ENLIGHTENED CARE GENERATION LTD.

Safeguarding Children and Young People in Domiciliary Care (England) Policy

Introduction

This policy is produced for care services that are CQC-registered to provide care and support to children and young people under the age of 18 years in their own homes or who might be in supported living accommodation. It applies also to domiciliary care providers that are registered to provide services for adults over 18 years old, besides those for children. It reflects the Government's strategy for children and young people as described in its *Working Together to Safeguard Children* (2018) guidance.

The policy describes the care provider's approach to the safeguarding of children and young people under the age of 18 years, to whom the service is delivering services or has some responsibility for their welfare through its care provision. It should, where applicable, be linked to the agency's safeguarding of adults policies concerning definitions of abuse and its overall approach to safeguarding, which are all based on common principles, ie:

a. empowerment — supporting people to make decisions and have a say in their care

b. protection — support and representation for those in greatest need

c. prevention — it is better to take action before harm occurs

d. proportionality — safeguarding must be built on proportionality and a consideration of people's human rights

e. partnership — local solutions through services working with their communities

f. accountability — safeguarding practice and arrangements should be accountable and transparent.

The policy should also link to the policies and procedures of the local safeguarding children's and adults' authorities.

Policy Statement

As a CQC-registered service, we recognise that our safeguarding responsibilities are defined by:

- Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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- The Care Act 2014, Chapter 14: Safeguarding of the Care Act statutory guidance describes the duties and responsibilities of local authorities and its partner organisations to protect adults with care and support needs from abuse, neglect and other sources of harm.

And, as our statutory responsibilities extend to children, we also recognise that we could need to operate under the Children Act 1989 and the Children Act 2004, and follow the government best practice guidance in *Working Together to Safeguard Children* (updated 2018). This guidance requires all children's service providers to adopt a child-centred approach to safeguarding by:

- keeping the child in focus when making decisions about their lives and working in partnership with them and their families
- making the welfare of children paramount
- recognising that children are vulnerable to neglect and abuse or exploitation from within their family and from individuals they come across in their day-to-day lives
- listening to and gaining from children their views and ideas about how they want to be kept safe, which require us to:
  - be vigilant and notice when things are troubling them
  - understand and act when they are troubled
  - develop trusting relationships with them
  - treat them with respect
  - inform and involve them in decisions and procedures
  - explain to them what is happening and what is intended to happen
  - support them as individuals
  - help them to have someone who can advocate on their behalf when necessary
  - prevent and protect them from all forms of abuse and exploitation.

The children and young people's safeguarding policy is based on the understanding the following.

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1. Risks of Abuse.

The children and young people we encounter in the course of providing services may be at risk of abuse or harm in various forms. The service understands that in general the risks are higher under the following circumstances.

The child:

- is disabled with specific additional needs and challenges to their carers
- has special educational needs
- has caring responsibilities, which increases household pressures and stresses
- is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from home or from their accommodation
- is at risk of modern slavery, trafficking or exploitation
- is at risk of being radicalised or exploited
- is in a challenging household such as where there is drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- has returned home to their family from care
- is a privately fostered child
- has a parent/carer in custody.

(Source: *Working Together to Safeguard Children*.)

2. Abuse may be committed by the staff of agencies providing care or by others who could be in a trusting relationship with a child, including other household members, relatives, friends and peers.

3. Our service has a duty to do everything possible to prevent abuse, but also to report and address it wherever we meet it. With children we understand that abuse or risk of abuse is most likely to take one or more forms as described next.

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Defining Abuse

The care service works to common and shared definitions of abuse that have been developed nationally and are included in *Working Together to Safeguard Children* and the Care Act 2014 statutory guidance and which will have been adopted locally.

Types of Abuse

It recognises that abuse/harm of people using services in the care home may take many forms including:

- physical abuse, hitting, slapping, pushing, etc
- social abuse, including bullying, cyberbullying, harassment and personal exploitation
- social isolation/scapegoating/ostracism/stigmatisation
- financial or material bullying and exploitation
- psychological or emotional abuse
- sexual abuse/exploitation
- neglect and acts of omission
- discriminatory abuse
- self-harm, including self-neglect
- inhuman or degrading treatment
- inappropriate or excessive restraint and restrictions on movement and activities and different forms of coercive and controlling behaviour
- organisational abuse, including when as a member of a community group or enterprise.

Situations in which abuse occurs

The care service also recognises that children and young people might be put at risk when exposed to situations of:

- domestic abuse and violence

- modern slavery
- exploitation by criminal gangs including those running "county lines" and in other cases for the purposes of child sexual exploitation
- radicalisation and extremism that encourages and induces violence and possibly acts of terrorism
- homelessness particularly when after leaving or running away from home or care.

