to the police if they discover an act of FGM may have been carried out on a girl under 18.

Internet Safety and Cyberbullying

All use of the internet is strictly supervised by staff, ensuring that the content of the screen time is entirely appropriate. Young people do not have access to social networking sites such as Facebook, and Twitter, and are not permitted to have a mobile phone. *(unless on free time, and in that instance, the phone is a basic one, with no internet access, and handed in when free time ends.)*

Alongside these safety measures put in place, young people also undertake focussed work around internet safety, looking at the risks associated with the web and learn how to keep themselves safe. Technology is an integral part of modern living, so it is vital young people learn how to use it in a safe way so that they can be safe in the virtual world too. Young people should be taught the 4C's: **Content**-being exposed to harmful content, **Contact**- being subjected to harmful interactions, **Conduct**- Online behaviour, and **Commerce**, which includes online gambling, and phishing.

Cyberbullying, also called 'online bullying', is where digital technology is used to threaten, intimidate, upset, scare, or humiliate another. With the increase in use of the internet and smart phones, cyberbullying is becoming more common especially among teenagers as a 'faceless' way to bully.

Like all forms of bullying, cyberbullying can cause great psychological, emotional and physical distress.

Targeted key work will include exploring the effects of cyberbullying, different types, what to do if being targeted, and measures to take to reduce these risks.

During the COVID 19 pandemic face to face education continued for the majority of the timetable, but some online working has and may be again in the future be necessary. In this instance care staff will supervise that work is completed in a safe way.

Mental Health

Mental health problems and safeguarding are very interlinked. Poor mental health can be an indicator that a child is suffering from abuse, or indeed be a risk factor for abuse occurring in the first instance.

The concept of mental health has been more explicitly added to KCSIE, and must be considered very carefully.

While only appropriately trained professionals can diagnose mental health problems, care staff and teachers are well placed to observe the daily routines and presentations of the young people to identify any behaviours that may suggest a mental health issue.

Abuse is an 'adverse childhood experience' (ACE) and young people are likely to manifest a range of behaviours and trauma symptoms in response to this. These may include external behaviours such as violence and self-harm, or internal behaviours such as depression and anxiety. Trauma can have an impact on their concentration and attention levels, so education can be more difficult for some children, and may require additional support.

Sending or posting sexually suggesting images (SEXTING)

Young people will be made aware that making, possessing, and distributing any imagery of someone under 18 which is "indecent" is illegal. This includes imagery of themselves if they are under 18.

All staff members will be made aware of how to recognise and refer any disclosures of incidents involving "youth produced sexual imagery".

Care Focus will follow UKCCIS Guidance: Sexting in schools and colleges, responding to incidents and safeguarding young people (2016).

We will then determine the best course of action. This may include police and/or CSE involvement

Self-Harm and Suicide

Self-harm is when young people deliberately harm themselves; examples of self-harm include: cutting, burning, scratching, swallowing, ligatures and imbedding objects. For some young people, self-harm offers a temporary relief or 'release' giving a sense of control over their lives. The particular reasons for self-harming are wide ranging and vary from one person to the next.

It's important for staff to teach young people more appropriate coping strategies to manage their feelings and behaviour. Some young people come with a long history of self-harming and have often used this as a vice to get through difficult times, so just giving it up without something else in place, may be very difficult.

It's important not to underestimate the power of listening and empathising with young people as they share their experiences. This can be incredibly therapeutic and nurturing for them.

Staff should offer young people hope of a time when they might not need to harm themselves, this is important as prolific self-harmers have often given up any hope of coping with their difficult lives without it. Self-harm can become addictive and habit forming, something that the young person has come to rely on. It can become a vicious cycle; the ritual of self-harming reinforces the need to self-harm in the first instance. Therefore, any decrease in this behaviour should be recognised, and if appropriate celebrated.

Staff should keep a close eye on young people's presentation and mood to pick up any signs that they are feeling low. There may be certain rituals they engage in when they self-harm such as particular songs that they play, or certain items of clothing they wear.

Self-harm is a non-verbal cry for help, it is not usually linked to suicide, most young people that self-harm do not generally wish to end their lives, quite the opposite, it's a way for them to cope with difficult circumstances and stay alive. However there always remains the risk that they may 'accidentally' cause more damage than they intended.

