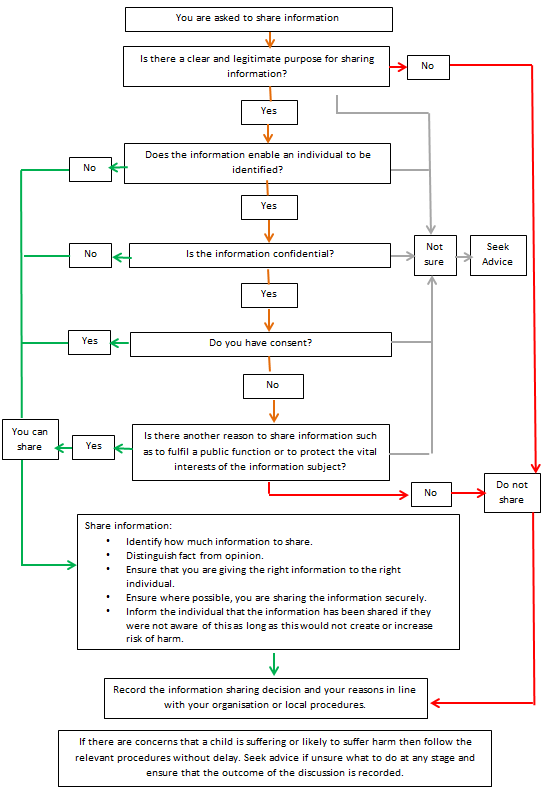
**CHILD PROTECTION AND SAFEGUARDING POLICY AND PROCEDURE**

1. **Statement of Intent:**
   1. To protect children and young people who receive care from Omega Care Group’s services from harm.
   2. To provide staff and volunteers, as well as children and young people and their families, with the overarching principles that guide our approach to child protection.
   3. This policy applies to anyone working for or on behalf of Omega Care Group.
   4. Failure to follow the Child Protection and Safeguarding children/ young people procedure is serious and may result in disciplinary action being taken.
   5. This policy has been formed in line with ‘Working Together to Safeguard Children’ 2018.
2. **Scope**
   1. All staff
      1. Volunteers
      2. Anyone working on behalf of our organisation
      3. Senior Management including Directors
      4. Responsible Individual (Only applicable to Children Residential Service)
      5. Students, Trainees, Apprentices, Work Experience, Seconded
      6. Contractors
      7. Agency Staff
   2. This policy applies to all services operated by Omega Care Group
3. **Safeguarding Statement**
   1. Omega Care Group acknowledges and accepts its moral and statutory responsibilities in safeguarding and promoting the welfare and wellbeing of the children and young people engaged with its services.
   2. The delivery of all Omega Care Group provision is firmly embedded in the principles of safe working practices, high levels of awareness and robust, safeguarding reporting processes.
   3. All staff are recruited through the Safer Recruitment pathway, establishing the basis for effective training, working practices and management.
   4. Omega Care Group aims to generate an organisational culture which promotes the creation of a trust based, safe and anti-oppressive environment.
   5. Omega Care Group is committed to positive collaborative working with agencies and relevant others, to ensure that risk is identified and addressed, and that positive outcomes for young people are achieved.
4. **Policies, Procedures and other guidance related to policy**

* Role description for the designated safeguarding officer
* Safeguarding Procedure
* Managing allegations against staff policy
* Data Protection Policy
* Professional Boundaries Policy
* Digital and E-Safety Policy
* Safer recruitment policy
* Anti-bullying Policy
* Lone Working Policy
* The prevent duty: for schools and childcare providers (2015)
* Behavioural Development Management Policy
* Complaints policy
* Whistleblowing policy
* Health and safety policy

1. **Safeguarding and Child Protection**
   1. **Safeguarding children is defined in Working Together to Safeguard Children as:**
      1. Protecting children and young people from abuse and maltreatment
      2. Preventing harm to children and young peoples’ health and development
      3. Ensuring children and young people are provided with safe and effective support
      4. Taking action to enable all children and young people to have the best outcome.
   2. **Safeguarding adults at risk is defined in the Care and support statutory guidance issued under the Care Act 2014 as**:
      1. Protecting the rights of adults to live in safety, free from abuse and neglect.
      2. People and organisations working together to prevent and stop both the risks and experience of abuse or neglect.
      3. People and organisations making sure that the adult’s well-being is promoted including, where appropriate, taking their views, wishes, feelings and beliefs fully into account when deciding 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.
