



**Defining Care Limited  
Safeguarding Policy  
November 2025  
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*This policy is produced by Defining Care Ltd. Reference is also made within the statement to a series of policy documents, which can be read in conjunction with this statement*

## 1. Purpose

To embed the legislative requirements and expectations to safeguard and promote the welfare of children in our homes.

## 2. Policy Statement

This policy is informed by the legislative expectations of providers in line with the requirements laid out in Working Together to Safeguard Children 2018. We recognise that safeguarding is underpinned by two key principles:

1. **Safeguarding is everyone's responsibility:** for services to be effective each professional and organisation should play their full part; and
2. **A child-centred approach:** for services to be effective they should be based on a clear understanding of the needs and views of children.

### Our aim is to:

- Develop a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services.
- Follow safer recruitment practices for individuals whom the organisation will permit to work regularly with children.
- Ensure staff complete safeguarding training that enables them to recognise signs of potential abuse and neglect:
- Provide appropriate supervision and support for staff, including undertaking safeguarding training.
- Have a designated professional to take lead responsibility for safeguarding children who will liaise with local statutory children's services agencies as appropriate.

## 3. Policy Statement

Any concerns, suspicions or allegations of abuse or harm must be reported to any of the senior management team who will raise directly with the Registered Manager.

## 4. Recognising Abuse

The following is not a comprehensive or definitive list but is a guide to help give you an understanding of signs or symptoms, which should alert you to possible cause for concern.

Safeguarding and promoting the welfare of children/young people is defined as protecting children/young people from maltreatment, preventing impairment of health or development.

## 5. Definitions

There are many types of abuse or harm see below:

### Physical Abuse

Physical abuse of a child is defined as those acts of commission by a caregiver that cause actual physical harm or have the potential for harm. Physical abuse may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating or otherwise causing harm to a child or young person. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child/young person.

Signs and symptoms of physical abuse may include, but are not limited to:

- Unexplained recurrent injuries or burns.
- Improbable excuses or refusal to explain injuries.
- Wearing clothes to cover injuries, even in hot weather.
- Refusal to undress for gym.
- Bald patches.
- Chronic running away.
- Fear of medical help or examination.
- Self-destructive tendencies.
- Aggression towards others.
- Fear of physical contact – shrinking back if touched.
- Admitting that they are punished, but the punishment is excessive.
- Fear of suspected abuser being contacted.

### Sexual Abuse

Sexual abuse involves forcing or enticing a child/young person to take part in sexual activities whether the child/young person is aware of what is happening. The activities may involve physical contact, assault by penetration or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. It may also include non-contact activities such as involving children/young people in looking at sexual images, watching sexual activities, encouraging children/young people to behave in sexually inappropriate ways or grooming a child/young person in preparation for sexual abuse.

Signs and symptoms of sexual abuse may include, but are not limited to:

- Being overly affectionate or knowledgeable in a sexual way inappropriate to the child's age.
- Medical problems such as chronic itching, pain in the genitals, venereal diseases.
- Other extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia.
- Personality changes such as becoming insecure or clinging.

- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys.
- Sudden loss of appetite or compulsive eating.
- Being isolated or withdrawn.
- Inability to concentrate.
- Lack of trust or fear of someone they know well.
- Starting to wet again, day or night/nightmares.
- Become worried about clothing being removed.
- Suddenly drawing sexually explicit pictures.
- Trying to be 'ultra-good' or perfect.
- Overreacting to criticism.

## **Emotional Abuse**

Emotional abuse is the persistent emotional maltreatment of a child/young person such as to cause severe and persistent adverse effects on the child's/young person's emotional development. It may involve conveying to children/young people that they are worthless or unloved or inadequate. It may include not giving the child/young person opportunities to express their views, deliberately silencing them or making fun of what they say. It may feature age or developmentally inappropriate expectations being imposed on children/young people. It may also involve serious bullying causing children/young people to feel frightened or in danger or the exploitation or corruption of children/young people.

