DIMENSIONS CARE

Safeguarding Policy Manual

This document sets out the Dimensions Care policy and procedures in relation to safeguarding children. All colleagues must ensure they are familiar with the conditions of this policy.

Children's Homes
March 2022 (V2)

Important Information

WORKING TOGETHER TO PROTECT CHILDREN FROM HARM

This is a core policy. It covers a range of safeguarding issues that may impact upon children living in our residential children's homes.

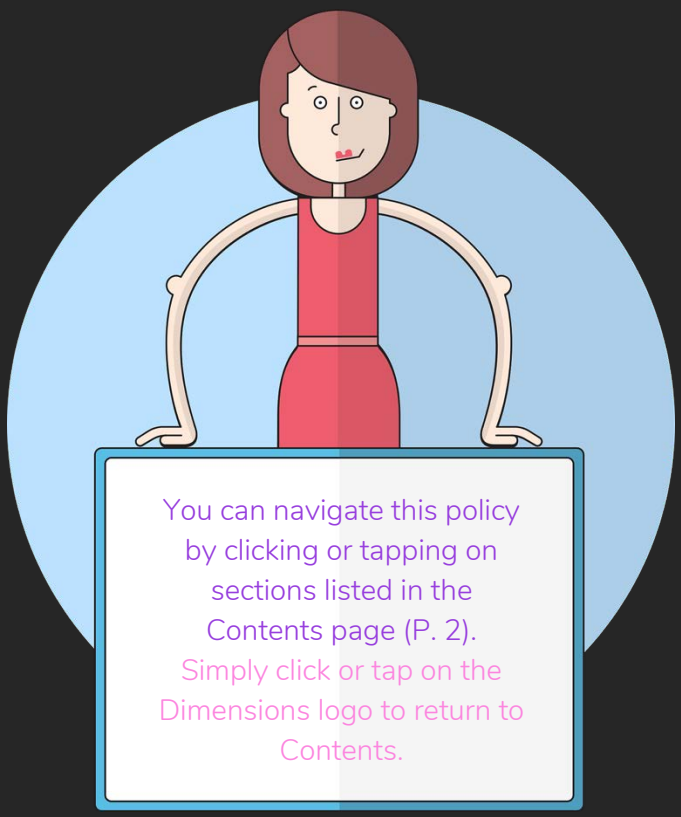
All colleagues should know from the onset that 'nothing is more important than children's welfare. Children who need help and protection deserve high quality and effective support as soon as a need is identified' (Working Together to Safeguard Children, July 2018; Dec 2020). This expectation is fundamental to our ethos and values, as well as being bolstered through the application of the Dyadic Developmental Practice (DDP) framework of integrated therapeutic care.

In addition to this policy, colleagues are expected to familiarise themselves with individual safeguarding polices that are available for specific areas of concern. Our safeguarding policies provide contextual information and clear instruction. The aim is to ensure that colleagues understand what they need to do, and importantly why they need to do it.

These include our:

- Allegations Policy
- Complaints Policy
- Countering Bullying Policy
- Countering CCE Policy
- Countering CSE Policy
- Countering Knife Crime Policy
- Health and Safety Policy
- Missing from Care Policy
- Offensive Weapons Policy
- Physical Contact Policy
- Physical Restraint Policy
- Positive Relationships Policy
- Safe Computing Policy
- Safe Recruitment Policy
- Suicide Prevention Policy
- Managing Self-Harming Behaviours Policy
- Whistleblowing Policy

THE ABOVE LIST IS NOT EXHAUSTIVE AND OTHER KEY POLICIES ARE AVALIABLE.



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SECTION ONE: Introduction

Dimensions Care Limited have a duty to promote the welfare of all child and young people who accessing our services. This means we have an important responsibility to safeguard children and young people. It is the primary duty of all colleagues, and this duty is managed in partnership with other agencies.

All Dimensions Care colleagues (i.e., employees/staff) must follow the aims and principles of this policy, along with the clearly defined procedures. There must be no doubt that if there are any concerns about the welfare of a child, colleagues must speak up and take-action.

Safeguarding children and promoting their welfare includes:

- Protecting them from maltreatment or things that are bad for their welfare, health and development;
- Promoting their safety and wellbeing.

Remember: No single practitioner can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action. (Working Together, July 2018; 2020)

KEY PRINCIPLES OF SAFE & EFFECTIVE CARE

Our Safeguarding Policy aims to provide clear guidance and instruction to colleagues and volunteers regarding Dimensions Care's safeguarding measures. The policy references and reflects current legislation and guidance about safeguarding issues and other concerns relating to the protection of vulnerable children.

The Care Standards Act 2000, The Children's Homes (England) Regulations 2015, The Children Act 1989, Care Act 2014, Safeguarding Vulnerable Groups Act 2006 and, where appropriate, the Mental Capacity Act 2005 provide the statutory underpinning of this policy. Working Together to Safeguard Children (WTSC) (July 2018; 2020), Keeping Children Safe in Education (KCSIE) (2021) and What to Do if You're Worried a Child is Being Abused (2015) are referenced throughout as key documents.

A key part of effective safeguarding is driven by purposeful and focused partnership working, which should be delivered through person-centred collaborative practice. This means:

- Individual colleagues and volunteers must understand that they cannot singularly – on their own – meet the complex needs of children and young people. This means that they must work together to ensure that vulnerable children and young people remain safe from harm;
- In order that collaborative practice is effective, it is vital that every individual working with children and young people remains aware of the role that they play and the role of other professionals;
- Being clear that effective safeguarding systems are person-centred (i.e., the needs and welfare of the child or young person must be central to agreed interventions, strategies, and risk mitigation).

SECTION TWO: What children & young people Have said they need

It is clarified form the onset that we have a duty to take the views, wishes, and feelings of children and young people who access our services into account, particularly in relation to matters affecting their support, welfare, and their lives. We have taken the emphasis of 'children have said that they need' within WTSC (2018; 2020) and used this to inform our approach to safeguarding children and young people.

Colleagues are expected to ensure:

- Vigilance:
  To notice when things are troubling children and young people
- Understanding and Action:
  Children and young people are supported to understand what is happening. They are heard and understood and to have that acted upon
- Stability:
  To develop an on-going stable relationship of trust
- Respect:
  Children and young people are treated as competent rather than not competent
- Information and Engagement:
  Children and young people are informed about and involved in procedures, decisions, concerns, and plans
- Explanation:
  Children and young people are informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response
- Support:
  Children and young people are provided with support "in their own right"
- Advocacy:
  Children and young people are provided with advocacy to help them to offer their views
- Protection:
  Children and young people are protected against all forms of abuse and discrimination.

SECTION THREE: Our safeguarding Aims

This policy aims to ensure children and young people who access our care are safe and protected from harm. For children and young people, this means safeguarded against emotional, physical, institutional, and domestic abuse, or substantiated indications of bullying, self-harm, and faltering growth.

The next section of this policy seeks to inform colleagues of the indicators associated with abuse or neglect. This will help colleagues to understand not only what children may have already experienced, but also to inform them of the need to remain vigilant to any indications of potential abuse whilst in our care.

SECTION FOUR: Indicators of Abuse & Neglect

ABUSE

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

PHYSICAL ABUSE

Physical abuse is a form of abuse which 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 maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, as well as preventing the child from participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), 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 maltreatment of a child, although it may occur alone.

SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

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. It includes self-neglect and any relate impact of financial abuse. Neglect may occur during pregnancy, for example, 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 care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Protecting Children & Young People from Abuse

KNOWING WHAT TO LOOK FOR IS VITAL TO THE EARLY IDENTIFICATION OF ABUSE & NEGLECT.

Colleagues should be aware of indicators of abuse and neglect, so that they are able to identify cases of children who may need help or protection.

If colleagues are unsure, they should always speak to the Designated Safeguarding Lead (DSL).

The DSL for each home is the registered manager.

The overall safeguarding lead is Wayne Price (Operations Director). Wayne is the Nominated Safeguarding Lead (NSL). You can call him on: 07904 488050 (wayne@dimensionscare.co.uk). Wayne works closely with Laura Kudarenko (Regional Manager), who has responsibility for overseeing all Dimensions Care services and settings. You can call her on: 07960 4055470 (laura@dimensionscare.co.uk). Laura reports to Wayne. The registered manager must inform Laura and Wayne of any serious concerns.

By working together, both with colleagues and external agencies, we seek to ensure that children, young people, and adults accessing Dimensions Care Limited are consistently:

- Protected from any form of maltreatment arising from harm;
- Prevented from suffering impairment of health or development;
- Provided with safe and effective care and support;
- Given every opportunity to secure optimum life chances.

This applies to every area of service provision offered by Dimensions Care and extends to all colleagues regardless of their role and responsibilities. We expect that colleagues will speak up if they see or hear anything that could be a potential concern.

SECTION FIVE: The Designated Safeguarding Lead (DSL)

The registered manager is the Designated Safeguarding Lead (DSL). The DSL must be informed of all concerns, issues or incidents regarding children living in our children's homes.

Whilst the activities of the DSL can be delegated to appropriately trained deputies, the ultimate lead responsibility for safeguarding children remains with the DSL.

The DSL has a duty to notify Laura and Wayne of any serious concerns. Wayne will then notify the Board of Directors to ensure that duties towards maintaining effective corporate governance are maintained, along with crisis management procedures. The purpose will be to ensure that all reasonable measures are set in place to keep children safe from harm.

What does the DSL do?

The purpose of the DSL is to lead in ensuring that appropriate arrangements for keeping children safe from harm or the potential for harm are in place. The DSL has a responsibility to promote the safety and welfare of children, always.

What are the DSL's main duties and responsibilities?

The DSL must:

- Take a lead role in developing and reviewing safeguarding and child protection policies and procedures in partnership with the Nominated Safeguarding Lead (NSL).
- Take a lead role in implementing our safeguarding and child protection policies and procedures. This means ensuring all safeguarding and child protection issues concerning children are responded to in a robust, timely and child-centred way.
- Make sure that everyone working with or for children understands the safeguarding and child protection policy and procedures and knows what to do if they have concerns about a child's welfare.
- Make sure children who access our care know who they can talk to if they have a welfare concern and understand what action the organisation will take in response;
- Receive and record information from anyone who has concerns about a child;
- Store and retain child protection records (according to legal requirements), and Dimensions Care safeguarding and child protection policy and procedures.
- Work closely with the Nominated Safeguarding Lead (NSL) to ensure they are kept up to date with safeguarding issues and are fully informed of any concerns about organisational safeguarding and child protection practice. (Continued Over)

- Take the lead on responding to information that may constitute a child protection concern, including a concern that an adult involved with Dimensions Care may present a risk to children or young people. This includes:

    i. Assessing and clarifying the information;
    ii. Making referrals to statutory organisations as appropriate;
    iii. Consulting with and informing the relevant members of the organisation's management, including the Nominated Safeguarding Lead;
    iv. Following Dimensions Care safeguarding policy and procedures.

- Liaise with, pass on information to and receive information from statutory child protection agencies such as:

    i. The local authority child protection services; and
    ii. The Police.

    This includes making formal referrals to agencies when necessary.

- Report regularly to the Senior Management Team (SMT) on issues relating to safeguarding and child protection, to ensure that child protection is seen as an ongoing priority issue and that safeguarding requirements are being followed at all levels of the organisation.
- Be familiar with and work within inter-agency child protection procedures developed by the local child protection agencies (i.e., the Local Safeguarding Partnership Board and the Local Authority Designated Officer (LADO) for example).
- Be familiar with issues relating to child protection and abuse, keeping up to date with new developments in this area.
- Attend regular training in issues relevant to child protection and share knowledge from that training with everyone who works or volunteers with or for children and young people at the home, and throughout the organisation.

The DSL will always seek to ensure that we work together to protect children in our care.

SECTION SIX: Local Authority Child Protection Services

Initiated child protection processes indicate that there are significant concerns about the safety or wellbeing of a child. The DSL must be notified if colleagues have concerns about the welfare of a child. If the DSL is not available, colleagues should inform the Management On-Call Service.

The DSL/senior On- Call will co-ordinate a response. In all such cases it is imperative that the following agencies are notified:

MASH – Multi-Agency Safeguarding Hub.

The Multi Agency Safeguarding Hub (MASH) brings key professional together to facilitate early, better quality information sharing, analysis, and decision-making, to safeguard children, young people, and vulnerable adults more effectively. Within the MASH, information from different agencies will be collated and used to decide what action to take. As a result, the agencies will be able to act quickly in a coordinated and consistent way, ensuring that children and vulnerable adults are kept safe. Please note: Not all local authorities use the term Multi-Agency Safeguarding Hub (MASH) and have provisions that meet “MASH” duties under a different name.

The MASH acts as the first point of contact, receiving new safeguarding concerns/enquiries relating concerns about abuse, neglect, or concerns about potential/actual harm impacting upon children.

Emergency Duty Team (EDT)

The Emergency Duty Team (EDT) deals with social care emergencies outside office hours involving vulnerable children or adults.

The Police

Call 999 if the child is at immediate risk of harm. If colleagues know or suspect that a child is in danger, the Police must be called. All colleagues notifying the Police must inform the DSL/senior On-Call immediately. Accurate records must be taken and retained within the child’s case files.

Local Authority Designated Officer (LADO)

Every local authority should have a Local Authority Designated Officer (LADO) or team of officers (either as part of multi-agency arrangements or otherwise). Their role is to be involved in the management and oversight of allegations against people who work with children.

Arrangements should be put in place to ensure that any allegations about those who work with children are passed to the LADO without delay.

SECTION SEVEN: Local Safeguarding Partnership Boards

Every Local Authority in the country must have Multi-Agency Safeguarding Arrangements (MASA) in partnership with the Police and Health. The below table provides a list of Local Safeguarding Partnership Boards for the West Midlands:

- Birmingham Children's Partnership
- Birmingham Safeguarding Children Partnership
- Coventry Safeguarding Children Partnership
- Dudley Safeguarding People Partnership
- Sandwell Children's Safeguarding Partnership
- Solihull Local Safeguarding Children Partnership
- Walsall Safeguarding Partnership
- Wolverhampton Safeguarding Together

Colleagues may use the above links to access the Local Safeguarding Partnership that is geographically relevant to their setting or service.

SECTION EIGHT: Abuse of Trust

The Sexual Offences Act 2003 (Sections 16 and 17) respectively are defined as 'Abuse of position of trust: sexual activity with a child' and 'Abuse of position of trust causing or inciting a child to engage in sexual activity.'

Abuse of Trust:

- Can occur in a number of settings, for example, in an education establishment, a residential establishment, a foster home, a social club or other activity;
- Relates to all relationships where one person is in a position of responsibility (and power) in relation to another person, who is either under 18 years or is a vulnerable adult, whether the relationship is of a heterosexual or homosexual nature;
- Relates to paid employees, ex-employees, unpaid colleagues (for example trainees and students), volunteers, foster carers, consultants and contractors;
- Occurs where the person in a position of trust betrays the trust and enters into a relationship, particularly a sexual relationship, but also other abusive relationships, with a child/young person or vulnerable adult (referred to as service user), for whom they have responsibility.

Abuse of Trust is distinct and different from sexual abuse or other abuse. Sexual and other forms of abuse take place where the victim does not or cannot consent to his or her treatment. There need not be any abuse of a relationship of trust. Any sexual activity which is not freely consenting is criminal.

In contrast, the sexual activity covered by 'Abuse of Trust' may seem consensual, but it is rendered unacceptable because of relative positions of power. This refers to the potential for people in a 'relationship of trust' to misuse or abuse that relationship.

Colleagues and volunteers are in a relationship of trust because they have the potential to hold power or influence over young people. This must never be abused.

PROCEDURES

Basic Principles:

- The need to safeguard and promote the welfare of children and protect them from sexual activity from those supporting them within a relationship of trust is paramount;
- All adults have a duty to raise concerns about the behaviour of colleagues, managers, volunteers or others which may be harmful to a child, without prejudice to their own position;
- This applies to all adults, regardless of gender, race, religion, sexual orientation, or disability.

All colleagues must be aware that:

- Any form of sexualised activity or behaviour involving a child will not be tolerated. Any colleague proven to be engaged in such activities will be subject to the full rigor of the law;
- Any other inappropriate activities or conduct, such as irregularities with financial support or psychological/emotional abuse, will not be tolerated.

Colleagues must ensure that:

- Psychological, emotional, and mental health needs are included within individual safety planning and risk assessments. All safety planning must be reviewed regularly and made available to all colleagues working with children in the home;
- Any concerns about the behaviour or activities of a colleague, visitor or contractor towards a child must be escalated (without delay) to the DSL.

SECTION NINE: Admissions

All colleagues must have unwavering regard for the importance of matching referred children to those already living in our homes. In considering any new referral there must be clear and evidence-based regard to whether the home has enough colleagues who have sufficient skills, experience, and qualifications to support each child and meet their individual needs. This will take account of external agency interventions and support.

Furthermore, the peer dynamic ("mix of children") must be considered in terms of the impact of presenting needs, difficulties and any challenging behaviours exhibited by existing children, as well as any child referred.

ADMISSION'S PROCEDURES

For all potentially suitable referrals, the registered manager (or suitably delegated colleague) must complete:

- A Placement Referral Matching Form and a Proposed Admission Impact Assessment Form;
- Where appropriate, a risk assessment must be used to ascertain the suitability of Unaccompanied Asylum-Seeking Children (USAC) referred to our services. The risk assessment should include information gathered through face-to-face meeting(s) and any other available information.

There must be consideration of the impact of any changes to the annual location assessment to ascertain:

- Any arising safeguarding concerns that could impact upon the children in our care; and
- Changes to accessibility of services.

This should help to establish:

- If the location of the home influences the potential for an already vulnerable child to be a victim of crime, such as being targeted for sexual exploitation;
- Whether there is a likelihood of children becoming drawn into gang crime or anti-social behaviour in the area;
- The suitability of the local neighbourhood as a location to care for children who may have a been victims of abuse, neglect, and trauma; and
- Whether there are environmental factors that would represent a hazard to children, such as locations near level crossings or busy roads.
- Colleagues involved in considering referrals must be able to demonstrate that the above conditions have been fully considered. All child protection arrangements, monitoring, reviewing and support mechanisms must be detailed in full in the child's relevant care plans.

Dimensions Care will not consider a child for any of our services if we do not believe it would be safe to do so.

SECTION TEN: Allegations & Disclosures

For the avoidance of doubt, if an allegation or a disclosure is made by a child or young person, the procedures clarified in this policy must be followed. A disclosure or allegation made against or about a colleague, regarding their conduct or behaviour towards a child or young person, must be taken seriously and escalated as a priority. This will result in an investigation.

Definitions

The following definitions should be used when determining the outcome of allegation investigations:

- Substantiated: There is sufficient evidence to prove the allegation.
- Malicious: There is sufficient evidence to disprove the allegation or a deliberate act to deceive.
- False: There is sufficient evidence to disprove the allegation.
- Unsubstantiated: There is insufficient evidence to either prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.
- Unfounded: To support cases where there is no evidence or proper basis which supports the allegation being made.

Details of allegations that are found to have been malicious should be removed from personnel records. For all other allegations, it is important that a clear and comprehensive summary of the allegation, details of how the allegation was followed up and resolved, and a note of any action and decisions reached, is kept on the confidential personnel file of the accused person. A copy of which must be provided to the person concerned.