2. **Child Protection is:**
   1. An integral part of safeguarding and promoting the welfare of children and young people. It refers to the steps taken in order to protect specific children and young people suffering or likely to suffer, significant harm.
3. **Legislative and Guidance Framework**
   1. Counter- Terrorism and Security Act 2015
   2. The Young Carers' (Need Assessment) Regulations 2015
   3. Chronically Sick and Disabled Persons Act (CSDPA) 1970
   4. Children and Social Work Act 2017
   5. Female Genital Mutilation Act 2003
   6. Children and Young Persons Act 1933
   7. Serious Crime Act 2015
   8. Borders, Citizenship and Immigration Act 2009
   9. Adoption and Children's Act 2002
   10. Digital Economy Act 2017
   11. Modern Slavery Act 2015
   12. United Nations Convention Rights of the Child 1989
   13. The Sexual Offences Act 2003
   14. The Police Act 1997
   15. The Care Act 2014
   16. Children Act 1989
   17. The Children Homes Regulations 2015
   18. Children Act 2004
   19. Equality Act 2010
   20. Human Rights Act 1998
   21. Public Interest Disclosure Act 1998
   22. Safeguarding Vulnerable Groups Act 2006
   23. General Data Protection Regulation 2016
   24. Data Protection Act 2018
4. **Omega Care Group believes that:**
   1. The welfare and wellbeing of the child or young person is paramount, as expressed in the Children’s Act 1989 and we adhere to this in relation to all the work we do and in all the decisions we take
   2. All children and young people have the right to a safe and supportive home environment
   3. All children and young people have the right to equal protection from all types of harm and/or abuse
   4. That this right is an absolute, and is regardless of sexual identity, sexual orientation, racial heritage, belief system, disability, or socioeconomic background. This includes all protected characteristics as defined in the Equality Act 2010.
   5. Some children and young people have additional vulnerabilities as a result of the impact of past experiences, levels of dependency, communication needs or other issues.
   6. All children and young people should be valued, respected and their voice heard
   7. Working in partnership is essential in promoting the welfare and wellbeing of each young person.
5. **Means of Achievement**
   1. **To maintain and ensure effective delivery of Safeguarding processes Omega Care Group will**:
      1. Prioritise and promote the safety and wellbeing of young people
      2. Operate child-centred practices which place the individual at the centre of all work
      3. Maintain a Designated Safeguarding Lead
      4. Operate a Safer Recruitment Pathway, supported by a comprehensive and effective induction process
      5. Ensure that all those engaged in the work of the organisation understand their role and responsibilities
      6. Provide appropriate learning opportunities for all staff to develop and deliver best practice
      7. Operate robust young person risk management processes, with ongoing monitoring and review
      8. Operate robust Missing from Home/Absent From Home processes which are referenced to individual young person’s Risk Management Plans
      9. Create and maintain a safe and anti-oppressive environment
      10. Ensure all staff operate within the organisation’s Professional Boundaries policy
      11. Provide appropriate support and guidance to all staff
      12. Implement robust and effective Safeguarding Child Protection practices and procedures
      13. Establish and operate within, effective, transparent information sharing protocols
      14. Maintain, monitor and review effective reporting and recording processes
      15. Operate in accordance to Anti-Bullying (including Cyber Bullying) Policy
      16. Operate in accordance to Digital and e-safety Policy
      17. Address Safeguarding as an ongoing element of staff individual and group supervision and team meetings
      18. Address any allegation made against a member of the organisation, effectively, with transparency and following due procedure
      19. Work collaboratively with all professionals and relevant individuals
      20. Ensure currency of all processes and training
      21. Operate an accessible young person’s complaint process
      22. Operate in accordance to Whistle Blowing Policy
      23. Operate in accordance to Lone Worker Policy
      24. Review Policy annually or in light of any legislative and/or guidance changes.
   2. This Policy relates to Working Together to Safeguard Children 2018. Further information and guidance are drawn from the relevant Local Safeguarding Partnerships.
