



May 2022

**Safeguarding Policy Manual**  
Supported Accommodation Services

## Important information for all colleagues

### WORKING TOGETHER TO PROTECT YOUNG PEOPLE FROM HARM

This is a core policy. It covers a range of safeguarding issues that may impact upon young people accessing our support services.

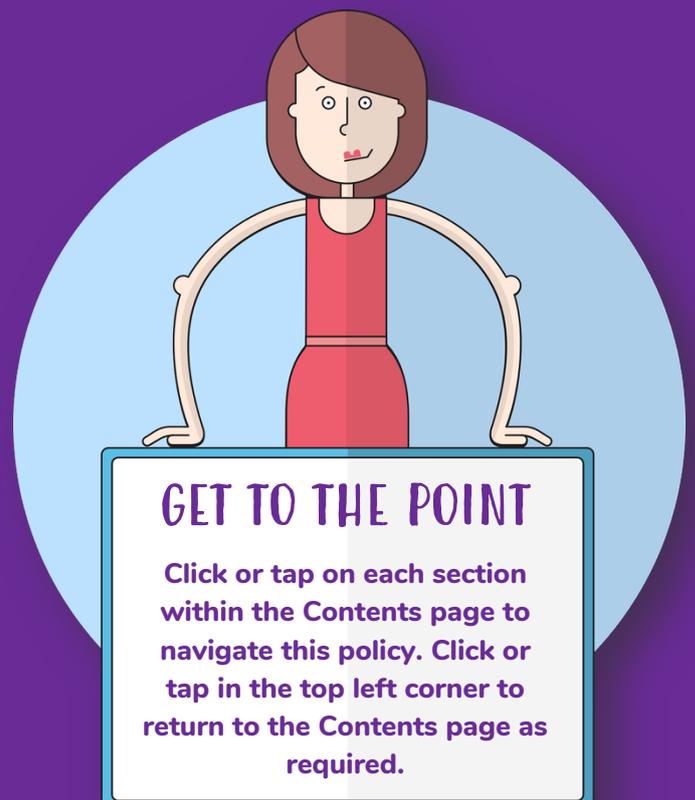
All staff should know from the onset that 'nothing is more important than children's welfare. Children who need help and protection deserve high quality and effective support as soon as a need is identified' (Working Together to Safeguard Children, July 2018; Dec 2020). This applies to all young people (i.e., children aged 16 and 17 years, and adults aged 18+). This expectation is fundamental to our ethos and values.

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

These include our:

- Complaints Policy
- Countering Bullying Policy
- Countering CCE Policy
- Countering CSE Policy
- Countering Knife Crime Policy
- Health and Safety Policy
- Lone Working Policy
- Missing from Care Policy
- Physical Contact Policy
- Positive Relationships Policy
- Safe Computing Policy
- Safe Recruitment Policy
- Whistleblowing Policy

**THE ABOVE LIST IS NOT EXHAUSTIVE AND OTHER POLICIES ARE AVAILIABLE.**



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Please Note: CFS Care are committed to safeguarding and promoting the welfare of young people. All colleagues are expected to share this commitment. Sometimes we need to share information and work in partnership with other agencies when there are concerns about a young person's welfare. Any action by colleagues is expected to be carried out with the young person's best interests at heart. Safeguarding is paramount.



## SECTION ONE: Introduction

**CFS Care have a duty to promote the welfare of all young people accessing our services. This means we have an important responsibility to safeguard young people in our supported accommodation. It is the primary duty of all colleagues (i.e., employees and volunteers) and this duty is managed in partnership with other agencies.**

This policy aims to clarify actions staff must undertake concerning:

- **Children and young people up to the age of 18 years (Children’s Services); and**
- **Adults of 18 to 25 years (Adult Services).**

In England for child protection (more generally, safeguarding) “a child is anyone who has not yet reached their 18th Birthday.” Where different actions are required for different groups (i.e., Children’s Services and Adult Services respectively), this will be clarified accordingly.

**It is important for staff to understand that some young people may have their entitlement to services extended beyond the age of 18 and into adulthood. For instance, the Children (Leaving Care) Act 2000 states that local authorities in England and Wales must keep in touch with care leavers until they are at least 21. Additionally, local authorities should assist with Education, Employment and Training (ETE).**

Young people with Learning Disabilities, such as those identified within an Education, Health and Care Plan (EHCP), may also continue to be supported by Children’s Services after they reach the age of 18.



## Safeguarding Definitions

**Safeguarding children (under 18 years) is defined in Working Together to Safeguard Children in as:**

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;
- Taking action to enable all children to have the best outcomes

**Safeguarding vulnerable adults is defined in the Care and support statutory guidance issued under the Care Act 2014 as:**

- Protecting the rights of adults to live in safety, free from abuse and neglect;
- People and organisations working together to prevent and stop both the risks and experience of abuse or neglect;
- People and organisations making sure that the adult's wellbeing is promoted including, where appropriate, taking fully into account their views, wishes, feelings and beliefs in deciding on any action;
- Recognising that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances and therefore potential risks to their safety or well-being.

**The above definitions are consistent with those used by Ofsted. These are applied to the unregulated context of our services.**

## SECTION TWO: What Children and Young People have said they Need

It is clarified from the onset that we have a duty to take the views, wishes and feelings of 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 young people.

### All staff working with young people are expected to ensure:

- **Vigilance:**  
To notice when things are troubling young people.
- **Understanding and Action:**  
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:**  
Young people are treated as competent rather than not competent.
- **Information and Engagement:**  
Young people are informed about and involved in procedures, decisions, concerns, and plans.
- **Explanation:**  
Young people are informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response.
- **Support:**  
Young people are provided with support "in their own right."
- **Advocacy:**  
Young people are provided with advocacy to help them to offer their views.
- **Protection:**  
Young people are protected against all forms of abuse and discrimination.

## SECTION THREE: Our Safeguarding Aims

**The aim of this policy is to ensure young people who access our support services are safe and protected from harm. For young people, this means emotional, physical, institutional, and domestic abuse, or substantiated indications of bullying, and self-harm.**

**The next section of this policy seeks to inform staff of the indicators associated with abuse or neglect. This will help staff to understand not only what young people may have already experienced, but also to inform them of the need to remain vigilant to any indications of potential abuse whilst accessing our support services.**

## 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 related 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 Young People from Abuse

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

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

If staff are unsure, they should always speak to the Designated Safeguarding Lead (DSL). (Please refer to Page 8 for further guidance).

**The DSL for each service is the manager. This means the Team Leader/Team Manager for each setting, with support from Locality Co-ordinators, who must be informed of any incidents, issues, or concerns.**

**Sian Hodson (SIA Service Manager) has the lead safeguarding responsibility for supported accommodation services. All serious incidents must be reported to Sian without delay. You can call her on: 07471 742403 ([sian@cfscare.co.uk](mailto:sian@cfscare.co.uk)).**

**The overall safeguarding Lead is Lianne Daniel (Managing Director). You can call her on: 07501 208636 ([lianne@cfscare.co.uk](mailto:lianne@cfscare.co.uk)).**

**The Service Manager must inform Lianne of any serious concerns.**

By working together, both with colleagues and external agencies, we seek to ensure that children, young people and adults accessing our services 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.**

## SECTION FIVE: The Designated Safeguarding Lead (DSL)

**The manager or lead professional with each setting is the Designated Safeguarding Lead (DSL). The DSL must be informed of all concerns, issues or incidents regarding young people accessing our supported accommodation services.**

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

The DSL has an unequivocal duty to notify Sian and Lianne of any serious concerns.

### **What does the DSL do?**

The purpose of the DSL is to lead in ensuring that appropriate arrangements for keeping children and young people safe are in place.

The DSL has a responsibility to promote the safety and welfare of children and young people involved in activities at the accommodation, at all times.

### **What are the DSL's main duties and responsibilities?**

The DSL must:

- Make sure that everyone working or volunteering with or for young people understands the safeguarding and child protection policy and procedures and knows what to do if they have concerns about a young person's welfare;
- Make sure young people 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 young person;
- 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 young people at the accommodation, and throughout the organisation.

**The DSL will always seek to ensure that we work together to protect children and young people. As confirmed within page 7, the DSL must inform relevant colleagues.**

## SECTION SIX: Local Authority Child Protection Services

Child protection processes indicate that there are significant concerns about the safety or wellbeing of a child. If staff have concerns about the welfare (i.e., safety and/or wellbeing) of a child or young person, the DSL must be notified. If the DSL is not available, staff should inform the CFS Care 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 co-ordinated 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 the “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 young people.**

### **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 staff know that a child is in danger the Police must be called.

All staff notifying the Police must inform the DSL/senior On-Call immediately. Accurate records must be taken using a DRS (Detailed Record Sheet).

### **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. Staff must follow the implicit conditions of our Whistleblowing Policy (summarised in this policy) and inform the DSL of any concerns about the conduct or behaviour of staff member. If the concern is about the DSL, staff can contact Lianne or Sian. Staff have the addition option to report concerns to Daryl Holkham. Daryl is the Director of Operational Corporate Governance for Tristone. Tristone work in an advisory capacity with CFS Care. Daryl can be contacted on 07969 973 920 or daryl@tristone.capital

## 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.

### Working Together

Under the Children Act 2004, as amended by the Children and Social Work Act 2017, LSCBs, set up by local authorities, were replaced.

Under the new legislation, the three safeguarding partners (local authorities, chief officers of police, and clinical commissioning groups) decide to work together with relevant agencies to safeguard and protect the welfare of children in the area.

**The following table provides a list of all the relevant Local Authority Safeguarding Partnerships in the North-West of England. By clicking or tapping on the links, you will have access to contact information and resources relating to the location in which your setting is situated.**

Local Authority & Weblink	Telephone	Out of Hours
<a href="#">Bolton Safeguarding Children Partnership</a>	01204 337777	01204 337777
<a href="#">Bury Integrated Safeguarding Partnership</a>	0161 253 6153	0161 253 6153
<a href="#">Cheshire East Safeguarding Children's Partnership</a>	01606 274302	0800 123 5022
<a href="#">Cheshire West and Chester Safeguarding Children Partnership</a>	Please refer to website	Please refer to website
<a href="#">Halton Safeguarding Children Partnership</a>	Please refer to website	Please refer to website
<a href="#">Manchester Safeguarding Children Partnership</a>	0161 234 5001	0161 234 5001
<a href="#">Oldham Local Safeguarding Children Board</a>	0161 770 7777	0161 770 7777
<a href="#">Rochdale Borough Safeguarding Children Partnership</a>	0300 303 0440	0300 303 0440
<a href="#">Salford Safeguarding Children Partnership</a>	0161 603 4500	0161 794 8888
<a href="#">Sefton Local Safeguarding Children Board</a>	0345 140 0845	0151 934 3555
<a href="#">St.Helens Safeguarding Children Partnership</a>	01744 671809	01744 671809
<a href="#">Tameside Safeguarding Children Partnership</a>	0161 342 4348	0161 342 4348
<a href="#">Trafford Strategic Safeguarding Partnership</a>	0161 912 5125	0161 912 2020
<a href="#">Warrington Safeguarding Children Partnership</a>	01925 443322	01925 444400
<a href="#">Wigan Safeguarding Children Partnership</a>	Please refer to website	Please refer to website

**PLEASE NOTE: If the relevant partnership is not listed above, please refer to:**

<https://www.safecic.co.uk/your-scb-acpc/55-free-downloads-and-safeguarding-links/61-safeguarding-children-board-links>

## SAFEGUARDING GUIDANCE & MANDATORY PROCEDURES



**This is how we aim to protect young people from harm**

**The remaining part of this policy seeks to provide important guidance and direction for all staff about safeguarding young people.**

Great care has been taken to ensure that staff are provided with an overview of the challenges faced, including indicators of potential harm and the context of concerns. Critically, clear procedures are outlined following each area of guidance to ensure. This means that staff are not only informed of what the risks are, but also what needs to be done to protect the young people accessing our support services.

