

Safeguarding

**Our ethos**

All adults who come into contact with children and young people in their work have a duty of care to safeguard and promote their welfare.

A strong safeguarding culture is evident within our homes and White Orchid Care have a duty to ensure that the children are listened to, respected and involved in both the development of the home and decisions made about their care. All carers are encouraged to build positive relationships with children in the home and develop a culture of openness and trust that encourages them to be able to tell someone if they have concerns or worries. Our children must feel safe and be safe and carers support children to be aware of and manage their own safety to an age appropriate level both within and outside of the home.

White Orchid carers are trained how to safeguard children, this equips them with the skills to recognise and be alert for any signs that a child might not be safe or is at risk of harm.

White Orchid Care will:

* Prevent unsuitable people working with children and young people;
* Promote safe practices and challenge poor and unsafe practice:
* Identify concerns about a child’s welfare and take appropriate action
* Work in partnership with all other agencies and communicate relevant information
* Monitor and review safeguarding procedures to ensure continuous development and improvement.

White Orchid Care recognises that the business of protecting children is everyone’s responsibility. Within training, supervision, staff and management meetings, safeguarding is a point for discussion. White Orchid Care are committed to ensuring that staff are kept up to date with any new safeguarding procedures and that staff are trained using up to date information and guidance. As part of staff development White Orchid Care are committed to enhancing staff’s skills in recognising signs of abuse and taking action.

**Knowledge and information**

All staff working within White Orchid Care must have knowledge and information on the definition of abuse, how abuse can interrupt a child’s development, vulnerability and resilience, new ideas from research, evidence and examples of good practice, duties and powers of the police and children’s social care, legal implications and statutory responsibilities.

The Working Together to Safeguard Children (2015) guidance recognises that children can be subjected to abuse by those who work with them in any and every setting. As defined by the guide safeguarding and protecting children is;

* protecting children from maltreatment;
* preventing impairment of children's health or development;
* ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
* taking action to enable all children to have the best outcomes.

**Skills and abilities**

Carers are trained to be able to recognise concerns which relate to safeguarding children and to follow the safeguarding procedure. They will take steps to protect themselves when working with children and know how to respond when a child makes a disclosure or allegation. Carers are aware of how to record the information and the importance of keeping the information confidential and informing only those who are required to know.

Should a child make a disclosure to an independent visitor or consultant linked to the home the person has a duty to report the disclosure to the manager or the child’s social worker and ensure that they have recorded the information correctly.

All consultants and visitors to the home working directly with the children are subject to various checks; please refer to the Safer Recruitment and Selection policy.

**Training and supervision**

All carers complete safeguarding training which includes understanding types of abuse, the national and local child protection initiatives, their responsibilities in respect of child protection, knowing what to do if they have suspicions or experience a disclosure. The training also considers a range of safeguarding issues such as child sexual exploitation, female genital mutilation, extremism and E-safety alongside more day to day safeguarding issues. Training is updated at least annually for all staff.

All carers will undertake monthly supervision where they are encouraged to discuss any child protection concerns. Staff should be aware that they have a duty to notify the manager of the home about any concerns immediately and not wait for supervision.

At team meetings safeguarding is discussed and all staff are expected to ensure that they are aware of any concerns and act on any designated actions given.

The home is audited every month as part of the Regulation 44 inspection and safeguarding is a main area which is reviewed and assessed. In addition to what they observe themselves, any safeguarding concerns are reported to the inspector which are then addressed within the report and shared with Ofsted.

**The designated person for safeguarding children**

Within each home there is a registered manager who is responsible for ensuring that all safeguarding procedures are followed, that carers are trained on how to safeguard children and children are given information on how to stay safe and what to do if they need to share any information. In addition there will also be a Designated Safeguarding Lead, in some cases this may be the registered manager but it may also be another senior manager. The registered manager will work alongside the Designated Safeguarding Lead to ensure that any safeguarding concerns or issues are acted upon both within the home and by outside agencies such as the Multi Agency Safeguarding Hub (MASH), the local Police, the Local Authority Designated Officer (LADO), families and other professionals.

The registered manger will also complete a Notification for Ofsted to inform them of any issue that meets the criteria of a notifiable event and will include what actions have been taken to prevent any further risk.