6. **Designated Safeguarding officer**
   1. **The Designated Safeguarding Leads for Omega Care Group Children Residential is Nicole Whiting**
   2. **Designated Safeguarding Lead: Role and Responsibilities**
      1. To undertake child protection level 3 designated safeguarding lead (DSL) training each year
      2. To maintain currency in Safeguarding and Child Protection matters
      3. To provide information and advice to staff and the wider organisation on Safeguarding matters
      4. To ensure all staff receive relevant training in safeguarding
      5. To ensure all staff are aware of their role and responsibilities
      6. To develop and deliver programmes of training and revisit key issues such as radicalisation, CCE and CSE
      7. To support and promote best practice
      8. To act as a locus for all staff re: safeguarding concerns
      9. To assess information submitted by staff, and to undertake appropriate actions
      10. To ensure compliance with relevant hosting authority safeguarding procedure
      11. To maintain confidentiality in line with the Data Protection Act and best practice
      12. To maintain accurate records of all Safeguarding matters
      13. To undertake monitoring and review of Safeguarding matters and to make appropriate recommendations re: developing and improving practice
      14. To coordinate Safeguarding action re: specific individuals
      15. To liaise with relevant Safeguarding Partners /police/other organisations as deemed necessary and appropriate
      16. To consult, where appropriate, with Children’s Social Care re: advice, information etc.
      17. To ensure Omega Care’s Safeguarding Policy and Procedures are current and comply with all relevant legislation and guidance
      18. To represent Omega Care Group with Safeguarding Partner and relevant other meetings
      19. To ensure any internal safeguarding allegations are addressed in line with procedure and reported appropriately to the Local Authority Designated Officer
      20. To follow the hosting authority DSO tool into managing any safeguarding allegation
      21. To ensure that all information is shared in line with best practice protocols
      22. To contribute to the development of the Staying Safe element of the ILP
      23. To represent Safeguarding matters at Omega Care Group management meetings.
7. **Safer Recruitment**
   1. Omega Care Group will operate a robust Safer Recruitment process to ensure the quality and appropriateness of staff.
   2. All managers and human resource officer to complete accredited safer recruitment training
   3. ***All applicants will receive an application pack which includes:***
      1. A covering letter including information about the company and its aims
      2. A full job description including specific reference to Safeguarding responsibilities
      3. A person specification
      4. An overview of Omega Care Group and of the specific job role
      5. The Omega Care Group Safeguarding statement
      6. The Omega Care Group Diversity and Equalities statement
      7. An equality monitoring form
      8. An application form
      9. Monitoring and Rehabilitation of Offenders forms and information.
   4. Any formal interview should be undertaken by a panel of a minimum of 2, this should include human resource officer and the home’s manager. A young person from the placement may also attend the panel for specific questions.
   5. The young person should receive briefing and support throughout the process.
   6. Questions/scenarios should address Safeguarding and safe working practices within the overall framework of the interview and responses assessed appropriately by using a scoring system. The applicant’s experience of working with young people and children should be explored from a range of perspectives.
   7. ***Any offer of employment should be dependent on the applicant clearly satisfying the following criteria:***
      1. Proof of identity (drawn from approved list)
      2. Proof of date of birth (drawn from approved list)
      3. Proof of the right to work in the UK.
      4. A satisfactory DBS (through Omega Care Group or a verified transportable version), DBS no., date of issue and issuing company to be recorded.
      5. The production of two written and verified references, one of which should be from the current or most recent employer (i.e. professional). References should not be received via the applicant.
      6. Evidence of any qualifications claimed.
      7. A satisfactory full employment history, with appropriate explanation for any gaps.
   8. All interview records will be retained as per best practice.
      1. Should the applicant acknowledge and indicate that specific issues would arise on any DBS, they may, if qualifying for an interview, explore the offence and its implications. DBS risk assessment to be completed if any offences arise upon receipt of DBS. Certain offences carried out in the past need not preclude an applicant from being appointed. **Reference: Safer Recruiting Policy**
      2. Successful applicants are subject to the satisfactory completion of a six-month probationary period. Throughout this period the probationer should receive structured supervision on a 2 weekly (or more frequently as required) basis for the first three months which reduce to monthly if no concerns are evident. The manager should address Safeguarding within supervision as an ongoing element and make an informed decision as to the satisfactory completion of the probationary period and of the suitability of the individual for the role.
8. **Training**
   1. Omega Care Group recognises that it has a commitment to ensure that all staff receive appropriate training to enable them to discharge their responsibilities effectively.
   2. This includes all staff:
      1. Possessing a clear understanding of their role and responsibilities
      2. Understanding the implementation of the recording and reporting processes
      3. Developing the awareness to recognise signs of abuse, and an understanding of the appropriate actions to take
      4. Delivering safe working practices and minimising any risk to themselves at work
      5. Recognising any inappropriate behaviours shown by other staff members and understanding the appropriate action to deal with this.