The structure of the following guidance and procedures is broadly consistent with specific safeguarding issues and matters related to safeguarding, with the addition of sector specific guidance and related company procedures.

**Staff should note that CFS Care have a comprehensive range of policies and procedures relating to safeguarding, the vast majority of which contain additional information and guidance to ensure that staff not only know what to do, but also why they are doing it.**

## 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 staff (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.

**Staff 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.**

### Abuse of Trust (Staff Procedures)

#### Basic Principles:

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

## All staff must be aware that:

- Any form of sexualised activity or behaviour involving a young person will not be tolerated. Any staff member 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.

## Staff must ensure that:

- Psychological, emotional and mental health needs are included within individual Safety Plans and support plans. Safety Plans must be reviewed regularly and made available to all staff;
- Any concerns about the behaviour or activities of a colleague, visitor or contractor towards a young person must be escalated (without delay) to the DSL.

## SECTION NINE: Admissions

All staff, including Directors, must have unwavering regard for the importance of matching referred young people to those already living in the accommodation.

The peer dynamic (“mix of young people”) must be considered in terms of the impact of presenting needs, difficulties and any challenging behaviours exhibited by existing young people, and the young person referred.

In considering any new referral to the accommodation there must be clear regard to whether the setting employs colleagues who have sufficient skills, experience, knowledge, and qualifications to support each young person and meet their individual needs. This will take account of external agency interventions and support.

### Admissions (Staff Procedures)

**For all potentially suitable referrals, the relevant manager (or suitably delegated staff member) must complete:**

- A combined Placement Referral Matching and Impact Assessment Form; and
- 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.

**Additionally, there must be due consideration for the impact of and/or changes made to the annual location assessment to ascertain:**

- Any arising safeguarding concerns that could impact upon the young people in the setting; and
- Changes to accessibility of services.

**This should help to establish:**

- If the location of the setting influences the potential for an already vulnerable young person to be a victim of crime, such as being targeted for sexual exploitation;
- Whether there is a likelihood of young people becoming drawn into gang crime or anti-social behaviour in the local area;
- The suitability of the local neighbourhood as a location to support young people who may have a been victims of abuse, neglect and trauma; and
- Whether there are environmental factors that would represent a hazard to young people, such as locations near level crossings or busy roads.

Any members of staff 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 young people's relevant support plans.

**Where a placement has been offered and agreed, the following conditions must be applied:**

- The Locality/Team Manger is responsible for ensuring that a Safety Plan and ICMP is completed for each young person, prior to admission;
- As the placement progresses Safety Plans and ICMPs must be reviewed and amended, with meaningful input from the young person concerned:
  - (i) Every calendar month. This is to ensure continued accuracy and effectiveness;
  - (ii) Following a significant event that relates to concerns over the safety and welfare of the young person concerned.
- The Locality/Team Manager must inform all staff working directly with young people of any changes made to existing Safety Plans and ICMPs;
- All staff must be familiar with the conditions of each young person's Safety Plan and ICMP before staff work directly with the young people, as far as is reasonable and practicable.

**Please note that CFS Care will not consider a young person for any of our services if we do not believe it would be safe to do so. For further information, staff should refer to our Moving-In and Moving-On Policy (e.g., our "Admissions Policy").**

## SECTION TEN: Allegations & Disclosures

This section refers to handling allegations and disclosures. There is some debate around what *exactly* a disclosure is, and the difference between a disclosure and an allegation. For clarity, a 'disclosure' is usually used within the context of responding from a position of belief. Therefore, a disclosure has "sufficient factual content and specificity." In contrast, an allegation is a claim that someone has committed a crime or perpetrated wrongdoing, though the person making the claim has not submitted any proof of the assertion. For the avoidance of doubt, in both cases staff must take allegations and disclosures seriously.

### These 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:** Where there is no evidence or proper basis which supports the allegation 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. A copy of which must be provided to the person concerned.

## Allegations & Disclosures (Staff Procedures)

### Managing Allegations

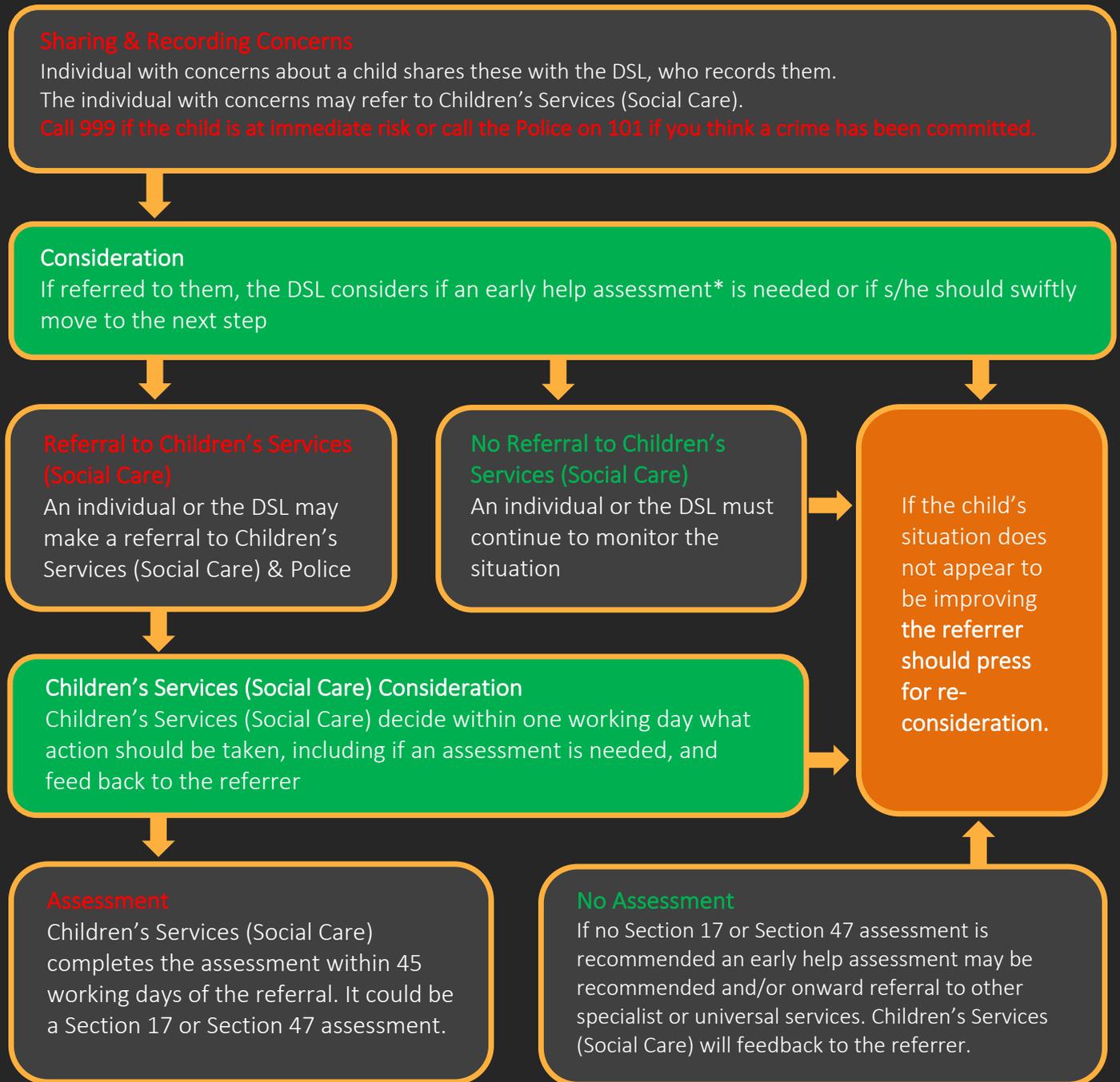
This part refers to managing cases of allegations that might indicate a person would pose a risk of harm if they continue to work in regular or close contact with children and young people in their present position, or in any capacity. It should be used in respect of all cases in which it is alleged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

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

An allegation against a member of staff regarding a young person 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 young person 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.**

## Raising Concerns and Speaking Up

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

- Any child or young person's welfare and/or wellbeing;
- Any colleague (i.e., staff member) 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 sports coach;
- Any other concerns



If so, staff 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, Adult Social Care and/or the Police as appropriate to the circumstances.

## Confidentiality

It is extremely important that when an allegation is made, all staff 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 (See P. 19) 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.

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

## Resignations and "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.

## Duty of Care

CFS Care have a duty of care to their staff. We are expected to manage and minimise the stress inherent in the allegations process. Support for the individual is vital to fulfilling this duty. Individuals should be informed of concerns or allegations as soon as possible and given an explanation of the likely course of action, unless there is an objection by the children's social care services or the Police.

The individual should be advised to contact their trade union representative, if they have one, or a colleague for support. They should also be given access to welfare counselling or medical advice where this is provided by the employer (i.e., +Medicash).

The case manager should appoint a named representative to keep the person who is the subject of the allegation informed of the progress of the case. S/he must consider what other support is appropriate for the individual.

## What to do if a young person makes an allegation or a disclosure

The following explains what to do if young person makes a disclosure indicating a risk of harm:

- Listen and take seriously what the young person says and never express disbelief;
- Do not make any suggestions about what has taken place, or how it came about, or question the young person except to clarify what they are saying;
- Allow the young person 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 the young person to repeat what has been said to anyone else before referring to the DSL and MASH;
- Be calm and reassuring and do not make assumptions;
- Avoid making judgements about what is being said, but reassure the young person 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 young person that there are people who can help;
- Write down what has been said, using the young person's exact words and what was said in response. Be factual, sign and date the report and send to other relevant people, such as social workers.

All allegations and disclosures must be escalated to the DSL without delay. Where there are immediate concerns, MASH will be contacted and informed of the disclosure. Additionally, LADO will be notified if the information provided related to a colleague. If it is believed a criminal act has taken place, the Police must be called.

## During an Investigation

Whenever there are concerns of a child protection nature, CFS Care have an unequivocal duty to inform the Local Authority Designated Officer (LADO). If a criminality is suspected or disclosed, CFS Care have duty to inform the Police.

The LADO will convene a Section 47 'Strategy Meeting' of all the relevant professionals. They will discuss the allegation and decide the next steps to take. This may involve an "interview under caution" by the Police, and a joint interview of the young person by the Police and local authority.

Once the investigation has been concluded, further strategy meetings will be held until an outcome has been agreed. Staff will then be informed of the outcome and advised on the recommendations of the investigation, leading to clarification of any actions that have been agreed in writing.

## Learning Lessons

At the conclusion of a case in which an allegation 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.

## Allegations or Disclosures indicating a Child has Harmed another Child

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

### Staff should know that:

- Abuse to and by young people 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 young people can occur in all settings.



**Peer-on-peer abuse is abuse.**

**It is not a game. It is not a joke or banter. It is not funny.  
It is not a normal part of growing up.**

### Action following a concern that a young person is harming (or has harmed) another young person:

- 1) Where abuse by another young person is suspected, alleged and or witnessed, staff must immediately inform their line manager or senior on call, who will immediately advise the young person's social worker(s) (and/or the EDT Team if after hours) and contact MASH, the local Police, and (if appropriate) the Local Authority Designated Officer (LADO);
- 2) The above agencies will advise on:
  - (i) How the immediate circumstances are to be managed;
  - (ii) Reach agreement about ensuring that each young person'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 young person involved;
- 5) Consider the safety of other young people and what, if any, immediate action may be necessary to protect them.