**Safe practices within the home**

The day to day care of the children involves careful planning and consideration of what the children are doing and whether there are any risks involved. Carers remain consistently mindful of safeguarding within all activities. Below is a list of safe practices used by White Orchid Care that all staff must adhere to:

* Information about the child’s day and any incidents are recorded in the log and the children’s individual records.
* The running log details the children and carers whereabouts and activities at all times.
* White Orchid Care only allows approved visitors into their homes, each visitor signs in and out and is supervised whilst in the home.
* Carers respect the children’s rights to privacy and knock and wait prior to entering any child’s bedroom or bathroom.
* Doors are kept open when an adult is in a room with a child.
* Carers do not sit on a child’s bed without asking their permission.
* Children will never be locked/shut in a room on their own as a means of punishment or control.
* When children are in bed carers do not sit on their bed.
* Carers do not use the bathroom when children are using it.
* When children require help with personal care we detail what care is provided in their care plan and ensure that both the child and their social worker agree prior to this taking place.
* Carers are sensitive to gender issues and stages of development.
* Carers do not kiss the children or allow them to kiss them.
* Carers will ask the child if they would like to be cuddled and respect their answer.
* Carers sleep within their own sleeping areas and are not allowed to share rooms with children useless agreed so by the manager and child’s social worker and risk assessed as safe to do so.
* Carers will only undertake room searches if there is a concern about a child’s welfare and that they may have concealed items that could cause harm to themselves or others. Children are notified when this will happen and ideally will have consented and should be present when the search takes place. There may be occasions where it is appropriate to search a child’s room without the consent and/or presence of the child – the manager must be made aware in these instances and give consent before a search takes place. Two carers must undertake any search and this must be recorded on ClearCare.
* Carers will only search a child if there is a significant belief that a child has dangerous items or items that may pose a risk on their person. Two carers should be present when a search is carried out and this must be recorded on a detailed record. The search can include staff requesting for a child to remove outer garments e.g. a jacket/hoodie/hat/shoes, asking them to turn out their pockets, patting them down in non-intimate areas. This must all only be done with the child’s consent. If the child refuses or a more invasive search is required the child must not be left alone and the Police should be called to carry out the search. On these occasions the manager must be called and everything must be detailed on a detailed record.
* White Orchid Care has a Comments, Compliments, Complaints & Whistle Blowing policy and encourages carers to feel safe enough to report any concerns in relation to another adult or worker.
* Carers supervise the children when they are together.
* Carers ensure children are safe when out in the community.
* Carers remain vigilant to any safeguarding risk both within and outside of the home.
* The carer must be able to see and hear what both children are doing when they are playing together.
* If a child requires constant supervision then this is detailed in their care plan and an agreement will be in place with the local authority taking into consideration Deprivation of Liberty.
* When carers are out with the children they must carry a mobile phone with them.
* White Orchid Care listens to children and provides them with opportunities to talk privately to both their families (where appropriate) and social workers.
* Children have key work sessions where they are encouraged to share things that are important to them; they are also educated on risk within their sessions and through informal conversations with all carers.
* White Orchid Care educates children on how to share information and provide various ways in which they can share concerns. This can be done verbally, written, through key work sessions, via our app, via a friend or family member, through time alone with their social worker and by providing the child with their Independent Reviewing Officers (IRO) information or advocacy service details linked to their placing authority.
* White Orchid Care has a Safer Recruitment and Selection policy which outlines how we safeguard children when recruiting and using other services.

This is not an exhaustive list, it is important that carers continually reflect on safe practices and listen to instincts around potentially risky situations.

**How we listen to children**

At White Orchid Care we aim to create a culture where children feel able to share their views freely and know that it will be heard and respected. Internally we provide a number of different ways that children can share their views:

* Managers being regularly available to the children
* Children knowing they can ask to speak to a manager, shift leader or carer of their choice
* Key work sessions
* Children’s meetings
* Day to day discussions
* Email
* Feedback letterbox

We also ensure that any child living in the home has access to time and space with people not connected to White Orchid Care e.g. a family member, social worker or advocate with whom they could share any concern. In addition the team of consistent and skilled staff at White Orchid Care allows the children to always have someone around them whom they have developed a relationship with and can hopefully share their thoughts. By creating this culture we hope that if a child ever had a safeguarding or any other form of concern they would have a means of sharing this.