      6. Completing specific training focussing on individual safeguarding issues including CSE, CCE, Female Genital Mutilation, Trafficking, Radicalisation, Cyber Abuse, Self-Harm and Domestic Abuse is allocated to staff. Further training will be made available as risks emerge.
   3. Training is held in individual Training and Development Files as well as in a central training matrix.
9. **Contextual Safeguarding**
   1. Contextual Safeguarding is an approach to understanding, and responding to, young people’s experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and Residential Child care Workers have little influence over these contexts, and young people’s experiences of extra-familial abuse can undermine residential childcare worker to -child relationships
   2. Omega Care Group ensure that staff training includes Contextual Safeguarding.
      1. All staff will complete training to understand that, as well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families.
      2. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking; online abuse; sexual exploitation and the influences of extremism leading to radicalisation.
      3. Training should highlight that extremist groups make use of the Internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered and Omega Care Group will ensure that staff know how to refer any concerns to local safeguarding partners and that they have an understanding of Channel referrals and processes.
10. **What is Child Abuse?**
    1. **Physical Abuse.** Physical abuse may involve actions such as hitting, shaking and burning as well as giving children alcohol, inappropriate drugs or poison. Physical abuse as well as being a deliberate act can be caused by an omission or failure to protect.
    2. **Emotional Abuse.** Emotional abuse is a persistent lack of love and affection. A child may be constantly shouted at, threatened or taunted. This can make the child nervous and withdrawn. Other forms of emotional abuse include excessive overprotection and unrealistic pressure to succeed. Some level of emotional abuse is involved in all types of ill treatment of children although it may occur alone.
    3. **Sexual Abuse:** Sexual abuse involves forcing or enticing the child or young person to take part on sexual activities, whether or not the child is aware of, or can consent to, what is happening. Sexual abuse can involve penetrative acts or non-penetrative acts such as fondling. It may also involve non-contact activities such as showing pornographic material or encouraging children to behave in sexually inappropriate ways. This includes children who are victims of Child Sexual Exploitation or are missing or trafficked.
    4. **Neglect:** Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs. These needs include, for example, adequate food, warm clothing and medical care. Children may be left alone unsupervised. Emotional neglect is when children are deprived of love and affection.
    5. **Financial Abuse:** Someone taking or misusing someone else’s money or belongings for their own gain. Harming, depriving, or disadvantaging the victim, controlling someone’s purchases or access to money and does not always involve a crime like theft or fraud
    6. **Controlling behaviour:** A range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Children and young people looked after may be more vulnerable to domestic violence relationships whereby they are subject to controlling behaviour amongst physical abuse.
    7. **Coercive behaviour**: An act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. This definition, which is not a legal definition, includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group
11. **Other forms of abuse:**
    1. **Female Genital Mutilation (FGM)**
       1. is a collective term for procedures, which include the partial or total removal of the external female genital organs for cultural or other nontherapeutic reasons.
       2. This is an extremely harmful practice that violates the most basic human rights.
       3. Female circumcision, excision or infibulation was made illegal in the United Kingdom by the Prohibition of Female Circumcision Act 1985, except on specific physical and mental health grounds.
       4. The Female Genital Mutilation Act 2003 reinforces and amends the 1985 legislation. It makes it an offence for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.
       5. FGM involves the use of instruments to circumcise, mutilate or alter female genitalia, without reference to medical or surgical procedures, and with or without the supervision of a registered medical practitioner.
       6. This practice is not required by any major religion. The practice is illegal and medical evidence indicates that FGM causes harm to those who are subjected to it.
       7. Girls may be circumcised or genitally mutilated illegally by doctors or traditional health workers in the UK, or sent abroad for the operation. A child may be considered to be at risk if it is known that older girls in the family have been subject to the procedure.
       8. FGM is typically performed on girls aged between 4 and 13, although in some cases it is performed on new born babies or young women prior to marriage or pregnancy Prepubescent girls of seven to ten are the main subjects, though the practice has been reported amongst babies. If any agency is informed that a girl has been or may be subject to these practices, a referral must be made to Children's Services
    2. **Preventing Radicalisation** 
       1. The Counter-Terrorism and Security Act (February 2015) places responsibility on Omega Care Group as a provider of care to have due regard to the need to prevent people from being drawn into terrorism (‘’the Prevent Duty’’) and other expressions of radicalisation.