Other forms of abuse

Female Genital Mutilation

The care service remains aware of other circumstances where abuse might occur such as where underage young women are being prepared for a forced marriage or to undergo female genital mutation, which is illegal in the UK. Wherever there is evidence that this is being practised the service will treat it as potential or actual abuse that must be reported promptly to the children's safeguarding authority for the appropriate action to be taken in line with the guidance found in:

- *Multi-Agency Statutory Guidance on Female Genital Mutilation*, Department for Education, Department of Health and Social Care and Home Office.

The Safeguarding Framework

The person(s) responsible for children's safeguarding in this care service, and who acts as a safeguarding champion is:

(Name and role)

[Named person] will act as the point of contact for all safeguarding issues that are raised in or with the service.

Our service recognises that safeguarding involves a range of responses to different forms of abuse and potential sources of harm and the different contexts in which abuse occurs. Accordingly, this policy should be read and used in association with other policies all designed to make sure that users are safe from abuse and the risks of their coming to harm are kept to the minimum and well-managed.

The care provider develops its policies and procedures in line with local Safeguarding Children's Boards (SABs) or Multi-Agency Safeguarding Hub (MASH) recommendations

and guidance, as found on its website together with relevant documentation for, eg raising alerts and staff training.

The local Multi-Agency Children's Safeguarding Board/Hub to which this care service relates as a partner organisation is:

THE LOCAL AUTHORITY SAFEGUARDING LEAD & TEAM

Management responsibilities in relation to abuse

The care provider requires its managers to take responsibility for:

- developing the systems and structures within which it is possible to deliver the best possible care
- encouraging a culture and ethos that is hostile to any sort of abuse/harm
- producing and regularly revising the policies and procedures to prevent and deal with abuse/harm
- operating staffing policies which identify, appropriately deal with and, if necessary, exclude from practice potential or actual abusers
- providing training for staff in all aspects of safeguarding, abuse/harm and protection
- investigating any evidence of abuse/harm speedily and sympathetically
- implementing improvements to procedures if an investigation into abuse/harm reveals deficiencies in the way in which the service operates
- collaborating with all other relevant agencies in combating abuse/harm and improving the safeguarding and protection of people using services
- liaising with the relevant safeguarding children's authority teams and following their guidance and instructions where applicable, including the issues arising from multi-agency involvement
- notifying the Care Quality Commission of all instances of abuse, alleged or suspected abuse, using CQC's online reporting procedures.

Staff responsibilities

This care provider insists that all its staff have a responsibility to:

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- provide people with the best possible care
- never engage in abusive/harmful action in relation to people who use the services
- report anything they witness which is or might be abusive/harmful
- co-operate in every possible way in any investigation into alleged abuse
- participate in training activities relating to abuse/harm and protection from harm.

Preventing abuse from occurring

The care provider is committed to taking all possible steps to prevent abuse or harm of children and young people receiving care from occurring, including:

- setting out and making widely known to the children and young people and using appropriate formats for responding to suspicions or evidence of abuse/harm
- operating staffing policies which ensure that all potential staff in regulated activity are rigorously checked, by the taking up of references and clearance through DBS criminal records and barred list checks, with equivalent checks for staff employed from overseas
- encouraging among staff, people using care services and all other stakeholders a climate of openness and awareness that makes it possible to pass on concerns about behaviour that might be abusive or that might lead to abuse/harm
- incorporating material relevant to abuse/harm into staff training at all levels
- maintaining vigilance concerning the possibility of abuse/harm of people using services from whatever source
- maintaining robust procedures for providing safe care practice
- discussing concerns with the local children's safeguarding team
- helping people as far as possible to avoid or control situations or relationships that would make them vulnerable to abuse/harm.

Recognising abuse

The care provider expects all staff to be vigilant regarding the welfare of children with whom we have contact in the course of providing services.

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Staff working with and in regular contact with children and their families will be trained to recognise the signs of abuse or risks and when abuse might occur and to respond in line with national and local child protection policies and procedures.

The care provider will identify any instances of actual or possible abuse/harm involving people by all possible means including:

- fostering an open and trusting communication structure so that staff, people receiving care and others feel able to discuss their concerns with someone authorised to take action
- the safeguarding lead being responsible for informing staff and people receiving care about who they could turn to for advice and action if they become aware or suspect that abuse/harm is occurring
- encouraging staff to recognise that a commitment to the highest possible standards of care must, when necessary, overrule loyalty to colleagues individually or corporately, if necessary through whistleblowing
- making it clear to staff that failing to report incidents or suspicions of abuse is itself abusive and may lead to disciplinary or criminal proceedings
- operating systems of management, supervision, internal inspection and quality control that have the potential to reveal abuse/harm where it exists.