Signs and symptoms of emotional abuse may include, but are not limited to:

- Physical, mental and emotional development lags.
- Sudden speech disorders.
- Continual self-deprecation ('I'm stupid, ugly, worthless' etc.).
- Overreaction to mistakes.
- Extreme fear of any new situation.
- Inappropriate response to pain ('I deserve this').
- Neurotic behaviour (rocking, hair twisting, self-mutilation).
- Extremes of passivity or aggression.

## **Neglect**

Neglect is the persistent failure to meet a child's/young person's basic physical and/or psychological needs to the extent that it is likely to result in the serious impairment of a child's/young person's health or development. Neglect may involve a parent or carer failing to provide adequate food, clothing and shelter; failing to protect a child/young person from physical and emotional harm or danger; failing to ensure adequate supervision or failing to ensure access to appropriate medical care.

Signs and symptoms of neglect may include, but are not limited to:

- Constant hunger.
- Poor personal hygiene.
- Constant tiredness.
- Poor state of clothing.
- Emaciation.
- Untreated medical problems.
- No social relationships.
- Compulsive scavenging.
- Destructive tendencies.

### **Sexual Exploitation**

Sexual exploitation involves exploitative situations, contexts and relationships where those at risk (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) because of them performing, and/or another or others performing on them, sexual activities. Those who are sexually exploited do not always perceive that they are being exploited. In all cases those exploiting have power over them by virtue of their age, gender, intellect, physical strength, and/or economic or other resources. There is a distinct inequality in the relationship. Signs to look out for are not being able to speak to the child/ young person alone, observation of the child/ young person seeking approval from the exploiter to respond and the person exploiting the child/ young person answering for them and making decisions without consulting them.

### **Exploitation**

Opportunistic or premeditated, unfairly manipulating someone for profit, gangs, organised crime and county lines, modern slavery, human trafficking, and/or radicalisation.

### **Financial Abuse**

The use of a person's assets and/or financial resources other than for purposes directed by her/him, and/or other than in her/his best interest. Financial abuse includes theft, exploitation, pressure in connections with wills, property, inheritance, or financial transactions, or misappropriation of property, possessions or benefits.

### **Discriminatory Abuse**

Discriminatory abuse includes racist or sexual remarks, comments based on a person's impairment, disability, age or illness and other forms of harassment, slurs, or similar treatment. This may also include isolation or withdrawal from religious or cultural activity, services or supportive networks, culture, religion, politics and sexual orientation, discrimination that is based on person's disability or age and hate crime.

Discrimination can be in two forms:

**Direct:** when a person with a protected characteristic is treated less favourably than others.

**Indirect:** when a person with a protected characteristic is placed at an unfair disadvantage by putting rules or arrangements in place that apply to everyone. Consideration should be given to harassment and victimisation.

## Radicalisation

Radicalisation is a process by which a person comes to support terrorism and forms of extremism leading to terrorist behaviours. The UK government Prevention strategy (2011) which is a key aspect of safeguarding, outlines the commitment to be made by the healthcare sector in ensuring that threats of this kind are understood and responded to. In addition, 'Channel' is a supportive multi agency process, designed to safeguard those individuals who may be vulnerable to being drawn into any form of terrorism. Young people being drawn into radicalisation may suddenly share extreme views or become withdrawn. They may start dressing differently and or their peer group may change.

## Modern Slavery or Human Trafficking

A person commits an offence if:

- The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude, or.
- The person requires another person to perform forced or compulsory labour and the circumstances are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour. There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist. Someone is in slavery if they are:
  - Forced to work through mental or physical threat.
  - Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse.
  - Dehumanised, treated as a commodity or bought and sold as 'property';
  - Physically constrained or has restrictions placed on his/her freedom of movement.

## Hate Crime

Hate Crime is 'any incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability'. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence. In addition, it includes incidents that do not constitute a criminal offence.

## 6. Roles and Responsibilities

All staff have a responsibility to safeguard and promote the welfare of children and young

people. This includes a responsibility to be alert to possible abuse and to record and report concerns to senior management team.

It is unacceptable for any member of staff to keep such concerns to themselves, including concerns about the conduct of another member of staff.