PROCEDURES

MANAGING ALLEGATIONS

This part refers to managing cases of allegations that might indicate a person would pose a risk of harm if they continue to work in regular or close contact with children and young people in their present position, or in any capacity. It should be used in respect of all cases in which it is alleged that a colleague, agency staff or volunteer has:

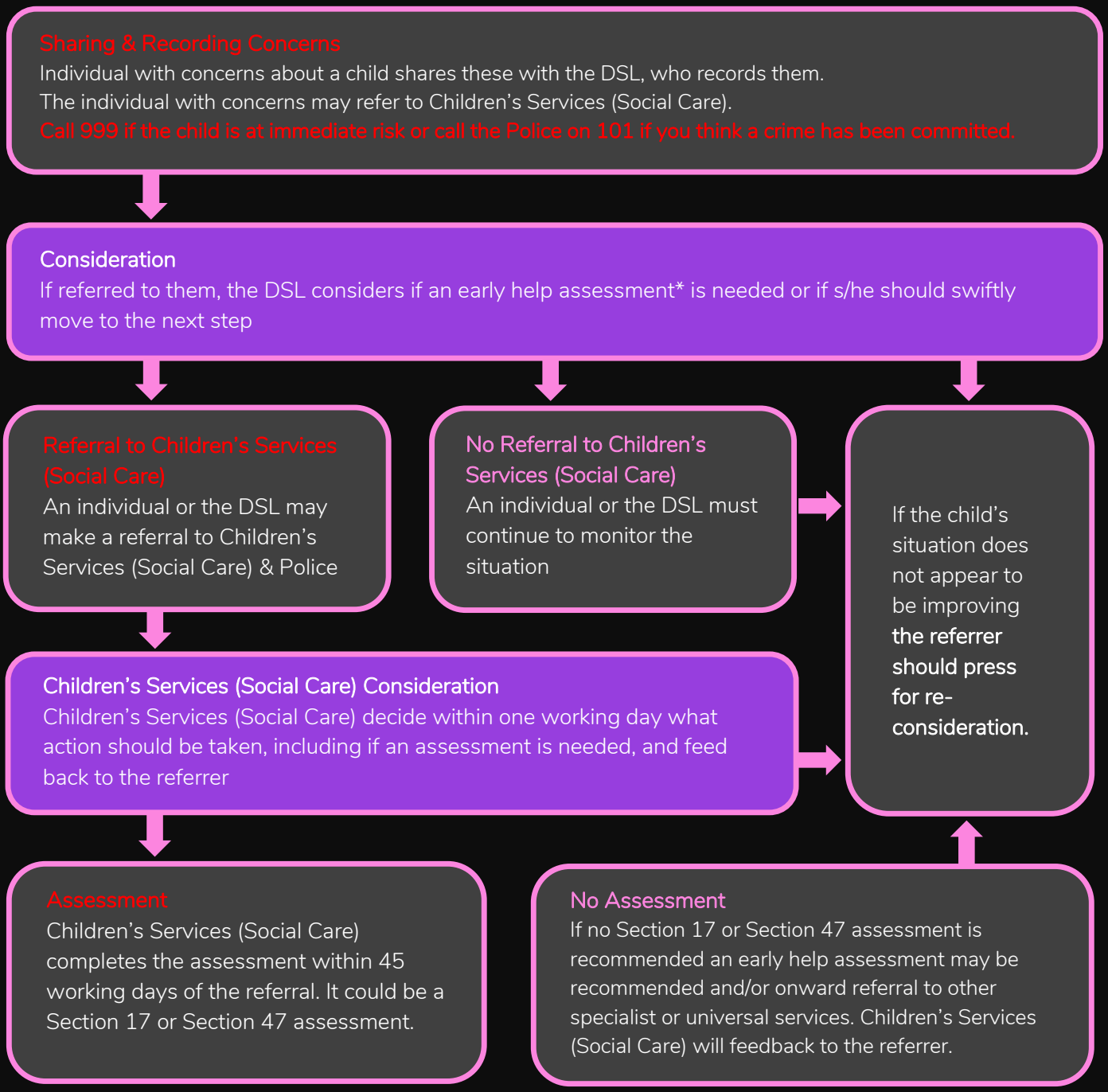
- Behaved in a way that has harmed or may have harmed a child;
- Possibly committed a criminal offence against or related to a child;
- Behaved towards a child in a way that indicates s/he would pose a risk of harm;
- Behaved in a way that indicates they make not be suitable to work with children, young people or vulnerable adults.

An allegation against a colleague regarding a child will be referred to the Local Authority Designated Officer (LADO).

In all cases, the Police must be called if illegal activity is suspected, or it is an emergency. This includes historical allegations, as well as allegations against a former colleague. If criminality is alleged, the allegation should be referred to the Police.

RESPONDING TO CONCERNS ABOUT POTENTIAL HARM OR ABUSE

The below diagram illustrates what action should be taken and who should take it where there are concerns about a child or young person. If, at any point, there is a risk of immediate serious harm to a child a referral should be made to Children's Services (Social Care). Anybody can make a referral.



An allegation against a member of staff regarding a child or young person will be referred to the Local Authority Designated Officer (LADO).

THE POLICE MUST BE CALLED IF ILLEGAL ACTIVITY IS SUSPECTED, OR IT IS AN EMERGENCY.

RAISING CONCERNS & SPEAKING UP

There may arise situation(s) where colleagues have concerns about:

- Any child or young person's welfare and/or wellbeing;
- Any colleague or the practice of any colleague;
- Any other persons' working with the child or young person;
- Any other person who has contact with the child or young person (e.g., a sport coach, scout leader, etc.);
- Any other concerns

If so, you must SPEAK UP. Colleagues are reminded that failure to speak up [regarding concerns identified or witnessed] will necessitate disciplinary action. Please refer to our Whistleblowing Policy for more information.

INITIAL CONSIDERATIONS

The procedures for dealing with allegations need to be applied with common sense and judgement. Some allegations may be so serious they require immediate intervention by Children's Services Social Care and the Police as appropriate to the circumstances.

CONFIDENTIALITY

It is extremely important that when an allegation is made, all colleagues involved make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered.

This is particularly important because an allegation can have a range of outcomes and:

- Gossip and/or assumption about the allegation(s) can (and will) compromise the process; and
- We all have a duty to safeguard the welfare of colleagues.

Colleagues must note that any such inappropriate comment or discussion will be taken extremely seriously in the event of an allegation.

RESIGNATIONS & "SETTLEMENT AGREEMENTS"

If the accused person resigns, or ceases to provide their services, this will not prevent an allegation being followed up. A referral to the DBS will be made by the DSL.

If the accused person resigns or their services cease to be used, and the threshold criteria for making a DBS referral is met, it will not be appropriate to reach a settlement or compromise agreement. This is because not complying with a legal duty to make a referral is a criminal offence.

Please note:

We have a shared responsibility to safeguard children. For the purposes of this policy if you become aware that, or suspect that, an agency professional has harmed a child or presents in a way that indicates a risk of potential harm, the following procedure still applies.

STEP-BY-STEP PROCEDURE

If an allegation is made, or it is suspected or reported that a colleague has mistreated or caused significant harm to a child, it is imperative that this is taken seriously. The following details action that must be taken.

STEP ONE

Upon receipt of an allegation, colleagues must report all details to the manager (i.e., DSL) as soon as possible, taking full account of records completed in line with 'What to do if a child makes an allegation or disclosure.' If "out-of-hours," colleagues must inform the manager on call, who will in turn notify the DSL at the first available opportunity.

In all cases where it is alleged that a colleague has potentially harmed, actually harmed, or presented in a way that indicates a risk of harm, the Operations Director (Wayne Price) must be informed. Wayne is the Nominated Safeguarding Lead (NSL). For clarification:

If the allegation involves:	You must immediately notify:
A colleague or an agency professional	The DSL or On-Call Manager. The On-Call Manager will notify the DSL at the first available opportunity, handing over "case responsibility" to them.
The DSL	The On-Call Manager, who will inform the NSL (Managing Director). N.B. If the DSL is on rota as the On-Call Manager, you should go directly to the NSL.
The On-call Manager	The DSL of the home where the child lives
The NSL	The DSL, who must notify either Rob Finney (Tristone's Chief Operating Officer) or Daryl Holkham (Tristone's Director of Operational Corporate Governance).
The DSL & the NSL	Either Rob Finney (Tristone's Chief Operating Officer) or Daryl Holkham (Tristone's Director of Operational Corporate Governance).

IMPORTANT

Dimensions Care colleagues have the option of notifying either Rob Finney (Tristone's Chief Operating Officer) or Daryl Holkham (Tristone's Director of Operational Corporate Governance). Rob and Daryl can be contacted when colleagues feel unable to raise the concern internally (i.e., within Dimensions Care) and/or where an allegation involves the DSL and/or NSL. In all circumstances it is crucial that any allegation made against any colleague is escalated as a priority.

Rob can be contacted by phone on 07340 356371 or by email using rob@tristone.capital and Daryl can be contacted on 07969 973920 or by using daryl@tristone.capital. Rob and Daryl have extensive experience of safeguarding vulnerable groups.

In keeping with procedures outlined in this policy, allegations must be reported within 1 working day to the relevant Local Authority Designated Officer (LADO). The LADO will advise on the actions and/or measures that must be taken. This will be either:

- No further actions required. (LADO has communicated that the allegation does not reach the threshold for escalation).
- An internal investigation with outcomes fed back to LADO for a decision of how to proceed.
- A strategy discussion.

ADDITIONAL NOTIFICATIONS

The DSL (or relevant case manager if the DSL is the subject of the allegation) must notify:

- The Police (if criminal behaviour is suspected, such as alleged abuse for example);
- The child's social worker;
- Any appropriate parents (as agreed and detailed in the child's care planning);
- The NSL (who must notify the Board) or Rob Finney/Daryl Holkham if the allegation relates to the NSL);
- Ofsted (Regulation 40 (4)c Notification or a Serious Event)

STEP TWO

It is imperative that every reasonable effort is made to ensure that the rights of the child, and colleagues, are protected and promoted. All action taken must be recorded in a safeguarding log, and the welfare of the child/ren concerned must be treated as a priority.

The colleague who is the subject of the allegation may be suspended from work or asked to take 'garden leave.' Suspended colleagues or those on garden leave will remain on full pay during the period of suspension from duties or garden leave (excluding payments that may have been made for sleeping in, etc.).

NOTE: Agency professionals will be asked to leave the premises as soon as it is safe to do so, and the agency will be notified of the allegation. The agency will be informed that the LADO will be informed, and the agency will be named as the employer.

Colleagues subject to these measures will be provided with a single point of contact to support their welfare and respond to any queries (some of which may not be addressed due to any ongoing sensitivities). We are clear that colleagues must be fully supported during the investigation process.

STEP THREE

The colleague who is the subject of the allegation should only be informed about the allegation after consulting with the LADO. Colleagues must note that where a Strategy Discussion is needed, or the Police or other statutory agencies may need to be involved, this should not be done until all relevant agencies have been consulted and critically, they have agreed upon what information can be disclosed to the person.

If the person is a member of a trade union or a professional association, they should be advised to seek support from that organisation.

STEP FOUR

During the enquiry, the colleague concerned will be told not contact or discuss the matter with colleagues or children.

STEP FIVE

If there is cause to reasonably believe the child has suffered or is likely to suffer significant harm a Strategy Meeting will be convened.

A Section 47 'Strategy Meeting' will involve all relevant professionals (including any agency staff provider). They will discuss the allegation and decide the next steps to take. This may involve an "interview under caution" carried out by the Police, and a joint interview of the child by the Police and local authority.

STEP SIX

Once the enquiry is complete, the colleague who is the subject of the allegation shall be informed of the outcome(s), where it is appropriate to do so. The decision will be made in consultation with relevant agencies.

Depending upon the outcome of the enquiry, disciplinary measures may be invoked.

Colleagues should note that even if the threshold for a child protection concern has not been reached, Dimensions Care may still proceed with disciplinary measures if there is evidence of behaviour that is consistent with misconduct or gross misconduct. This also applies if the Police decide there are insufficient grounds for a criminal investigation or conviction.

STEP SEVEN

If the outcome of the process confirms that the allegation was malicious, unsubstantiated, false, or unfounded, the colleague will be debriefed and asked to participate in a 'Back to Work' interview.

Likewise, if there have been grounds for disciplinary measures that have not resulted in dismissal, the colleague will be debriefed and asked to participate in a 'Back to Work' interview.

In both scenarios, the returning colleague will have the opportunity to discuss any unresolved feelings or concerns with a manager.

If the outcome of the process is substantiated (and the colleague has deliberately harmed a child), Dimensions Care will follow any recommendations and required actions arising from relevant agencies. This will likely include a notification to the Disclosure and Barring Service (DBS). It is possible that the colleague will be dismissed on the grounds of gross misconduct, and the Police will progress their involvement accordingly.

IMPORTANT: If an allegation of historical abuse is made, the DSL will refer the matter to the MASH, LADO (where appropriate) and the Police. If you witness harmful practice by a colleague, you must speak up and follow the conditions of our Whistleblowing Policy.

ALLEGATIONS & DISCLOSURES OF "PEER-ON-PEER" ABUSE

Allegations or disclosures indicating a child has harmed another child is commonly referred to as "Peer on Peer Abuse. Colleagues must be in no doubt that a minority of children have the potential to abuse other children. Colleagues should know the different forms peer-on-peer abuse can take, including bullying, sexual abuse, sexting, and relationship abuse for example.

Colleagues should know that:

- Abuse to and by children in our services is wrong and will be taken seriously;
- The needs of both the victim and perpetrator should be fully considered;
- Abuse to and by children can occur in all settings.

Colleagues should be in no doubt that peer-on-peer abuse is abuse. It is not a game. It is not a joke or banter, and it is never funny, and it is not a "normal" part of growing up.

Action following a concern that a child is harming (or has harmed) another child:

1) Where abuse by another child is suspected, alleged and or witnessed, colleagues must immediately inform their line manager or senior on call, who will immediately advise the child's social worker(s) (and/or the EDT Team if after hours) and contact MASH, the local Police is a crime is suspected.
2) The above agencies will advise on:

    (i) How the immediate circumstances are to be managed;
    (ii) Reach agreement about ensuring that each child's safety is secured;
    (iii) When and who should action any investigation;
    (iv) Arrangements for the convening of a strategy meeting. Discussions must take place, decisions made and agreed regarding any immediate arrangements for protecting each person involved;

3) If an allegation is made the alleged abuser must not be approached before taking advice from actions as in (1) & (2);
4) During (1) identify who is to provide support for each child involved;
5) Consider the safety of other children and what, if any, immediate action may be necessary to protect them.

LEARNING LESSONS

Things gone wrong from time-to-time. As such, the need to learn lessons is crucial to enabling safer care and critical to organisational assurance of good practice. A failure to learn lessons is irresponsible and potentially dangerous, and it counters the ethos and values that drive our commitment to achieving excellence.

Learning Lessons from Allegations and Disclosures

At the conclusion of a case in which an allegation or disclosure is substantiated, the DSL should review the circumstances of the case with the case manager and SMT to determine whether there are any improvements to be made to existing procedures or practice. This will help to prevent similar events in the future.

To capture lessons learned, Dimensions Care must keep a record of the following:

- A concise summary of what happened
- Action required
- The proposed/actual impact of completing the actions, specifically in terms of how this will improve practice.

The overriding emphasis is about how we actively engage with opportunities to improve practice to keep our children safe from actual harm, and the potential for harm.

SECTION ELEVEN: Behaviour Management

All children have a right to be treated with respect and dignity, including in those circumstances where they display difficult or challenging behaviour. In whatever way a child presents, rights and respect must never be compromised. Colleagues must always look beyond the behaviour and focus upon the needs of the child.

We have a robust Positive Relationships Policy and Restraint Policy (referenced in this policy and below) which clarifies our approach to managing behaviour and the values associated with empowering children to make positive choices and enabling them to manage their emotions.

Procedures

Our comprehensive safety planning informs our individualised approach to behaviour management. The focus is to actively promote the welfare of children in our care and reduce the potential for harm.

Safety Planning

Each child must have a completed and regularly reviewed safety plan. The safety plan is an overarching risk assessment. The safety plan identifies any known or potential risks associated with individual child. It is imperative that all colleagues working in the home are familiar with each child's safety plan. Each safety plan must be reviewed monthly or following any significant changes in presentation that indicate a change in the level of risk. As such, the Safety plan must be regarded as a "live" tool that aims to safeguard children.

Crisis Management Plans (CMPs)

As consistent with above, each child must have a completed and regularly reviewed Crisis Management Plan (CMP). The CMP is, in effect, an overarching list of what should and shouldn't be done for each child in the setting. The CMP identifies the following:

- Baseline presentation (i.e., how the child or young person presents) or "What does the behaviour look like?")
- Pre-Crisis presentation (as above)
- Possible Triggers (i.e., what may cause or promote challenging or crisis behaviours)
- Escalation (i.e., how the child or young person presents) or "What does the behaviour look like?")
- Outburst (as above)
- Recovery (as above)

In all cases, the CMP will specify (a) what colleagues must do and (b) what they must not do. The emphasis is upon the use of strategies to de-escalate potentially challenging situations, whilst maintaining the use of DDP.

It is imperative that all colleagues working in the home are familiar with each child's CMP. Each CMP must be reviewed monthly or following any significant changes in presentation that indicate a change in a child's presentation. As such, the CMP must be regarded as a "live" tool that aims to safeguard children.

The emphasis is firmly upon the use of strategies to de-escalate potentially challenging situations.

For any behaviour management strategy to be effective, it is essential that colleagues maintain a strong consistency of approach and it is equally essential that colleagues communicate with one another regarding any changes in the child's presentation or circumstances.

It is essential that children are consulted and able to participate in the development of their own safety planning, taking account of their individual needs and circumstances. However, colleagues must ensure that any action in response to the child's wishes and feelings must be agreed only if it is in the child's best interests.

It is a primary expectation that colleagues will:

- Always demonstrate respect and maintain the dignity of children;
- Be familiar with the conditions of each safety planning;
- Never use force or threatening behaviour;
- Try to defuse (i.e., de-escalate) situations before they escalate;
- Adhere to the expectations, procedures and standards detailed in the Positive Relationships Policy and the Physical Restraint Policy; (Continued over)

- Be mindful of factors that may impact upon a child behaviour (e.g., contact meetings, peer pressure, other safeguarding concerns, etc.) and where necessary, take appropriate action to reduce the likelihood of crisis or challenging behaviours, such as maintaining a focus upon mind-mindedness for example;
- Never use sarcasm, demeaning or insensitive comments towards children. This is never acceptable in any situation; and
- Wherever possible, avoid shouting or any such behaviour that is likely to counter de-escalatory strategies.

It is the responsibility of the registered manager to:

- Ensure that effective and robust safety planning is completed for each child, prior to admission and based upon all available information;
- Review, update and amend safety planning as the child's placement progresses, with meaningful input from the child concerned:
    - Every calendar month. This is to ensure continued accuracy, and effectiveness;
    - Following a significant event that relates to concerns over the safety and welfare of the child concerned.
- Inform all colleagues working directly with children of any changes made to safety planning;
- Ensure that all colleagues (including bank, volunteers, and any agency personnel) are familiar with the conditions of each child's safety planning before they work directly with the children.

Physical Restraint

Please refer to the Physical Restraint section of this policy for information about our approach to physical restraint. Crucially, colleagues must familiarise themselves with the conditions of our Physical Restraint Policy. Our Physical Restraint Policy provides contextual clarification and seeks to ensure that all colleagues are fully informed about the circumstances where restraint can and cannot be used.

SECTION TWELVE: Bullying (Including Cyberbullying)

Although there is no legal definition of bullying, colleagues should be clear that it is a form of abuse. It is usually defined as repeated behaviour which is intended to hurt someone either emotionally or physically.

Bullying is often aimed at certain people because of their race, religion, gender or sexual orientation or any other aspect such as appearance or disability. Emotional abuse may involve serious bullying (including cyber bullying), causing children to feel frightened or in danger, or the exploitation or corruption of vulnerable children.

TYPES OF BULLYING

Bullying can take many forms including:

- Cyber – Abuse on-line or via text message; interfering with electronic files; setting up inappropriate websites; inappropriate sharing of images, etc.; interfering with e-mail accounts;
- Faith-based – Negative stereotyping; name-calling/ridiculing religious persuasion/identity;
- Gifted and Talented – Name-calling, innuendo or negative peer pressure based on high levels of ability or effort; ostracism resulting from perceptions of high levels of ability;
- Homophobic or Transgender – Name-calling, innuendo or negative stereotyping based on sexual orientation or perceived sexual orientation; use of homophobic language;
- Physical – Kicking or hitting; prodding, pushing or spitting; offensive gestures or intimidating behaviour; damaging or removing property; invasion of personal space; extortion; coercion; other forms of persistent physical assault;
- Racist – Physical, verbal, written, on-line or text abuse; ridicule based on differences of race, colour, ethnicity, nationality, culture or language; refusal to co-operate with others based upon any of the above differences; stereotyping because colour, race, ethnicity, etc.; promoting offensive materials such as racist leaflets, magazines or computer software;
- Sexist – Use of sexist language; negative stereotyping based on gender;
- Sexual – Unwanted/inappropriate physical contact; sexual innuendo; suggestive propositioning; distribution/display of pornographic material aimed at an individual; graffiti with sexual content aimed at an individual. Pressuring someone to act in a sexual way;
- Special Educational Needs or Disability (SEND) – Name-calling, innuendo or negative stereotyping based on disability or learning difficulties; excluding from activity because of disability or learning difficulty;
- Verbal – Threats or taunts; shunning/ostracism; name-calling/verbal abuse; innuendo; spreading of rumours; glaring; making inappropriate comments in relation to appearance.

PROCEDURES

Colleagues who are concerned or have suspicions that a child is being bullied must report these to the registered manager immediately.