Procedures for when Abuse Has Occurred or is Alleged to Have Occurred

If a child or young person is evidently being abused/harmed or they or others allege that someone has been abused, the care provider will act promptly to limit the harm and deal with the situation, as follows. The care provider will follow all local guidance and procedures on the actions it will take.

1.0. Initial procedures

Emergencies

1. A staff member who witnesses a situation in which a child or young person is in actual or imminent danger must use their judgment as to the best way to stop what is happening without further damage to anyone involved including themselves, either by immediately intervening personally or by summoning help.

2. If the situation is an emergency, with a child in immediate danger, staff should take urgent action to intervene and call for assistance as soon as possible from the appropriate authority, eg police/paramedics. They should give any necessary first aid and contact appropriate emergency services if necessary. If the abuser remains present, staff should seek to calm the situation.

3. The duty manager, senior staff member or safeguarding lead to whom actual or suspected abuse/harm is reported must immediately take action to provide protection, support or additional care to the child or young person who has been harmed and refer the matter to the safeguarding authority/police in line with local procedures.

Concerns, suspicions, reports and allegations of abuse

4. Where staff or others, who could be a child or young person, raise a safeguarding concern or allege abuse, the matter should be reported immediately to the service manager or safeguarding lead (depending on the circumstances).

5. The designated person could discuss with the child's parents or guardians and the child or young person, where practical, in order to gather further information and to consider the appropriate action to take.

6. If the concern, allegation or report is of a serious nature, the manager/lead will refer the matter immediately to the local safeguarding children's team.

7. The safeguarding lead will consider whether, on the basis of the information they have gathered, make a referral to the children's safeguarding team/(MASH). Alternatively the safeguarding lead might seek the advice of the safeguarding team on an anonymous basis to decide if a referral should be made.

8. Once the referral has been made the care service will allow the safeguarding team to conduct its enquiries and will base its own responses on the outcomes. This could involve reporting further and taking part in a safeguarding strategy meeting and helping to implement any child protection plan that is decided.

9. There could be serious instances where a safeguarding matter might need to be reported directly to the police, and the care provider will then take guidance from the police on further action.

10. The care provider will take steps to ensure that there is no further risk of the child/young person being abused/harmed by the alleged or suspected perpetrator if such actions fall within its area of responsibility.

11. The care provider will ensure that it addresses the needs of the child/young person for any special or additional care, support or protection or for checks on health or wellbeing as required.

12. If the alleged abuser is a staff member and there is sufficient evidence that abuse/harm has or might have occurred, the manager will suspend the person from duty pending the outcome of a disciplinary investigation. The manager will receive guidance on the steps to be taken from the professionals leading the enquiries.

13. If the evidence is insufficiently strong to warrant suspension, the staff member against whom the allegation has been made will be instructed not to have further unsupervised contact with anyone until the matter is resolved.

14. However, it should be noted that in the event of a referral being made to the police because a criminal offence might have been committed the police investigation will take precedence and no action should be taken that might jeopardise its enquiries, which might contaminate the evidence it is seeking and collecting.

15. All details associated with allegations of abuse will be recorded clearly and accurately. The record will be securely kept and the agency's rules on confidentiality carefully followed. Reports will be made available as required to the Care Quality Commission (CQC)/investigating local authority safeguarding team/police.

2.0 Abuse Enquiries

Safeguarding enquiries should be based on a child-centred approach in which the wellbeing of the victim or alleged victim is the central focus of all the activities involved.

In some cases, the alleged abuse might have been reported directly to the local safeguarding team and the care provider will then follow the lines of enquiry that are being made and co-operate fully in the enquiries by providing information and taking part in discussions.

In many cases, an investigation will be carried out or led by a member of an external agency in line with the action plan determined by the initial strategy meeting convened by the local safeguarding team.

In some circumstances, the care provider could be asked to carry out its own enquiries. In these instances, the following guidance should be followed.

1. An appointed person such as the safeguarding lead will usually discuss with the various parties involved including the child/young person and their parents/guardians/other appropriate people.