Rochelle Craig is the Responsible Individual and is Defining Care's Designated Officer for Safeguarding and takes the lead responsibility. However, concerns must be reported immediately, staff can talk to any of the senior management team on duty. The senior management team is trained in Safeguarding and our able to offer advice. In the absence of senior managers, James Ruskin (Director) must be notified.

It is the role of the Designated Safeguarding Lead to provide advice and support and information to staff as appropriate, liaising with the Local Authority and other agencies, maintaining child protection records for individual children and young people, and arranging appropriate training for all staff.

Any suspicion that a child or young person has been abused by a member of staff or other persons should be reported to the senior management team, who will take such steps as considered necessary to ensure the safety of the child in question and any other child who may be at risk.

#### **Physical Contact (Staff Procedures)**

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

Staff must provide a level of support which is designed to demonstrate warmth, friendliness and positive regard for young people. Physical contact should be given in a manner that is safe, protective and avoids the arousal of sexual expectations, feelings or in any way which reinforces sexual stereotypes. It is not acceptable to play fight or participate in overtly physical games or tests of strength with young people.

All physical contact must be appropriate and with the young persons' consent.

- Staff must always be mindful of the need to maintain professional boundaries in relation to physical contact with young people.
- Staff must respect a young person's personal space and must not "invade" this without good cause.
- Staff must speak to their line manager if they have any concerns about any staff practice concerning any physical contact with young people.
- Staff must avoid being overly familiar with any young person.
- Staff must be mindful of any tactile behaviour that they, staff or young people have and

ensure that appropriate physical and professional boundaries are maintained.

- Staff must only physically comfort a young person in the presence of another staff member.
- When a staff member is on their own with a young person, all physical contact must be avoided.
- The registered service manager must ensure that all staff have regular supervision so that any issues concerning physical contact can be discussed.
- The registered service manager and staff must ensure that all young people know how to complain and are encouraged to speak up, should they have any concerns about a member of staff.

## **Guidance on acceptable physical contact**

The positive use of touch is part of normal human interaction and may be appropriate in a range of situations, such as:

- a. giving guidance to young people, such as how to hold a paintbrush or use equipment
- b. providing emotional support, for example placing a hand on a shoulder of a distressed young person
- c. providing first aid.

Staff will use appropriate care when touching children and will be sensitive to those children for whom touch may not be appropriate, such as a child who has a history of physical or sexual abuse or is from a particular cultural group. In all such cases, discussion will take place with parents/carers about the most appropriate forms of promoting the child's welfare.

## **Physical intervention when young people are in distress.**

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

All staff must

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



## Physical Restraint

For the avoidance of doubt, the use of physical restraint to control, or modify, the behaviour of young people in Defining Care can only be undertaken by staff who have completed the 2 day training on:

*Positive Approaches to Behaviour- Children and Young People-*

*Safer De-escalation- Children and Young People-*

*Personal Safety and Guiding-*

*Safer Holding- Children and Young People-*

## Designated Safeguarding Officer

The responsibilities of the designated person include:

- Ensuring that all staff who have direct contact with children/young people are provided with safeguarding and child protection training, including but not limited to professional boundaries, e-safety, safe spaces framework introduction, managing physical contact.
- Promptly notifying the LADO of all reported concerns.
- Informing all staff of their roles and responsibilities in recognising and acting upon indicators that a child's/young person's welfare or safety may be at risk and implementing agreed procedures.
- Advising and supporting all staff when they encounter a child protection issue and acting as the first point of contact for all child protection matters.
- Informing the accused person (if the person is a member of staff) about the allegation as soon as possible after consulting the LADO. However, if a strategy discussion is needed or the police or children's social care may need to be involved, this should not be done until those agencies have been consulted and have agreed what information can be disclosed to the person.
- Attending and contributing to any strategy discussion and any further investigations and suspending a member of staff from duty
- Ensuring that placing authorities are informed of all child protection incidents
- Monitoring the child protection case until a conclusion is agreed by all parties and ensuring that accurate written records are kept.
- If the complaint or allegation is about a member of staff and is such that investigation by the police or children's social care is not necessary, the designated person will discuss next steps with the LADO. Options may include taking no further action, instigating disciplinary proceedings following investigation or deciding not to use a person's services in future.
- Where a case has been concluded and an allegation against a member of staff has been

substantiated, the designated person will explore if a referral to the Disclosure and Barring Service is required.