## SECTION ELEVEN: Behaviour Management

**Young people living in our supported accommodation have a right to be treated with respect and dignity, including in those circumstances where they display difficult or challenging behaviour. We have a robust Positive Relationships Policy (Behaviour Policy) that clarifies our approach to managing behaviour and values associated with empowering young people to make positive choices and regulate their emotions appropriately.**



## Behaviour Management (Staff Procedures)

**We use Safety Plans and Individual Crisis Management Plans (ICMPs) as primary behaviour management tools, of which the focus is to promote the welfare of all young people in placement and reduce any associated risks.**

### Safety Plans

Each young person must have a completed and regularly reviewed Safety Plan. The Safety Plan is, in effect, an overarching risk assessment.

The Safety Plan identifies any known or potential risks associated with individual young people. It is imperative that all staff working in the home are familiar with each young person's Safety Plan. Each Safety Plan must be reviewed on a monthly basis 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 young people

### Individual Crisis Management Plans (ICMPs)

As consistent with above, each young person must have a completed and regularly reviewed ICMP. The ICMP is, in effect, an overarching list of what should and shouldn't be done for each young person in the setting. The ICMP 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 ICMP will specify (a) what staff must do and (b) what staff must not do. The emphasis is firmly upon the use of strategies to de-escalate potentially challenging situations.

**It is imperative that all staff working in the setting are familiar with each young person's ICMP. Each ICMP must be reviewed monthly or following any significant changes in presentation that indicate a change in a young person's presentation. As such, the ICMP must be regarded as a "live" tool that aims to safeguard young people.**

It is essential that young people are consulted and able to participate in the development of their own Safety Plan and ICMP, taking account of their individual needs and circumstances.

### **It is a primary expectation that staff will:**

- Be familiar with the conditions of each young person's ICMP and Safety Plan;
- 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, which confirms that physical restraints are not to be used in supported accommodation settings;
- Be mindful of factors that may impact upon a young person's behaviour (e.g. contact meetings) and where necessary, take appropriate action to reduce the likelihood of crisis or challenging behaviours;
- Never use sarcasm, demeaning or insensitive comments towards young people. This never acceptable in any situation; and
- Staff should, wherever possible, avoid shouting or any such behaviour that is likely to counter de-escalatory strategies.

### **It is the responsibility of the team leader/team manager to:**

- Ensure that a Safety Plan and ICMP is completed for each young people, prior to admission and based upon all available information;
- Review, update and amend Safety Plans and ICMPs as the young person's placement progresses, with meaningful input from the child concerned:
  - (i) Every calendar month. This is to ensure continued accuracy and effectiveness;
  - (ii) Following a significant event that relates to concerns over the safety and welfare of the young person concerned.
- Inform all staff working directly with young people of any changes made to existing Safety Plans and ICMPs;
- Ensure that all staff (including bank, and any agency staff) are familiar with the conditions of each young people's Safety Plan and ICMP before they work directly with the young people.

### **Physical Restraint**

Staff are not permitted to use Physical Restraint in unregulated settings, such as supported accommodation. However, staff may employ a physical intervention to prevent a young person from being harmed. For example, if a young person is about to walk out in front of a car, staff would be expected to pull them back to safety using reasonable force (to prevent a serious accident). Matters arising should be fully recorded using a DRS.

## SECTION TWELVE: Bullying (Including Cyberbullying)



There is no legal definition of bullying. 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 young people to feel frightened or in danger, or it can be linked to the exploitation or corruption of vulnerable people.

### 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 based upon 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. Putting pressure upon someone to act in a sexual way;
- **Special Educational Needs or Disability** – 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.

## Bullying (Including Cyberbullying) (Staff Procedures)

Immediate action should be taken to protect young people subject to bullying or involved in bullying. In some cases, a strategy meeting will be convened to discuss a plan of action. CFS Care staff will ensure that an action plan to protect the young person from further bullying is in place. This will be produced in consultation with the young person and any other relevant people (such as the Designated Teacher from the young person's college 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 young person 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.

### The Team Manager/Team Leader must ensure that:

- Any vulnerabilities and risks associated with bullying are recorded in each person's Safety Plan;
- The Bullying Incident Register is maintained and checked for accuracy every month;
- All incidents or alleged incidents of bullying are recorded in detail;
- All members of staff are made aware of any concerns around bullying;
- The service maintains a "zero tolerance ethos" regarding bullying, whether relating to young people, staff or adults and children visiting the accommodation.

### All Staff Will:

- Support young people to take action against cyberbullying and empower them to raise any concerns they may have about themselves, their peers or siblings;
- Be familiar with the conditions of each person's Safety Plan, which will identify any vulnerabilities and risks associated with bullying;
- Follow the Anti-Bullying Policy if they are alerted to instances of bullying;
- Complete a DRS and enter a summary of details in the Bullying Concern Register if there is a bullying incident. The Bullying Concern Register requires staff 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 staff to monitor and review accordingly;
- Understand that a bullying incident should be addressed as a safeguarding concern when there is 'reasonable cause to suspect that a person is suffering, or is likely to suffer, significant harm.'

**Young people or staff concerned about bullying may click on the below logo to access more information:**



Please note that CFS Care Limited are not responsible for the information and support provided through these organisations.

### SECTION THIRTEEN: Child Criminal Exploitation (CCE)

**Child Criminal Exploitation (CCE) is a broad descriptor covering a range of activities that amount to physical, sexual, and emotional abuse 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)**

Typically, CCE is associated with Child Trafficking, County Lines and Modern Slavery. Although it can involve Child Sexual Exploitation (CSE) and Physical Abuse amongst other areas of concern.



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

## 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 and young people 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 and young people 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.

## Modern Slavery

Modern slavery is when someone has gained control over, or ownership of, another person and is using this power to exploit them. It involved 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 County Lines Exploitation 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, males or females, as well as other children or young people; and**
- **Is typified by some form of power imbalance in favour of those perpetrating the exploitation.**

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

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 staff 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 more 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., those with no previous criminal record who are unlikely to be stopped by the Police, including those from white, middle class backgrounds and from further afield).

## **Children Looked After (CLA)**

Gangs target looked after children, particularly those in residential children's homes and children in pupil referral units. Children who have been placed out of their home area are particularly vulnerable.

## **Child Sexual Exploitation (CSE)**

Although child sexual exploitation (CSE) is not the driving factor in county lines gangs exploiting children, a clear link exists between County Lines and CSE. Girls are typically most at risk, but there is evidence of sexual abuse of boys within County Lines as well. Please refer to Page 37 for more information and guidance on tackling CSE.

## **Grooming and Coercion**

Gangs often use threats, coercion and violence to force children to do what they want. They punish gang members for making mistakes or failing to meet drugs sales targets.

The punishments are extremely violent such as stabbings, anal injuries caused by jagged objects and acid attacks. Gangs may also trick children into getting into their debt, for example, by giving them a mobile phone only to later demand repayment for the cost of the phone. The child will then be in 'debt bondage' to the gang, owing it labour or services as security for the repayment for the debt or other obligation.

Peer grooming is common and takes place in schools and via social media. Music videos on YouTube are used to glamorise gangs and to draw in children from wider social and geographical areas. These methods can lead to children firmly believing they have made an active choice to join the gangs and to deny that they have been exploited and, at the same time, leave them so terrified that they will do anything they are told.

## **Children and Young people are Victims (not Suspects)**

There is currently poor awareness and understanding of CCE and it is often the case that victims are mistakenly viewed as having made a 'choice' to engage in criminal behaviour.

This is often made more difficult by the child or young person's refusal to recognise themselves as a victim. Comparisons have been drawn between CCE and Child Sexual Exploitation (CSE) and there are calls for CCE to be treated similarly to CSE. Children who are being exploited by gangs for their criminal purposes are victims and they should be safeguarded, not criminalised.

This principle has been enshrined in UK law following the ratification of The Council of Europe Convention against Trafficking in Human Beings which states 'each party shall, in accordance with the basic principles of its legal system, provide for the possibility of not imposing penalties on victims for their involvement in unlawful activities, to the extent that they have been compelled to do so'.

## Identifying CCE

It may not be easy to identify that a child is the victim of gang exploitation. However, there are a number of 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 or have been in 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.**



## Child Criminal Exploitation (CCE) (Staff Procedures)

### Child Trafficking and Modern Slavery

#### All staff must be aware of the following facts:

- (Trafficked) Young people 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;
- 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 transport;
- Traffickers make a profit from the money a young person 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 young person continues to be at risk of harm through trafficking or there remain concerns about a young person's risk of being subject to modern slavery, staff must:

- Refer any concerns or disclosures regarding trafficking to the manager (DSL), without delay;
- Ensure that information relating to specific trafficking risks to individual children are recorded and RAGG rated in the Safety Plan. The Safety Plan must be reviewed every month for accuracy and relevance. If there is any indication or evidence indicating that the potential risk has changed, the Safety Plan 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 DRS to record detailed information about any concerns or disclosures;
- Contact the Police and MASH in accordance with raising a safeguarding concern.



## County Lines

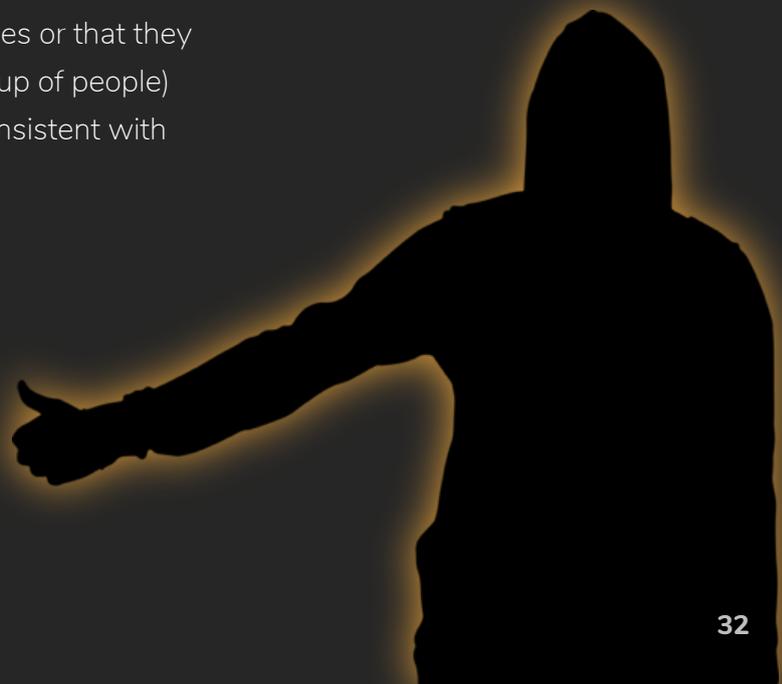
If staff have concerns that a young person may be at risk of county lines exploitation, they must notify MASH/EDT and the Police. The DSL must be notified immediately, and factual information must be shared with local authority social care services as required.

### Staff 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 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, staff must:

- Ensure the DSL (Team Manager/Leader) is notified if they become concerned about a young person 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 young person is thought to have been used for transporting drugs;
- Inform the DSL if a 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 young people in our accommodation.