**Safety during the night**

Two carers sleep in the home overnight, they do not go to bed until all children are settled and asleep. Before doing so they ensure the house is secure and safe. The children’s bedroom doors are closed at night and when staff go to bed they activate the bedroom door sensors. These alert the staff member sleeping in the primary bedroom if any of the children’s bedroom door’s open. This happens by a light flashing and alarm sounding within the sleep in room which isn’t loud enough to disturb the children but will wake the adult. This allows staff to get up and check the child is ok and ensures everyone’s safety. Some children living in the home have risky behaviours so it is important staff know their whereabouts and can support them if needed. All children, parents and social workers are aware of the use of these sensors and their use will be reviewed depending on the specific needs of the individual children.

**Allegations against carers/staff**

Children who are looked after in any form of substitute care are vulnerable to abuse and exploitation and have the same right to protection from abuse as all other children. It is also the case that being subject to a false allegation of abuse is one of the hazards of being a carer. It is of the utmost importance to listen to children and act in a professional and non-judgmental manner. However carers can face the risk of false allegations being made and in these instances it can be very distressing for that individual and their families.

To ensure the safety of staff and children in all instances where a child makes an allegation it will be taken seriously. All those involved in an investigation will be supported. This includes the child, their family and the person subject to the allegation. The process will be transparent and non-judgmental. It will always ensure that the child’s needs are paramount and that the needs of the child and other children within the home are put first.

There is a clear protocol that MUST be followed (see Appendix) which highlights the below actions to be taken in the event of an allegation:

* The person to whom the child makes the allegation MUST inform the manager of the home immediately and record clearly the conversation they had with the child. As with disclosures no opinions should be shared and children should not be led in any way.
* The manager will report the allegation to the LADO, the child’s social worker, White Orchid Care Directors and where appropriate the child’s parents. LADO guidance will be followed to ensure the immediate safety of all concerned and that a fair and thorough investigation takes place.
* The manager will record all actions within the ‘Managers Safeguarding File’ to ensure clear tracking. This ensures that should the home manager be absent, another manager within White Orchid Care can continue with the process.
* The manager will ensure that a notification regarding any allegation or serious complaint about White Orchid Care or its employees is completed and sent to Ofsted.

There may be a need to suspend the involved member of staff from work whilst the investigation is completed. The staff member will be provided with appropriate information and made aware of what action the company and other agencies may take. They will be provided with the advice line for Peninsula who will provide them with additional external support. Staff are not automatically suspended without good reason or careful thought.

Throughout any investigation those who have made the allegation and also whom the allegation is about will be treated with the utmost respect. All information will be kept confidential and only shared with those who are required to know. Information will not be shared until it is safe to do so and in the best interests of the child.

Depending on the nature of the allegation there are different actions which may be agreed with the LADO:

* Internal investigation by the manager of the home or a company Director where the manager is implicated in the allegation.
* Investigation by the Local Authority where the alleged incident took place and other Authorities which have children placed in the home.
* A criminal investigation.

Detailed recordings of the allegations, conversations, meetings and correspondence will be kept in the Managers Safeguarding File; this will also include the outcome of any investigation.

A copy will be provided to the individual as soon as the investigation is concluded. The information is kept and retained on their personnel file until the individual reaches retirement age (even if they have left the organisation) or for ten years, whichever is sooner.

Malicious allegations will be removed from personnel records and unsubstantiated, unfounded and malicious allegations will not be referred to in references.

Staff should refer to the ‘Employee Handbook’ for information on rules covering gross misconduct, right to appeal, whistle blowing and disciplinary procedures.

**How to minimise the risk of a false allegation being made**

* Staff are to read and be aware of the child’s history and experience of abuse.
* Staff must observe and monitor interactions between children and maintain detailed records.
* Staff must follow the safe practices detailed within this policy.
* There must always be a safe number of staff working with the number of children.
* Staff must raise any concerns with a senior member of staff.
* Staff should ensure that they read the Safe Caring book and be aware of safe physical contact/intimate care advice.

**Abuse by another child**

Should a child allege abuse by another child then the following action should be taken:

* The incident MUST be reported to the manager immediately.
* Both placing authorities will be made aware of the allegation.
* A strategy discussion may take place involving the placing authority and the police.
* Any person with parental responsibility will be notified by the manager or social worker as agreed with the placing authority.
* A plan will be agreed with both children’s authority’s to ensure that it is addressed with both children and to devise a plan to safeguard against any further abuse.
* Consideration will be given to what is in the best interest of all children and relevant action will be taken.