- At the conclusion of a case the designated person will review the circumstances of the case to determine whether there are any improvements to be made to help prevent similar events in the future.
- The designated person will monitor the services safeguarding and child protection policies and procedures on an annual basis

## **Staff**

All staff have the following responsibilities:

- To respond in accordance with Defining Care procedures to every case of alleged abuse or neglect.
- If the Manager or Senior Manager are the subject of an allegation, then this will be managed by the Lead or Director.
- To record all details of their involvement in child protection investigations.
- Co-operate fully in the process and provide evidence as directed.
- To follow stringently the guidelines within safer recruitment policy to minimise risk of child protection or safeguarding issues when recruiting new staff.
- The Whistleblowing Policy outlines the duty all staff must pass on concerns of child protection, safeguarding and misuse of power.
- No employee exercising their responsibilities under this procedure and in good faith will be penalised for doing so. Any attempt to victimise employees for raising genuine concerns or to prevent such concerns being raised will be regarded as a disciplinary matter.

As part of our safer recruitment policy our induction programme comprehensively covers the following:

- Ensuring all staff are aware of indicators of child abuse and how to respond, including contextual safeguarding and exploitation.
- The safeguarding policy and alerts process.
- All training is provided in house and online.

## **7. Confidentiality**

We recognise that all matters relating to safeguarding and child protection are highly confidential, and the designated person will share information on a 'need to know, what and when' basis.

Concerns should never be discussed elsewhere, inside or outside of Defining Care Homes' unless in confidential statutory meetings organised for that purpose.

Young People who use Defining Care premises may sometimes make disclosures of abuse 'in confidence' to a particular trusted member of staff. Staff cannot, however, agree to be

bound by such a request. Their duty to report an allegation of abuse overrides their duty to keep a confidence (secret). The person's concerns and fears should be passed on to the Manager. This process also applies if the disclosure is made by a family member. Staff in these situations will need to be sensitive and careful in ensuring that this policy is carefully explained.

All safeguarding concerns should be recorded on our company data base "ClearCare" designated usernames and passwords, on the safeguarding form. Management will then mark concerns as confidential ensuring that access is controlled to appropriate Clear Care users.

## **8. Allegations against Staff**

An allegation may relate to a colleague who has:

- (a) Behaved in a way that has harmed a child or young persons or may have harmed a child or young person.
- (b) Possibly committed a criminal offence against or related to a child or young person.
- (c) Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.
- If a member of staff receives such allegation, or feels required to make such an allegation, they should pass the information, without delay, to the designated person.
- The Local Authority Designated Officer (LADO) will be informed by the designated person within one working day of all allegations that come to our attention or that are made directly to the police.
- If we remove an individual from work because the person poses a risk of harm to children, we will make a referral to the Disclosure and Barring Service within one month of the allegation being substantiated.

## **9. Information Sharing**

Information will be shared in line with the key principles outlined in Working Together to Safeguard Children 2018. This legislation makes clear the obligation and actions to be taken if a child is being abused or abuse is suspected.

Guidance for practitioners and managers are also considered for information sharing.

In cases involving possible child abuse, DEFINING CARE has a duty to share information. The designated person will ensure that this happens in line with the requirements set out in Working Together to Safeguard Children 2018 and the Local Authority procedures.

## **10. Complaints**

Concerns raised out with the scope of this policy which would normally be regarded as a complaint by either child, young person or third party should be addressed using the formal complaints procedure. A copy of this is made available to children and young people at the time of placement and a copy can be obtained by any other party via the Manager or via our website.

## **11. Recruitment**

All Defining Care homes comply fully with our recruitment policy in terms of vetting and DBS checking procedures.

Defining Care ensures that all staff have a current and enhanced DBS relation to child and adult workforce.

Defining Care has arrangements for secure storage, handling, use, retention, and disposal of DBS disclosures and disclosure information.