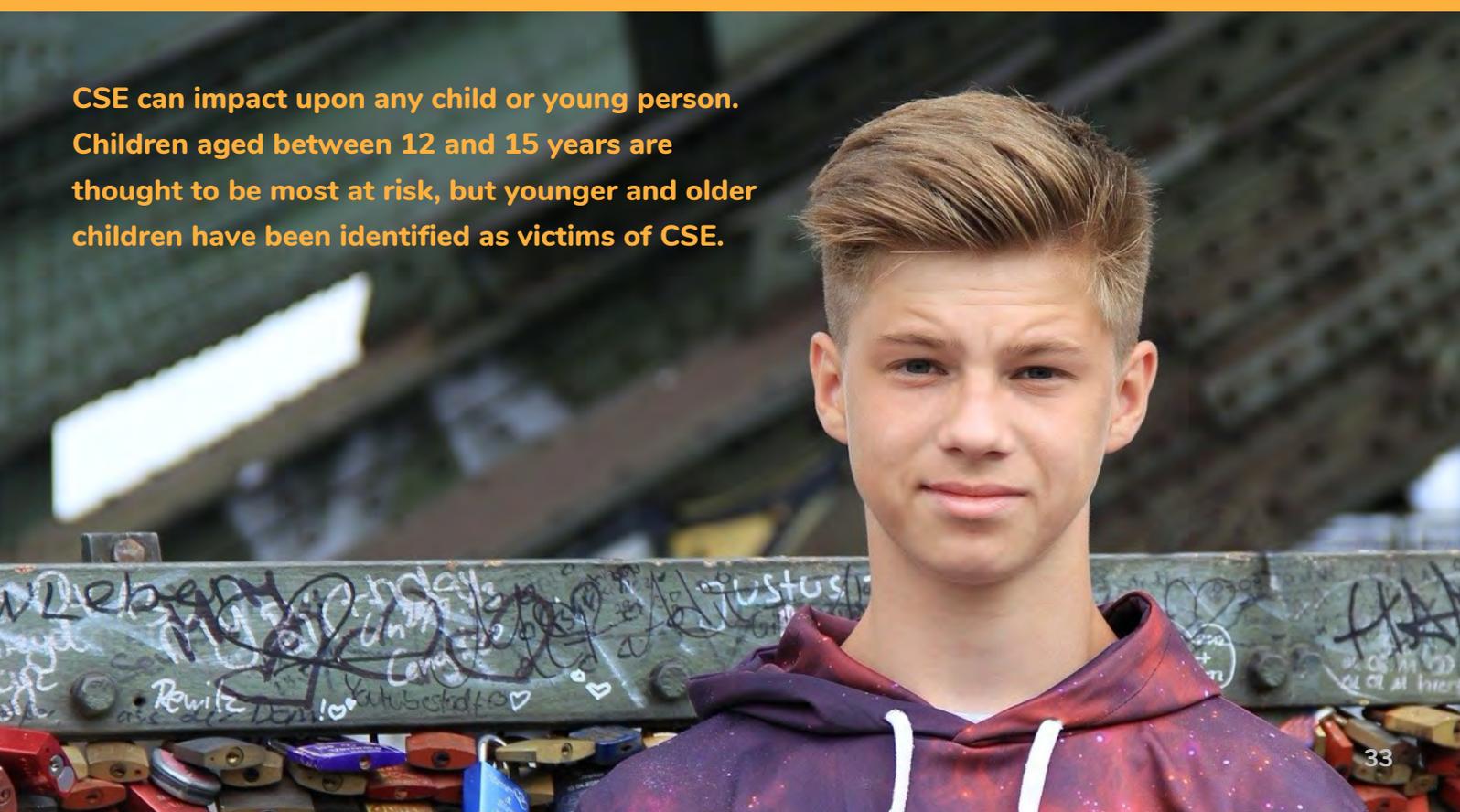
**If a young person says something that indicates they are involved with or worried about County Lines, staff must:**

- Listen and take seriously what a young person says and never express disbelief;
- Do not make any suggestions about what has taken place, or how it came about, or question the young person except to clarify what they are saying;
- Allow the young person 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 young person 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 young person that they are not responsible for what may have happened;
- Do not promise to keep information secret. Be clear that you will have to refer the matter on and to whom;
- Tell the young person that there are people who can help;
- Write down what has been said, using the young person's exact words and what you said in response. Be factual and state opinion, sign, date report and send to social worker.

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

### Child Sexual Exploitation (CSE)

**CSE can impact upon any child or young person. Children aged between 12 and 15 years are thought to be most at risk, but younger and older children have been identified as victims of CSE.**



**Children and young people in Care or Leaving Care are thought to be particularly vulnerable to exploitation. They rarely disclose CSE, so staff 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.

## Countering CSE Policy

For more information on CSE, staff 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 Home (MfH) cannot be ignored. Children MfC are extremely vulnerable to exploitation.



**SECTION FOURTEEN: Child Sexual Exploitation (CSE) (Staff Procedures)**

Staff should not assume that girls are the only victims of CSE. Boys have been identified as victims too. This is important, as males are thought less likely to make disclosures about CSE and staff should be alert to this.

**Preventing CSE**

Reviews of Safety Plans will consider whether any form of exploitation is a risk factor for children and young people.

**Staff in consultation with the child or young person concerned must ensure that:**

- Each child or young person’s Safety Plan includes a RAGG Rating (Red (High Risk), Amber (Medium Risk), Green (Low Risk) and Grey (No Risk)), specifically regarding known or potential risks of CSE;
- If concerns are identified, a CFS Care CSE Risk Assessment Tool must be completed to aide completion of the Safety Plan;
- Staff have access to, and demonstrate sufficient understanding of the child or young person’s Safety Plan;
- Any concerns about children or young people presenting in a way that is consistent with ‘Indicators of Possible CSE’ (Please refer to our Countering CSE Policy) means that due consideration towards making a referral to MASH is considered, as well as informing the Police.

The following table defines the categories of risk that should be applied to the assessed support needs of the young person:

**CSE Risk Levels**

<b>RED</b> Significant Risk	<b>There is evidence that a young person is currently exposed to Child Sexual Exploitation and the risk to the young person’s safety is significant.</b>
<b>AMBER</b> Medium Risk	<b>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.</b>
<b>GREEN</b> Low Risk	<b>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.</b>
<b>GREY</b> No Risk	<b>No Evidence of CSE</b>

## Staff must:

- Understand the risks of both online and offline CSE. This will be supported through training, coaching and the information included in this policy. Staff should be familiar with 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 young people;
- Provide young people with effective, person-centred support (e.g., around emotions and self-esteem);
- Provide young people with advice and guidance about avoiding dangerous/exploitative relationships;
- Provide support that is tailored to the specific circumstances and needs of the young person.

## CSE Disclosures and Making referrals

It is imperative that:

- If staff become concerned about a young person due to CSE they must inform the DSL. If the young person is thought to be at immediate risk of harm, the Police and MASH must be contacted without delay;
- Staff inform the DSL if a young person 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;
- Staff undertake training as necessary to be alerted to the signs and indicators associated with young people who are at risk of CSE or abused in this way;
- Staff remain proactive, non-judgmental and consistently vigilant to the potential for CSE to impact upon the lives of young people.

## Disclosures

If a young person says something that indicates CSE has taken place:

- Listen and take seriously what a young person says and never express disbelief;
- Do not make any suggestions about what has taken place, or how it came about, or question the young person except to clarify what they are saying;
- Allow the young person 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 young person to repeat what has been said to anyone else before referring;
- Be calm and reassuring and do not make assumptions;

(Continued Over)

- Avoid making judgements about what is being said though reassure the young person 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 young person that there are people who can help;
- Write down what has been said, using the young person'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 without delay.**

Where there are immediate concerns, MASH will be contacted and informed of the disclosure. If it is believed a criminal act has taken place, the Police must be called.

Any professional who is concerned that a young person may be at risk of, or is suffering, CSE is able to make a referral to the Multi-Agency Safeguarding Hub (MASH).

### SECTION FIFTEEN: Clothing & Appearance of Staff

**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.**

#### Clothing & Appearance of Staff (Staff Procedures)

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

#### **All staff will 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, staff should not wear clothes that can be seen “up, down or through.”**

## SECTION SIXTEEN: Confidentiality

**CFS Care Limited is a social care organisation. As a Data Controller, CFS Care holds highly sensitive personal data about children, young people, and their families, as well as staff 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 service users safe from potential or actual harm.**

Staff 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;
- Staff 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 or young person 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) CFS 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 or young person's life;
  - (ii) We are clear that staff 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/young person has suffered/could suffer harm, children's social care and/or the Police must be informed;
  - (iii) The manager must ensure that when a young person is placed from another local authority, all relevant information is shared towards keeping that young person safe from harm;
  - (iv) It is emphasized 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)

## Confidentiality (Staff Procedures)

**Staff will have access to confidential information about young people 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 or young person accessing our care and/or support, noting that the only exception is where there are concerns a child or young person is at risk of harm.**

Information must never be used to intimidate, humiliate, or embarrass a child or young person. Confidential information about a child or young person 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 or young person's identity does not need to be disclosed the information should be used anonymously.

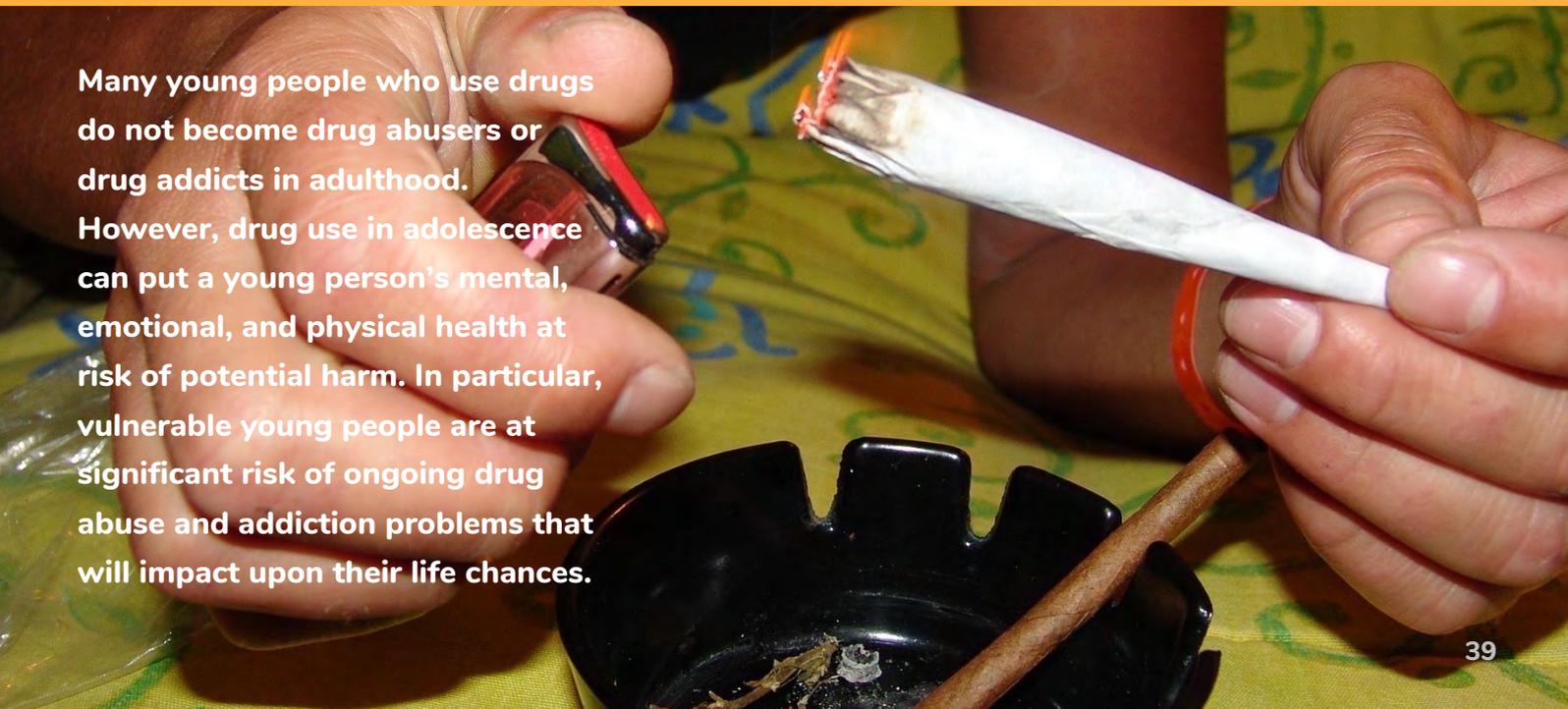
### All staff must:

- Be clear about when information can be shared, and the circumstances of when it is appropriate to do so;
- Treat information they receive about young people 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.