       2. Omega Care Group recognises its obligation to ensure that members of staff identify where young people are vulnerable to being drawn into terrorism, and the senior management team understands that it has a role to play in working with the police and local authorities to provide support to these individuals.
       3. Omega Care Group will ensure contemporary knowledge and understanding is held in relation to Channel panels where required.
       4. Omega Care Group will ensure children and young people will be supported to develop their insight and judgement into radicalisation through keywork sessions, online learning and alterative resources and experiences.
    3. **Safeguarding Children with Disabilities**
       1. Disabled children and young people may be especially vulnerable to abuse doe to the following factors:
       2. Reduce opportunities of social inclusion
       3. Require intimate personal care, possibly from several employees and individuals. This can therefore increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries.
       4. Restricted capacity to resist or avoid abuse
       5. Fearful of losing support
       6. Communication difficulties leading to limitations in disclosing abuse
       7. Increase vulnerability of bullying and intimidation from less vulnerable peers.
    4. The team around the child within the home may recognise presentations of concerns and will report concerns about colleagues, other children/ young people or external care providers.
12. **Child Missing from Education (CME)** 
    1. Omega Care Group recognises Children absent from education is a potential indicator of abuse and may not be able to disclose to anyone about abuse they are experiencing
    2. Omega Care Group will work with education and other professionals to ensure all young people have access to education and learning and will co-operate with local authorities in this regard.
13. **Safeguarding from Exploitation** 
    1. Omega Care Group acknowledges that Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE) are forms of sexual and criminal abuse, that CSE or CCE is never the fault of the victim and recognises the inherent imbalance of power present. Omega Care Group believes that all children and young people under 18 have an absolute right to be safe and to be protected from harm.
    2. As an organisation, we are committed to effective collaborative working with others to identify any potential issues of CSE and CCE and will take all appropriate action to safeguard and protect the wellbeing of all young people engaged with our services. Omega Care Group will ensure that all children and young people already exposed to CSE and CCE are supported, their needs recognised and addressed, and their personal growth promoted.
    3. **What we will do:**
       1. Ensure the delivery of CSE and CCE training and awareness within the Induction process for all new staff
       2. Provide ongoing, relevant training updates
       3. Create a provision which is accepting, listening and supportive and which promotes relationships based on mutual trust.
       4. Work to enhance protective factors including resilience and positive self- image.
       5. Promote the rights of victims to protect and support.
       6. Challenge myths and misperceptions
       7. Use inclusive and accessible keywork sessions to promote self-risk management skills, and an awareness of how to stay safe.
       8. Proactively promote digital and e-safety awareness through online training for young people and staff.
       9. Promote an understanding of what constitutes a healthy relationship
       10. Recognise that there may be an overlap of victim/perpetrator
       11. Ensure effective information sharing
       12. Deliver effective collaborative working with other agencies
       13. Maintain CSE and CCE issues on every agenda for supervision and team meetings
       14. Operate robust Risk Management and review weekly/post incident
       15. Reference Missing from Home information in reviewing risk management plans
       16. Operate robust recording and reporting processes in Safeguarding for CSE and CCE issues
       17. Contribute to multi agency child sexual exploitation & Child criminal exploitation meetings as appropriate
       18. Implement any and all additional measures as identified through MACE, strategy, MARMM & MARAC meetings
       19. Ensure effective monitoring and recording of ongoing developments
       20. Identify a Designated Safeguarding Lead, to provide guidance and to promote best practice
       21. Review this Policy annually or in the light of any changes in guidance and/or legislation
14. **Exploitation** 
    1. Exploitation is a form of abuse. It occurs when an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a young person under 18 into inappropriate and/or illegal activity
       1. in exchange for something the victim needs or wants and/or
       2. for the financial advantage, or increased status of the perpetrator or facilitator.
    2. The victim may have been exploited even if the activity appears consensual. CSE or CCE does not always involve physical or face to face contact, it can occur through the use of technology.
    3. There is no specific offence of CSE, there are however a range of offences under the Sexual Offences Act that can be used to prosecute this form of abuse.
    4. CSE can affect any young person under 18 years of age. Although 16- and 17-year olds may legally consent to sex, they can still be abused in this way
    5. CSE exists across every ethnic grouping, both in terms of those perpetrating the abuse and those experiencing the abuse
    6. Both males and females are at risk of being abused through CSE and CCE. Both males and females can potentially perpetrate the abuse.