**Reporting and recording**

Carers must follow these reporting and recording procedures in all safeguarding incidents – this includes disclosures/allegations/incidents of abuse or unsafe practice:

* Any safeguarding issues/allegations/disclosures MUST be reported to the manager immediately. If you are unsure whether it is a safeguarding matter you should clarify with the manager.
* Do not assume that someone else has reported the matter even if more than one person is aware.
* Carers must not investigate the matter or question those involved.
* The child must not be discouraged or deflected when making a disclosure.
* The adults should not ask leading questions.
* The incident must be recorded as soon as possible.
* When a child makes a disclosure then any write ups should include the words that were used by the child and where possible a written statement from the child.
* The report should state any action that was carried out by the adult in response to the concerns raised.
* All information should be recorded in a non-judgmental manner, without interpretation or assumption.
* All incidents involving safeguarding matters will be kept in the child’s own records and further confidential investigations will be held within the Manager Safeguarding file.
* Staff may be instructed to inform the child’s social worker or this will be done by the manager.
* The manager of the home will inform LADO where the allegation relates to someone who works with children and consult about what action to take.
* A notification will be completed and sent to Ofsted by the manager.

**Consulting children throughout the process**

White Orchid Care appreciates that at times it may not be safe or appropriate to consult the child/children about the actions immediately after a disclosure or allegation. We are committed to ensuring that whenever possible and with the agreement of the relevant professionals we keep children up to date with any actions and responses. A child’s safety is always paramount and children may need help in understanding the process. The team at White Orchid Care are trained and encouraged to support children in cases where disclosures or allegations are made and are skilled in helping children to understand and share their views.

The manager will work closely with the child to ensure that they are aware of any action and make sure that their views are heard and recorded to ensure that all professionals are made aware of the child’s wishes and feelings and the child’s voice is heard.

**Notifications**

White Orchid Care will always work closely with the placing authority and LADO to ensure that any investigation is carried out in a timely and child centered manner. Alongside the child, family and other professionals White Orchid Care will agree a plan for ensuring the child’s safety and welfare, record decisions and ensure agreed action is taken.

The manager will decide with the placing authority who is to contact the children’s parents or those with parental responsibility and whether it is safe to do so.

The manager will ensure that a notification is sent to Ofsted advising them of any allegation, child protection enquiry or other matter that falls under Regulation 40. If required they will complete an update notification with the outcome of any investigation, enquiry or planned actions. A copy of the notification will also be sent by the manager to the child’s placing authority.

White Orchid Care has an expectation that the child’s social worker visits as soon as possible after the referral and carries out any further assessments.

**Strategy discussions**

Whenever there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm there should be a strategy discussion involving the police, social care, health and other relevant professionals. This can take the form of a conference call or meeting and all involved will agree the steps that are needed to ensure the safety and wellbeing of any children involved.

**Definitions of abuse**

All staff must be aware of the various forms of abuse; this is discussed within safeguarding training and listed below to ensure that they are aware of the various ways in which abuse can occur:

Physical Abuse can include hitting, shaking, throwing, poisoning, burning or scalding, drowning, or any physical harm to a child; this can include cultural practices such as female genital mutilation. Physical harm can also be caused by a carer or parent who fabricates the symptoms of, or deliberately induces ill health to a child whom they are looking after.

Emotional Abuse is the persistent emotional maltreatment of a child such as to cause severe or persistent adverse effects on a child’s emotional development. It may also involve conveying to children that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children, seeing or hearing ill treatment of another, bullying, causing children to feel frightened or in danger, or the exploration or corruption of children.

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

Neglect is the persistent failure to meet a child’s basic physical and /or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may involve failure to provide adequate food, clothing, and shelter. Protect a child from physical or emotional harm or danger, ensure adequate supervision and access appropriate medical care or treatment.

A child may suffer or be at risk from harm from one or more types of abuse and this can take place on a single occasion or may occur repeatedly over time.

Further definitions as set out in the Children Act 1989 are:

* Harm – ill treatment or impairment of health or development, including, for example impairment suffered from seeing or hearing the ill- treatment of another.
* Development - physical, intellectual, emotional, social, or behavioral development.
* Health – physical or mental health.
* Ill-treatment – sexual abuse and forms of ill-treatment which are not physical

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**LADO – Local Authority Designated Officer**

The LADO deals with any matter where a safeguarding matter occurs in relation to someone working with children. White Orchid Care has good links with the LADO; this enables consultation to take place efficiently and effectively where needed. The LADO will provide advice and guidance to employers and voluntary organisations, liaising with the police and other agencies and monitoring the progress of any investigation to ensure that they are dealt with as soon as possible, consistently and fairly.