Concerns in relation to bullying must be treated with the same sense of urgency as safeguarding concerns in this respect. All disclosures that may indicate potential harm, should be responded to in accordance with safeguarding procedures. This means the DSL must be notified and where appropriate, matters will be escalated to relevant agencies.

The Basics

- Children accessing our services will be encouraged to speak up if they feel they are subject to any bullying, both in and out of the home;
- All incidents and actions must be recorded;
- Both the victim and perpetrator of bullying must be protected from further bullying incidents.

Action

Immediate action should be taken to protect children subjected to bullying or involved in bullying. In some cases, a strategy meeting will be convened to discuss a plan of action. Dimensions colleagues will ensure that an action plan to protect the child from further bullying is in place. This will be produced in consultation with the child and any other relevant people (such as the Designated Teacher from the child's school for example). The action plan should be completed prior to the strategy meeting and such a plan must be endorsed by those with legal responsibility. In addition, the person with legal responsibility for the child who is alleged to have carried out any bullying must be included in the discussions, as appropriate. They must be party to any plan and actions to protect both the victim and perpetrator of the bullying from further occurrences.

Colleagues must:

- Support children to take action against cyberbullying and empower them to raise any concerns they may have about themselves, their peers or other children;
- Be familiar with the conditions of each child's safety planning, which will identify any vulnerabilities and risks associated with bullying;
- Follow our Countering-Bullying Policy if they are alerted to instances of bullying;
- Complete a record of any incidents and enter a summary of details in the Bullying Concern Register if there is a bullying incident. The Bullying Concern Register requires colleagues to identify the context of entry as being either an (a) Allegation, (b) Incident, or (c) a Precautionary record. The latter (c) refers to entries may escalate towards bullying and therefore require colleagues to monitor and review;
- Understand that a bullying incident should be addressed as a safeguarding concern when there is 'reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm.'

The registered manager must ensure:

- Any vulnerabilities and risks associated with bullying are recorded in each child's safety planning;
- The Bullying Incident Register is maintained and checked for accuracy every month;
- All incidents or alleged incidents of bullying are recorded in detail;
- All colleagues are made aware of any concerns around bullying;
- The home maintains a "zero tolerance ethos" regarding bullying, whether relating to children in our care, colleagues, or adults and children visiting; and should
- Consider identifying a "Bully Buster" from within the team. The Bully Buster will hold Bullying Check-Ins' every month and provide information, expertise, and targeted support for children in the home.

SECTION THIRTEEN: Child Criminal Exploitation (CCE)

This section focuses upon Child Criminal Exploitation, specifically Child Trafficking, Modern Slavery and County Lines.

Child Criminal Exploitation (CCE) is a broad descriptor covering a range of activities that can cause physical, sexual and emotional harm to children and young people. The consistent factor is one where an adult uses a child or young person to undertake criminal activities through manipulation and coercion. CCE is child abuse.

The Home Office defines child criminal exploitation as:

> 'Child Criminal Exploitation... occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology. Criminal exploitation of children... includes for instance children forced to work on cannabis farms or to commit theft'. 'Criminal exploitation of children and vulnerable adults' (Home Office, 2018)

It's important to recognise that this section should be read in conjunction with the Missing from Care (MfC) Section of this policy. This is because children and young people who are vulnerable to/at risk of CCE are also at significant risk of going MfC.

CHILD TRAFFICKING

Child Trafficking is defined as the 'recruitment, transportation, transfer, harbouring or receipt' of a child for the purpose of exploitation. (Article 3 Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime) Child trafficking is abuse. Children and young people are recruited, moved, or transported and then exploited, forced to work or sold.

CHILDREN ARE TRAFFICKED FOR:

- Child Sexual Exploitation (CSE);
- Benefit fraud;
- Forced marriage;
- Domestic servitude such as cleaning, childcare, cooking;
- Forced labour in factories or agriculture; and
- Criminal activity (such as pickpocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVDs and bag theft for example).

What Happens?

- Children are tricked, forced or persuaded to leave their homes. Traffickers use grooming techniques to gain the trust of a child, their family or their community;
- Traffickers may threaten families;
- Traffickers may promise a child a better future in another place;
- Sometimes families will be asked for payment towards the 'service' a trafficker is providing – for example sorting out the child's documentation prior to travel or organising transportation;
- Traffickers make a profit from the money a child earns through exploitation, forced labour or crime. Often this is explained as a way for child to pay off a debt they (or their family) 'owe' to the traffickers.

CHILD TRAFFICKING

Modern slavery is when someone has gained control over, or ownership of, another person and is using this power to exploit them.

It involves the recruitment, movement, harbouring or receiving of men, women or children using force, coercion, abuse of vulnerability, deception, or other means in order to exploit them.

Someone is a victim of modern slavery if they have experienced any of the following:

- Are forced to work because of physical or verbal threats;
- Are owned or controlled by an 'employer', usually through mental, emotional, sexual or physical abuse, or the threat of such abuse;
- Are dehumanised, treated as a commodity, or bought and sold as 'property;'
- Are being held captive, have restrictions placed on their freedom or being moved against their will.

COUNTY LINES

The following has been adapted from Criminal Exploitation of Children and Vulnerable Adults: County Lines Guidance (September 2018).

WHAT IS COUNTY LINES EXPLOITATION?

County lines is the Police term for urban gangs supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or "deal lines." It involves child criminal exploitation (CCE), because gangs use children and young people to move drugs and money to and from "market locations." These children and young people are referred to as "Bics" by the drug dealers, which is used as a reference to their perceived disposability.

Gangs establish a base in the “market location” that is typically the home of a vulnerable young person or adult by coercion or even violence in a practice referred to as ‘cuckooing’.

County lines is a major issue involving drugs, violence, gangs, safeguarding, criminal and sexual exploitation, modern slavery, and missing persons.

HOW DOES IT AFFECT CHILDREN?

Like other forms of abuse and exploitation, county lines exploitation:

- Can affect any child (male or female) under the age of 18 years;
- Is exploitation, even if the activity appears consensual;
- Can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- Can be perpetrated by individuals or groups, and males or females;
- Is typified by some form of power imbalance in favour of those perpetrating the exploitation.

Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

One of the key factors found in most cases of county lines exploitation is the presence of some form of exchange (e.g., carrying drugs in return for something). Where it is the victim who is offered, promised or given something they need or want. The exchange can include both tangible (such as money, drugs or clothes) and social/emotional rewards (such as status, protection or perceived friendship or affection).

It is important for colleagues to remember the unequal power dynamic within which this exchange occurs. The receipt of something by a child, young person or vulnerable adult does not make them any less of a victim. Notably, the prevention of something negative can also fulfil the requirement for exchange, i.e., child may engage in county lines activity to stop someone carrying out a threat to someone who is close to them.

TARGETING OF VULNERABLE CHILDREN

Gangs specifically target vulnerable children and those who do not have support networks. Children with special educational needs, mental health problems or disabilities are known to be purposely targeted. Gangs also look for emotional vulnerability, such as children experiencing problems at home, absent/busy parents or bereavement. The gangs seek to fill that emotional gap for the child and become ‘their family’. Male children are most commonly exploited but female children are also used and exploited by gangs. It is thought that 15-16 years is the most common age for children to be exploited by these gangs but there are reports of children below the age of 11 years being used. Gangs are increasingly looking to recruit ‘cleanskins’ (i.e. children with no previous criminal record who are unlikely to be stopped by the Police, including children from white, middle class backgrounds and from further afield).

For further information on any aspect of CCE, colleagues should refer to our Countering CCE Policy.

CHILD TRAFFICKING

It may not be easy to identify that a child is the victim of gang exploitation. However, there are several consistent factors associated with children and young people who have been abused through CCE. They:

- Have been arrested for possession and intent to supply of significant quantities of drugs, particularly heroin and crack cocaine;
- Were arrested away from their own home area;
- Were arrested on public transport, particularly a train;
- Were arrested in a cuckooed address;
- Are in care, particularly residential care;
- Were found carrying a weapon when arrested;
- Have an unexplained injury, possibly caused by a knife;
- Were arrested with or are accompanied by older males or females.

Other indicators of gang involvement include:

- Persistently going missing from school or home;
- Regularly being found away from the home area;
- Unexplained acquisition of money, clothes, or mobile phones;
- Excessive receipt of texts / phone calls;
- Relationships with controlling / older individuals or groups;
- Leaving home / care without explanation;
- Suspicion of physical assault / unexplained injuries;
- Significant decline in school results / performance;
- Self-harm or significant changes in emotional well-being.

PROCEDURES

CHILD TRAFFICKING & MODERN SLAVERY

Colleagues must be aware of the following facts:

- (Trafficked) Children are tricked, forced or persuaded to leave their homes. Traffickers use grooming techniques to gain the trust of a child, family or community;
- They may threaten families, but this isn't always the case – in fact, the use of violence and threats to recruit victims has decreased (Europol, 2011);
- Traffickers may promise children education or persuade parents their child can have a better future in another place; (Continued Over)

- Sometimes families will be asked for payment towards the 'service' a trafficker is providing – for example sorting out the child's documentation prior to travel or organising transportation.
- Traffickers make a profit from the money a child earns through exploitation, forced labour or crime;
- Although these are methods used by traffickers, coercion, violence, or threats do not need to be proven in cases of child trafficking - a child cannot legally consent, so child trafficking only requires evidence of movement and exploitation.

If a child continues to be at risk of harm through trafficking or there remain concerns about a child's risk of being subject to modern slavery, colleagues must:

- Refer any concerns or disclosures regarding trafficking to the Registered Manager (DSL), without delay;
- Ensure that information relating to specific trafficking risks to individual children are recorded and RAGG rated in their safety planning. Safety planning must be reviewed every month for accuracy and relevance. If there is any indication or evidence indicating that the potential risk has changed, the child's safety planning must be reviewed and amended without delay;
- Be mindful of any unusual activity around the home, such as people loitering or watching with no apparent purpose;
- Complete a report with clear and accurate information about any concerns or disclosures, including a record of the child's thoughts and feelings;
- Contact the Police and MASH in accordance with raising a safeguarding concern.

COUNTY LINES

If colleagues have concerns that a child may be at risk of county lines exploitation, they must notify MASH/EDT and the Police. The DSL must be notified immediately, and information must be shared with local authority social care services as required.

Colleagues must be alert to the following signs of County Lines activity:

- Returning home late, staying out all night or going missing;
- Being found in areas away from the home;
- Increasing drug use, or being found to have large amounts of drugs on them;
- Being secretive about who they are talking to and where they are going;
- Unexplained absences from school, college, training or work;
- Unexplained money, phone(s), clothes or jewellery;
- Increasingly disruptive or aggressive behaviour;
- Using sexual, drug-related or violent language you wouldn't expect them to know;
- Coming home with injuries or looking particularly dishevelled;
- Having hotel cards or keys to unknown places.

In all cases where concerns are identified, colleagues must:

- Ensure the DSL/registered manager is notified if they become concerned about a child because they feel s/he is being subjected to County Lines activities or at risk of being exploited through County Lines activities. If out-of-hours, staff must contact the On-Call service;
- Liaise with the DSL to consider a referral to the National Referral Mechanism if the child or young person is thought to have been used for transporting drugs;
- Inform the DSL/ registered manager if a child or young person makes a disclosure indicating that they are a victim of County Lines or that they have been approached by someone (or a group of people) who intend to cause harm in a way that is consistent with County Lines;
- Undertake training to be alerted to the signs and indicators associated with children who are at risk of County Lines or abused in this way;
- Be proactive, non-judgmental, and consistently vigilant to the potential for County Lines to impact upon the lives of children in our care.

If a child says something that indicates they are involved with or worried about County Lines, colleagues must:

- Listen and take seriously what a child says and never express disbelief;
- Do not make any suggestions about what has taken place, or how it came about, or question the child except to clarify what they are saying;
- Allow the child time to express themselves', but do not press for detail beyond what is minimally necessary to be clear that some form of abuse has taken place;
- Do not ask a child to repeat what has been said to anyone else before referring;
- Be calm and reassuring and do not make assumptions;
- Avoid making judgements about what is being said though reassure the child that they are not responsible for what may have happened;
- Do not promise to keep information secret. Be clear that you have to refer the matter on and to whom;
- Tell the child that there are people who can help;
- Write down what has been said and generate a report using the child's exact words and what you said in response. Be factual and state opinion, sign, date report and send to social worker.

If a child is believed to be a victim of criminal behaviour, the Police must be contacted without delay.

SECTION FOURTEEN: Child Sexual Exploitation (CSE)

All colleagues should know that CSE can impact upon any child, within any community. Although children aged between 12 and 15 chronological years are thought to be most at risk, younger and older children have been identified as victims of CSE.

Children in Care are thought to be particularly vulnerable to exploitation.

Children rarely disclose CSE, so colleagues must be aware of the following risk indicators:

- Acquisition of money, clothes, mobile phones (etc.) without plausible explanation;
- Gang-association and/or isolation from peers/social networks;
- Unexplained absences from school, college or work;
- Leaving home/care without explanation and persistently going missing or returning late;
- Excessive receipt of texts/phone calls;
- Returning home under the influence of drugs/alcohol;
- Inappropriate sexualised behaviour for age/sexually transmitted infections;
- Evidence of/suspicions of physical or sexual assault;
- Relationships with controlling or significantly older individuals or groups;
- Multiple callers (unknown adults or peers);
- Frequenting areas known for sex work;
- Concerning use of internet or other social media;
- Increasing secretiveness around behaviours; and
- Self-harm or significant changes in emotional well-being.

For more information on CSE, colleagues must refer to our Countering CSE Policy. This policy includes further guidance and information on the type of offenders and the methods used by offenders to sexually exploit children and young people. Additionally, the link between CSE and Children Missing from Care (MfC) cannot be ignored. Children who go MfC are extremely vulnerable to exploitation.

PROCEDURES

PREVENTING CSE

All safety planning must consider whether any form of exploitation is a risk factor for children in our care. The Registered Manager must ensure that:

- Each child's safety planning includes a RAGG Rating (RED, AMBER, GREEN and GREY), specifically regarding known or potential risks associated with CSE;
- Colleagues have direct access to, and demonstrate sufficient understanding of, each child's safety planning;
- Any concerns about children presenting in a way that is consistent with CSE indicators (See our Countering CSE Policy) must ensure there is due consideration towards making a referral to MASH, as well as informing the Police. Any such decision making must be recorded and placed in the child's case file.

CSE RISK LEVELS

RED Significant Risk	There is evidence that a young person is currently exposed to Child Sexual Exploitation and the risk to the child's safety is significant.
AMBER Medium Risk	There is evidence to suggest that a young person may be targeted for opportunistic abuse through exchange of sex for drugs or alcohol perceived affection, sense of belonging, accommodation, money, and goods etc.
GREEN Low Risk	There is no evidence to suggest that the young person is exposed to CSE, however there are concerns that the young person may be at potential risk of CSE in the future due to the presence of identified vulnerability factors or warning signs.
GREY No Risk	No Evidence of CSE

It is essential that colleagues are informed about the best way to support and care for children in a way that takes full account of their individual needs and presentation. Training will be available for to support and develop their understanding of CSE, including prevention and intervention strategies.

Colleagues must remain:

- Supportive, non-judgmental and child-centred. They must employ the principles of DDP;
- Responsive and proactively engaged in listening and responding to the views and feelings of the child;
- Informed and fully aware of each child's presenting CSE Risk Levels.

Colleagues are expected to:

- Understand the risks of both online and offline CSE (through reading this policy guidance and undertaking training, for example);
- Know the potential indicators of CSE (as referenced in this policy);
- Know where and how to access support;
- Work in partnership with relevant agencies to protect children and young people from CSE, or the potential for CSE;
- Provide children with effective, person-centred support (e.g., around emotions and self-esteem);
- Provide children with advice and guidance about avoiding dangerous/exploitative relationships, as any responsible parent would;
- Provide children with support that is tailored to the specific circumstances and needs of the child.

In addition to the training available through Dimensions Care colleagues are strongly advised to access online training, such as below:

PACE: Keep Them Safe: an interactive CSE learning tool

Keep Them Safe is a free online learning tool from Pace and Virtual College. Although the course is aimed at parents, colleagues should find the e-learning training course a valuable source of information to:

- Find out more about child sexual exploitation;
- Learn the signs and indicators of when a child might be being exploited;
- Understand the impact child sexual exploitation can have on families;
- Know what to do if you suspect a child might be at risk of this abuse.

The above training can be found at: http://paceuk.info/training/keep-them-safe/

IMPORTANT - The above training is advised to support training opportunities already available to colleagues of which mandatory completion is required through induction and ongoing training.

CSE DISCLOSURES & MAKING REFERRALS

Colleagues must:

- Inform the registered manager/Designated Safeguarding Lead (DSL) if they become concerned about a child because they feel they are being subjected to CSE or at risk of CSE;
- Inform the registered manager/Designated Safeguarding Lead (DSL) if a child makes a disclosure/an allegation indicating that they are a victim of CSE or that they have been approached by someone (or a group of people) who intend to cause harm in a way that is consistent with CSE;
- Undertake training as necessary to be alerted to the signs and indicators associated with CSE;
- Be proactive, non-judgmental and consistently vigilant to the potential for CSE to impact upon the lives of children in our care.

If a child says something that which indicates that CSE has taken place:

- Listen and take seriously what the chid says and never express disbelief;
- Do not make any suggestions about what has taken place, or how it came about, or question the child except to clarify what they are saying;
- Allow the child time to express themselves', but do not press for detail beyond what is minimally necessary to be clear that some form of abuse has taken place;
- Do not ask a child to repeat what has been said to anyone else before referring to MASH/EDT;
- Be calm and reassuring and do not make assumptions; (Continued Over)

- Avoid making judgements about what is being said and reassure the child that they are not responsible for what may have happened;
- Do not promise to keep information secret. Make it clear that you will have to refer the matter on and to whom;
- Tell the child that there are people who can help;
- Do not contact parents/cares directly if the disclosure is made about a family member, take advice from the child's social worker;
- Write down what has been said, using the child's exact words and what you said in response. Be factual, sign and date the report.

Any professional who is concerned that a child may be at risk of, or is suffering, CSE is able to make a referral to the Multi-Agency Safeguarding Hub (MASH). We expect that colleagues will inform the DSL, who will be able to lead the process and ensure that appropriate action is taken.

If the child is thought to be the potential victim of criminal behaviour, the Police must be informed without delay.

SECTION FIFTEEN: Clothing & Appearance

A person's dress and appearance are matters of personal choice and self-expression. However, in a professional domain, adults should dress in ways that are appropriate to their role and this may need to be different to how they dress when not at work.

PROCEDURES

Colleagues are not required to wear a uniform. However, the following conditions are extremely important.

Colleagues must wear clothes that are/do:

- Appropriate to their role;
- Not likely to be viewed as offensive, revealing or sexually provocative;
- Not distract, cause embarrassment or give rise to misunderstanding;
- Absent of any political or otherwise contentious slogans; and
- Not considered to be discriminatory and is culturally sensitive.

As a rule, colleagues should not wear clothes that allow people to see "up, down or through" what they are wearing.

SECTION SIXTEEN: Confidentiality

Dimensions Care Limited is a social care organisation. As a Data Controller, Dimensions Care holds highly sensitive personal data about children, young people, and their families, as well as colleagues and contractors. This is essential to our business as a responsible provider of social care services, but moreover it is a critical part of keeping children safe from potential or actual harm.

Colleagues are expected to make responsible and informed decisions about when and with whom to share information. If there is ever any doubt, colleagues should seek advice from the DSL, who will liaise with the DPO as required.

Working Together to Safeguard Children is clear that:

- Effective sharing of information between practitioners and local agencies is essential for early identification of need, assessment and service provision. Not sharing important information can have the severest of consequences;
- Colleagues must be proactive in sharing information as soon as possible in responding to concerns about the safety and welfare of children;
- Information sharing is also essential for the identification of patterns of behaviour when a child has gone missing;
- The Data Protection Act 2018 and General Data Protection Regulations (GDPR) do not prevent the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children:

    (i) Dimensions Care have a Data Protection Policy in place that sets out clearly the processes and the principles for sharing information. This clarifies how and when information should be shared about children or young people with others involved in the child's life;
    (ii) We are clear that colleagues must never assume that someone else has or will pass on critical information about keeping a child or young person safe. If they feel a child has suffered/could suffer harm, children's social care and/or the Police must be informed;
    (iii) The registered manager must ensure that when a child or young person is placed from another local authority, all relevant information is shared towards keeping that child safe from harm;
    (iv) It is emphasised that it is not necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child provided that there is a lawful basis to process any personal information required.