    7. CSE and CCE can take place online and offline. It can be perpetrated by individuals or groups.
    8. Any offences of CCE can be punishable under the ‘modern slavery act 2015’ and furthermore the ‘Criminal offences act 2012’
    9. **It is important to note that many young people who are victims of CSE and CCE, do not recognise themselves as such.**
15. **Child Sexual Exploitation**
    1. Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity
       1. In exchange for something the victim needs or wants,
       2. Or for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact.
       3. It can also occur through the use of technology
    2. The 3 main types of Child Sexual Exploitation**:**
       1. **Inappropriate Relationship:** This is a single abuser with inappropriate power or control, this may be physical, emotional or financial. The young person victim may believe that they are in a genuine friendship or loving relationship with the abuser.
       2. **Boyfriend/Girlfriend:** This involves the grooming of the young person. The young person may view it as a normal relationship, they may be given gifts etc., eventually, a seemingly consensual relationship turns abusive. The victim may be required to have sex with multiple individuals and threatened if they attempt to seek help.
       3. **Organised Exploitation/Trafficking:** the recruitment, transportation, transfer, harbouring or receipt of a child for the purposes of trafficking
    3. **Possible Indicators of Child Sexual Exploitation**
       1. Bruising consistent with physical or sexual assault
       2. Appearing distanced or pre-occupied
       3. Reliable information that the young person has been seen or attends localities known to be high risk in terms of CSE
       4. Missing from Home or regularly late
       5. Association with other young people known/believed to be at risk of exploitation
       6. Behavioural shifts-mood swings and changes in emotional wellbeing
       7. Acquisition of money and new possessions without plausible explanation as to source or alternatively the lack of need for finance
       8. Drug and/or alcohol use-particularly if patterns of use change
       9. Sexually transmitted diseases and/ or pregnancy
       10. Development of relationships, usually with someone older, who encourages dependence and isolates the young person from safe relationships
       11. Self-harming or offending behaviour
       12. Low self-esteem/sense of self worth
       13. Increasing isolation within the setting
       14. Displays inappropriate sexualised behaviour.
       15. Change in language / words used
16. **Chid Criminal Exploitation** 
    1. Child criminal exploitation is common in county lines and 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.
    2. **Possible indicators of child criminal exploitation:**
       1. Increased and/or decreased finances
       2. Appearing distanced or pre-occupied
       3. Change in language / words used
       4. Drug and/or alcohol use-particularly if patterns of use change
       5. Behavioural shifts-mood swings and changes in emotional wellbeing
       6. Acquisition of money and new possessions without plausible explanation as to source or alternatively the lack of need for finances
       7. Missing from Home or regularly late
       8. Association with other young people known/believed to be at risk of exploitation
       9. Reliable information that the young person has been seen or attends localities known to be high risk in terms of CCE
       10. Debts
       11. Associating in areas out of borough
       12. Disengagement from services
       13. Arrested in possession of illegal substances
       14. Unexplained injuries
       15. Carrying weapons
       16. Excessive texts / calls
17. **If a member of staff becomes aware of a CSE or CCE issue they should:**
    1. Take appropriate steps and action to support the young person
    2. Contact line/Duty Manager and inform of details
    3. Contact young person’s social worker or the relevant Out of Hours Duty Team
    4. Complete a safeguarding form (CE1) (dependent on context)
    5. E-mail completed form to designated Safeguarding Lead
    6. Follow up with DSL telephone to receive guidance
    7. Refer to Local Safeguarding Partner processes in relevant Authority area
    8. Complete CSE 1 form and submit via Authority pathway
    9. Complete all documentation
    10. Review child/young person’s Risk Management Plan
    11. Monitor ongoing situation and provide support as appropriate.
    12. As all young people placed with Omega Care Group have an on-going engagement with social care, the young person’s social worker will discuss the issue with their manager. The CSE 1 form will be forwarded to the MACE (Multi Agency Child Exploitation) meeting through local processes, for discussion. Staff should be prepared to participate in the MACE meeting if appropriate.
    13. Any feedback or additional information from social care and/or the MACE meeting should be incorporated into a review of the young person’s Risk Management Plans.