Some alternative coping mechanisms for managing the need to self-harm include, placing ice cubes on the area that they may want to harm, pinning an elastic band on their wrist, keeping a 'venting diary' about their feelings, often writing it in red pen helps too. (the colour red releases particular chemicals in the brain) Removing the temptation as much as possible, this might mean ensuring they are in a communal area, where they are less likely to engage in self-harming behaviours.

If young people do experience suicidal feelings and behaviours, staff should remain sensitive and vigilant around this. As with all self-harmers, these young people should be supported and 'held' and encouraged to explore their feelings and fears. Staff should also work closely with them to build self-esteem and a sense of worth.

Advice from CAMHS/EWMHS and Care Focus Therapists and Senior Managers should always be sought in such circumstances, tailoring an agreed safe plan forward. This may include observing the young person day and night at regular intervals.

Indicators of Peer on Peer Abuse

Due to very high staffing levels young people are not usually left unsupervised, and therefore the opportunity for abuse between children is very low. However, staff must recognise the possibility of this, and be extra vigilant within their practice. Some useful indicators to look out for are:

- Is there a power relationship going on between the two of them?
- Is there evidence of aggression (hitting, kicking, hair pulling biting etc.),
- Is there evidence of coercion or bribery?
- Is there bullying, including prejudice based and discriminatory abuse? (include online)
- Abuse in intimate relationships between peers.
- Sexual violence, such as rape, assault, threats.
- Sexual harassment, including sexual comments, remarks, jokes, 'banter'
- Sharing of nude images
- Upskirting
- Engaging in sexual activity without consent
- Have there been attempts to secure secrecy by any of the individuals involved?
- Is a young person remaining close to adults whenever possible?
- Not being forthcoming when asked about damaged possessions.
- Presenting as withdrawn, distant.
- Appearing unhappy, frightened or distant.
- Sexualized language or behaviour
- **Any change** in their normal presenting behaviour may be telling us something.

Even if there are no reports of peer on peer abuse, this does not mean it is not occurring. Staff should adopt the attitude 'it could happen here', that way they are more likely to be vigilant and not miss things. Care Focus holds a zero tolerance to abuse, and incidents will not be seen as 'banter', 'having a laugh', or 'children being children'. Staff will take all allegations and observations seriously, and they will support young people and keep them safe.

All concerns should be reported to a DSL, young person's local authority, and if deemed appropriate a referral made to safeguarding customer first and follow all advice and procedures.

A risk assessment around the two (or more) young people to be devised, detailing how they can safely continue to live together/ be educated, and fully supported. Discussions around moving young people to other homes within Care Focus may also take place.

Children with Special Educational Needs and Disabilities (SEND)

Children with SEND may face additional challenges and barriers which staff should be aware of and make appropriate 'reasonable adjustments'. It's important that staff do not assume indicators of possible abuse, is related to the child's condition. Recognition that SEND children are more prone to isolation and bullying and often have communication barriers. The need for an EHCP (Education, health and care plan) should be explored, and the process driven by the Head of Education and the local authority.

Training

All staff at Care Focus are given training in Safeguarding, better enabling them to recognise the signs and symptoms of abuse, to understand behaviour of the abused, and to feel confident in knowing what procedures to adopt in the event of alleged abuse. Records of staff training are kept up to date and stored in the home. Refresher training is be given every two years, or as required.

All young people are taught how to keep themselves safe, and exploration of common risks that they may encounter.

Senior Managers, Managers and Deputies also undertake Level 3 training in Safeguarding in order to become DSL's (Designated Safeguard Leads.) Care Focus has a number of DSL's so one should always be available to discuss any serious matters.

All staff undertake the Care Focus induction program as soon as possible following employment, this has a unit dedicated to safeguarding.

Staff are also trained in 'Working Therapeutically' to further assist their understanding of abuse and trauma symptoms and learn effective ways of identifying and working with these young people. Staff learn how these young people often use their behaviour to communicate their thoughts and feelings.

Other related online training available includes: Radicalisation/Prevent, E-Safety, CSE, Countyline's, Ligature, Eating Disorders.