Please refer to Working Together to Safeguard Children (2018; 2020) (p.18-21)

PROCEDURES

Colleagues will have access to confidential information about children to undertake their everyday responsibilities. Some of this information will be highly sensitive or private. They should never use or share confidential or personal information about a child accessing Dimensions Care's care and/or support services, noting that the only exception is where there are concerns a child is at risk of harm.

Information must never be used to intimidate, humiliate, or embarrass a child. Confidential information about a child should never be used casually in conversation or shared with any person other than on a need-to-know basis. In circumstances where the child's identity does not need to be disclosed the information should be used anonymously.

Colleagues must:

- Be clear about when information can be shared and the circumstances it is appropriate to do so;
- Treat information they receive about children in a discreet and confidential manner;
- Seek advice from the DSL if they are in any doubt about sharing information they hold or has been requested of them.

Colleagues should refer to our Data Protection Policy for more information and guidance.

SECTION SEVENTEEN: Drugs & Substance Misuse

IMPORTANT: Please refer to the CCE section of this policy for guidance about drugs and the criminal exploitation of children. This section refers to children using drugs.

Many children who use drugs do not become drug abusers or drug addicts in adulthood. However, drug use in adolescence can put a child's mental, emotional, and physical health at risk of potential harm. In particular vulnerable children are at significant risk of on-going drug abuse and addiction problems that will impact upon their life chances.

Signs of drug misuse can be confused with other adolescent problems and challenges, particularly as children get older. Any concerns should be discussed with the child in a safe environment without confrontation or blame.

If a child is involved with drugs, colleagues must understand that the behaviour is unacceptable, not the child.

THE DEFINITION OF A DRUG

'A drug is any substance which affects the way in which the body functions physically, emotionally or mentally and includes tobacco, Alcohol, solvents, over the counter and prescribed medicines, as well as illegal substances.'

- Drug Use:
  Drug-taking by a child that does not cause any perceived immediate harm – even though it may indicate risk or the potential for harm; escalating to
- Drug (Substance) Misuse:
  Drug use that harms health and social functioning – either dependant use (physical or psychological) or use as part of a wider spectrum of problematic or harmful behaviour (Definitions used by Standing Conference on Drug Abuse (SCODA) in "Drug related early intervention developing services for young people and families' 1987)

It is essential to remember that safeguarding the welfare of the child remains paramount

DRUGS & THE LAW

Misuse of Drugs Act 1971 divides drugs into three classes solely for the purposes of sentencing. They are classified according to their toxic effect, extent of use and danger to society:

- CLASS A
  Drugs include heroin (diamorphine), cocaine (including crack), methadone, ecstasy (MDMA), LSD, and "magic mushrooms"
- CLASS B
  Drugs include amphetamines, barbiturates, codeine, cannabis, cathinones (including mephedrone) and synthetic cannabinoids
- CLASS C
  Drugs include benzodiazepines (tranquilisers), GHB/GBL, ketamine, anabolic steroids and benzylpiperazines (BZP).

PROCEDURES

Colleagues are expected to actively discourage children from misusing drugs (i.e., Illicit substances). They should ensure that children are provided with genuine care, guidance, and support, as well as advice on matters concerning drug and substance misuse that is appropriate to their age, needs and understanding.

Responsibilities of Colleagues:

- Risks associated with drug misuse that are specific to individual children must be documented within their safety planning. (N.B. All colleagues must be familiar with each child's safety planning);
- Attend and take part in relevant training and team meetings;
- Be familiar with our Countering Substance Misuse Policy;
- Significant events regarding drug use or suspicions/allegations of drug use must be recorded.

Completed reports must be second read by a senior professional before they are sent to social workers or personal advisors.

AWARENESS & SUPPORT

Colleagues should use opportunities to talk informally to children about the dangers of drugs misuse. This will promote awareness and helps to arm children with the skills needed to cope with any pressures they may experience.

It is important that colleagues adopt a non-judgemental approach to promote open communication with children.

Children should be provided with:

- Knowledge
  Health, social and legal issues must be considered, especially the understanding of risks, effects and consequences of drug use enabling informed decision making by the child.
- Skill Development
  These skills include accessing information, assertiveness, communication, decision-making, negotiating, problem solving and peer pressure.
- Support
  As defined by the conditions of the child's care plans and through effective partnership working with other agencies.

All children must be encouraged to develop or maintain a healthy lifestyle from an early age. Colleagues are expected to work closely with the Police and other agencies, such as substance misuse services and specialist Health practitioners as appropriate to meeting the identified needs of individual children.

DRUG INCIDENT MANAGEMENT (AGGRAVATING CIRCUMSTANCES)

If a child is found in possession of a substance (as defined by The Misuse of Drugs Act 1971) and there are aggravating circumstances, colleagues must contact the police (Dialing 999 if it is an emergency).

Aggravating circumstances are defined by the Police as:

- Denial of the offence;
- Concealing a large quantity of drugs upon their person;
- Being involved in a drug incident within the home;
- The amount is larger than for personal use (Training will be given in this area);
- Suspicion of supplying drugs;
- Possession of a drug with intent to supply another.

The most appropriate colleague on duty should ask the child the questions below:

- What the substance is? (Identify)
- Who is it for? (Possession or supply)
- Have they got any more?

Please note that it is Dimensions Care policy to avoid the unnecessary criminalisation of children.

The response to drug related incidents should be consistent with any action taken by an informed and responsible parent. This must be balanced with the impact upon other children living in the home, specifically in terms of their welfare and best interests.

DRUG INCIDENT MANAGEMENT (NO AGGRAVATING CIRCUMSTANCES)

If colleagues suspect a child is using or concealing drugs, the following conditions must be applied:

- Ensure the child's room is searched by at least two colleagues. Please note: You must not search a child's room alone. This is because, amongst other reasons, it places the you at risk of allegations.
- All room searches must be recorded in the Room Search Register and signed-off by both colleagues and the child to confirm accuracy;
- All matters arising must be accurately recorded. You should confirm whether or not drugs were located and the reason that a drug related concern was suspected. If a drug is found, a description of substance should be included, as well as who found it and any related circumstances;
- Colleagues must not handle drugs or substances suspected to be drugs. You must use gloves and avoid contamination with the skin;
- Any drugs or suspicious substances found must be placed in an envelope or bag and sealed. The envelope or bag should have brief description of substance, it should be signed over the seal with date and time. This should be witnessed and signed by another colleague where possible. The envelope or bag should be stored in the safe. You must wait for further instruction from the registered manager, who will liaise with the Police and follow their advice;
- You must record matters arising from the search in the Room Search Register. A copy of the entry should be made and transferred to the child's case file; (Continued Over)

- The social worker should be notified, and safety planning reviewed;
- The child should be encouraged to seek help from agencies that provide support to people who misuse substances, such as Addaction for example, and relevant local authority teams.

DRUG INCIDENT MANAGEMENT (HEALTH CONCERNS)

Emergency Procedure for an Unconscious Child

- If a child is unconscious, they should be put into the recovery position and an ambulance called immediately. (N.B. Colleagues should be trained in First Aid);
- If the incident happens during the evening/at night, the manager on-call must be notified;
- A colleague should remain with the unconscious child until the ambulance arrives;
- If another colleague is available, they should collect any evidence of substance. If the child is taken to hospital, part of the suspected drug should be given to paramedics as this could help medical professionals to establish the correct treatment;
- Contact parents if appropriate;
- Domestic cleaning gloves must be worn if removing discarded needles and syringes. The Police will advise on disposal. Gloves must be disposed of after use.

EMERGENCY PROCEDURE FOR A CONSCIOUS CHILD:

- Keep the child calm. Do not chase or excite, as this could be dangerous;
- Summon an ambulance if health is thought to be at risk. If unsure contact NHS Direct (Dialing 111);
- If unable to calm the situation, summon the Police;
- If the incident happens during the evening or at night, a manager on call must be notified;
- Contact parents, if appropriate (N.B. Check care planning if unsure);
- Domestic cleaning gloves must be worn if removing discarded needles and syringes. The Police will advise on disposal. Gloves must be disposed of after use.

DRUG INCIDENT MANAGEMENT (SEARCHING CHILDREN & PROPERTY)

Children have the right to privacy for themselves and their property. However, if colleagues believe that dangerous or illegal substances are being stored in a child's room then the room must be searched.

For all room searches, the child and two colleagues must be present. Room searches must be recorded in the Room Search Register and signed-off by both colleagues and the child to confirm accuracy.

During the Search:

- All matters arising must be accurately recorded;
- If a child is suspected of carrying drugs, colleagues can request that they turn their pockets out. Again, two colleagues must be present. Clothing must not be removed, and colleagues must not attempt to restrain or restrict the freedom of the child; (Continued Over)

- If the child refuses to allow the search, colleagues must inform the Police (having alerted the child to the fact that they will have no alternative but to inform the Police);
- If a child is carrying out illegal activities within the home (i.e., taking drugs, supplying drugs to others), he/she must be asked to stop, and the Police advised (along with the social worker and responsible parent as appropriate);
- If s/he refuses to hand the substance over, then colleagues should call the Police and notify management on call. The child should be warned that the Police will be called if they do not hand over the substance(s);
- Any substances removed must be stored and dealt with as described above.

DRUG INCIDENT MANAGEMENT (RECORDING)

All matters arising must be recorded, dated, and signed. Records should be objective and factually based, avoiding judgement and supposition without rational foundation.

Recording should provide a summative account of matters arising, with all relevant details. Colleagues must clearly identify all actions arising, and these must be shared with colleagues. All records relating to the incident should be retained in the child's case files and shared with the child's social worker.

SECTION EIGHTEEN: First Aid & Medication

Comprehensive guidance and mandatory procedures for First Aid and Medication are clarified within our First Aid Policy & Medication Policy.

Colleagues must pay particular attention to the need to administer medication in strict accordance with the conditions of our policy.

FIRST AID

First aid, in common with many other areas of health and safety, is managed on a risk assessment basis. First aid covers the initial and immediate response to an injury, which may involve nothing more than the application of a plaster through to trying to stabilise a casualty while waiting for the emergency services to arrive.

The following definitions apply to every Dimensions Care children's home:

First Aider:

A first aider is someone who has undergone a training course in administering first aid at work and holds a current first aid at work certificate.

All colleagues will be trained in first aid at work. This ensures reasonable steps to ensure that there is at least one person on duty with a suitable first aid qualification.

Appointed Person:

An appointed person is someone nominated by the company who will take charge in an emergency. They will also maintain the first aid supplies at the accommodation, with the full co-operation of colleagues.

The appointed person will be the most senior colleague working at the home, at any given time.

MEDICATION

Colleagues should be clear from the onset that care must be taken to ensure prescribed medicines are only administered to the individual for whom they are prescribed. Medicines must be administered in line with a medically approved protocol.

Records must be administered in line with a medically approved protocol. Records must be kept of the administration of all medication, which includes occasions when prescribed medication is refused.

Regulation 23 of The Children's Homes (England) Regulations 2015 requires the registered manager to ensure that suitable arrangements to manage, administer and dispose of any medication are fully maintained.

Children who wish to keep and take their own medication should be supported to do so safely. A Medication Risk Assessment must be completed and signed-off before children are permitted to keep and take their own medication.

Colleagues must be mindful that children holding their own prescribed medication must only use it for themselves in accordance with the prescription. Additionally, any medication stored by children must be held within a lockable cabinet within their rooms.

Treatment and care should be personalised, based on the individual's needs and preferences.

Children are all individuals and as such this policy must be applied in keeping with the individual child's beliefs, wishes, experience and ability, whilst consistently ensuring that decisions made must be in the child's best interests.

Colleagues should be aware of the individual's cultural background and other factors that impact on their lives and incorporate this into a person-centred approach to care.

PROCEDURES

The manager will be the first aid co-ordinator, unless delegated to a suitably knowledgeable is responsible for:

- Ensuring that colleagues know how:

    a) To obtain first aid assistance for children, other colleagues and visitors;
    b) To call a first aider; and
    c) To locate the first aid cabinet.

- Knowing where any specific hazards are identified, and that colleagues are made aware of procedures and equipment for dealing with them.
- Ensuring that there are arrangements in place for identifying colleagues requiring training, in liaison with Dimensions Care management;
- Ensuring that first aid notices are displayed appropriately;
- Ensuring that first aid equipment and the replenishment of first aid supplies is maintained in a regular and timely way.

All colleagues will receive Emergency First Aid at Work Training (EFAW). New colleagues will be trained as soon as practicable. However, colleagues will not be permitted to administer first aid until the training has been successfully completed.

The manager should take care to ensure that a suitably trained first aider is on rota to be working at the home, at all times (when the children are at home or due to arrive home).

MEDICATION

Colleagues are expected to ensure:

- All medication in the home is stored in a secure place to prevent children from having access to it if relevant plans require such measures;
- All prescribed medication must never be administered to anyone other than the named recipient (e.g., the person for whom the medication is prescribed);
- A written record is kept of the administration of any medicine to any child who requires adult supervision;
- Disposal of any medication safely according to advice from the GP and/or Pharmacy;
- They never take any medication prescribed and/or bought for any child in the home;
- The location of the keys to the medical cabinet are verified at every handover;
- The medical cabinet is never left open when not being used; (Continued Over)

- The key to the medical cabinet must not be left in the medical cabinet;
- Only one child should be given medication at any one time. This to prevent any distractions during the administration of medication and or unauthorised access to medication and medical cabinet;
- There must be no out-of-date medication in the medication cabinet;
- Medications must not be used on a communal basis;
- Where appropriate (i.e., age and stage) and as consistent with any relevant plans, children should be encouraged and supported to self-administer their medication. Dimensions Care have in place a Self-Medication Risk Assessment to aide decision making, but any final decision must be made by the child's responsible parent under the conditions of her/his legal status.

Children given responsibility for managing their own medicines or treatments must have agreement to do so via the placing authority and this must be documented in their relevant plans. Such decisions will be based upon factors of:

- Maturity;
- Mental capacity;
- Understanding (Does the child understand any dangers associated with the medication?);
- Responsibility (Has the child demonstrated sufficient responsibility?);
- Risk of potential abuse of medication;
- Age and stage (In terms of development).

All medicines must be marked clearly with the child's name and dosage and stored in a locked cupboard or specifically designated refrigerator.

SECTION NINTEEN: Guests (Visitors & Overnight Stays)

Whilst Dimensions Care acknowledges that it is essential for children to have meaningful contact with their relatives and friends, we have an overarching responsibility to ensure that everybody remains safe.

This means that any concerns around risk must be comprehensively addressed before arrangements are confirmed.

Most children will from time-to-time want to receive guests. As they grow older, it is likely that they will exercise their friendship needs with an increasing sense of autonomy and independence. We know it is important that they maintain positive relationships with those who are significant to them, which includes friendships. However, we understand that not everyone known to children or seeking to befriend a child will have a positive impact upon them or those around them.

PROCEDURES

Colleagues must exercise reasonable judgement regarding the appropriateness of any potential guest. Reasonable measures must be adopted to promote the welfare of all children in the home, as well as the colleagues who care for them. The conditions applied to guests are detailed in the "House Rules" and must be explained during the admission process. The House rules are agreed collectively, but certain "non-negotiables" will remain in place as would be expected in any family home with responsible boundaries of conduct and interaction.

Colleagues must be particularly aware of significantly older young people and adults seeking to befriend children. For example, a girl of 13 years engaged in a "friendship" with a teenager of 19 years should alert colleagues to a significant area of concern, such as CSE for example. Therefore, colleagues should recognise the potential for:

- A power imbalance that could lead to harm;
- Grooming for abusive and criminally exploitative purposes (including county lines and CSE);
- Relationship abuse and VAWG; and
- Sexual and emotional abuse.

If in any doubt, colleagues must raise concerns with the registered manager (DSL). Colleagues must also be fully aware of the indicators linked to the above safeguarding issues (as referenced in this policy and related safeguarding policies), and therefore able to make safe and informed decisions.

Known risks to children must be identified within safety planning. The importance of colleagues reading and understanding the conditions each child's safety plan cannot be over-stated. Therefore, the registered manager must seek to ensure that all colleagues remain up to date with all safety planning.

In all circumstances colleagues must liaise with the child's social worker and any other adults with parental responsibility if there are concerns about the suitability of a friendship, with concerns escalated to the registered manager if it is considered that there is a potential for harm.

SECTION TWENTY: Hate Crime

Hate Crime can be defined as any crime that is motivated by hostility on the grounds of race, religion, sexual orientation, disability, or transgender identity.

There are three categories of Hate Crime in legislation:

1) Incitement to hatred offences on the grounds of race, religion or sexual orientation;
2) Specific racially and religiously motivated criminal offences (such as common assault); and
3) Provisions for enhanced sentencing where a crime is motivated by race, religion, sexual orientation, disability, or transgender identity.

To be clear, the CPS states:

When someone is hostile to another person because of their disability, nationality, race, religion, sexual orientation or tramnsgender identity and they show their hositility through itiminadation, harassment, damaging property and/or violence it is hate crime.

PROCEDURES

All colleagues must take concerns or incidents relating to Hate Crime extremely seriously.

Colleagues are expected to:

- Prevent hate crime by challenging the beliefs and attitudes that can lead to hate crime;
- Provide appropriate, person-centred support to children who have been victims of Hate Crime, as defined by the child's care planning and any further incidents or concerns;
- Raise any concerns with the DSL who will give due consideration to making a referral to MASH/EDT.

Colleagues must:

- Ensure that information relating to Hate Crime, as applicable to individual children is recorded in safety planning. This must be reviewed with the child every month for accuracy and relevance;
- Record all allegations, disclosures and concerns relating to hate crime and escalate to the DSL, as well as other relevant professionals and agencies. The DSL will co-ordinate a suitable response and any related action(s).

Serious allegations regarding Hate Crime should be referred to the Police.

Dimensions Care is a non-partisan organisation. We will not tolerate any form of prejudice or abuse linked to hate crime.

SECTION TWENTY-ONE: Honour-Based Abuse (HBA)

'Honour-Based' Violence (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community. These include:

- Female Genital Mutilation (FGM);
- Forced marriage; and
- Practices such as breast ironing.

Abuse committed in the context of preserving “honour” often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBA are abuse (regardless of the motivation) and should be handled and escalated as abuse. DfE guidance states that ‘Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBA, or already having suffered HBA.’ (KCSIE, 2021)

FEMALE GENITAL MUTILATION (FGM)

Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done. It's also known as "female circumcision" or "cutting", and by other terms such as sunna, gudniin, halalays, tahur, megrez, and khitan, among others.

In England and Wales, 23,000 girls under 15 could be at risk of FGM. However, colleagues must be aware that FGM is not exclusively limited to girls aged under 15 years (World Health Organisation, 2017).

Communities particularly affected by FGM in the UK include girls from Somalia, Kenya, Ethiopia, Sierra Leone, Sudan, Egypt, Nigeria, Eritrea, Yemen, Indonesia, and Afghanistan.

In the UK, FGM tends to occur in areas with larger populations of communities who practise FGM, such as first- generation immigrants, refugees, and asylum seekers.

These areas include London, Cardiff, Manchester, Sheffield, Northampton, Birmingham, Oxford, Crawley, Reading, Slough, and Milton Keynes.

Risk Factors include:

- Low level of integration into UK society;
- Mother or sister who has undergone FGM;
- Girls who are withdrawn from PSHE (Personal, Social and Health Education);
- A visiting female elder from the country of origin;
- Being taken on a long holiday to the family’s country of origin;
- Talk about a ‘special’ event or procedure to ‘become a woman.’

HIGH-RISK TIMES

This procedure often takes place in the summer, as the recovery period after FGM can be 6 to 9 weeks.

Colleagues should be alert to the possibility of FGM as a reason why a girl in a high-risk group is absent from school, employment, or training.

Although, it is difficult to identify girls before FGM takes place, where girls from these high-risk groups return from a long period of absence with symptoms of FGM, advice must be sought from the Police or social services.

Post-FGM Symptoms include:

- Difficulty walking, sitting, or standing;
- Spend longer than normal in the bathroom or toilet;
- Unusual behaviour after a lengthy absence;
- Reluctance to undergo normal medical examinations;
- Asking for help, but not being clear about the issue due to embarrassment or fear.

Longer Term problems include:

- Difficulties urinating or incontinence;
- Frequent or chronic vaginal, pelvic or urinary infections;
- Menstrual problems;
- Kidney damage and kidney failure;
- Cysts and abscesses;
- Pain when having sex;
- Infertility;
- Complications during pregnancy and childbirth;
- Significant emotional and mental health problems.