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

## SECTION SEVENTEEN: Drugs & Substance Misuse

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



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

If a young person is involved with drugs, staff must understand that the behaviour is unacceptable, not the young person.

## 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 young person that does not cause any perceived immediate harm – even though it is not acceptable and may indicate heightened 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 young person is paramount

## 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 (tranquillisers), GHB/GBL, ketamine, anabolic steroids and benzylpiperazines (BZP).

**Cannabis (Strains include Kush, Sour Diesel, Platinum OG, Blue Dream, Acapulco Gold and Northern Lights, for example)**



### Signs of Substance Misuse

Staff should be aware that the use of drugs can have a dramatic effect upon a young person's appearance, peer group and physical health. It is important to be alert to the following signs of potential substance misuse, keeping in mind that these are indicators and not conclusive evidence that a young person is using drugs. However, if staff do notice any significant changes consistent with the below list, concerns should be raised with the manager and shared with colleagues. All such observations must be recorded on a Detailed Record Sheet (DRS).

- **Evidence of drugs and/or drug paraphernalia (i.e., “baggies” & torn cigarette paper packaging);**
- **Behavioural problems and poor grades in education or training, as well as employment;**
- **Emotional distancing, isolation, depression, or fatigue;**
- **Overly influenced by peers;**
- **Hostility, irritability, or change in level of cooperation around the accommodation;**
- **Lying or increased evasiveness about after-school or weekend whereabouts;**
- **Decrease in interest in personal appearance;**
- **Physical changes, such as bloodshot eyes, runny nose, frequent sore throats, and rapid weight loss;**
- **Changes in mood, eating, or sleeping patterns;**
- **Dizziness and memory problems;**
- **Unusual odour on breath (e.g., marijuana, tobacco);**
- **Widely dilated pupils even in bright light;**
- **Pinpoint pupils even in dim light.**

## Drugs & Substance Misuse (Staff Procedures)

Staff are expected to actively discourage young people from misusing drugs (Illicit substances). They should ensure that young people are provided with relevant information, guidance and support, as well as advice on matters concerning drug and substance misuse that is appropriate to their age, needs and understanding.

### Staff Responsibilities:

- Risks associated with drug misuse that are specific to individual young people must be documented within their Safety Plans. (N.B. All staff must be familiar with each Safety Plan);
- 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 using a Detailed Record Sheet (DRS). Completed DRS' must be second read by a senior professional before they are sent to social workers or personal advisors.

### Awareness & Support

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

CFS Care offer a range of AQA Unit Awards relating to substance misuse. These - combined with other resources, intervention, and information - bolster the support offered by staff and provide young people with a greater understanding of the implications of substance misuse and a sense of genuine achievement.

### Young people 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 young people;
- **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 young person's care plans and through effective partnership working with other agencies

All young people must be encouraged to develop or maintain a healthy lifestyle from an early age. Staff 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 young people.

### **Drug Incident Management (Aggravating Circumstances)**

If a young person is found in possession of a substance (as defined by The Misuse of Drugs Act 1971) and there are aggravating circumstances, staff 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 (Staff training will be given in this area);
- Suspicion of supplying drugs;
- Possession of a drug with intent to supply another.

**The most appropriate member of staff on duty should ask the young person 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 CFS Care policy to avoid the unnecessary criminalization of young people.**



## Drug Incident Management (No Aggravating Circumstances)

If staff suspect a young person is using or concealing drugs, the following conditions must be applied:

- Staff need to ensure the young person's room is searched by at least two members of staff. Please note: Staff must not search a young person's room alone. This is because, amongst other reasons, it places the staff member at risk of allegations. All room searches must be recorded in the Room Search Register and signed-off by both members of staff and the young person to confirm accuracy.;
- All matters arising must be accurately recorded using a DRS. Staff 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;
- Staff must not handle drugs or substances suspected to be drugs. Staff 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 member of staff where possible. The envelope or bag should be stored in the safe. Staff will wait for further instruction from the manager, who will liaise with the Police and follow their advice;
- Staff must record matters arising from the search in the Room Search Register. A copy of the entry should be made and transferred to the young person's case file;
- The Social Worker should be notified, and Safety Plans reviewed;
- The young person should be encouraged to seek help from agencies that provide support to people who misuse substances, such as the Matthew Project or Addaction for example.

## Drug Incident Management (Health Concerns)

### Emergency Procedure for an Unconscious Young Person

- If a young person is unconscious, they should be put into the recovery position and an ambulance called immediately;
- If the incident happens during the evening/at night, the senior staff member on-call must be notified;
- A member of staff should remain with the unconscious young person until the ambulance arrives;
- If another member of staff is available, they should collect any evidence of substance. If the young person 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 Young Person:

- Keep the young person 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;
- 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 Young People & Property)

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

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

### During the Search:

- All matters arising must be accurately recorded;
- If a young person is suspected of carrying drugs, staff can request that they turn their pockets out. Again, two members of staff must be present. Clothing must not be removed, and staff must not attempt to restrain or restrict the freedom of the young person;
- If the young person refuses to allow the search, staff must inform the Police (having alerted the child to the fact that they will have no alternative but to inform the Police);
- If a young person is carrying out illegal activities within the accommodation (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 staff should call the Police. 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 (see above).

### Please note:

As previously stated, staff must not search a young person's room alone. This is because, amongst other reasons, it places the staff member at risk of allegations.



## Drug Incident Management (Recording)

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

A DRS should provide a summative account of matters arising, whilst a CFS Care 'Substance Misuse Incident Sheet' should be used to record specific information relating to the incident. If a 'Substance Misuse Incident Sheet' is completed, it should be attached to the DRS to provide further information. All records should be retained in the child's case files.

## SECTION EIGHTEEN: First Aid & Medication

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

Staff must pay particular attention to the need to not administer medication in strict accordance with the conditions of our policy. Young people in supported accommodation should be able to manage their medication on an individual basis.

**The following applies to every setting:**

### 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 providing a plaster through to trying to stabilise a casualty while waiting for the emergency services.

### 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.

## First Aid & Medication (Staff Procedures)

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

- Ensuring that staff know how:
  - a) To obtain first aid assistance for young people, staff 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 staff are made aware of procedures and equipment for dealing with them.
- Ensuring that there are arrangements in place for identifying staff requiring training, in liaison with CFS Care Human Resources;
- 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 staff will receive Emergency First Aid at Work Training (EFAW). New staff will be trained as soon as practicable. However, s/he will not be permitted to administer first aid until the training has been successfully completed.

**The manager/team leader should take care to ensure that a suitably trained first aider is on rota at the accommodation at all times.**

### Medication

**All staff should note that the administration of medication is not permitted within unregulated supported accommodation services.**

**However, staff may:**

- **Observe young people self-administering medication, in order to provide support as required;**
- **Store medication on behalf of young people accessing group living supported accommodation services, with recorded consent from the young person's social worker or commissioning authority.**

## SECTION NINETEEN: Guests (Visitors & Overnight Stays)

Young people living in CFS Care Supported Accommodation have the right to receive guests and it is important that they maintain positive relationships with those who are significant to them. However, we understand that not everyone known to young people or seeking to befriend young people will have a positive impact upon them or those around them. Therefore, young people accessing group living accommodation are required to complete a Guest Request Form (GRF). This is to ensure that reasonable measures are taken to promote the welfare of all young people living within the service and the staff who support them. The conditions applied to guests are detailed in the “House Rules” and must be explained during the admission process as part of the Placement Agreement.

### Guests (Visitors & Overnight Stays) (Staff Procedures)

Staff must exercise reasonable judgement regarding the appropriateness of any potential guest. Reasonable measures must be adopted to promote the welfare of all young people in the accommodation, as well as the staff who support 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. Staff must be particularly aware of significantly older young people and adults seeking to befriend young people. For example, a girl of 16 years engaged in a “friendship” with an adult of 26 years should alert staff to a significant area of concern, such as CSE for example. **Therefore, staff 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, staff must raise concerns with the DSL. Staff 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 young people must be identified within safety plans. The importance of staff reading and understanding the conditions of each safety plan cannot be over-stated.

**In all circumstances staff must liaise with the young person’s social worker if there are concerns about the suitability of a friendship, with concerns escalated to the DSL 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 can be classed as a hate crime.**

**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.

### Hate Crime (Staff Procedures)

**Staff are expected to:**

- Prevent hate crime by challenging the beliefs and attitudes that can lead to hate crime;
- Provide appropriate, person-centred support to young people who have been victims of Hate Crime, as defined by the young person's relevant support plans or any change in presentation;
- Raise any concerns with the DSL who will give due consideration to making a referral to MASH.

**Staff must:**

- Ensure that information relating to Hate Crime, as applicable to individual young people, is recorded and RAGG rated in the Safety Plan. This must be reviewed with the young person every month for accuracy and relevance;
- Record all allegations, disclosures and concerns relating to hate crime using a DRS.

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

Staff must note that CFS Care is a non-partisan organisation. However, we will not tolerate any form of prejudice or abuse linked to hate crime.

**HATE RACISM**  
**HATE DISCRIMINATION**  
**HATE BULLYING**  
**HATE HOMOPHOBIA**  
**HATE DISABLISM**

**LET'S END HATE CRIME**

## SECTION TWENTY-ONE: [So-Called] Honour-Based Abuse (HBA)

[So-called] 'Honour-Based' Abuse (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, staff 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. Staff should be alert to the possibility of FGM as a reason why a girl in a high-risk group is absent from education, 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 should 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.

## Female Genital Mutilation (FGM) (Staff Procedures)

### Staff are expected to:

- Remain vigilant to the signs that FGM may be imminent;
- Remain vigilant to the indicators that a young person may have been subjected to FGM or someone the young person 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. Staff 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 young people regarding siblings and/or friends.

### FGM Disclosures and Making referrals

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

### Staff must:

- Inform the DSL if they are concerned about a young person because they are at risk of FGM;
- Inform the DSL if a young person makes a disclosure/an allegation about FGM;
- Ensure that information relating to FGM, as applicable to individual young people, is recorded and RAGG rated in the Safety Plan. This must be reviewed for continued accuracy;
- Record all allegations, disclosures and concerns relating to FGM using a DRS;
- 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 as a way 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 and 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.**

## Forced Marriage (Staff Procedures)

### Good practice in relation to this assistance and support includes:

- Listening to young people and making 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 in place.

CFS Care will provide training and raise awareness about forced marriage for staff who support young people at risk of forced marriage.

### Staff must:

- Inform the DSL if they are concerned about a young person being at risk of forced marriage;
- Inform the DSL if a young person makes a disclosure/an allegation about forced marriage;
- Ensure that information relating to forced marriage, as applicable to individual young people, is recorded and RAGG rated in the Safety Plan. This must be reviewed for continued accuracy;
- Record all allegations, disclosures and concerns relating to forced marriage using a DRS;
- 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.