Members of the Senior Management Team attend annual Child Protection Conferences, Community of Communities days and any other related events. The Operations Director and some Managers are also on the Suffolk Safeguarding Forum, where good practice and changes to legislation are discussed.

A copy of the Local Safeguarding Procedures are kept in the home.

All staff receive monthly supervision, new staff receive fortnightly supervision for the first 3 months. Staff appraisals are after 6 months and then annually. All homes have monthly group supervision, and team supervisions as an additional avenue of support.

Designated Safeguarding Leads (DSL's)

Staff that hold the title of DSL have undertaken the Level 3 training. These staff members take a lead role in Safeguarding investigations and are the first port of call when a safeguarding issue arises. They are responsible for making referrals and coordinating any concerns about the safety and welfare of children; by following the company's policies and procedures relating to protecting young people.

DSL's adopt an inter-agency approach to working with other professionals such as LADO, the LA, and Ofsted.

The designated safeguarding lead for the school is Karen Randall. The lead for the homes is the Home Manager. A number of other senior staff also hold this title, a list is up in each home.

Lin Carey is the named school governor for safeguarding.

Dealing with Disclosures and Allegations

It is important that staff are aware of how to deal with disclosures and allegations of abuse and feel confident to manage them in the appropriate way.

- **Listen** carefully to what the young person is saying, it is important to keep an open mind.
- **Advise** them of the procedures that will be followed. Communicate in a way that is appropriate to their age and understanding. Offer them support and understanding.
- **Inform** the young person that it cannot remain confidential, explain who will be told and why.
- **Refrain** from asking leading or direct questions, this may prejudice evidence at an investigation stage, as it could be seen to *'put words in their mouths.'* Allow them to speak freely.
- **Record** in detail the alleged abuse, stating exactly what the young person has said, as soon as practically possible on an incident form. Be precise and factual, if applicable record any physical injuries, marks etc. These should be recorded on an incident form.
- **Report** any allegations of abuse to the Manager (who is the homes Lead Designated Safeguard Officer-DSL) who will follow correct procedures in dealing with it. If the Manager is not available, then contact the Deputy Manager, or a Senior Manager (all of which are DSL's). They will immediately advise what course of action to take.

Report as soon as possible so that safeguarding action can commence.

Preventing Abusive Practice

Care Focus will not tolerate the abusive practice of staff in any way. Care Focus recognises the difficulties and stresses of working with these children, so staff are encouraged to analyse their own relationships with young people, and those of their colleagues regularly. This can be done via group and team supervision, feedback sessions or individual supervisions. Staff should explore the feelings that these children bring up for them, and work through them in a healthy way.

Through training, experience and supervision, staff are able to gain a better understanding of why the young people behave in the way that they do, which leads to more effective and safer working.

Each member of staff has an individual responsibility to act in a way, which promotes and protects the welfare of each young person. This includes reporting any practice issues or suspicions regarding any colleagues to their Manager; in line with the company's Whistle Blowing Policy.

Exclusive and collusive relationships are to be challenged and investigated at all times; due to their very damaging nature. Most of the young people in our care have attachment disorders due to the insecure attachment style of parenting that they have received. It is the job of Care Staff to offer them an experience of a secure and healthy attachment, which they can then replicate in future relationships.

If young people or staff have any concerns or suspicions about staff practices; they should report them immediately to the DSL. Should young people prefer to register their complaint outside of Care Focus, they have access to numbers for Child Line, Independent Visitor, Ofsted and the Children's Rights Officer.

DSL's Dealing with Allegations, Complaints, Disclosures and Referrals

The home's procedures for dealing with an allegation or concern of abuse should reflect the requirements of the Local Safeguarding Children's Board of the area in which the home is situated.

It is essential that allegations of abuse made against staff are dealt with fairly, quickly, and consistently. It's paramount that the child is protected, but also that support is given to the person who is subject to the allegation.

All allegations should be reported as soon as possible to the Manager or in their absence, another DSL. There is a full list of all Care Focus Designated Safeguarding Officers in all the homes.

The Manager and the Senior Management team will make an initial assessment and then a discussion about the allegation over the phone with the LADO. (Local Area Designated Officer).