PROCEDURES

Colleagues are expected to:

- Remain vigilant to the signs that FGM may be imminent;
- Remain vigilant to the indicators that a child may have been subjected to FGM or someone the child knows may have been subjected to FGM;
- Report to the Police where they discover (either through disclosure by the victim or other evidence) that FGM appears to have been carried out on a girl aged under 18. Colleagues failing to report such cases are likely to face disciplinary action;
- Report to the Police cases where an act of FGM appears to have been carried out;
- Be vigilant to disclosures made by children regarding siblings and/or friends.

FGM DISCLOSURES AND MAKING REFERRALS

Any person who is concerned that a child may be at risk of FGM is able to make a referral to the MASH. We expect that colleagues will inform the DSL, who will be able to ensure that appropriate action is taken.

Colleagues must:

- Inform the DSL if they are concerned about a child because they are at risk of FGM;
- Inform the DSL if a child makes a disclosure/an allegation about FGM;
- Ensure that information relating to FGM, as applicable to individual children, is recorded. This must be reviewed at least monthly for continued accuracy;
- Record all allegations, disclosures and concerns relating to FGM;
- Notify the Police by calling 101 to report any concerns.

FORCED MARRIAGE

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is a marriage in which one or both spouses do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual, and emotional pressure.

A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture to coerce a person into marriage.

A person's capacity to consent can change. For example, with the right support and knowledge, a person with a learning disability may move from a position of lacking capacity to consent to marriage, to having capacity. However, some children and adults with learning disabilities are given no choice and/or do not have the capacity to give informed consent to marriage and all it entails. This may include engaging in a sexual relationship, having children, and deciding where to live.

CAPACITY TO CONSENT & THE MENTAL CAPACITY ACT 2005

The Mental Capacity Act 2005 applies to all people aged 16 and over. It aims both to empower people to make decisions for themselves whenever possible and to protect those who lack capacity to do this. The Act starts from the basis that, unless proved otherwise, all adults have the capacity to make decisions. Individuals may lack capacity if they are unable to:

- Understand information given to them;
- Retain that information for long enough to be able to make the decision;
- Weigh up the information available to make the decision; and
- Communicate their decision to others.

Where someone is found to lack capacity to make a particular decision, others may be permitted to make decisions on behalf of that person, so long as any such decision is made in the best interests of the person who lacks capacity. For example, family and professionals might decide that it is in a person's best interest to live in a certain place, even though the person themselves lacks the capacity to consent to such a decision.

However, there are certain decisions which cannot be made on behalf of another person, and this includes the decision to marry. There is therefore no legal basis on which someone can agree to marriage, civil partnerships, or sexual relations on behalf of someone who lacks the capacity to make these decisions independently. However, families sometimes do believe they have the "right" to make decisions regarding marriage on behalf of their relative.

If a person does not consent or lacks capacity to consent to a marriage, that marriage must be viewed as a forced marriage whatever the reason for the marriage taking place. Capacity to consent can be assessed and tested, but it is time and decision specific.

PROCEDURES

Good practice in relation to this assistance and support includes:

- Listening to children and make sure they know how to raise concerns;
- Understanding that in cases of forced marriage, it is important that agencies do not initiate, encourage, or facilitate family counselling, mediation, arbitration or reconciliation. There have been cases of individuals being murdered by their families during mediation. Mediation can also place the individual at risk of further emotional and physical abuse;
- Being aware that on occasions when an "at risk" individual insists on meeting with their parents, it should only take place in a safe location, supervised by a trained/specialist professional with an authorised accredited interpreter present (not from the same community), as parents will sometimes threaten the individual in their other language;
- Being aware that allowing a victim to have unsupervised contact with their family is normally extremely risky. Families may use the opportunity to subject the victim to extreme physical or mental duress or take them overseas regardless of any protective measures that may be in place.

Dimensions Care will provide training and raise awareness about forced marriage for colleagues who care for and support children at risk of forced marriage.

Colleagues must:

- Inform the DSL if they are concerned about a child being at risk of forced marriage;
- Inform the DSL if a child makes a disclosure/an allegation about forced marriage;
- Ensure that information relating to forced marriage, as applicable to individual children, is recorded in safety planning. This must be reviewed for continued accuracy;
- Record all allegations, disclosures and concerns relating to forced marriage;
- Notify the Police by calling 101 to report any concerns.

BREAST IRONING

What is breast ironing?

Breast Ironing is practiced in some African countries, notably Cameroon. Girls aged between 9 and 15 have hot pestles, stones or other implements rubbed on their developing breast to try to make them stop developing or disappear.

The practice of breast ironing is seen as a protection to girls by making them seem 'child-like' for longer and reduce the likelihood of pregnancy. Once girls' breasts have developed, they are at risk of sexual harassment, rape, forced marriage and kidnapping.

Breast ironing is physical abuse

Breast ironing is a form of physical abuse that has been condemned by the United Nations and identified as Gender-based Violence.

Breast Ironing in the UK

Concerns have been raised that breast ironing is also to be found amongst African communities in the UK, with as many as 1,000 girls at risk.

PROCEDURES

Colleagues concerned that a child has experienced (or is at risk of) Breast Ironing should alert the DSL immediately, recording all available information in detail.

If a child makes a disclosure regarding a biological sibling (or any other child), a referral to the MASH should be made immediately.

Colleagues must:

- Inform the DSL if they are concerned about a child or young person because they are at risk of breast ironing or have disclosed that they have been subject to breast ironing;
- Inform the DSL if a child or young person makes a disclosure/an allegation regarding breast ironing or have disclosed that they have been subject to breast ironing;
- Ensure that information relating to breast ironing, as applicable to individual children, is recorded in their safety planning. This must be reviewed for continued accuracy;
- Record all allegations, disclosures and concerns relating to breast ironing;
- Notify the Police by calling 101 to report any serious concerns indicating that a child is likely to be harmed.

SECTION TWENTY-TWO: Internet Use & Safe Computing (Indecent Images & Online Exploitation)

This section covers a wide range of issues and concerns arising from Internet use, which includes mobile internet enabled technology (i.e., Smartphones, laptops, gaming devices, iPads/tablets, etc.) and static internet enabled devices (i.e., desktop computers, televisions, games consoles, etc.). For clarification, any device that can send and receive images is included within the scope of this section. Please note that colleagues should refer to the Bullying Section for guidance and procedures relating to cyberbullying.

The risks associated with children's use of such devices cannot be overstated. These risks are particularly acute for vulnerable children.

The scope for benefiting from the use of internet enabled devices is enormous, but we are constantly mindful that there are inherent dangers that are of a severe and profound nature. In addition, we take internet security seriously and provide clear guidance around ensuring up-to-date and effective internet security.

Children and colleagues are encouraged to use and enjoy internet enabled devices, but this is subject to clear expectations of conduct and the welfare needs and requirements of individual children.

The internet has revolutionised the way we live our lives and can be used as a wonderful resource. However, access to the internet is as dangerous as it is beneficial, as well as being particularly hazardous for any vulnerable person.

SUMMARY OF CORE RISKS

Inappropriate Material

One of the key risks of using the internet, email or chatrooms is that children may be exposed to inappropriate or illegal material. This may be material that is pornographic, hateful, or violent in nature; that encourages activities that are dangerous or illegal; or that is just age- inappropriate or biased.

One of the key benefits of the web is that it is open to all, but unfortunately this also means that those with extreme political, racist, or sexual views can spread their distorted version of the world to vulnerable and impressionable individuals. Images uploaded to the internet never go away and this must be communicated and understood by children and colleagues.

Physical Danger

The threat of physical danger is one of the most worrying and extreme risk associated with the use of the internet and other technologies. A criminal minority make use of the internet and chatrooms to contact children with the intention of developing relationships which they can progress to sexual activity or other forms of criminality. Paedophiles will often target children, posing as a child with similar interests and hobbies to establish an online 'friendship'. These relationships may develop to a point where the paedophile has gained enough trust to meet in person. These techniques are often known as 'online enticement', 'grooming' or 'child procurement'.

Emotional Abuse

Emotional abuse can result from serious issues such as bullying, stalking, and trolling for example. These are frequently associated with serious psychological [and physical] effects, such as disrupted sleep, lowered self-esteem, depression, self-harm, suicidal ideation, and in some cases, even suicide.

SIGNIFICANT AREAS OF CONCERN

The following areas of concern provide an insight into the scope of potential harm arising from inappropriate and/or illegal internet use.

- Internet "grooming" by sexual predators via social media, such as Facebook or Twitter, as well as chat rooms and forums for example;
- Accessing inappropriate websites, such as those containing violence or pornography for example;
- Cyber-bullying, which refers to bullying via social media platforms;
- Cyber-stalking, which is covertly tracking or following an individual, usually to gain personal information or for the purposes of intimidation;
- Exploitation and manipulation, refers to encouraging vulnerable people to behave in a way that can lead to potential emotional harm, such as sharing/selling nudes or semi-nudes and revenge porn for example. Additionally, by exposing or subjecting a person to online abuse by up-skirting, sexting, digital manipulation (i.e., embedding the face of a child onto an existing nude or pornographic image) and sharing the images with other people without consent and/or illegally.
- Reputational damage, such as uploading materials that could be considered as embarrassing or regretful in the future;
- Radicalisation and extremism, which has become an increasingly powerful way to disseminate wholly unacceptable propaganda and ideology (such as that consistent with advocating terrorism for example).

INDECENT IMAGES OF CHILDREN

The Law

The following information clarifies the legal position regarding indecent images of children. It is important that colleagues understand their professional and legal obligations towards protecting children and expectations of responsible conduct.

Indecent photographs of children:

- Under the Protection of Children Act 1978 (as amended), the UK has a strict prohibition on the taking, making, circulation, and possession with a view to distribution of any indecent photograph or pseudo indecent photograph of a child and such offences carry a maximum sentence of 10 years' imprisonment. (Continued over)

- Section 160 of the Criminal Justice Act 1988 also makes the simple possession of indecent photographs or pseudo photographs of children an offence and carries a maximum sentence of 5 years' imprisonment.

There are defences for those aged over the age of consent (16) who produce sexual photographs for their own use within a marriage or civil partnership. These defences are lost if such images are distributed.

Additionally, for example, the Voyeurism (Offences) Act 2019 criminalises someone who operates equipment or records an image under another person's clothing (without that person's consent or a reasonable belief in their consent) with the intention of viewing, or enabling another person to view, their genitals or buttocks (with or without underwear), where the purpose is to obtain sexual gratification or to cause humiliation, distress, or alarm. Perpetrators could face two years in prison.

The term 'making' could include:

- Opening an email containing an image;
- Downloading an image from a website onto a computer screen;
- Storing an image in a directory on a computer;
- Accessing a website in which images appeared by way of an automatic "pop-up" mechanism.

Types of examples covered by these laws could include the following:

- A person under the age of 18 who creates, possesses and/or shares sexual imagery of themselves with a peer under the age of 18 or adult over 18;
- A person under the age of 18 who possesses and/or shares sexual imagery created by another person under the age of 18 with a peer under the age of 18 or an adult over 18;
- A person over the age of 18 who creates, possesses and/or shares sexual imagery of a child.

The making, manipulation and sharing of exploitative images of children is a serious issue. This section provides outline examples of current concerns.

SEXTING

- Sexting is when someone shares sexual, naked or semi naked images or videos of themselves or others or sends sexually explicit messages. They can be sent using mobiles, tablets, smartphones, laptops etc – any device that allows you to share media and messages.

- Sexting may also be called 'trading nudes', 'dirties' or 'pic for pic'. The creating or sharing of explicit images of a child is illegal, even if the person doing it is a child.

UP-SKIRTING

- Upskirting is a highly intrusive practice, which typically involves someone taking a picture under another person's clothing without their knowledge or their permission, with the intention of viewing their genitals or buttocks (with or without underwear). It is now a specific criminal offence in England and Wales.

- It can take place in a range of places, e.g., British Transport Police have seen a rise of reports on public transport.

The ever-increasing use of social media by children continues to increase the risks presented. This is a particular issue/concern regarding vulnerable children and young people. Sexting, for example, can be linked to bullying, blackmail, and exploitation, as well as other forms of harm:

- Unwanted attention Images posted online can attract the attention of sex offenders, who know how to search for, collect and modify images;
- Feeling profoundly embarrassed and humiliated. If they're very distressed this could lead to suicide or self-harm.

It's easy to send a photo or message, but the sender has no control about how it's passed on. When images are stored or shared online, they become public. Some people may think that images and videos only last a few seconds on social media and then they're deleted, but they can still be saved or copied by others. This means that photos or videos which a child may have shared privately, could still end up being shared with people they don't know.

For further information and guidance, colleagues should refer to our Safer Computing Policy

PROCEDURES

Children and colleagues are encouraged to use and enjoy computing resources, including mobile smartphones, and gaming devices, as well as other internet enabled devices. However, this must be subject to clear expectations of conduct.

It is essential that colleagues remain vigilant to the dangers of criminal online abuse, exploitation, and cyber-bullying. This means taking full account of the risks and dangers referenced in this policy, as well as the potential for emergent concerns arising from innovations in social media and other forms of digital communication. The following provides all colleagues with important information about protecting children from online abuse and providing them with the support required to keep them safe and make positive choices.

All colleagues must:

- Ensure that children are not exposed to unsuitable material online or through social media;
- Make time to explore and discuss the online world together;
- Talk with children about staying safe online and using their devices safely;
- Follow Safety Planning and guidelines regarding known restrictions. Each child's Care Plan should detail any concerns arising from using internet enabled devices. Some children may have restrictions that must be enforced, such not using internet enabled devices without supervision;
- Agree rules with children, from the onset, about what's okay and what's not okay;
- Ensure that information relating to specific risks to individual children are recorded and RAGG rated in the Safety Planning. This must be reviewed every month for accuracy and relevance;
- Raise any concerns regarding inappropriate use of the internet, the sharing and viewing of indecent images or online exploitation with the DSL immediately. A written record must be shared with the child's social worker and signed off by a senior colleague;
- As consistent with responsible parenting, colleagues should regularly check smartphones and tablets (and other relevant devices) used by children, with reasonable allowances considered due to the child's age and stage;
- Record all allegations, disclosures and concerns relating to internet use.

All colleagues must know that:

- There are no circumstances that will justify the possession of indecent images of children below the age of 18;
- Adults who access and possess links to such websites will be viewed as a significant and potential threat to children. Accessing, making, manipulating for inappropriate purposes, and storing indecent images of children (under the age of 18) is illegal). This will lead to criminal investigation and if substantiated, the individual being barred from working with children or vulnerable people.

The internet has revolutionised the way we live our lives and can be used as a wonderful resource. However, access to the internet is as dangerous as it is beneficial, as well as being particularly concerning when applied to keeping vulnerable children safe from harm.

Where indecent images of children or other unsuitable material are found, the police and Local Authority will be immediately informed. Colleagues must not attempt to investigate the matter or evaluate the material. This may lead to evidence being contaminated, leading to a criminal prosecution.

Therefore, colleagues must be familiar with the following core requirements:

- Ensure they keep data safe and secure;
- Always conduct themselves professionally online; (Continued Over)

- Never take pictures of children without the authorisation of the manager or deputy manager (or On-call if the manager or deputy manager are not available);
- Never view or possess inappropriate or indecent images of children or young people. If a child discloses a concern, do not encourage the child to show [you] the image. A description will be adequate, and the device will need to be handed over to the Police. Additionally, the gender of the child should be a serious consideration. For example, a female child making a disclosure will likely feel more at ease with a female colleague;
- Not allow children to access to their data through social networking sites such as Facebook (e.g., Colleagues are required to decline "friend requests" from children as this is not appropriate);
- Not place details of their place of work on their social networking profiles. This means referring to
- their job as "working in a social services organisation";
- Inform a senior colleague of any issues of concern; and
- Report any illegal or suspicious internet activity to the Police.

PHOTOGRAPHS OF CHILDREN

Working with children in the context of residential care may involve the taking or recording of images. Any such work should take place with due regard to the law and the need to safeguard the privacy, dignity, safety, and wellbeing of our children. Colleagues must be aware that informed written consent from those with parental responsibility and agreement from the child should always be gained before an image is taken.

You must never:

- Display or distribute images of children unless they have consent to do so;
- Use images which may cause distress;
- Use mobile telephones or any other similar devices to take images of children;
- Take images 'in secret' or taking images in situations that may be construed as being secretive.

All colleagues will be expected to justify images of children in their possession, in no uncertain terms.

ONLINE EXPECTATION

Online exploitation is when an individual or group use online platforms to take advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual and/or criminal activity that can occur online and offline. Colleagues should be familiar with following definitions, provided by CEOP (Child Exploitation and Online Protection):

- Child Sexual Abuse (CSA) involves forcing or enticing a child to take part in sexual activity, whether or not the child is aware of what is happening. This may include activities such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse.

- Child Sexual Exploitation (CSE) is a form of CSA. 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) the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the activity appears consensual.

Online Child Sexual Abuse and Exploitation (CSAE) is used throughout this information resource to capture all types of offence. Online CSAE Offending can take several forms which include:

- Online Grooming - The act of developing a relationship with a child to enable their abuse and exploitation both online and offline. Online platforms, such as social media, messaging and live streaming, can be used to facilitate such abuse/offending behaviour.
- Live Streaming – Live streaming services can be used by Child Sex Offenders (CSOs) to incite victims to commit or watch sexual acts via webcam. CSOs also stream or watch live contact sexual abuse or indecent images of children with other offenders. In some instances, CSOs will pay facilitators to stream live contact abuse, with the offender directing what sexual acts are perpetrated against the victim.
- Online coercion and blackmail – The coercion or blackmail of a child by technological means, using sexual images and/or videos depicting that child, for the purposes of sexual gain (e.g., to obtain new IIOC or bring about a sexual encounter), financial gain or other personal gain.
- Possession, production and sharing of IIOC and Prohibited Images – CSOs can use online platforms to store and share IIOC and prohibited images. Online platforms can also be used to facilitate the production of IIOC, for example screen-recording of CSEA perpetrated over live streaming.
- Indecent Images of Children (IIOC) are images of, or depicting, a child or part of a child which are judged to be in breach of recognised standards of propriety. Examples of images considered to be indecent are those depicting a child engaging in sexual activity or in a sexual manner, through posing, actions, clothing, etc. IIOC includes photographs, videos, pseudo-photographs, and tracings.
- Prohibited Images of Children are non-photographic images, for example CGI, cartoons etc, which portray a child engaging in sexual activity, a sexual act being performed in the presence of a child or focus on the child's genital or anal region.

PROCEDURES

In response to any of the above concerns, colleagues must:

- Listen and take seriously what a child says and never express disbelief;
- Do not make any suggestions about what has taken place, or how it came about, or question the child except to clarify what they are saying; (Continued over)

- Allow the child time to express themselves', but do not press for detail beyond what is minimally necessary to be clear that some form of abuse has taken place;
- Do not ask a child to repeat what has been said to anyone else before referring;
- Be calm and reassuring and do not make assumptions;
- Avoid making judgements about what is being said though reassure the child that they are not responsible for what may have happened;
- Never view or possess inappropriate or indecent images of children. If a child disclosures a concern, do not encourage the child to show [you] the image. A description will be adequate. Additionally, the gender of the child should be a serious consideration. For example, a female child making a disclosure will likely feel more at ease with a female colleague (although not exclusively);
- Do not promise to keep information secret. Be clear you will have to refer the matter on and to whom;
- Tell the child that there are people who can help;
- Write down what has been said, using the child's exact words and what was said in response. Be factual and state opinion, sign, date report and send to social worker and DSL.

NOTE: All disclosures must be escalated to the DSL.

Where there are immediate concerns, MASH/EDT will be contacted and informed of the disclosure, along with the child's social worker. If it is believed a criminal act has taken place, the Police must be called.

SECTION TWENTY-THREE: Knife Crime

In March 2019, Ofsted published Safeguarding Children and Young people in Education from Knife Crime: Lessons from London. Although published for schools and education settings, specific information is transferrable, and colleagues will need to be aware of:

- Expectations upon schools to protect children from knife crime;
- Working with schools and other agencies towards achieving effective prevention strategies.

There is a reasonable expectation that schools must proactively and effectively protect children from harm. Schools have certain powers, such as stop and search, as well as the use of metal detector "wands" for example. However, school policy does tend to vary significantly. Some schools will maintain a position of non-criminalisation of children and others will seek to ensure that children are prosecuted:

School leaders had conflicting views about whether it was a criminal offence to carry a knife into school at all. They also reported that police officers do not take a consistent approach to children when making decisions to charge. One said they had been advised by their SSO that schools are not public places and so carrying a knife was not a criminal offence. Another school had called the police in response to a child carrying a small, sharp metal object (not a knife) for self-protection on the way to and from school when there was clear evidence that the child was in fact at risk during their journey. This child was arrested and charged.