## **12. Recording and Monitoring**

Well-kept records are essential to good child protection practice. All staff are made clear about the need to record, and report concerns about a child or children within Defining Care. The designated person is responsible for such records and for deciding at what point these records should be shared with or transferred to other agencies.

Child Protection files are stored in a secure location. Only authorised staff have access to these files.

The information in these files may be accessed and used as evidence by other agencies. Only information that is factual should be record. If unsubstantiated information is recorded, it is indicated as such.

The designated person decides what information needs to be shared with whom and when on a case-by-case basis. Confidentiality is essential but staff working with children can only provide effective support and monitor concerns if they are made aware of concerns.

Child protection records are reviewed regularly to check whether any action, advice or updating is needed in terms of practice and policy.

## **13. CCTV, photo and video capture, security and safe spaces**

DEFINING CARE Homes have internal cameras located in the hallways, stairways, living room, office, kitchen and garden. These cameras act as an assisting measure, supporting staff to safeguard young people within the home. All cameras are clearly visible, and appropriate signs are prominently displayed to ensure young people and visitors are aware that those areas are covered by CCTV.

Bedrooms, bathrooms, and toilets are not under surveillance through live or recorded CCTV so as to ensure we do not breach the privacy of young people and colleagues.

Internal cameras are there to assist staff in monitoring communal areas within the homes, and not designed as a substitute for staff. Should staff observe any issues these will be attended to immediately. Staff will ensure procedures are followed in line with the surveillance policy.

Each home will be provided with a mobile telephone, images can be taken of the young people with their permission, providing they have signed the relevant permission document upon

admission. These images should then be uploaded to the relevant reports on “Clear Care” and deleted from the phone once they have been secured. All company issued mobile phones are securely locked and are not for the use of young people. Personal mobile phones should not be used to record or capture images of young people under any circumstance.

- Each bedroom has its own keypad lock with their own individual combinations; the young person’s bedroom is considered a safe space within the home that will not be impeached unless there is a safeguarding concern. Within the young person’s handbook, it is advised that young people do not share their combinations with anyone else, to ensure their room remains private, secure and safe.
- The staff office is also considered a safe space, this is off limits to young people, however, should there be a safeguarding concern that requires a secure and safe space that is not the young person’s room, the office can be used providing data protection procedures are adhered to.
- Other communal spaces that can act as safe spaces are the living room, dining room and kitchen areas.
- If there is an immediate concern within the home, Defining Care has its own intervention hub as well as other vacant homes.

## **14. Allegations of Abuse or Neglect – Procedures**

- Procedures outlined in this document relate to all children and young people residing in DEFINING CARE who are under the age of 18 years.
- All complaints, allegations or suspicions must be taken seriously and handled sensitively. The safety and welfare of the child/young person is always paramount.
- Any suspicion, allegation or incident of abuse or harm must be reported to the most senior member of staff on duty as soon as is practicable through identified procedures.
- If the child is suffering from a serious injury medical attention must be sought immediately from accident and emergency services.
- The person who receives the allegation or has suspicions of abuse, must keep a formal record of:
  - Discussions with the child
  - Discussions with any other party involved
  - Discussions with their managers
  - Decisions taken with time and date clearly noted, and signed
- A full record of any conversations must be made as soon as is reasonably practicable following any conversations with the child/young person who has indicated concerns, or

concerns have been raised about their safety or welfare. This record must include:

- Date
  - Time
  - Place where the alleged abuse or harm occurred
  - Your name and the name(s) of any other person present
  - Name of the complainant
  - The nature of alleged abuse or harm
  - Description of any injuries observed
  - Account which has been given of the allegation
  - Child's name
  - Child's address
  - Child's age
  - Date and time of the observation or disclosure
  - An objective and factual record of the observation or disclosure
  - The exact words spoken by the child (as near as possible)
- Any such notes must be, as far as possible, verbatim rather than summarised and must be factual in terms of what the child or complainant has reported, and must not be based on opinion, assumptions or hearsay.
  - Only the Designated Safeguarding Officer(s) will complete the relevant safeguarding children referral forms to statutory agencies.
  - Absolute promises of confidentiality must not be given under any circumstances as the matter may develop in such a way that such promises cannot be guaranteed, and our duty of care is to report or refer to the relevant external agencies for appropriate safeguarding interventions.