The LADO's for Suffolk are **Dian Campbell** - tel: 07701295010 and **Rennie Everett** – tel: 07701295010.

The LADO's for Essex are **Mechelle Dekock**, **Rebecca Scott** and **Carole Fuller**-tel: 03330139797

A referral to LADO should be made when it has been alleged that a person working with children has:

- Behaved in a way that has harmed or may have harmed a child.
- Possibly committed a criminal offence against children or related to a child.
- Behaved towards a child or children in a way that indicated they may pose a risk of harm to children.
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

A referral form should be completed and emailed to Suffolk LADO detailing the information discussed within 24 hours. There is no form for Essex, so referrals are made by phone within 24 hours.

The LADO will consider the information and decide whether the matter can be managed as an internal investigation or whether they need to be directly involved and escalate it to a higher level. (Section 47- a child suffering or likely to suffer significant harm, Section 17- a child in need)

If LADO becomes directly involved, the Manager may have to attend a strategy meeting, along with the Social Worker of the young person and the Police.

An incident report should be written, and all relevant parties informed including Social Worker and Parents- if appropriate.

If appropriate the Registered Manager should explore with the LA that they review their care plan of the child reflecting the current issues/behaviour, and they too will update the Care Focus care plan. The Manager will also discuss any measures that need to be taken to protect children following an allegation.

Ofsted should be informed via a Reg 40 notification, regardless of whether LADO have suggested that it is to be handled internally or not. This should be done on-line as it enables an update to be sent at a later date, and within 24 hours.

Should LADO advise that an internal investigation take place, where possible it is best practice that it is done by a Senior Manager and the home Manager. Once the investigation has taken place, a report should be written outlining findings and conclusions.

The Manager should contact LADO again with the outcome of the internal investigation, and then send a follow up notification to Ofsted.

In addition to contacting LADO, you may also be required to send a MARF form (Multi-Agency Referral Form) to the MASH team (Multi agency safeguarding hub) The MARF must be sent via a portal, so an account will need to be created, the form takes 10-15 minutes to complete.

Suffolk homes should contact customer first to discuss if they need to send a MARF or discuss with their LADO, Essex homes can discuss this with their LADO's. In addition to this there is a professional consultation helpline that is available to all. 03456061499

3.3 Where it is believed that an identifiable child may have suffered harm or be at risk of suffering harm, a safeguarding referral should also be made as per safeguarding procedures by completing a Multi-Agency Referral Form (MARF) using the secure Suffolk Children and Young People's Portal. A link to this Portal can be found on the Suffolk Safeguarding Partnership Children's website: <http://www.suffolkscb.org.uk/working-with-children/how-to-make-a-referral>

The referral should be sent through to the MASH team within 24 hours.

The Manager should update the DBS service via an online form of any concerns or information relating to staff' possible suitability of working with young people.

Allegation outcomes are as follows:

- **Substantiated**- There is significant evidence to prove the allegations
- **Malicious**- There is significant evidence to prove the allegations, and there has been a deliberate act to deceive or cause harm.
- **False**- There is significant evidence to disprove the allegations
- **Unsubstantiated**- There is insufficient evidence to prove or disprove
- **Unfounded**- There is no evidence, or proper basis to support the allegation being made.

For allegations that do not meet the threshold (low level concerns), consideration of how to deal with them must take place with senior Managers. This may include dealing with it as complaint, internal investigation or identifying a training need.

It is vital that there is a clear paper trail including all accounts of meetings, statements, interviews, investigation conclusions, risk assessments, phone call logs, and details of advice and guidance given; all kept in a file and locked away (a timeline of events). All records must be kept on Staff files until their retirement or 10 years; whichever is longer.

Confidentiality

Every effort should be made to maintain confidentiality while the allegation is being considered and investigated. This will help ensure that the process is not biased in any way. Information sharing is done in line with best practice principles. How much information can be shared with those involved should be initially discussed with LADO.

Suspension and Transferring to another Care Focus home

Once an allegation has been received the Manager and the Senior Management team in collaboration with the LADO will discuss the best way to manage that staff member while an investigation is taking place.