Generally, schools will seek to exclude children who are found to carry knifes or "bladed weapons." This can be seen as unhelpful and often creates more difficulties than are solved. For example, it is accepted that children are more likely to engage with negative influences (i.e., gangs, etc) if they are not in school.

It should also be considered that some children are said to carry knifes for protection and not with the intention of causing harm. This is important because these children clearly feel unsafe and have taken drastic measures to protect themselves. However, it is plausible to state that children who do carry knives with the intention of causing harm will likely protest that they too are protecting themselves. This means that there must be a greater understanding of the context around the individual child's motivation. This can be achieved through ensuring clear lines of communication between home, school, and other agencies.

Our role – the role of colleagues – is to protect the children in our care. We can do this by actively listening to children and talking openly about the risks and by developing: a preventative approach that builds children's knowledge and skills so that they are well supported to keep themselves safe as they grow up.

As consistently reiterated throughout this policy, the need to share information with pertinent professionals and secure effective collaborative practice is essential. This means regular contact with schools, partnership working with relevant agencies and maintaining a consistency of approach.

PROCEDURES

Colleagues should know that knife crime is a term used commonly in the media to refer, primarily, to street-based knife assaults and knife-carrying.

There are many different criminal offences relating to knives. For example:

- It is an offence to threaten or cause harm to a person with a bladed weapon;
- Some bladed weapons are prohibited from being sold or purchased, including to anyone under the age of 18;
- Offences such as robbery or assault can be aggravated if a knife is involved;
- It is also an offence to carry a knife in a public place without good reason.

Colleagues should be aware that:

- The highest level of risk posed by the use of knives relates to children who have been groomed into gangs, for the purposes of criminal exploitation;
- Working together with other agencies, such as relevant local authority professionals, schools and colleagues is crucial to minimise risk and incidents associated with knife crime; (Continued Over)

- Working with local community safety partnerships should support the development and implementation of local strategies that aim to address knife crime and serious youth violence. Linking in with other local groups, where appropriate, will support greater knowledge and insight into areas of risk and therefore support the protection of children in our care;
- Work with the Police with the aim of introducing and maintaining risk reduction measures. For example, the Police may be willing to provide information directly to children and colleagues in the home (depending upon resources);
- Support and educate children to understand the dangers of knife crime, whilst being careful not to undermine their sense of safety and wellbeing.

Any concerns about children carrying Knives or bladed weapons must be:

- Escalated to the Registered Manager (i.e., the DSL) immediately, who may inform MASH/EDT of concerns arising. This is particularly important if the child is Absent without Authority or Missing from Care and known to be carrying a knife or bladed weapon.

Please note that colleagues are expected to use On-call if the DSL is unavailable.

In liaison with the registered manager or On-call, colleagues must:

- Complete a report, including all details of what was witnessed, said, and done;
- Inform the child's social worker; and
- Make a decision, based upon the context of the concern, about whether or not to notify the Police. For example, a child keeping a butter knife in their room for protection is different to a child walking around with a carving knife with an intention to harm another person.

Please note that if a child does feel the need to protect themselves by storing a bladed instrument in their room, it must be taken seriously.

Dimensions Care are committed to ensuring that children are not only considered to be safe, but importantly that they feel safe.

Remember:

- Colleagues should refer to our Countering Knife Crime Policy and Offensive Weapons Policy for further information.
- There are several potential associations with other safeguarding concerns, such as Child Criminal Exploitation (CCE) for example.

SECTION TWENTY-FOUR: Lessons Learned

When things go wrong, we must take every opportunity to learn lessons to ensure that every reasonable measure and strategy is in place to avoid a repeat of the issue or incident. As stated at the beginning of this policy, it is crucial to enabling safer care and critical to organisational assurance of good practice. A failure to learn lessons is irresponsible and potentially dangerous, and it counters the ethos and values that drive our commitment to achieving excellence.

LEARNING LESSONS

The DSL should review the circumstances of the issue or incident with the case manager and SMT to determine whether there are any improvements to be made to existing procedures or practice. This will help to prevent similar events in the future.

Dimensions Care have access to the Tristone Independent Safeguarding Board (TISB), which comprises a range of senior professionals from a range of relevant sectors (i.e., Social Care, Education, Police, Health & Human Resources) who can provide:

- An independent report on the effectiveness of existing measures, compliance analysis, and recommendations for improved practice. This could be, for example, an independent investigation of an incident.
- A comprehensive Section 11 type audit of measures in place to protect children and young people form harm or the potential for harm. The audit will produce a record of recommended actions – as applicable – and assurance of good practice where identified.
- Scrutiny of reported incidents (via the monthly incident tracker) to ensure that Dimensions Care have handled any safeguarding events effectively. These include allegations and disclosures, as well as specific safeguarding issues that impact upon the lives of children in our care (e.g., MfC incidents where criminality is suspected or confirmed, etc.).

To capture lessons learned, Dimensions Care must keep a record of the following:

- A concise summary of what happened
- Action required
- The proposed/actual impact of completing the actions, specifically in terms of how this will improve practice.

The overriding emphasis is about how we actively engage with opportunities to improve practice to keep our children safe from actual harm, and the potential for harm.

Please note that the conditions of GDPR will be upheld and maintained. Please refer to the Confidentiality Section for further information.

SECTION TWENTY-FIVE: Missing from Care (MfC)

A child who goes missing just once faces the same immediate risks faced by a child who regularly goes missing.

WHY CHILDREN GO MISSING

The Children's Society has identified that arguments and conflicts, poor family relationships, physical and emotional abuse, as well as boundaries and control issues are risk factors that can precede a missing incident.

There are no exact figures for the number of children and young people who go missing or run away, but estimates suggest that the figure is in the region of 100,000 per year. Children and young people may run away from a problem, such as abuse or neglect at home, or to go somewhere they want to be. Additionally, they may have been coerced to run away by someone else. Whatever the reason, it is thought that c.25% of children that go missing are at risk of serious harm.

There are specific concerns about the links between children and young people running away and the risks of sexual exploitation. Missing children and young people are also vulnerable to other forms of exploitation, violence, and criminality.

IMMEDIATE RISKS

Children who go Missing from Care are at serious risk of potential harm. The factors below offer a summary of issues, but this is by no means exhaustive:

- No means of support or legitimate income – leading to high-risk activities;
- Child Criminal Exploitation (County Lines, for example);
- Serious physical abuse and sexual abuse (i.e., rape, assault and exploitation);
- Alcohol and substance misuse;
- Serious deterioration of physical and mental health;
- Missing out on training and education, thereby impacting upon "life chances";
- Increased vulnerability and social isolation.

Longer Term Risks

- Long-term drug and/or alcohol dependency;
- Criminality;
- Homelessness and profound social disadvantage;
- Exploitation; and
- Poor physical health and profound mental health difficulties.

Definitions

Based on the statutory guidance on Children who run away or go missing from home or care (DfE; 2014), the definitions which should be used when working with children and young people are set out as follows:

- Child: anyone who has not yet reached their 18th birthday. 'Children' and 'young people' are used throughout this guidance to refer to anyone under the age of 18.
- Young runaway: a child who has run away from their home or care placement or feels they have been forced or lured to leave.
- Missing child: a child reported as missing to the police by their family or carers.
- Child Looked After: a child who is looked after by a local authority by reason of a care order, or being accommodated under section 20 of the Children Act 1989.
- Responsible local authority: the local authority that is responsible for a child looked after's care and care planning. If a child is placed in care outside of a child's local authority, the responsible local authority remains the child's home local authority or the placing authority, not the local authority where the child is placed in care.
- Host local authority: the local authority in which a child looked after is placed when placed out of the responsible local authority's area.
- Care leaver: an eligible, relevant, or former relevant child as defined by the Children Act 1989.
- Away from placement without authorisation: a child looked after whose whereabouts is known but is not at their placement or place they are expected to be and the carer has concerns, or the incident has been notified to the local authority or the police, should be treated as missing.
- Parent: The parents, friends, relatives, or those providing private fostering arrangements who look after the child at their current place of residence.
- Carer: The care provider who has been tasked by the Local Authority and those with parental responsibility for the child to act in 'loco parentis'.

Formal Definitions

The College of Policing APP defines missing as:

"Anyone whose whereabouts cannot be established will be considered as missing until located and their well-being or otherwise confirmed. All reports of missing people sit within a continuum of risk from 'no apparent risk' through to high-risk cases that require immediate, intensive action."

* NB Children missing from care, home and education is not to be confused with the children missing education (CME) policy. The definition of a child missing education is:

"A compulsory school-age child who is not on the roll of a school, not placed in alternative provision by a local authority, and who is not receiving a suitable education at home."

Local Authority Strategies for Children who go Missing

The following provides a broad summary of what local authorities should do in response to children going MfC. The crucial factor is that everyone works together to protect chidlren from harm.

The Police have a key role in partnership with other agencies and services that are trying to locate children who are missing and in reducing the instances where the same children go repeatedly missing from home or care in an area.

An incident log should be opened by the Police on all occasions when a child is reported to them as missing. The following actions should be considered prior to making the report:

- Have you searched the home address?
- Have you attempted to contact the MFH?
- Have you contacted family and associates?
- Have you checked known addresses and places frequented?
- Have you checked social network sites?
- Have you contacted local hospitals?

A missing person report and action log is created for all missing children.

The Police notify the Police National Computer (PNC) immediately and inform Children's Social Care via an automated email within 24 hours.

Guiding Principles for Partnership Working

The overriding principle is 'Every missing episode is potentially serious.'

The joint aim is to reduce the incidence of all children and young people going missing, and if they do, to reduce the risk of them suffering harm and recover them to safety as soon as possible.

This is done through partnership working, information sharing, problem solving, and performance management.

Each safeguarding partnership will monitor compliance with local protocols and monitor the appropriateness and relevance of this policy. Together the partnerships will take steps to ensure improved responses and practice thereby delivering better outcomes for children.

Where known information is minimal, the risk cannot be accurately assessed without active investigation. It does not mean low or no risk; appropriate lines of enquiry should be set to gather the required information to inform the risk assessment.

The fact that the child or young person may have gone missing on several previous occasions does not reduce the risk. In fact, children or young people who repeatedly go missing are often being enticed away from their placement by risky activities that they see as exciting or by predatory influences and as such the risk is increased. Furthermore, short absences may be as risky as lengthy ones.

No child shall be deemed low or no risk missing who is:

- At risk of/experiencing child sexual or other forms of exploitation
- An Unaccompanied Asylum-Seeking Child (UASC)
- Under 12.

The length of time a child or young person has been missing should be a contributory factor to the assessment of risk.

Interventions are important in attempting to address repeat missing episodes. They must be informed by effective return interviews, multi-agency risk assessments and reflected as SMART actions in the child's care plan.

A child or young person's concerns will be taken seriously, they should feel heard. And, their words should be recorded verbatim (i.e., state what they say), but this should not prevent safeguarding action from being taken.

All professionals need to be careful not to label children and young people despite challenging and/or criminal behaviour they may be involved in. The starting point should always be that children and young people who go missing are in potentially dangerous situations because of complex push and pull factors.

All professionals will be mindful to give careful consideration to address equality issues in relation to ethnicity, religion, gender, disability.

It is important that any relevant information obtained is shared with all partner agencies, to ensure effective future safeguarding. Information and intelligence should be shared via local processes with the host and home local authorities and the Police.

Risk Assessment

The local Police force, as the lead agency for investigating and finding missing children, will respond to children and young people going missing based on on-going risk assessments and in line with current guidance. Detailed and accurate information must be recorded about the circumstances and the reasons for making the report. This will ensure that the correct level of risk is assessed, and appropriate Police action prioritised.

An immediate risk assessment will be made based on the questions asked by the call handler. In preparation, the person making the report should consider:

- The circumstances around being unable to locate the child;
- The age, basic details and description (including last known clothing);
- The maturity of the child;
- The possible reasons for the child going missing and their likely intentions;
- Whether the child is running from or to anything;
- Medical needs or need for urgent or ongoing medical treatment;
- Whether they use or are under the influence of drugs and/or alcohol;
- The influence of peer groups/family;
- Patterns of criminality or offending;
- Any learning or physical disability of the child;
- Environmental factors such as weather, time of year, community events or tensions;
- Any known risk of abduction;
- Previous behaviour and history of the child;
- Danger posed by the child to themselves and others;
- General vulnerability of the child;
- Predatory influences on the child including others wanting to use them for crime, sex or drugs.

Where a child is not known to the Police or there is limited information available, a joint assessment should be undertaken by the Police who will make contact with partner agencies, to gain further information, to inform the risk assessment and search for the child.

If the child has been missing for 24 hours or more, a strategy meeting will be held including a full multiagency review of the risk. If the child is an open case to Children's Social Care, the responsible social care team will run the meeting. If the child is not currently receiving support, the strategy meeting will be held by the MASH or local equivalent.

Extreme caution should be exercised before making a decision of low or no risk for a child for whom there is limited information and/or to go missing is out of character. Risk levels can be reduced following new information. However, should risk levels have been identified incorrectly as low in the first instance, valuable time may have been lost to safely locate a child.

Risk Levels

It is imperative that colleagues understand the local Police force policy on the definition of missing and how national guidance has been implemented. As a guide, the APP states (as below):

NO APPARENT RISK

- There is no apparent risk of harm to either the subject or the public.
- Actions to locate the subject and/or gather further information should be agreed with the informant and a latest review time set to reassess the risk.

LOW RISK

- The risk of harm to the subject or the public is assessed as possible but minimal.
- Proportionate enquiries should be carried out to ensure that the individual has not come to harm.

MEDIUM RISK

- The risk of harm to the subject or the public is assessed as likely but not serious.
- This category requires an active and measured response by the police and other agencies to trace the missing person and support the person reporting.

HIGH RISK

The risk of serious harm to the subject or the public is assessed as very likely.

This category almost always requires the immediate deployment of police resources – action may be delayed in exceptional circumstances, such as searching water or forested areas during hours of darkness. A member of the senior management team must be involved in the examination of initial lines of enquiry and approval of appropriate staffing levels. Such cases should lead to the appointment of an Investigating Officer (IO) and possibly an SIO, and a Police Search Adviser (PolSA).

There should be a press/media strategy and/or close contact with outside agencies. Family support should be put in place where appropriate. The Missing Person's Bureau should be notified of the case without undue delay. Children's services must also be notified immediately if the person is under 18.

PROCEDURES

Children who leave the premises without the knowledge of the team on duty will be considered at immediate risk of potential harm if:

- Their whereabouts is unknown; and
- They are RAGG Rated as either RED or AMBER in their individual Safety Plans (see below)

IMPORTANT: RAGG ratings of RED and AMBER are consistent with HIGH and MEDIUM risk as defined by the risk levels on page 8.

As soon as there are suspicions that a child has gone missing or been missing, colleagues must:

- Contact the Police to report the child as missing, stating the child's risk category;
- Inform the Registered Manager (DSL) and/or the On-Call senior professional and MASH/EDT;
- Continue to attempt contact the child by phone, and/or known contacts and friends to locate him/her.

Searching for a Missing Child

When a child goes missing it is understandable that people will be worried and anxious to find the child. All involved with the missing child must continue to do all they can to locate that child. It must not just be left to the Police to carry on the task alone.

Colleagues should:

- Phone extended family, friends, and anyone else known to the child
- Visit the homes of extended family and the child's friends, and locations where the child may be
- Try to make contact on social media.
- Monitor social media, especially that of the child's friends

Any information obtained that may help locate the child must be shared immediately with the Police.

Children Leaving the Home whilst Emotionally Heightened or In a State of Distress

There may be occasions where children leave the home feeling heightened or distressed. Colleagues must remain open and engaged with the child, and encourage them to return home.

If the child refuses to return, every reasonable effort should be made to stay with and/or follow the child, maintaining a thought to their hidden or expressed needs, depending on the circumstances. In extreme cases, (and only) if a child is believed to be in real and imminent danger, physical restraint may be considered. Any such action will be subject to internal scrutiny and must only ever be used as a "justifiable" last resort.

The 'Grab-Bag'

Children's home managers must ensure there is a 'grab bag' for each child they are caring for. The 'grab bag' must contain personal information about the child, including:

- Contact details for family, associates, and friends;
- Addresses of likely locations they may be at;
- Mobile phone number(s) and the SIM number(s);
- A recent photograph;
- Details of any court orders (if applicable)
- Names and contact details of agencies involved with the child.

Recording

All incidents where a child is identified as Missing form Care must be recorded in writing. Details should be recorded using the company notification system, and a summary must be entered in the Missing from Care Register. Please note that all responsible adults (such as appropriate biological parents) and professionals must be informed, but it is important that a senior colleague signs off the notification prior to it being sent.

All records must be copied to the child's individual case file. Colleagues must take particular care to state the time the child was discovered missing, time reported missing to the Police, the child's age, circumstances surrounding the absence, and their return home. All entries must be signed.

Colleagues should take care to incorporate any new information gained through the experience of the child going MfC into their Safety Plan. This refers to antecedents (i.e., "what happened before"), changes in presentation or circumstances and known associates/peers who could encourage or manipulate a child into going MfC.

When a Child Returns Home

When a child is found, or returns home, it is important that they are made to feel welcome. They need to know that they have been missed and that everyone has been worried about them.

Colleagues must never show any frustration or anger. Avoid asking lots of questions about what happened straight away – give the child time to feel safe and settled. This is because asking lots of questions is likely to push them away.

Relevant adults must be informed as soon as possible. This includes any appropriate biological parents and the child's social worker.

If the child was not found by the Police, they must be informed at the earliest opportunity. The Police should arrange to undertake a Police Prevention Interview (also known as a 'safe and well' check – see below). This is an opportunity for the police to try to understand where the child has been and what has happened to them.

Safe & Well Checks

"Safe and well" checks are carried out by the Police as soon as possible after a child reported as missing has been found. Their purpose is to check for any indications that the child has suffered harm, where and with whom they have been, and to give them an opportunity to disclose any offending by or against them.

Independent Return Interviews

When a child is found/returns colleagues must take reasonable action to ensure s/he is offered an Independent Return Interview. Independent return interviews provide an opportunity to uncover information that can help protect children from the risk of going missing again, from risks they may have been exposed to while missing or from risk factors in their home.

This interview should be carried out within 72 hours of the child returning to the home. This should be an in-depth interview and is normally best carried out by an independent person (i.e., someone not involved in supporting the child, such as a local authority commissioned service, for example Coram Voice).

The interview and actions that follow from it should:

- Identify and deal with any harm the child has suffered – including harm that might not have already been disclosed as part of the 'safe and well check': before or whilst missing;
- Understand and try to address the reasons why the child ran away. Be curious and show empathy to their situation;
- Help the child feel safe, be open and engaged and help them to understand that they have options and choices that are safe alternatives to running away. These options should help to prevent further incidents;
- Provide them with information on how to stay safe if they choose to run away again, including helpline numbers.

The interview should be held in a neutral place where the child feels safe. The interview provides an opportunity to hear from the child about why they went missing and to understand the risks and issues faced by the child whilst missing. This could include exploring issues where a child:

- Has been reported missing on two or more occasions;
- Is frequently away from placement (or their home) without authorisation;
- Has been hurt or harmed while they have been missing;
- Is at known or suspected risk of sexual exploitation or trafficking;
- Is at known or suspected risk of involvement in criminal activity or drugs;
- Has contact with people posing risk to children; and/or
- Has been engaged (or is believed to have engaged) in criminal activities while missing.

Colleagues should understand that children sometimes need to build up trust with a person before they will discuss in depth the reasons why they ran away. Therefore, colleagues should be mindful that such discussions between children and previously unknown professionals may result in reticence on the part of the child. If it is suspected that the child is withholding information that is indicative of potential harm, these concerns must be duly communicated to the Registered Manager (DSL). All new information must be documented appropriately in the child's Safety Plan.

Assessing the Risk of Further MfC Incidents

The child's Safety Plan must be fully reviewed following an incident, with particular regard to any changes in information and knowledge about:

- Individual circumstances, including family circumstances;
- Motivation for running away;
- Likely destinations and associates, as well as any pattern of absences;
- Circumstances in which the child was found or returned; and
- Individual characteristics and risk factors, such as whether a s/he has learning difficulties, mental health issues, depression, and other vulnerabilities.