## Breast Ironing (Staff Procedures)

Any staff who are concerned that a young person has experienced (or is at risk of) Breast Ironing should alert the DSL immediately, recording all available information in detail. If a young person makes a disclosure regarding a biological sibling (or any other child or young person), a referral to the MASH should be made immediately.

### Staff must:

- Inform the DSL if they are concerned about a 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 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 young people, is recorded and RAGG rated in the Safety Plan. This must be reviewed for accuracy;
- Record all allegations, disclosures and concerns relating to breast ironing using a DRS;
- Notify the Police by calling 101 to report any serious concerns indicating that a young person is likely to be harmed.



## SECTION TWENTY-TWO: Internet Use, 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.

**The risks associated with the use of such devices cannot be overstated. These risks are particularly acute for vulnerable children and young people.**

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 staff with clear guidance around ensuring up-to-date and effective internet security.

Young people and staff 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 young 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 hazardous for any vulnerable person.

## Summary of 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.

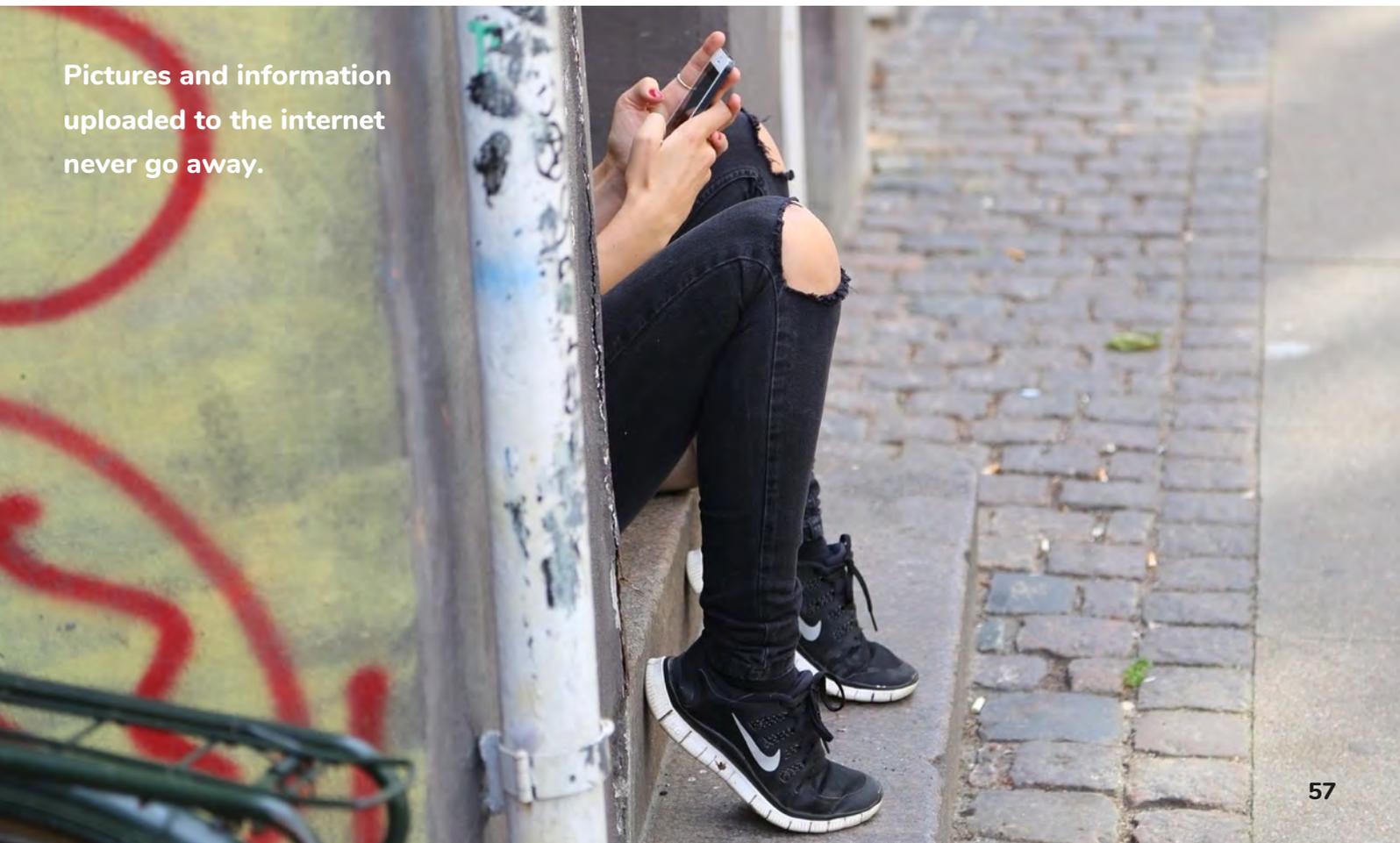
- **Physical Danger**

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'.

- **Bullying (Cyberbullying)**

Whether via the Internet, mobile phone or any other method, is another aspect of the use of new technologies that provide an anonymous method by which bullies can torment their victims.

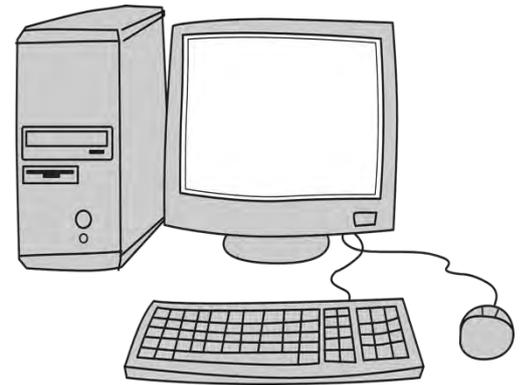
**Pictures and information  
uploaded to the internet  
never go away.**



## Significant Areas of Concern

The list below comprises a general summary of significant areas of concern relating to internet use, images, and online exploitation:

- 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;
- Cyber-stalking, which is covertly tracking or following an individual, usually to gain personal information;
- Exploitation and manipulation, which refers to encouraging vulnerable people to behave in a way that is not appropriate or illegal;
- 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 unacceptable propaganda and ideology (such as that consistent with advocating terrorism for example).



**CFS Care have a comprehensive range of policies that provide further guidance and insight into the above areas of concern. These include:**

- Countering Bullying Policy;
- Countering Child Criminal Exploitation (CCE) Policy;
- Countering Child Sexual Exploitation (CSE) Policy;
- Countering Radicalisation Policy; and
- Safe Computing Policy.

**If in any doubt, staff are advised to speak with a colleague or senior professional.**

**Please note that the above list is not exhaustive.**



## Sexting

The ever-increasing use of social media by children and young people continues to increase the risks presented. This is a particular issue/concern regarding vulnerable children and young people.

**Sexting is an area of significant concern. It is linked to bullying, blackmail and exploitation, as well as being linked to 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.**

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 - any device that allows you to share media and messages. Sexting may also be called "trading nudes," "dirties" and/or "pic-for-pic."

**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 or young person may have shared privately, could still end up being shared with people they don't know.**



**Screenshots make images permanent, regardless of the App being used.**

## The Law: Indecent Images of Children (Under 18)

The following information clarifies the legal position regarding indecent images of children.

### 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 photograph of a child and such offences carry a maximum sentence of 10 years' imprisonment;
- 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.

### The term 'making' could include:

- Opening an attachment to 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.

### Get more information and support from:

- **Internet Watch Foundation** – an independent charity that aims to help victims of child sexual abuse worldwide by identifying and removing online sexual imagery of under 18s, offering a place for the public to report suspected indecent images of children anonymously.
- **Marie Collins Foundation** – a charity enabling children who have suffered sexual abuse and exploitation online to recover and live safe, fulfilling lives.
- **National Crime Agency CEOP** – a command of the NCA working with child protection partners across the UK to identify and eradicate threats to children.
- **NSPCC** – a charity working to protect children and prevent abuse.
- **Stop It Now!** – a child abuse prevention campaign and anonymous helpline for individuals worried about their own sexual thoughts or behaviour towards children or that of others.

## Internet Use, Images & Online Exploitation (Staff Procedures)

**The scope for benefiting from the use of computers is enormous, but we are constantly mindful that there are inherent dangers in using computers that are severe and profound.**

Young people and staff are encouraged to use and enjoy computing resources, but this is subject to clear expectations of conduct. 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 vulnerable young people. Staff must be vigilant to the dangers of potentially criminal online abuse and cyber-bullying. The following provides staff with important information about protecting young people from potential online abuse and providing them with the support required to keep them safe and make positive choices.

### All staff must take reasonable steps to:

- Ensure that young people are not exposed to unsuitable material on the internet;
- Make time to explore and discuss the online world together;
- Talk with young people about staying safe online;
- Follow Safety Plans and guidelines regarding known restrictions;
- Agree rules with young people, from the onset, about what's okay and what's not okay;
- Ensure that young people requiring support when accessing the internet through CFS Care computer systems are monitored;
- Ensure that information relating to specific risks to individual young people are recorded and RAGG rated in the Safety Plan. This must be reviewed every month for accuracy and relevance;
- Raise any concerns regarding inappropriate internet use with the DSL immediately;
- Record all allegations, disclosures and concerns relating to internet use using a DRS.

### The Internet & Staff Conduct

**FACT: There are no circumstances that will justify adults possessing indecent images of children or young people, specifically those aged below the age of 18 years.**

Adults who access and possess links to such websites will be viewed as a significant and potential threat to young people in our accommodation. Accessing, making and storing indecent images of children (under the age of 18 is illegal). This will lead to criminal investigation and the individual being barred from working with children or young people if proven.

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

## Therefore, staff must:

- Ensure they keep data safe and secure;
- Always conduct themselves professionally online;
- Never take pictures of young people without their permission and 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 young people. If a young person discloses or alleges a concern, do not encourage the young person 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 young person should be a serious consideration. For example, a female young person making a disclosure will likely feel more at ease with a female member of staff;
- Not allow young people to access to their data through social networking sites such as Facebook (Staff are advised 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” or ideally, as “not disclosed”;
- Inform a senior member of staff of any issues of concern; and
- Report any illegal or suspicious internet activity to the Police.

## Staff must never:

- Display or distribute images of young people 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 young people;
- Take images ‘in secret’ or taking images in situations that may be construed as being secretive.

## Staff will be expected to:

- To justify images of young people in their possession in no uncertain terms.

## Online Exploitation

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.

**NOTE: All disclosures must be escalated to the DSL without delay.**

**Where there are immediate concerns, MASH will be contacted and informed of the disclosure. If it is believed a criminal act has taken place, the Police must be called.**



## SECTION TWENTY-THREE: Knife Crime

**Our role – the role of staff – is to protect young people accessing our support from potential harm. We can do this by actively listening to young people, talking openly about the risks and by developing a preventative approach that builds young people’s knowledge and skills so that they are well supported to keep themselves safe as they into adulthood.**

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 education providers, partnership working with relevant agencies and maintaining a consistency of approach.

### Knife Crime (Staff Procedures)

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

### **Staff should be aware that:**

- The highest level of risk posed by the use of knives relates to young people who have been groomed into gangs, for the purposes of criminal exploitation;
- Working together with other agencies, such as relevant local authority professionals, colleges and colleagues is crucial to minimise risk and incidents associated with knife crime;
- 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 young people accessing our support services;
- The Police will help with introducing and maintaining risk reduction measures. For example, the Police may be willing to provide information directly to young people and staff in the accommodation (depending upon resources and availability);
- The need to support and educate young people to understand the dangers of knife crime is crucial.

### **Any concerns about young people carrying Knives or bladed weapons must be:**

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

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

### **In liaison with the manager/team leader or On-call, staff must:**

- Complete a DRS, including all details of what was witnessed, said and done;
- Inform the young person'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 young person keeping a butter knife in their room for protection is different to a young person walking around with a carving knife with an intention to harm another person. Please note that this statement should not undermine the importance of discovering a young person with a butter knife, which must still be taken extremely seriously.