Staff against whom serious allegations have been made may be suspended from duty while the investigation takes place. (Without prejudice). This is first and foremost to ensure the safety of all children within the care of Care Focus, but also to protect the person that the allegation has been made against. He/She will have access to professional support and will be kept informed as the investigation progresses by a named person which is usually the Manager or a Senior Manager.

If the allegation is less serious and was made when more than one witness was present; then moving the staff member temporarily to another Care Focus home may be a considered course of action. Whilst the allegation is being investigated into; this may be a more proportionate course of action at that time, this will give the young person and the staff member some space apart from one another while proceedings are underway.

Should this be the chosen form of action, the Manager must write a full risk assessment before the move takes place, evaluating any possible risk of harm to other children and work closely with the Manager of the home they are moving to.

Resignation

If staff decide to tender their resignation, this does not prevent an allegation being followed up. Care Focus have a duty of care for all children including those not in their care, and to protect inappropriate adults from working with them in the future.

Return to work/normal place of work

If a staff member is suspended or moved to another home temporarily, and the conclusion of the case results in them returning to their normal place of work, the Manager must give great consideration about how to support this process to enable it to be successful. This may involve additional supervisions to offer extra support, and initially spending limited periods of time with the child until the relationship is rebuilt.

Great consideration should also be given to managing the contact, interactions and feelings of the child involved.

The Arena of Safety

Staff should be aware at all times of how they present themselves in the company of young people. They should refrain from offering 'too much of themselves' to the relationship. No personal details should ever be discussed with the young people, or indeed in the home; as staff cannot be sure who is listening.

Staff are never to take young people to their homes, or other personal social gatherings, and must not tell them where they live. Staff are not to maintain contact with young people outside of work via any social networking sites, platforms such as skype/teams, post, email or phone, or any other means. (on occasions the Manager may certain contacts, but permission must be sought first.)

Staff should not discuss the young people including the location of the home with others outside of Care Focus (excluding particular professionals) either verbally or by any other means such as social networking.

It is important that staff remain vigilant around young people and remember that at no point should they have full trust in them, these young people are survivors, and as such do what they believe is necessary for themselves.

Staff must ensure they keep themselves and young people safe and remain professional parents at all times.

Should there be any concerns about staff practice in relating to safeguard issues LADO will be informed, and staff may be subject to disciplinary proceedings.

Please also see related policies:

- Missing from Care Policy
- E-safety Policy
- Anti-Bullying Policy
- Staff Rules / Disciplinary/ Conduct policy
- Recruitment policy
- Whistleblowing policy
- This Policy is updated at least annually by Senior Management.

- All staff must read part one of 'Keeping Children Safe in Education 2021' (and sign to indicate they have read this and understand it.)
- All staff must read and sign this Safeguarding policy.

Covid 19

During the Covid 19 pandemic many changes have taken place which have at times restricted young people's ability to see friends and family and go out on activities. Wherever possible remote contact will be encouraged, and staff will be creative in offering up permitted activities. It's important that routines where possible remain and that staff are aware of the impact on young people mental well-being during this time.

Systems are in place to reduce the risk of the virus entering and spreading within the homes. This includes the introduction of LFT's and regular deep cleaning.

SAFEGUARDING CONTACTS:

Social Care Customer First

08088004005

Email: customer.first@socserv.suffolkcc.gov.uk
Mon- Fri 8am -6.45pm

LADO's for SUFFOLK:

Central Number- 03001232044
Dian Campbell- 07701295010
Rennie Everett- 07717302255

LADO@suffolk.gov.uk

LADO's for ESSEX:

Jacqueline Wilkes, Carols Fuller and Mechelle Dekock **03330139797**
Mechelle.dekock@essex.gov.uk

Jacquie.wilkes@essex.gov.uk
Carole.fuller1@essex.gov.uk

Childline
0800 11 11

Ofsted
0300 123 1231

enquires@ofsted.gov.uk

NSPCC
0808 800 5000

Care Focus Contacts

Stacey Causer – Independent Visitor
07920 162832

Jean Lloyd- Care Director
07786715786

Nina Campbell- Director
07827361683

Lin Carey- Operations Director
07817657008

Jane Burch- Operations Manager
07584015362

Grant Gibson- Operations Manager
07769228384