It is important to consider the following when reviewing the child's safety plan:

- Child Criminal Exploitation (CCE)
- Child Sexual Exploitation (CSE)
- Honour-Based Abuse (HBA)
- Radicalisation
- Spirit Possession
- Trafficking

For further guidance and information, colleagues must refer to our MfC Policy.

Summary of our MfC Procedure

Safety Planning

Ensure that all relevant information about the risk of the child going missing from care is captured in the child's Safety Plan. In consultation with the child's social worker, as well as any other relevant agencies and professionals, make a judgement about the child's individual risk level.

NO APPARENT RISK	LOW RISK	MEDIUM RISK	HIGH RISK

Ensure there is a 'grab bag' prepared in the event the child should go missing

Child Goes Missing

The following actions must be applied without delay

(A) NO APPARENT RISK	(B) LOW RISK	(C) MEDIUM RISK	(D) HIGH RISK
Search the home and grounds, as well as areas the child frequents. Contact known friends and relatives. Attempt to contact the child on the telephone, via text or social media. Make appropriate enquiries with the child's parents/ carer and other relatives. Make enquiries with other carers and professionals who have been involved with the child. If the child cannot be found, notify the MASH and the Police.	Search the home and grounds, as well as areas the child frequents. Contact known friends and relatives. Attempt to contact the child on the telephone, via text or social media. Make appropriate enquiries with the child's parents/ carer and other relatives. Make enquiries with other carers and professionals who have been involved with the child. If the child cannot be found, notify the MASH and the Police.	Contact the Police to report the child as missing, stating the child's risk category. Inform the Registered Manager (DSL) and/or the On-Call senior professional and the local MASH/EDT. Ensure that the placing authority is informed. *Follow steps described in columns A and B*	Contact the Police to report the child as missing, stating the child's risk category. Inform the Registered Manager (DSL) and/or the On-Call senior professional and the local MASH/EDT. Ensure that the placing authority is informed. *Follow steps described in columns A and B*

Child is Found

Safe and Well Check

Ensure a "Safe and well" check is carried out by the Police as soon as possible after a child reported as missing has been found.

Independent Return Interview

Ensure an Independent Return Interview is completed within 72 hours of the child's return. Staff should be proactive in ensuring this takes place, recording all contact with the social worker in this regard is documented

Review Safety Planning

In consultation with the child's social worker, as well as any other relevant agencies and professionals, re-assess the incident to inform a judgement about the child's individual risk level

NO APPARENT RISK	LOW RISK	MEDIUM RISK	HIGH RISK

SECTION TWENTY-SIX: One-to-One Situations

Individuals are alone at work when they are on their own, they cannot be seen or heard by another colleagues, cannot expect a visit from another colleague for some time and/or where assistance is not readily available when needed. Therefore, lone workers are those who work by themselves without close or direct supervision.

It is not realistic to state that one-to-one situations should never take place. In considering any decision for 'one to one' working, the protection of children and colleagues must be the primary consideration.

Our Lone Working Policy and arrangements are defined by the conditions relating to each child, on a case-by-case basis. Arrangements for Lone Working will take account of the needs and presentation of all children resident, which will be duly risk assessed and recorded.

Our approach to lone working and one-to-one situations aims to:

- Increase awareness of safety issues relating to lone working;
- Ensure that the risks of lone working are assessed regularly and that systems are put in place to minimise the risk as far as is reasonable and practical;
- Ensure that colleagues have access to appropriate training and/or guidance that equips them to recognise risk and provides practical advice on safety when working alone;
- Encourage full reporting and recording of all adverse incidents relating to lone working.

PROCEDURES

All colleagues will:

- Ensure that when lone working is an integral part of their role, full and appropriate risk assessments have been conducted and agreed (as consistent with our Lone Working Policy);
- Take part in lone working training when appropriate and available;
- Avoid meetings with children in remote, secluded areas;
- Always inform colleagues about the contact(s) beforehand. Consider having them present or close by;
- Avoid use of 'engaged' or equivalent signs wherever possible. Such signs may create an opportunity for secrecy or the interpretation of secrecy;
- Always report any situation where a child becomes distressed or angry to a senior colleague;
- Carefully consider the needs and circumstances of the child when in one-to-one situations;
- Adhere to the expectations, procedures and standards detailed in related company policy.

For further information, please refer to our Lone Working Policy

SECTION TWENTY-SEVEN: Physical Contact

Colleagues must always act and maintain professional boundaries in relation to any physical contact they may have with any child we look after. The children that we care for may have been subject to inappropriate approaches from adults (whom they trusted), which may have included physical and sexual contact from adults resulting in physical and sexual abuse.

Colleagues are in a position of trust and power. This brings considerable professional responsibilities for them about their practice and conduct.

For further information, please refer to our Physical Contact Policy

PROCEDURES

Colleagues must:

- Always be mindful of the need to maintain professional boundaries in relation to any physical contact with children;
- Respect a child's personal space and do not 'invade' this without good cause;
- Speak up to their line manager, the Registered Manager (DSL) should they have any concerns about any practice, particularly concerning any physical contact with any child;
- Avoid being familiar with any child;
- Be mindful of any tactile behaviour that they, colleagues and children have and ensure that appropriate professional and physical contact boundaries are maintained;
- Ensure that each child's personal care routine(s), needs, etc., are known and recorded in the child's placement plan. Specifically, any actions that include physical contact with any child;
- Have regular supervision so that any issues concerning physical contact can be discussed including any concerns about any colleague's practice towards any child; and
- Ensure that all children a know how to complain (and who to complain to) should they have concerns and that telephones are provide as according to regulatory requirements for children.

SECTION TWENTY-EIGHT: Physical Contact that is Intimate

Some job responsibilities may necessitate intimate physical contact with a child on a regular basis. The nature, circumstances and context of such contact must comply with professional codes of practice or guidance and/or be part of a formally agreed plan, which is regularly reviewed.

Any additional vulnerability that may arise from a physical or learning disability should be considered and recorded as part of the Care Plan.

The emotional responses of any child to intimate care should be carefully and sensitively observed, and where necessary, any concerns passed to the DSL as a priority.

All children have a right to safety, privacy, and dignity when contact of a physical or intimate nature is required and depending on their abilities, age, and maturity they should be encouraged to act as independently as possible.

The views of the child must be actively sought when drawing up and reviewing formal arrangements.

Colleagues are reminded that consideration for the views, wishes, and feelings of all children in our care is essential. It is imperative that colleagues respect the rights of the child. Any behaviour by colleagues that is considered to breach those rights will be taken extremely seriously, not in the least as a potential form of abuse of trust.

PROCEDURES

Colleagues must:

- Avoid any physical contact when children are in a state of undress;
- Avoid any visually intrusive behaviour;
- Knock on a child's bedroom and await a reply before entering, subject to safety and Room Search Policy considerations;
- Adhere to the conditions of Dimensions Care policy and procedure regarding matters related to the above. This includes all aspects of physical contact.

For further information, please refer to our Physical Contact Policy

SECTION TWENTY-NINE: Physical Intervention when Children are in Distress

Physical contact is an important element of care and parenting. As such, normal physical contact (i.e., to comfort in times of distress) should not be avoided. Our Physical Contact Policy aims to provide colleagues with clarity regarding what is appropriate, and what is not appropriate regarding physical contact with children.

Regardless of the kind of physical contact, colleagues must be aware that any inappropriate behaviour towards children will not be tolerated. This section takes account of the fact that there may be occasions when a distressed child needs comfort and reassurance, and this may involve physical contact. Colleagues must use their professional judgement to comfort or reassure a child in an age-appropriate way, whilst maintaining clear professional boundaries.

PROCEDURES

Colleagues are expected to:

- Offer comfort and reassurance to a distressed child in an appropriate way, using DDP principles;
- Be circumspect (Be careful to consider all circumstances and possible consequences) in offering reassurance in-one to-one situations, but always record such actions in these circumstances;
- Never touch a child in a way that may be considered indecent or inappropriate;
- Record and report situations that may give rise to concern from either party;
- Never assume that all children seek or require physical comfort if they are distressed.

SECTION THIRTY: Physical Restraint

Dimensions Care expects that all colleagues will deal professionally and appropriately with all physically aggressive incidents.

Colleagues may employ the use of authorised physical restraint only where there is an immediate risk of injury to a person or serious damage to property. In doing so, staff must always ensure that there is minimal risk to the child/children concerned. It is imperative that all colleagues familiarise themselves with our Physical Restraint Policy.

UNDERPINNING PRINCIPLES

- Having to control children should not be regarded as failure, but as an integral part of the caring and therapeutic roles of colleagues. It is part of good parenting;
- Physical Restraint may only be used if there is an immediate risk of injury to a person or severe damage to property. This includes children whose presenting behaviour means that they are placing themselves at risk of harm.

PRICE

Dimensions Care use PRICE (Protecting Rights In the Caring Environment) for situations necessitating physical restraint. PRICE Training places a significant emphasis on the importance of primary, secondary and non-restrictive tertiary strategies. PRICE is rooted in a person-centred approach that aims to understand and meet the needs of individuals before difficulties arise, to recognising an individual's early behavioural signs (physical, emotional, communicative). A significant emphasis is placed on the use of non-restrictive tertiary strategies, such as de-escalation, diversion, distraction ,or strategic capitulation as well as the use of breakaway techniques to safely respond to unwanted physical contact.

All colleagues will be trained in using the PRICE model and timely refresher training will be provided. This is a mandatory expectation. PRICE training is provided within the induction framework for all colleagues.

PROCEDURES

There are occasions when a child presents with behaviours that would likely result in a significant risk to themselves' or others around them (specifically other children and staff, but not exclusively). There may also be times where "crisis" behaviours will result in attempts to significantly damage property and the home environment.

Training is provided and there are clearly defined boundaries and firm expectations of conduct in any such situation. 'Holds' are defined and set in place with a firm regard for the welfare and safety of the child. All and any such incidents are recorded in detail.

All colleagues must:

- Only use a physical intervention where there is an immediate risk of injury to a person or significant damage to property. Talking, listening, counselling, and negotiating should be used first. There are only a few holds allowable, which must only be used after training. Dimensions have adopted PRICE principles for situations necessitating physical restraint. If practicable, staff must always seek to obtain adequate assistance before attempting any physical restraint. Children should be warned when physical restraint is about to happen with an explanation of the reasons;
- Only apply the minimum amount of 'force' required to control the behaviour(s). It must be applied in a manner that attempts to reduce and not provoke further aggressive reaction. Colleagues must be able to show that the method of restraint was in keeping with the incident that gave rise to it;
- Colleagues should try to use clothing rather than limbs to effect restraint. If limbs need to be grasped, they should be held near a major joint to minimise risk;
- Colleagues should avoid vulnerable areas when using restraint (head, throat, chest, sexual areas, etc.);
- Where it is clear, that if a child were to leave the home and there was a strong likelihood of injury to that child or others, it would be reasonable to use physical restraint to prevent them from leaving;
- As soon as it is safe, gradually relax the hold to allow the child to regain self-control;
- Never use restraint as a punishment. Physical restraint must never be used to force compliance with colleagues instructions when there is no immediate risk to people or property;
- The potential for harm in applying any form of restraint must always be kept in mind;
- The age, special educational needs and cognitive ability of the child should be considered in deciding what degree of intervention is necessary;
- Colleagues must ensure that the Physical Restraint Log is completed within 24 hours of all restraints;
- Colleagues must participate in a timely "debrief" following a physical restraint. This is important and colleagues must make time to participate in this process to reflect and ensure that the welfare of all involved has been duly considered. Any concerns must be raised during the debrief;
- The child's views and feelings must be recorded in the Restraint Log within 5 days of the incident;
- Any concerns around a colleague's behaviour during the restraint, will be dealt with on a case-by-case basis, but it is noted that unacceptable behaviour (for example deliberate use of excessive force or inappropriate touching) will result in the implementation of child protection measures and the Local Authority Designated Officer (LADO) will be contacted and informed.

SECTION THIRTY-ONE: Public Confidence & Professional Standards

All colleagues have a responsibility to maintain public confidence in their ability to safeguard the welfare and best interests of the children. It is expected that all colleagues, in all roles, will adopt high standards of personal conduct to maintain the confidence and respect of the children and colleagues or the public in general, and all those with whom they work.

There may be times, for example, when a colleague's behaviour or actions in their personal life come under scrutiny from local communities, the media, or public authorities. This could be because their behaviour is considered to compromise their position in their workplace or indicate an unsuitability to work with vulnerable children. Misuse of drugs, alcohol or acts of violence would be examples of such behaviour.

Colleagues should therefore understand and be aware that safe practice also involves using judgement and integrity about behaviours in places other than the work setting.

The behaviour of a colleague's partner or other family members may raise similar concerns and require careful consideration as to whether there may be a potential risk to children.

PROCEDURES

COLLEAGUES MUST:

- Be aware that behaviour in their personal lives may impact upon their work with children;
- Understand that the behaviour and actions of their partner (or other family members) may raise questions about their suitability to work with children;
- Comply with company policy, specifically duties and responsibilities around behaviour and conduct.

COLLEAGUES MUST NOT:

- Behave in a manner that would lead any reasonable person to question their suitability to work with children or act as a positive role model;
- Make, or encourage others to make, unprofessional personal comments that scapegoat, demean or humiliate, or which might be interpreted as such;
- Harm any child or vulnerable person.

It is important to note that we have an Employee Conduct Policy in place, which summarises important and mandatory conditions of behaviour by colleagues.

SECTION THIRTY-TWO: Radicalisation & Extremism

We have an important part to play in supporting children to understand extremism and make positive choices. Importantly, colleagues must be alert to children being vulnerable to radicalisation (and therefore a risk of future extremism).

In March 2015, statutory duties came into force under the Counter-Terrorism and Security Act (CTSA) (2015). Section 26 of the CTSA places a duty upon local authorities to have "due regard to the need to prevent people from being drawn into terrorism". As such, Dimensions Care have a duty to actively prevent children from being drawn into terrorism, whether through vulnerability, manipulation, abuse or forced indoctrination.

VALUES OF TOLERANCE & RESPECT

Dimensions Care aim to ensure that through our shared ethos, vision, and values, we promote tolerance and respect for all cultures, belief systems and religions. The Directors seek to ensure that this ethos is reflected and implemented effectively in company policy and practice. We have a duty to support children to understand and contribute positively to opportunities and experiences of life in modern Britain.

WHAT IS RADICALISATION & EXTREMISM?

Radicalisation?

The government's Prevent Duty Guidance (2015) defines radicalisation as "the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups". Vulnerable individuals can be drawn into the process of radicalisation in several ways. These vulnerabilities, derived from circumstances, experiences or mental health difficulties, can lead individuals towards a dangerous terrorist ideology.

Extremism?

Government's Counter Extremism Strategy (2015) clarifies that 'Extremism is the vocal or active opposition to our shared values. These include democracy and the rule of law, mutual respect and tolerance of other faiths and beliefs. We also consider calling for the death of our armed forces either in the UK or overseas to be extremism.'

The PREVENT Strategy & the Channel Process

The purpose of the PREVENT Strategy is to stop people becoming terrorists or supporting violent extremism in all its forms. The strategy has three objectives, one of which is to prevent people from being drawn into extremism and ensure they are given appropriate advice and support. Channel is a programme that focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. Such people are identified as being 'Vulnerable to Extremism' (VTR). Channel provides a mechanism for agencies to make referrals if they are concerned that an individual might be vulnerable to radicalisation leading to extremism.

PROCEDURES

Colleagues should use professional judgement in identifying children who might be at risk of radicalisation and act proportionately. A Channel referral may be required.

All colleagues are expected contribute towards:

- Assessing the risk of children being drawn into terrorism, including those exhibiting support for extremist ideas that are part of terrorist ideology. This means being able to demonstrate both a general understanding of the risks affecting vulnerable children in the area, and a specific understanding of how to identify individual children who may be at risk of radicalisation and what to do to support them;
- A service that will ensure that children are safe from terrorist and extremist material when accessing the internet at home.

RADICALISATION & EXTREMISM: PREVENTING RADICALISATION & CHANNEL

Channel is a programme that focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism.

Channel provides a mechanism for agencies to make referrals if they are concerned that an individual might be vulnerable to radicalisation.

All colleagues must:

- Report and record any concerns around radicalisation or extremism to the DSL/on-call immediately;
- Understand when it is appropriate to make a referral to the Channel programme and alert the DSL/on-call to their concerns, without delay;
- Work with other agencies as appropriate.

For further information, please refer to our Countering Radicalisation Policy

SECTION THIRTY-THREE: Safe Recruitment

Our recruitment and selection procedures are in place to help deter, reject, or identify people who might abuse children or young people or who are otherwise unsuited to work with them. A relevant member of the Senior Management Team (SMT) will lead the process of making employee appointments and delegate duties and responsibilities as appropriate, in consultation with Directors.

Dimensions Care are committed to safeguarding and promoting the welfare of children who access our services. All colleagues are expected to share this commitment.

PROCEDURES

The registered manager has responsibility for ensuring that colleagues working in the home are recruited safely, and in a way that is consistent with company policy.

All personnel, prior to a formal offer of employment:

- Must complete an application form;
- Must provide no less than TWO references. One reference must be from a most recent employer;
- Are subject to follow-up telephone reference verification by management;
- Must declare any previous instances of dismissal or proven/substantiated allegations of misconduct;
- Will be subject to an Enhanced Disclosure and Barring Service (DBS) check and subject to Vetting & Barring Scheme when in place;
- Must bring/provide evidence of relevant qualifications, training and experience, which will be copied and retained to personnel files;
- Must confirm that they have the right to work in United Kingdom (UK) and there will be further checks for those who have lived outside the UK;
- Must provide evidence of proof of identity;
- Required to present a fitness to work certificate/letter from a General Practitioner (GP) (depending upon the individuals' circumstances).

For successful applicants, all records will be retained and monitored through CHARMS. The CHARMS system allows us to monitor, review and audit all matters relating to safer recruitment to ensure continued compliance.

For further information, please refer to our Safe Recruitment Policy.

SECTION THIRTY-FOUR: Self-Harm

Self-harm is when somebody intentionally damages or injures their body. It's usually a way of coping with or expressing overwhelming emotional distress. As such, self-harm is often an expressed need, but behind an expressed need there will be a hidden need that a child is struggling to manage without support or guidance.

Self-harm is not usually triggered by one isolated event, but rather a set of circumstances that leave children overwhelmed and unable to manage their feelings. It is not the core to a problem, but a sign and symptom of underlying emotional difficulties, used as a way of coping. Self-harm can be quite different from a suicide attempt since self-harm may be how a child or young person tries to survive emotional pain, rather than being inspired by a desire to end life. However, in some cases, it can be part of the same continuum. They are both symptoms of acute distress, and there is evidence that people who self-harm are at an increased risk of suicide.

Research indicates that up to one in ten children and young people in the UK engage in self-harming behaviours, and that this figure is higher amongst specific populations, including Children Looked After (CLA) and those with special educational needs.

WHAT IS SELF-HARM?

Deliberate self-harm includes any intentional act of self-injury or self-poisoning, irrespective of the apparent motivation or intention. Self-harm is not usually about trying to get other people's attention. It often comes from feeling numb or empty, or wanting some relief. It might be linked to feeling depressed or anxious, low self-esteem, drug and alcohol abuse, relationship problem, bullying or worries about sexuality.

The most common activities are cutting and overdosing although there are many other forms such as hitting, burning, pulling hair, picking, or scratching skin, swallowing things that are not edible, inserting objects into the body, and banging head and other body parts against walls. There are other activities such as eating disorders, drug and alcohol misuse, and risk-taking behaviours that are linked with self-harm.

For further information and guidance about self-harming behaviours, colleagues must refer to our Understanding & Managing Self-Harming Behaviours Policy.

PROCEDURES

Colleagues who become aware of a child engaging in, or suspected to be at risk of engaging in, self-harm must consult the DSL or on-call as soon as it is safe to do so.

Colleagues must:

- Actively seek to ensure that all relevant Safety Plans are revised, referencing response guidance and supportive measures, as well as individual approaches to safeguarding the child. All colleagues must be familiar with each child's relevant safety planning (including risk assessments);
- Work with other relevant agencies to meet the needs of the child concerned, consistently employing the use of DDP principles aligned to the individual needs of the child concerned;
- Colleagues must record and report all potential or suspected self-harming incidents;
- First Aid should be administered in accordance with company policy;
- In a medical emergency, colleagues must call 999 (or 112) immediately.

If there is any suspicion that the child may be involved in self-harming, the social worker must be informed, and a risk assessment undertaken with a view to deciding whether a strategy should be adopted to reduce or prevent the behaviour. Any resulting strategy should be included in the child's Care Plan. If necessary, specialist advice or support should be sought.