18. **Self-Harm**
    1. NICE clinical guidance defines self-harm as **‘self-poisoning or injury, irrespective of the apparent purpose of the act’.**
    2. Self-harm is an expression of personal distress, there may be many reasons for an individual to harm themselves. Self-harm describes a wide range of behaviours that someone does to themselves, usually in a deliberate, pre-meditated way and without suicidal intent, resulting in non-fatal injury. It may remain a secretive behaviour that continues long term without discovery.
    3. ***Examples of self-harming behaviours.***
       1. self-cutting or scratching
       2. burning or scalding oneself
       3. over or under medicating
       4. punching/hitting
       5. swallowing objects
       6. self-poisoning-overdoses or ingesting toxic substances.
    4. ***Common characteristics of self-harming behaviour:***
       1. compulsive, ritualistic episodic (every so often)
       2. sometimes occurs with depression and anxiety, but sometimes without
       3. serves a purpose to the young person
       4. is a way of communicating to others that something is wrong
    5. ***Common myths about self-harming young people:***
       1. that they are manipulators
       2. that they are attention seeking
       3. that they do it for pleasure
       4. that they do it as group activity
       5. that they follow a specific sub-culture
       6. that they have a borderline personality disorder
       7. that they are a risk to others.
    6. ***When dealing with a young person who self-harms:***
       1. take it seriously
       2. enable access
       3. take appropriate precautions
       4. record and report to social care and Omega Care Group Safeguarding Officers
       5. address First Aid requirements
       6. Seek medical advice as appropriate.
19. **Managing Self-Harm – Suicidal Intent Crisis**
    1. If staff suspect that, or are informed that a child/young person has self-harmed and needs immediate medical attention:
       1. Acknowledge and reassure the child/young person
       2. Contact Emergency services immediately if the injury is life threatening or if the young person is suicidal
       3. Administer emergency First Aid as required
       4. Inform the Designated Safeguarding Lead
       5. Inform Emergency Duty Team - check on contacting parent(s)
       6. If young person taken to hospital, emergency A&E protocols will be implemented and CAMHS activated
       7. Refer to EDT
       8. Record and log all events and details - copy of safeguarding Form to social care and Safeguarding Officer
       9. Review onward support plan on young person’s return to setting-monitor as appropriate
       10. Review young person’s Risk Management Plan
       11. Ensure (with DSL) that young person has a trusted individual for support
       12. Link into coordinated multi-agency support
       13. Monitor young person and effectiveness of additional risk management safeguards.
20. **Responding to a child or young persons concerning presentation or events:**
    1. Complete a safeguarding form including all relevant information, observations etc.
    2. Send to child/young person’s social worker
    3. Send to Designated Safeguarding Officer
    4. Share concern with staff team
    5. Monitor ongoing situation
    6. Review young person’s risk management plan -amend as necessary
    7. Escalate as and when appropriate, using Incident Form or a further concern form.
21. **Procedures** 
    1. All members of staff should have a clear understanding of their role in the Safeguarding of young people, and of their responsibility to follow procedure and to take appropriate and timely action.
    2. Staff must stay calm, listen carefully and must not promise to keep secrets.
    3. Staff must inform the child what they will do following receiving the information.
    4. Staff must let the child/young person express themselves in their own words and at their own pace.
    5. Staff may ask questions for clarification only and must not ask leading directive questions.
    6. Reassure the young person that they have done the right thing in telling you.
    7. Record on a safeguarding form what was said. Ensure accuracy and use the young person’s words-do not interpret. Note
    8. Record date and time and include any names mentioned. Ensure that this record is signed and dated.
    9. Relay this information to the Safeguarding Officer and Social Care.
    10. The role of the staff member is not one of investigation. Any action to be taken should be decided through professional agencies with the input of the safeguarding officer.
    11. The child/young person’s risk management plan should be updated, and additional safeguards identified and put in place following any expression of concern or disclosure.
    12. Any staff member who suspects that a colleague may be abusing a young person or behaving inappropriately **must** act on that suspicion. All allegations should be raised immediately. Failure to do so, may result in disciplinary action.
    13. Any case of suspected child abuse or allegation of child abuse, even in the absence of physical evidence, should be highlighted immediately to the relevant Local Authority by the DSL and their advice obtained. This is particularly relevant where the abuse is alleged or suspected to have been perpetrated by an outside caregiver and therefore the child/ young person is particularly vulnerable to further abuse.