**Whistle blowing**

White Orchid Care has a Comments, Compliments, Complaints and Whistle Blowing policy which details all employees’ responsibilities and rights around reporting concerning behaviour of staff or managers. Please see Comments, Compliments, Complaints and Whistle Blowing policy for further details.

**E-Safety**

White Orchid Care has an E-Safety policy in place which ensures that carers are aware and trained in how to keep children safe when online and using electronic devices. It also promotes guidance and education for children around staying safe online.

**Child Sexual Exploitation (CSE), Gang related violence and Extremism**

Children are all at risk of exploitation but recent case reviews have highlighted the specific vulnerability of children in care. Extremists, gangs and those seeking to sexually exploit children are known to target vulnerable children living in children’s homes. Many of these children are keen to be accepted or loved which makes them particularly vulnerable to this form of grooming or intimidation.

All carers will attend training to aid their understanding and ability to safeguard children. Specific training will be provided to cover the issues surrounding CSE and County Lines (gangs/drugs) to ensure all staff are fully aware and able to identify the specific risk factors associated with this issue.

White Orchid Care will also ensure that all staff are trained in the PREVENT strategy, the Governments initiative to tackle terrorism. The strategy has three main aims:

* Challenging the ideology that supports terrorism and those who promote it,
* Protecting vulnerable people,
* Supporting sectors and institutions where there are risks of radicalisation.

Further details can be found here: <https://www.gov.uk/government/publications/prevent-duty-guidance>

It is essential that all carers are aware of these issues, the signs to be aware of and how to tackle it should it arise.

If carers suspect a child is involved in any of these issues they must report it to the manager who will in turn notify the Police, child’s local authority and the local children’s Safeguarding Board and Ofsted immediately.

**Female Genital Mutilation (FGM)**

Female genital mutilation, also known as female genital cutting and female circumcision, is the ritual cutting or removal of some or all of the external female genitalia. FGM is not an issue that can be decided on by personal preference, it is an illegal, extremely harmful practice and a form of child abuse and violence against women and girls.

If the risk of FGM is identified the sharing of information with multi-agency partners throughout the girl’s childhood is essential and clear safeguarding procedures must be followed. It must always be remembered that fears of being branded ‘racist’ or ‘discriminatory’ must never weaken the protection that professionals are obliged to provide to protect vulnerable girls and women.

As FGM is a form of child abuse, professionals have a statutory obligation under national safeguarding protocols (e.g. Working Together to Safeguard Children 2015) to protect girls and women at risk of FGM. Since October 2015 registered professionals in health, social care and teaching also have a statutory duty (known as the Mandatory Reporting duty) to report cases of FGM to the police non-emergency number 101 in cases where a girl under 18 either discloses that she has had FGM or the professional observes physical signs of FGM.

Further information can be found here: <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/525390/FGM_safeguarding_report_A.pdf>

If carers suspect a child has been subject to or is at risk of FGM or a child discloses this they must report it to the manager immediately who will in turn notify the Police, child’s local authority and the local children’s Safeguarding Board and Ofsted immediately.

**Mental health and wellbeing**

White Orchid Care is committed to supporting its staff, carers and the children in our care with their mental health. We promote general health and wellbeing and seek to ensure that all staff, carers and children have a balanced and healthy approach to life, including their mental health. Failure to do this effectively can lead to a variety of risks and safeguarding concerns so this is an area of significant importance to us.

As a team we aim to create a culture of openness, honesty and the belief that sharing difficulties and feelings is a positive thing. Support packages can be agreed where needed and may include increased supervisions, referrals for therapist support, the use of mood monitoring tools or anything else relevant to support the individual to improve their mental health.

Carers and staff are trained to have an awareness of the signs of poor mental health and the most effective ways to support individuals whether that is colleagues or the children in their care.

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Manager Name:

Manager Signature

Date:

**Appendix:**

**Responding to Allegations Quick Reference Protocol**

An allegation is made regarding an adult or child

All staff present to complete their own separate recordings of the incident

Inform a manager **IMMEDIATELY** using on call if out of office hours

Manager to inform other WOC Managers and complete incident table in Safeguarding File

Manager to consult with LADO and follow any advice given

 **This must occur within 1 day**

Copies of all emails, incident recordings T/C’s to be filed in Safeguarding File

Social worker to be informed and they will inform persons with PR if appropriate

Notification to Ofsted to be completed with report of incident and if possible outcome. If outcome is not yet known it may be necessary to submit an update notification with the outcome at a later date.