The Designated Safeguarding Lead (DSL) must be informed without delay.

SECTION THIRTY-FIVE: Sexual Violence & Sexual Harassment

Sexual violence and sexual harassment can happen to anyone, and it is not limited to adults. It can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Sexual violence and sexual harassment are never acceptable. Sexual violence and sexual harassment may overlap and can occur online and offline (both physical and verbal). It is important that all victims are taken seriously and offered appropriate support.

Colleagues should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBTQ children are at greater risk.

WHAT IS SEXUAL VIOLENCE & SEXUAL HARASSMENT?

SEXUAL VIOLENCE

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

- Rape:
  A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.
- Assault by Penetration:
  A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.
- Sexual Assault:
  A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.

WHAT IS CONSENT?

Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one type of sexual activity, but not another (e.g., to vaginal but not anal sex or penetration with conditions, such as wearing a condom). Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal, or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.

SEXUAL HARASSMENT

Sexual harassment is clarified as 'unwanted conduct of a sexual nature' that can occur online and offline.

Sexual harassment is likely to:

- Violate a child's dignity;
- Make them feel intimidated, degraded or humiliated;
- Anxious, frightened, and withdrawn; and
- Create a hostile, offensive, or sexualised environment.

Whilst not intended to be an exhaustive list, sexual harassment can include:

- Sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
- Sexual "jokes" or taunting;
- Physical behaviour, such as: deliberately brushing against someone, interfering with someone's clothes (colleagues should consider when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos or drawings of a sexual nature;
- Online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:
    - Non-consensual sharing of sexual images and videos;
    - Sexualised online bullying;
    - Unwanted sexual comments and messages, including, on social media; and
    - Sexual exploitation; coercion and threats

Sexual violence and sexual harassment are forms of abuse. Colleagues should read the above in the context of other safeguarding issues covered by this policy, such as:

- Bullying (including Cyber-bullying);
- Child Sexual Exploitation;
- Internet Use (Unacceptable Internet Use);
- Peer on Peer Abuse;
- Self-harm;
- Sexting; and
- Violence Against Women and Girls.

The above list is not exhaustive. In all cases colleagues must refer any suspicions or concerns to the DSL or on-call manager immediately. If it is suspected that a crime has been committed, the Police must be called without delay.

PROCEDURES

When managing allegations of violence and sexual harassment, the initial response to a disclosure from a child is crucial. Children must be reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

If a child is suspected of being a victim of sexual violence or harassment, colleagues must:

- Refer any concerns or disclosures to the Registered Manager (DSL) or on-call, without delay;
- Ensure that information relating to CSE, inappropriate internet use vulnerabilities, peer on peer abuse, sexting and other related concerns are identified in each child's Safety Plan. This must be reviewed every month for accuracy and relevance;
- Complete a record detailing information about concerns or disclosures to the DSL;
- Contact the Police and MASH in accordance with raising a safeguarding concern.

Please Note: If colleagues have any concerns about violence and sexual harassment in the workplace, they should refer to the Dimensions Care Disciplinary, Professional Conduct, Grievance and Appeals Policy. All colleagues should be assured that any form of sexual violence and/or sexual harassment will not be tolerated.

SECTION THIRTY-SIX: Suicide Prevention

Many Children Looked After (CLA) have experienced neglect, abuse, and rejection. This can result in significant emotional deregulation, substance misuse and other mental health related difficulties and concerns. Everybody can feel sad, lonely or depressed at times - especially teenagers - and they might find it hard to cope with these feelings. They may feel intense pain and upset which won't go away. Intense feelings of hopelessness for the future and prolonged low mood can lead to thoughts of suicide. People who attempt suicide feel they have no other option open to them at that time.

Suicide is a major factor in deaths of young people under 35 in the UK. In 2014, 597 young people between the ages of 10 and 24 took their own lives. Under the age of 35, the number rose to 1,556. Every year many thousands more attempt or contemplate suicide, harm themselves or suffer alone, afraid to speak openly about how they are feeling (Papyrus, 2016).

Most people who attempt suicide do not attempt again. However, about 16% repeat within one year and 21% repeat within 1-4 years, (Owens et al., 2005). Most repeat attempters will use more lethal means on subsequent attempts – increasing the likelihood of death. Approximately 2% of attempters die by suicide within 1 year of their first attempt. The history of a prior suicide attempt is the best-known predictor for future suicidal behaviours. Approximately 8-10% of attempters will eventually die by suicide.

Self-Harm – Suicide Continuum

We distinguish between self-harm behaviours where suicidal thoughts may not be present, and suicidal behaviours. Therefore, a separate Understanding & Managing Self-harm Behaviour Policy is in place which aims to minimise the harm caused by self- injury. For clarification, this Suicide Prevention Policy aims to prevent suicide and manage the risks associated with suicidal thoughts.

Suicide: What are the risk factors? And, what can increase risk?

Important: If you have any concerns arising from the following risk factors, it is imperative that you consult with the registered manager and the Designated Safeguarding Lead (DSL) without delay. Please note that Registered Manager is also the DSL. If out-of-hours, you must use the management on-call system if you consider that there is a genuine and likely threat to the safety and welfare of the child concerned.

- Lack of friends and social isolation;
- Family problems;
- Sexual, physical or emotional abuse;
- Severe mental health problems;
    I. Shield of shame.
    II. Lack of understanding of own history/trauma
    III. Lack of trust in adults to keep them safe
    IV. Feeling worthless
- Poorly planned placement transitions;
- Alcohol and drug problems;
- Poor physical health;
- Recent change in role/ loss of role in life;
- Recent loss/bereavement or anniversary of loss/ bereavement;
- History of suicide attempts;
- Family history of suicide attempts.

WARNING SIGNS

Although most people will give off warning signs or invite invitations for help, some will not. Also, colleagues may not be around the child for long enough periods of time to assess any changes in behaviour. Asking the child how they are feeling may help them talk about their feelings. Colleagues who suspect that a child may be having thoughts of suicide should ask them, but it is crucial that this is handled sensitively with an understanding that some children may be more willing to share such information with those whom a positive, trusting relationship is established.

PROCEDURES

Dimensions Care will:

- Promote a culture which is tolerant of emotional distress and fully maintains DDP principles;
- Ensure any other relevant training is provided to meet the individual needs of children in the home;
- Work in partnership with other relevant agencies, as consistent with each child's care planning;
- Support colleagues and [external] education staff to manage the suicidal thoughts, intentions and behaviours of children effectively and safely;
- Consider factors associated with suicide upon admission to a children's home;
- Ensure all colleagues are trained in First Aid as soon as possible, whilst maintaining a condition that there is always a trained first-aider on shift;
- Provide appropriate training in relation to self-harm, crisis management, and suicide prevention.

Children will be encouraged to:

- Talk to an adult (colleague) if they are in emotional distress. Please note that this could take some time as children will need to develop a crucial sense of trust in those who care for them;
- Alert an adult (colleague) if they suspect a fellow child of being suicidal;
- Be guided about issues of when confidentiality must be broken to safeguard another child, which will be handled with a complete understanding of each child's age, stage, and cognitive ability.

The above should be discussed with children placed where self-harm/suicide may be an issue.

Social workers and appropriate parents will be encouraged to:

- Support children to ask for help as soon as they are feeling stressed, considering harming themselves or having suicidal thoughts;
- Support children to talk openly about their problems and feelings;
- To avoid shaming the child;
- To share relevant information with the team at the respective home;
- Support and fully engage inter-agency working/practices.

If colleagues are concerned about children presenting with a risk of suicide, they must refer to our Suicide Prevention Policy for further information and guidance. In all cases, the DSL must be informed.

SECTION THIRTY-SEVEN: Transporting Children

There are many situations where colleagues will be required to transport children. Wherever possible and practicable, colleagues must use the home's vehicles. Private vehicles should not be used. However, if a colleague does choose to use their own vehicle for transporting children, s/he must ensure that the vehicle is roadworthy, appropriately insured (i.e., business assurance) and that the maximum capacity is not exceeded. It is a legal requirement that all passengers should wear seat belts.

Where adults transport children in a vehicle that requires a specialist license/insurance (e.g., PCV or LGV – colleagues should ensure that they have an appropriate licence).

PROCEDURES

There are two primary registers in place to ensure the home's vehicles are safe:

- The Vehicle Journey Register

  Colleagues must ensure a record of every journey made in company vehicles (belonging to each respective children's home), must be recorded.

- Vehicle Safety Check Log

  Regular vehicle safety checks are important. We must demonstrate that we have taken reasonable, practicable and responsible action to ensure the safety of all company vehicles. This register is in place to provide colleagues with a robust checklist framework for vehicles used by the home.

Register entries have been designed to ensure that even those with a minimal understanding of basic car maintenance can complete the required checks, without needing to know anything that would be regarded as "mechanical." If in any doubt about completing the required information for either car, speak with a senior colleague for advice/guidance.

Important

All vehicles must be taxed, insured and MOT'd (if the latter is required). Colleagues must never attempt to drive a vehicle that is unsafe.

Managing Behaviour

Managing the behaviour of children in a vehicle is essential. If a child removes her/his seatbelt or starts to behave in a way that is dangerous to themselves, other people in the car or other motorists, colleagues must look for the first available place to pull over safely.

SECTION THIRTY-EIGHT: Violence Against Women & Girls (VAWG)

Violence Against Women and Girls (VAWG) is a term that can be applied to numerous areas of concern, covering a multiplicity of issues relating to safeguarding children and young people. Some relate directly to Specific Safeguarding Issues (SSIs), such as CSE and FGM, whilst others are linked to abusive behaviours that encompass a range of concerns, such as harassment, emotional abuse, and relationship abuse.

The HM Government (HMG) Strategy, 'Ending Violence Against Women and Girls 2016 – 2020' is clear that VAWG is both a cause and consequence of gender inequality. This refers to the need to challenge the "deep-rooted social norms, attitudes and behaviours that discriminate against and limit women and girls across all communities."

Whilst there are some predictive factors that can be linked with a higher risk of becoming a victim or a perpetrator of VAWG, it occurs across all socio-economic boundaries and cultural spectrums. VAWG can involve/be linked to:

- Domestic abuse;
- Stalking and harassment;
- Rape;
- Sexual offences (excluding rape);
- Honour-Based Abuse;
- Child abuse;
- Human trafficking and modern slavery;
- Sexual Exploitation; and
- Pornography and obscenity.

The above list is not exhaustive.

PROCEDURES

If a disclosure or VAWG concern is raised colleagues must treat this as a significant concern indicating possible abuse or harm. Colleagues must:

- Inform the DSL or on-call manager (if out-of-hours) if they become concerned about a child being exploited and/or abused through VAWG;
- Inform the DSL or on-call manager (if out-of-hours) if a child makes a disclosure/an allegation indicating that they are a victim of VAWG;
- Be proactive, non-judgmental, and consistently vigilant to the potential for VAWG to impact upon the lives of children in our care, in a variety of ways.

If a child makes a disclosure or an allegation, colleagues must:

- Listen and take seriously what a child says and never express disbelief;
- Do not make any suggestions about what has taken place, or how it came about, or question the child except to clarify what they are saying; (Continued Over)

- Allow the child time to express themselves' and do not press for detail beyond what is necessary;
- Do not ask a child to repeat what has been said to anyone else before referring;
- Be calm and reassuring;
- Do not make assumptions and judgements about what is being;
- Do not promise to keep information secret. Be clear you will have to refer the matter on and to whom;
- Tell the child that there are people who can help;
- Do not contact parents directly if the disclosure is made about a family member, take advice from the child's social worker;
- Record what has been said, using the child's exact words, and what you said in response. Be factual and state opinion, sign, date report and send to social worker. Although anybody can make a referral to the Multi-Agency Safeguarding Hub (MASH), we expect that colleagues will inform the DSL who will be able to lead the process and ensure that appropriate action is taken.

SECTION THIRTY-NINE: Whistleblowing

Colleagues will, in properly carrying out their duties, have access to, or encounter information of a confidential nature. Except in the proper performance of duties, colleagues are forbidden from disclosing or making use of in any form whatsoever such confidential information. However, the law allows you to make a 'protected disclosure' of certain information. The disclosure must also be made in good faith and in the public interest.

This policy is about the absolute need to raise concerns, however seemingly minor, if there is reason to believe a colleague's conduct, or behaviour, could indicate suspicions of potential harm to a child.

ESSENTIAL RESPONSIBILITIES

If you become aware of information that you reasonably believe shows one or more of the following (below), you must use the disclosure procedure set out in this policy and speak up:

- A criminal offence has been committed, is being committed or is likely to be committed;
- A person has failed, is failing or is likely to fail to comply with any legal obligation to which the individual is subject;
- A miscarriage of justice has occurred, is occurring, or is likely to occur;
- The health or safety of any individual has been, is being, or is likely to be, endangered;
- The environment, has been, is being, or is likely to be, damaged;
- The information tending to show any of the above is being or is likely to be deliberately concealed.

Colleagues are often the first to realise that there may be something seriously wrong. We expect colleagues who have serious concerns about any aspect of Dimensions Care to come forward and voice those concerns.

We are clear that colleagues can and should voice concerns without fear of victimisation, subsequent discrimination, or disadvantage. Whistleblowing is intended to encourage and enable colleagues to raise serious concerns rather than overlooking a problem.

This applies to all colleagues, and applies equally to those designated as casual, temporary, agency, authorised volunteers, or work experience, as well as those contractors working for the company or on company premises (for example: agency personnel, builders, drivers, etc.). It also covers suppliers and those providing services under a contract with Dimensions Care.

Colleagues will be:

- Encouraged to feel confident in raising serious concerns, and to question and act upon concerns about practice, particularly if it relates to a welfare or safeguarding concern;
- Provided with a response to any concerns, and the means to pursue them;
- Reassured that they will be protected from possible reprisals or victimisation if any disclosure was made in good faith and supported to feel safe.

Colleagues should raise concerns with the DSL. The DSL is the manager of each home.

If the DSL is the subject of the concern, colleagues can contact Alison Moore (NSL/Managing Director), or an independent professional at Tristone. They may contact either Rob Finney (Tristone's Chief Operating Officer) on 07340 356371 or Daryl Holkham (Tristone's Director of Operational Corporate Governance) on 07969 973920.

Consideration must also be given to whether a safeguarding concern should be raised with MASH/EDT and/or the Police.

Where a colleague feels unable to raise an issue as described above or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them:

- General guidance can be found at: https://www.gov.uk/whistleblowing/what-is-awhistleblower
- The NSPCC whistleblowing helpline is available for colleagues who do not feel able to raise concerns regarding child protection failures internally.

Colleagues can call 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and email: help@nspcc.org.uk.

For further information, refer to our Whistleblowing Policy, and our Allegations Against Staff Policy.

Appendix One: About the Quality Standards

The Quality Standards

Regulation 5 Engaging with The Wider System to Ensure Each Child's Needs Are Met

The Quality Standards set out in regulations the outcomes that children must be supported to achieve while living in children's homes. Each standard has an aspirational, child-focused outcome statement, followed by a clear set of underpinning, measurable requirements that homes must meet to achieve the standard.

Engaging with the wider system to ensure children's needs are met

5. In meeting the quality standards, the registered person must, and must ensure that staff—

a) Seek to involve each child's placing authority effectively in the child's care, in accordance with the child's relevant plans;
b) Seek to secure the input and services required to meet each child's needs;
c) If the registered person considers, or staff consider, a placing authority's or a relevant person's performance or response to be inadequate in relation to their role, challenge the placing authority or the relevant person to seek to ensure that each child's needs are met in accordance with the child's relevant plans; and
d) Seek to develop and maintain effective professional relationships with such persons, bodies or organisations as the registered person considers appropriate having regard to the range of needs of children for whom it is intended that the children's home is to provide care and accommodation.

The regulations prescribe nine Quality Standards for children's homes:

1) The Quality and Purpose of Care Standard (Regulation 6)
2) The Children's Wishes and Feelings Standard (Regulation 7)
3) The Education Standard (Regulation 8)
4) The Enjoyment and Achievement Standard (Regulation 9)
5) The Health and Well-Being Standard (Regulation 10)
6) The Positive Relationships Standard (Regulation 11)
7) The Protection of Children Standard (Regulation 12)
8) The Leadership and Management Standard (Regulation 13)
9) The Care Planning Standard (Regulation 14)

Appendix Two: Key Legislation & Guidance

- Care Act 2014;
- Caring for Young People and the Vulnerable
- Childcare Act 2006
- Children (Leaving Care) Act 2000 Regulations and Guidance (Department of Health, 2000)
- Children (Leaving Care) Act 2000;
- Children and Families Act 2014;
- Children and Social Work Act 2017
- Common Law Duty of Care
- Counter-Terrorism and Security Act 2015
- County Lines Gang Violence, Exploitation & Drug Supply 2016
- Criminal Exploitation of Children and Vulnerable Adults- County Lines Guidance (2017)
- Equality Act 2010
- Keep on Caring (Supporting Young People from Care to Independence) (DfE, July 2016);
- Keeping Children Safe in Education (2021)
- Mental Capacity Act 2005
- Police Act 1997
- Police Reform and Social Responsibility Act 2011
- Preventing and Tackling Bullying (July 2017)
- Protection of Freedoms Act 2012
- Putting Children First (Delivering Our Vision for Excellent Children's Social Care) (DfE, July 2016);
- Safeguarding Vulnerable Groups Act 2006
- The Children Act 1989
- The Police Act 1997 (Criminal Records) (No 2) Regulations 2009, as amended
- The Police Act 1997 (Criminal Records) Regulations 2002, as amended
- The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975
- The report of Her Majesty's Chief Inspector of Education, Children's Services and Skills (Ofsted, 2016).
- The Sexual Act 2003
- What to do if you're worried a child is being abused (2015)
- Working Together to Safeguard Children (July 2018; 2020)

Appendix Three: Abuse or Safeguarding Issues

RECOMMENDED GUIDANCE OR ADVICE	SOURCE
ABUSE	
What to do if You're Worried a Child is Being Abused	DfE Advice (2015)
Domestic Violence and Abuse	Home Office (2013/18)
Faith-Based Abuse: National Action Plan	DfE Advice (2012)
Relationship Abuse: Disrespect Nobody	Home Office (website)
BULLYING	
Preventing and Tackling Bullying & Advice for Parents & Carers on Cyberbullying	DfE Advice (2017)
Children and the Courts (12 to 17-year-old witnesses in criminal courts)	HM Courts (2017)
MISSING CHILDREN	
Children Missing Education	DfE (2016)
Children Missing from Home or Care	DfE (2014)
Children and Adults Missing Strategy	Home Office (2011)
CHILDREN WITH FAMILY MEMBERS IN PRISON	
Children of Offenders	NICCO (website)
CHILD EXPLOITATION	
County Lines	Home Office (2018)
Child Sexual Exploitation (CSE): Guide for Practitioners	DfE (2018)
Trafficking: Safeguarding Children (2017)	DfE & Home Office
DRUGS (SUBSTANCE MISUSE)	
Drugs Strategy 2017	Home Office (2017)
Information and Advice on Drugs	Frank (website)
Drug and Alcohol Platform for Sharing Information and Resources	Mentor UK (website)
Drugs Advice for Schools	DfE & ACPO (2012)
[SO-CALLED] HONOUR-BASED VIOLENCE	
Female Genital Mutilation: Information and Guidance	Home Office (2013)
Female Genital Mutilation: Multi-Agency Statutory Guidance	Home Office (2016)
Forced Marriage: Information and Practice Guidelines	Home Office (2018)

RECOMMENDED GUIDANCE OR ADVICE	SOURCE
HEALTH AND WELLBEING	
Fabricated Illness: Safeguarding children	DfE & DH (2008)
Resources on Health, Wellbeing and Resilience	PHE (website)
Medical Conditions	DfE (2017)
Mental Health and Behaviour	DfE (2016)
HOMELESSNESS	
Homelessness Guidance for Local Authorities	HCLG (2018)
ONLINE	
Sexting: Responding to Incidents	UKCCIS (2018)
PRIVATE FOSTERING	
Private Fostering: Local Authorities	DfE (2005)
RADICALISATION	
Prevent Duty Guidance	Home Office (2015)
Prevent Duty Advice for Schools	DfE (2015)
Educate Against Hate Website	DfE & Home Office
VIOLENCE	
Gangs and Youth Violence	Home Office (2013)
Ending Violence Against Women & Girls: 2016 – 2020 Strategy	Home Office (2016)
Violence Against Women & Girls: National Expectations Statement	Home Office (2016)
Sexual Violence and Harassment in Schools and Colleges	DfE (2018)
Serious Violence Strategy	Home Office (2018)

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