    14. Any concerns relating to colleagues not following professional boundary policy, should be raised without delay.
    15. Any allegations about past abuse or neglect must be referred to the local safeguarding children’s team and, if different, the local authority in whose area the alleged abuse or neglect occurred
    16. Should a member of staff feel that a child or young person is at an immediate and serious risk of harm then the emergency services should be contacted, on **999**, if in the opinion of that member of staff that is immediately necessary. DSL must be consulted prior unless urgent.
    17. DSL must be consulted without delay
    18. All information should be documented on a safeguarding report.
    19. Should any incident occur out of hours the DSL, will give consideration to informing the relevant Local Authority out of hours’ team.
    20. In line with the Quality Standards for Children’s Homes 2015 the registered manager has a duty to inform Ofsted about any referral under the Safeguarding Children Procedure, and/ or a serious incident alleged or otherwise, as a notifiable event (Reg 40). This is applicable to Omega Care Group Children Residential Services.
    21. The DSL must keep of all observations and actions taken, timed, dated and signed. These records are to include any signs of abuse, neglect or injury where appropriate and must also include records of any communication with the relevant Local Authority and/ or Police.
    22. The DSL must confirm any verbal communication in writing within 24 hours.
    23. The home manager will hold a safeguarding matrix for their home which is shared with Service Manager, Responsible Individual and DSL
22. **Deciding if it is an allegation of harm or a concern**
    1. The designated safeguarding lead should review the information available and consideration should be given as to whether the case meets the threshold of harm/risk of harm of the relevant authority threefold.
    2. If it is decided it meets the threshold of harm/risk of harm and therefore is an allegation they should follow the procedures below and notify the LADO within one working day.
    3. If appropriate, the police should also be notified within one working day – or immediately if necessary.
    4. If it is decided that the incident does not meet the threshold of harm/risk of harm and is a concern only, then they should take steps to ensure any conduct or behaviour issues are addressed with the member of staff through normal employment practices.
    5. If the designated safeguarding lead is unclear whether the incident meets the threshold of harm/risk of harm they may wish to seek advice from the LADO.
    6. The service manager and human resources are required to be consulted.
    7. **Allegation:** May be made by anyone: a member of the public, a professional, a member of a child’s family or by a child and may be made against a staff member. An allegation involves an accusation of abuse or neglect. For example, that a staff member has injured a child or a staff member has behaved in a sexually inappropriate way towards a child or young person.
    8. **Complaint:** A child or young person, parent, a social worker, an advocate or anyone else with an interest in a child’s welfare, may make a complaint. A complaint is an expression of dissatisfaction and may involve a view about an employee’s approach to the care of a child or young person admitted into the home. A complaint could include disagreement regarding curfew times, bedtimes or availability of activity.
23. **Confidentiality**
    1. The legal principle that ‘the welfare of the child is paramount’ means that the considerations of confidentiality that might apply in other situations within the organisation cannot be allowed to override the right of the young person to be protected from harm.
    2. Every effort should be made to ensure that confidentiality is maintained for all concerned both when an allegation is made and throughout its investigation. This includes secure storage of records and contents shared only with those who ‘need to know’. Electronic communication should be identified as sensitive and sent only to the named individual(s) dealing with the case.
    3. When to share information:



1. **Child & Young Person’s Risk Management Plans** 
   1. Omega Care Group builds risk management plans utilising the sign of safety risk management model. All risk management, where possible allows the child/ young person to actively contribute to the risk assessment. The model allows a comprehensive plan and measures to be embedded and establishes the young persons insight and judgement into the risk.
   2. Risk Management are reviewed weekly/immediately following an incident, or whenever new information or concerns are identified.
   3. Risk Management plans are to be reflective of Omega’s commitment to partnership multiagency working. Risk Management Plans will be inclusive of any advice, measures and guidance from relevant agencies and stakeholders.

1. **Children and Young people Behavioural Management plans:**
   1. All children and young people in the care of Omega Care Group will have individual risk management plans alongside behavioural management plans.
   2. This is required due to the children and young people from time to time may become overwhelmed and lose control. In which they present extreme challenging behaviour either towards themselves, others and/ or property.
   3. The behavioural management plan will document any agreed physical interventions in line with their training and guidelines (BILD Code of Practice 2014).
2. **Policy Review/ Dissemination** 
   1. This policy will be subject to continuous monitoring and review by the Service Manager and other stakeholders. There will be a formal review conducted on an annual basis to ensure it is relevant and in line with current legislation.
   2. Any amended versions of this policy, because of a review, will be disseminated to all employees and provisions.