2. The lead person is expected to take into account in his or her conducting of the investigation:

- the fears and sensitivity of the child/young person harmed
- any risks of intimidation or reprisals
- the need to protect and support witnesses
- any confidentiality or data protection issues
- the possible involvement of other agencies, including the police, local safeguarding team and the CQC
- the obligation to keep the abused/harmed person and in specific instances the alleged perpetrator informed on the progress of the investigation.

3. The safeguarding lead will assure the child/young person who could have been abused/harmed that they will be taken seriously, that the comments will as far as possible be treated confidentially, that they will be protected from reprisals and intimidation, and that they will be kept informed of actions taken and of the outcome.

4. The safeguarding lead will consider if the child/young person needs independent help or representation, including the services of an independent advocate, in presenting their evidence and will arrange for the appropriate help or support to be made available.

5. If the evidence is insufficiently strong to warrant suspension, a staff member against whom the allegation has been made will be instructed not to have further unsupervised contact with anyone until the matter is resolved.

3.0. Following the enquiry completion

1. If it is concluded from the enquiries that on the balance of probabilities a staff member has abused/harmed a child/young person (but where no criminal charges are being laid), the registered manager will initiate and carry through disciplinary proceedings.

2. If abuse/harm is proved, the manager will initiate appropriate action, which most likely will be dismissal and referral to the DBS to prevent them from being employed further in regulated activity.

3. Other employment sanctions could apply depending on whether there might have been mitigating or extenuating circumstances. In some such cases, retraining could be appropriate.

4. The child/young person/parents/guardian as appropriate will be informed of the outcome of the investigation and any further action and will be consulted about whether any redress or apology would be appropriate and helpful to them in line with the service's duty of candour.

5. The registered manager will take appropriate steps to inform the DBS for possible inclusion of the person on its barring lists as someone who is unsuitable to work again in regulated activity with vulnerable children.

6. At all stages of the process, a careful record will be kept of all actions taken, paying particular attention to the sensitivity of the abused/harmed child/young person and the views of their parents/guardians.

7. Where relevant to the resolution of the situation, a plan will be drawn up to address the issues with the alleged or known perpetrator(s), particularly if they will be continuing to form part of the victim's life, directly or indirectly.

See, for example, the following policies:

- Safeguarding from Bullying, Harassment, Exploitation and Other Forms of Social Abuse
- Safeguarding People Using a Care Service from the Harmful Actions and Behaviour of Peers and Social Contacts.

4.0 Planning further action

At the end of an incident involving possible or actual abuse/harm, the care provider will review with partner agencies what has happened and identify how it could improve its safeguarding practice.

If necessary, policies, procedures and training arrangements will be modified or developed in response to the review's findings.

Alternatively, it might need to co-operate in an external review or serious case review.

Recruitment

The service takes great care in the recruitment of staff, carries out all possible checks on recruits to ensure that they are of a high standard and will co-operate in all government

initiatives regarding the sharing of information on staff who are found to be unsuitable to be involved in work which brings them into contact with children.

Referrals to DBS barred lists

The care provider will always comply with its legal requirement to refer a care worker to the DBS barred lists following the procedures issued by the DBS, where it has evidence that the staff member in question has been guilty of misconduct by harming or putting a child/young person at risk of harm during the course of their work.

Government guidance

This care service is committed to working within current government guidance on multi-agency policies and procedures to protect children from abuse and its CQC registration requirements.

Contacts and sources of assistance

(Provide details of local and national services, including advocacy services providing help to people on any safeguarding issue related to the care service.)

Training

All staff receive training in recognising abuse or harm and carrying out their responsibilities under this policy as part of their induction programme and further training in line with their training needs as identified from their supervision, appraisals and policy developments and changes. The training is updated on a regular scheduled basis at least annually.

All training, including induction training, is in line with the guidance and standards produced by the relevant social and healthcare workforce development organisations and the local safeguarding authority training policies and guidance.

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Staff new to care work who are employed to work with children/young people must achieve Standard 11: Safeguarding Children as part of their Care Certificate training (and Standard 10 if they work with adults also).

Other new staff will have a baseline training level, which is at least the equivalent of the Care Certificate Standards 9 and 10 from previous or current induction training.

All staff will receive training to ensure that they are familiar with local Safeguarding Children's Boards policies and procedures.

All staff following induction are expected to proceed to at least a Foundation Level 2 award and a Multi-Agency (Level 3) training in child safeguarding.

Managers and staff responsible for safeguarding are required to receive Specialist Safeguarding Training (Level 4) and, where appropriate to their roles and responsibilities, achieve the Multi-Agency Safeguarding Leaders Development Programme (Level 5).

Signed:	RUEBEN SIBANDA
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