CFS Care are committed to ensuring that young people are not only considered to be safe, but importantly that they feel safe.

**Remember: There are several potential associations with other safeguarding concerns, such as Child Criminal Exploitation (CCE).**



## SECTION TWENTY-FOUR: Missing from Home (MfH)

**There are times when a young person may take it upon themselves' to leave the accommodation and either knowingly or unknowingly place themselves at risk of harm. For example, a young person could be involved in gang crime, substance misuse or at serious risk of exploitation. Children and young people in Care or Leaving Care are thought to be particularly vulnerable, and staff must remain vigilant to risks associated with young people.**

Accepting the above, staff must clear from the onset that young people accessing our accommodation should be free to come and go as they please, subject to the agreement of house rules in place to ensure or minimise disruption to other young people. Therefore:

- Staff do not have any right to prevent a young person from leaving the accommodation;
- Staff may request that a young person advises of when they return, but must not demand or expect that this information will be provided;
- If a young person does not return as anticipated, staff should call the young person to ensure that all is well and that they feel safe. If staff are made aware of where the young person is, but that young person has not returned as previously indicated it should be recorded as 'Absent' (N.B. Not 'Absent without Authority');
- If a young person was due to return at a specific time and the whereabouts of the young person cannot be established or contacted, staff must refer to the conditions of the young person's Safety Plan (specifically regarding action required if s/he is MfH); and
- Staff must remain aware of any increase in [actual] Missing from Home incidents, noting that if a young person is frequently missing, it could indicate that an unregulated placement is not appropriate and (a) a multi-agency risk management strategy is required, or (b) that a placement in unregulated accommodation may not be appropriate (and a Care placement could be required, for example).

## What happens when a young person goes Missing from Home (MfH)?

Taking full account of the above, if it is considered that a young person could go missing from home and in doing so place themselves or others at risk of harm, specific measures must be taken to address any arising safety concerns. This may mean that MASH/EDT should be informed, as well as the Police if:

- **The young person is thought to be at immediate risk of harm or there is a strong likelihood of harm. This may be to do with engagement with people who would seek to do harm; or**
- **If the young person presents with behaviours that would indicate a strong likelihood of significant self-harm or suicidal ideation.**

Safety Plans must be in place for all young people and all staff must be aware of any indications or signs, behaviours or triggers that could result in a young person going missing and being at significant risk of harm.

If staff suspect that a young person will be at serious risk of harm if they leave the accommodation, staff must not restrict the liberty of the individual young person. This means that staff must not physically prevent a young person leaving or order them to stay. Staff can attempt to persuade the young person to remain at the accommodation and offer support, but they must not be prevented from leaving through physical intervention or direct instruction.

Should a young person or young people leave the accommodation in circumstances indicating that there is a strong likelihood of harm, staff must ensure the relevant authorities are notified immediately. This is particularly important if the young person's Safety Plan indicates that s/he is RAGG rated "**RED**" or "**AMBER**" for the Missing from Home category, as this should be aligned with the National Statutory Guidance on Children who Runaway or Go Missing from Home or Care (DfE, 2014). This guidance covers a range of children's services sectors and agencies, as well as the Police (who 'should read [this guidance] in conjunction with Authorised Professional Practice Guidance on Missing Persons.' P. 6).

## Definitions

**Staff should be aware that there are definitions of 'missing' and 'absent' in relation to children, young people and adults reported as missing to the Police. These are:**

- **Missing:** anyone whose whereabouts cannot be established and where the circumstances are out of character, or the context suggests the person may be subject of crime or at risk of harm to themselves or another;
- **Absent:** if a young person's whereabouts is known or thought to be known, but unconfirmed, they are not missing. In this case the young person is absent. If the young person remains absent for in excess of six hours, the category will be escalated to 'Missing.'

## Essential Response to Concerns about a Young Person's Welfare

- Never encourage a young person to leave home;
- Report any serious concerns regarding safeguarding and child protection to the Designated Safeguarding Lead (DSL) without delay, or the On-Call management system if out-of-hours. Staff should note that the DSL is the Service Manager, unless otherwise informed;
- Report to the Police, using a Resident Early Assessment Form (if available) if they feel there is good reason to suspect that the young person will be at risk of harm and/or a crime may be committed;
- Ensure that information relating to specific MfH risks to individual young people are recorded and RAGG rated in the Safety Plan. This must be reviewed every month;
- Complete a Detailed Record Sheet (DRS) outlining what happened (a) leading up to the incident, (b) what happened when the young person was identified as missing, and (c) any action in response to the arising concern(s). Relevant details should be recorded in the MfH Register (Tier One only);
- In partnership with the commissioning authority, the Service Manager must consider whether the young person remains suitable for supported accommodation, taking account of the conditions applied to unregulated supported accommodation and regulated residential care respectively.

## Staff Responsibilities

**Any instances where a young person is considered as missing from home and there is a likelihood of potential harm, must be treated as a priority. Young people who leave the premises without the knowledge of staff will be regarded as at immediate risk of potential harm if:**

- Their whereabouts is unknown, they have not returned when they said they would; and
- They are RAGG Rated as either **RED** or **AMBER**.

As soon as staff become aware that a young person has gone missing or been missing, they must:

- Inform the Team Manager or the On-Call senior professional and MASH/EDT;
- Follow the any advice or direction provided, including the need to contact the Police to report the young person as missing - stating the young person's risk category as necessary. If in any doubt, notify the Police anyway because the safety of the young person must remain paramount;
- Continue to attempt contact the young person by phone, and/or known contacts and friends to locate him/her.

### Recording MfH Incidents

All incidents where a young person is identified as MfH must be recorded in writing. Details should be recorded using a DRS and a summary entered in the Missing from Home Register. All records must be copied to the young person's individual case file.

**Staff must take particular care to state the time the s/he was discovered or thought to be missing, the time the incident was reported to the Police, her/his age, circumstances surrounding the absence, and their return home. All entries must be signed by a member of staff and the young person's views and feelings must be documented.**

Staff should take care to incorporate any new information gained through the experience of the young person going MfH 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 young person into going MfH.

### "Safe and Well" Checks

If the Police have been involved, "Safe and well" checks should be carried out by the Police as soon as possible after a young person reported as missing has been found. Their purpose is to check for any indications that the young person 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 young person is found/returns staff should 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 and young people 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 young person 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 supporting the young person, such a local authority commissioned service).**

## Assessing the Risk of Further Incidents

**Management must remain aware that if a young person is frequently missing, it could indicate that an unregulated placement is not appropriate. This means:**

- (a) A multi-agency risk management strategy is required, or
- (b) A placement in unregulated accommodation may not be appropriate (and a Care placement could be required, for example). CFS Care must ensure that the service lead professional and the service manager notify the commissioning authority of the concerns and (in partnership) consider whether the young person remains suitable for supported accommodation. All parties must take full account of the conditions applied to unregulated support and regulated residential care respectively.

**If the young person has isolated incidents of MfH, or episodes are rare, staff must review the young person's Safety Plan and consider the young person's:**

- Individual circumstances, including family circumstances;
- Motivation for running away;
- Likely destinations and associates, as well as any pattern of absences;
- Circumstances in which the young person was found or returned;
- Individual characteristics/risk factors (i.e. learning difficulties, mental health issues, depression, etc.).

**Following the safe and well check and independent return interview, staff should share information and work with local authority children's services, the Police and other agencies (if appropriate) to:**

- Build up a comprehensive picture of why the young person went missing;
- Understand what happened while they were missing;
- Understand who they were with when they were missing and where they were found;
- What support they require upon returning to home; and
- Assist in support planning and risk assessment strategies.

**Learning from previous incidents where young people have gone missing, will help to prevent further incidents.**



## SECTION TWENTY-FIVE: One-to-One Situations

**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 and safe care of the young person and the staff must be the primary consideration.**

### One-to-One Situations (Staff Procedures)

#### All Staff Will:

- Ensure that when lone working is an integral part of their role, an appropriate risk assessment should be agreed (using a “CFS Care Person and Place Risk Assessment”);
- Take part in lone working training when available or requested;
- Avoid meetings with young people in remote, secluded areas;
- Always inform colleagues about the contact(s) beforehand, assessing support needs;
- 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 young person becomes distressed or angry to a senior colleague;
- Carefully consider the needs of the young person when in one-to-one situations.

#### Staff must:

- Abide by the conditions of each young person’s ICMP and Safety Plan;
- Complete a DRS if there are any significant events arising from one-to-one contact;
- Refer to the Locality/Team Manager if a disclosure is made during one-to-one situation;
- Include one-to-one situations in the young person’s Safety Plan if there is thought to be an identified risk (i.e., the young person may seek to take advantage of new or inexperienced staff).

## SECTION TWENTY-SIX: Physical Contact

**Staff must always act and maintain professional boundaries in relation to any physical contact they may have with any young person we support. It is likely that the young people we support 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. Staff are in a position of trust and power and that this brings considerable professional responsibilities for staff about their practice and conduct.**

## Physical Contact (Staff Procedures)

**Staff must always act and maintain professional boundaries in relation to any physical contact they may have with any young person who accesses our services.**

- Staff must be always mindful of the need to maintain professional boundaries in relation to any physical contact with young people;
- Staff must respect a young person's personal space and do not 'invade' this without good cause;
- Staff must speak up to their line manager (and or the latter's line manager) should they have any concerns about any staff practice concerning any physical contact with any young person;
- Staff must avoid being overly familiar with any young person;
- Staff must be mindful of any tactile behaviour that they, staff and or young people have and ensure that appropriate professional and physical contact boundaries are maintained;
- Staff must only physically comfort a young person only in the presence of other staff;
- When staff are on their own with young people, they must avoid all physical contact;
- The team manager/team leader must ensure that all staff have regular supervision so that any issues concerning physical contact can be discussed;
- The team manager/team leader and staff must ensure that all young people know how to complain, and are encouraged to speak up, should they have concerns about a member of staff.

## SECTION TWENTY-SEVEN: Physical Intervention When Young people are in Distress

There may be occasions when a distressed young person needs comfort and reassurance. This may involve physical contact. Staff should use their professional judgement to comfort or reassure a young person in a way that is appropriate (i.e., not sexual, or "familiar"), whilst maintaining clear professional boundaries.

### Physical Intervention When Young people are in Distress (Staff Procedures)

#### All staff must:

- Consider the way in which they offer comfort and reassurance to a distressed young person and do it in a way that is appropriate to their age;
- Take care in offering reassurance in one-to-one situations, and always record actions;
- Never touch a young person in a way that may be considered indecent or inappropriate;
- Record and report situations that may give rise to concern from either part;
- Must never assume that all young people seek or require physical comfort if they are distressed. It is more likely that they would require time, space, and advice/support.

## SECTION TWENTY-EIGHT: Physical Restraint

**For the avoidance of doubt, the use of physical restraint to control or modify the behaviour of young people in CFS Care Supported Accommodation is prohibited. Staff working within our Supported Accommodation Services do not have the authority to physically restrain young people. Therefore, if a young person's behaviour presents in a way that indicates potential harm to a person is likely, the Police must be called immediately.**

**For more information, please refer to our Physical Intervention Policy**

## SECTION TWENTY-NINE: Professional Judgement

There may be occasions and circumstances in which adults will need to make decisions in the best interests of the young person, where no guidance exists. Individuals are expected to make judgements about presenting behaviour to secure the best interests and welfare of the young people. Such judgements should always be recorded.

**Staff should always consider whether their actions are warranted, proportionate, safe and applied equitably.**

## SECTION THIRTY: Public Confidence & Professional Standards

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

There may be times, for example, when a staff members' 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 young people. Misuse of drugs, alcohol or acts of violence would be examples of such behaviour. Staff 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 staff members' partner or other family members may raise similar concerns and require careful consideration as to whether there may be a potential risk to young people.

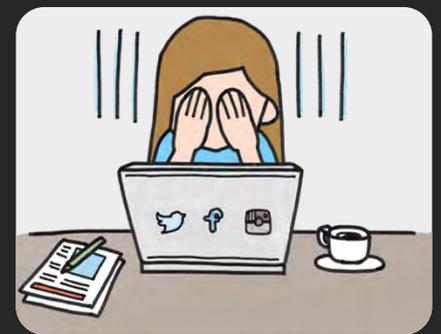
**Public Confidence & Professional Standards (Staff Procedures)**

**Staff must:**

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

**Staff must not:**

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



**SECTION THIRTY-ONE: Radicalisation & Extremism**



**Protecting young people from the risk of radicalisation and extremist ideology should be part of our wider safeguarding duties. During the process of radicalisation, it is possible to intervene to prevent vulnerable young people being radicalised.**

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

**Radicalisation & Extremism (Staff Procedures)**

**All staff will contribute towards:**

- Assessing the risk of young people being drawn into terrorism, including 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 young people in the area and a good understanding of how to identify individuals who may be at risk of radicalisation and what to do to support them;
- A service that aims to ensure young people are safe from terrorist and extremist material.

## Radicalisation and 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 Staff Will:

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

### Please Note:

The Government's Prevent work is intended to deal with all kinds of terrorist threats to the UK. The most significant of these threats is currently from terrorist organisations in Syria and Iraq, and Al Qa'ida associated groups. However, terrorists associated with the extreme right also pose a continued threat to safety and security.

**For further information, please refer to our Countering Radicalisation Policy**

## SECTION THIRTY-TWO: Safe Recruitment

Our recruitment and selection procedures are in place to help deter, reject, or identify people who might abuse 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 staff appointments and delegate duties and responsibilities as appropriate, in consultation with the Managing Director.

**CFS Care Limited are committed to safeguarding and promoting the welfare of young people and staff are expected to share this commitment.**



**SECTION THIRTY-THREE: 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.**

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

**Staff should remain alert to the following risk factors:**

Individual Factors:	(Pervasive) Family Factors	Social Factors
<ul style="list-style-type: none"> <li>• Depression/anxiety</li> <li>• Poor communication skills</li> <li>• Poor problem-solving skills</li> <li>• Hopelessness and low self-esteem</li> <li>• Impulsivity</li> <li>• Drug or alcohol abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Unreasonable expectations</li> <li>• Neglect or physical, sexual or emotional abuse</li> <li>• Poor parental relationships and arguments</li> <li>• Depression, self-harm or suicide in the family</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty in making relationships/loneliness</li> <li>• Being bullied or rejected by peers</li> </ul>

**Risk Indicators**

- **Changes in eating / sleeping habits (E.g. the young person may appear overly tired if not sleeping well);**
- **Increased isolation from friends or family, becoming socially withdrawn;**
- **Changes in activity and mood (e.g. more aggressive or introverted than usual);**
- **Lowering of academic achievement;**
- **Talking or joking about self-harm or suicide;**
- **Abusing drugs or alcohol;**
- **Expressing feelings of failure, uselessness or loss of hope;**
- **Changes in clothing and appearance.**

## Self-Harm (Staff Procedures)

Any member of staff who is aware of a young person engaging in or suspected to be at risk of engaging in self-harm must consult the DSL and inform their line manager.

### All staff 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 young person. All staff must be familiar with each young person's relevant Safety Plan;
- Staff must record and share appropriate information relating to any potential or suspected self-harming incidents;
- First Aid should be administered in accordance with company policy (Please refer to our Health and Safety Policy);
- In a medical emergency, staff must call 999 (or 112).

## SECTION THIRTY-FOUR: 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 or young people of any age and sex. It can also occur through a group of young people sexually assaulting or sexually harassing a single young person or group of young people.**

**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.**

**Staff should be aware that some groups are potentially more at risk. Evidence shows girls, young people with SEND and LGBT young people are at greater risk.**

## What is Sexual violence and sexual harassment?

### Sexual Violence

It is important that staff are aware of sexual violence and the fact young people 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 or young person'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 (staff 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; and
- Online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:
  - i. Non-consensual sharing of sexual images and videos;
  - ii. Sexualised online bullying;
  - iii. Unwanted sexual comments and messages, including, on social media; and
  - iv. Sexual exploitation; coercion and threats

### Sexual violence and sexual harassment are forms of abuse. Staff 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 staff must refer any suspicions or concerns to the DSL immediately.**

**If it is suspected that a crime has been committed, the Police must be called without delay.**



## Sexual Violence & Sexual Harassment (Staff Procedures)

When managing allegations of violence and sexual harassment, the initial response to a disclosure is crucial. Young people 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 young person is suspected of being a victim of sexual violence or harassment, staff must:**

- Refer any concerns or disclosures to the Team Manager/Team Leader (DSL), 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 DRS to record detailed information about concerns or disclosures;
- Contact the Police and MASH in accordance with raising a safeguarding concern.

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

## SECTION THIRTY-FIVE: Transporting Young People

The transporting of young people is only conducted in exceptional circumstances, as ordinarily young people are expected to make their own travel arrangements in supported accommodation.

### Transporting Young People (Staff Procedures)

#### **When transporting young people, staff must:**

- Ensure they are fit to drive and free from any drugs, alcohol or medicine which is likely to impair judgement and/or ability to drive;
- Be aware that the safety and welfare of the young person is their responsibility;
- Record details of the journey in accordance with agreed procedures;
- Ensure that their behaviour is appropriate (all the time);
- Ensure that there are proper arrangements in place for vehicle, passenger and driver safety. This includes having proper and appropriate insurance for the type of vehicle being driven (if in any doubt, you must check with a senior professional);
- Ensure that any impromptu or emergency arrangements of lifts are recorded.

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

**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 and other sexual offences;
- So-called 'honour-based' violence, forced marriage and Female Genital Mutilation (FGM);
- Child abuse;
- Human trafficking and modern slavery;
- Prostitution; and
- Pornography and obscenity.

**The above list is not exhaustive.**

### Violence Against Women & Girls (VAWG) (Staff Procedures)

**If a disclosure or VAWG concern is raised staff must treat this as a significant concern indicating possible abuse or harm. Staff must:**

- Inform the DSL if they become concerned about a young person being exploited and/or abused through VAWG;
- Inform the DSL if a young person 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 young people in our accommodation, in a variety of ways.

### If a young person makes a disclosure or an allegation, staff must:

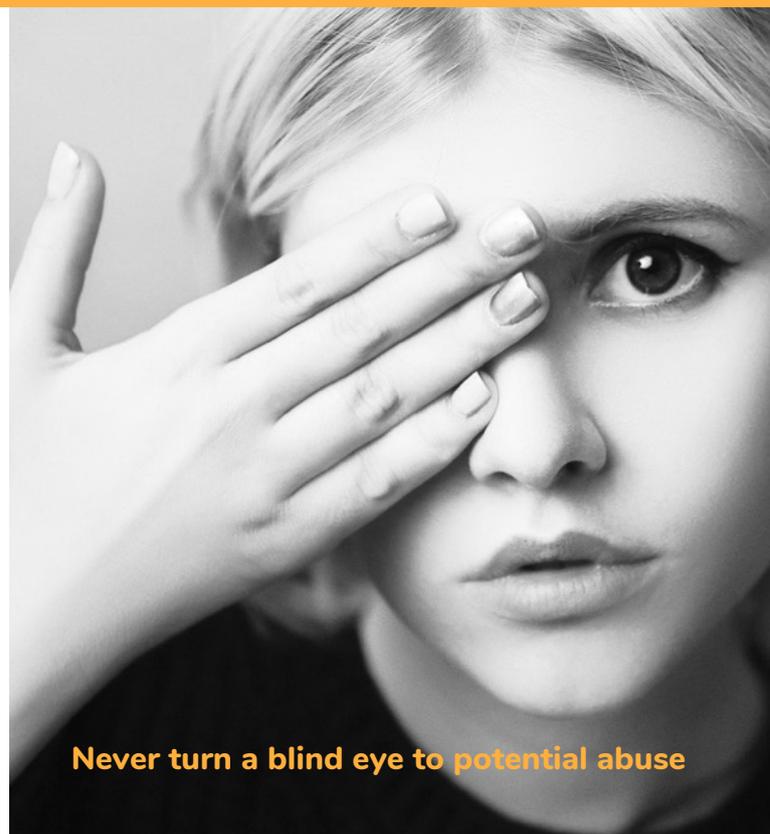
- Listen and take seriously what a young person says and never express disbelief;
- Do not make any suggestions about what has taken place, or how it came about, or question the young person except to clarify what they are saying;
- Allow the young person time to express themselves' and do not press for detail beyond what is necessary;
- Do not ask a young person 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. Make it clear you will have to refer the matter on and to whom;
- Tell the young person 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 young person's social worker;
- Write down what has been said on a DRS, using the young person'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 staff will inform the DSL who will be able to lead the process and ensure that appropriate action is taken.**

### SECTION THIRTY-SEVEN: Whistleblowing

Staff will, in properly carrying out their duties, have access to, or encounter information of a confidential nature. Their terms and conditions provide that except in the proper performance of their duties, employees are forbidden from disclosing or making use of in any form whatsoever such confidential information. However, the law allows employees to make a 'protected disclosure' of certain information.

**To be 'protected' a disclosure must relate to a specific subject matter (listed below) and be made in an appropriate way. The disclosure must also be made in good faith and in the public interest.**



## Whistleblowing (Staff Procedures)

Staff are often the first to realise that there may be something seriously wrong.

**CFS Care expect staff who have serious concerns about any aspect of the accommodation to come forward and voice those concerns.**

- We are clear that staff can and should voice concerns without fear of victimisation, subsequent discrimination or disadvantage. Whistleblowing is intended to encourage and enable employees to raise serious concerns rather than overlooking a problem;
- This applies to all staff 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 staff, builders, drivers, etc.). It also covers suppliers and those providing services under a contract with CFS Care in their own premises.

### **Staff 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.

Staff should raise concerns with their line manager or the DSL. The concern should be recorded using a 'Logging a Concern Form.'

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

**Where a staff member feels unable to raise an issue with CFS Care 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-a-whistleblower>**
- **The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally.**

**Staff 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](mailto:help@nspcc.org.uk)**

**For further information, please refer to our Whistleblowing Policy**

## Appendix One: Key Legislation and 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 Two: Abuse or Safeguarding Issues

Recommended Guidance or Advice	Source
<b>Abuse</b>	
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)
<b>Bullying</b>	
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)
<b>Missing Children</b>	
Children Missing Education	DfE (2016)
Children Missing from Home or Care	DfE (2014)
Children and Adults Missing Strategy	Home Office (2011)
<b>Children with Family Members in Prison</b>	
Children of Offenders	NICCO (website)
<b>Child Exploitation</b>	
County Lines	Home Office (2018)
Child Sexual Exploitation (CSE): Guide for Practitioners	DfE (2018)
Trafficking: Safeguarding Children (2017)	DfE & Home Office
<b>Drugs (Substance Misuse)</b>	
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)
<b>[So-Called] Honour-Based Violence</b>	
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)
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### Online

Sexting: Responding to Incidents	UKCCIS (2018)
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### Private Fostering

Private Fostering: Local Authorities	DfE (2005)
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### 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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