### **Disclosure of Abuse by Child or Young Person**

- The child must be listened to and not be questioned other than to understand what is being alleged and the context of the situation. Leading questions must always be avoided. Instances such as this must always be referred to the most senior member of staff on duty.
- Where the allegation is against a member of staff, refer also to Section of this document.
- Where an allegation or suspicion of abuse has been made against the person in a support role or a visitor to DEFINING CARE , the child must not be left unsupervised at any time with the alleged perpetrator.
- The alleged perpetrator must not have contact in any way with the alleged victim.
- The alleged perpetrator (If on the premises) must be always supervised by a member of staff with any children.
- Visitors against whom an allegation has been made, will be asked to leave DEFINING CARE property immediately and will not return until investigations have been completed,

the risk managed or eliminated, and agreement has been granted by the social worker.

- After following identified procedure, the most senior member of staff on duty will refer the matter to the family's Social Worker for advice on action to be taken.
- During out-of-office hours the referring authority's Emergency Duty Team (EDT) service must be contacted.
- A Disclosure form must be completed, and include the date and time of the referral, along with the name and position of the person to whom the referral call was made. This should also be recorded in the Daily Log.
- The Disclosure form must be filed along with the notes taken in the child's file.
- Any telephone referral must be confirmed in writing within 24 hours and provide a copy of the notes.
- The confirmation may be handwritten, posted or emailed, but a copy must be kept on file.
- The advice received from the referring Social Worker or EDT service regarding what action, if any, should be taken must be recorded on the Disclosure form, and written in the Daily Log.
- Confirmation of the referral in writing should be received from the referring Social Worker or EDT within 24 hours. If not, it must be followed up and requested.

### **Third Party Report of an Allegation or Suspicion of Abuse**

- A full record of any allegation or suspicion must be made as soon as is reasonably practicable following any incident, or where concerns have been raised about their safety or welfare. This record must include:
  - Date
  - Time
  - Place where the alleged abuse or harm occurred
  - Your name and the name(s) of any other person present
  - Name of the complainant
  - The nature of alleged abuse or harm
  - Description of any injuries observed
  - Account which has been given of the allegation
  - Child's full name
  - Child's address
  - Child's age
  - Date and time of the observation or disclosure
  - An objective and factual record of the observation or disclosure.
- Where the allegation is against a member of staff, refer also to relevant sections of this document.
- After following identified procedure above, the most senior member of staff on duty will refer the matter to the family's Social Worker for advice on action to be taken.
- During out-of-office hours the referring authority's EDT should be contacted.



- A disclosure form must be completed, and include the date and time of the referral, along with the name and position of the person to whom the referral call was made. This should also be recorded in the Daily Log.
- The form must be filed along with the notes taken in the child/young person's file.
- Any telephone referral must be confirmed in writing within 24 hours and provide a copy of the notes.
- The confirmation may be handwritten, posted or faxed, but a copy must be kept on file.
- The advice received from the Social Worker regarding what action, if any, should be taken must be recorded, and written in the Daily Logbook.
- Confirmation of the referral in writing should be received from the Social Worker within 24 hours. If not, it should be followed up and requested.

### **Allegation or Suspicions of Abuse Perpetrated by a Member of Staff**

- If a member of staff is suspected of, or alleged to have abused a child or young person, they must be suspended from duty immediately, with full pay, until investigations are carried out and completed satisfactorily.
- The person to whom the allegation or concern is first recorded must inform the most senior member of staff on duty at that time, who will immediately follow the identified procedure.
- If the allegation implicates the senior person on duty at the time, the Designated Officer must be contacted directly.
- The most senior member of staff on duty will refer the matter to the Designated Person.
- The person to whom the allegation or concern is first reported must treat the matter seriously and keep an open mind.
- They must not investigate or ask leading questions
- They must not make assumptions or offer alternative explanations.
- They must not promise confidentiality.
- They must make a written record of the information including time, date, and place of the incident/persons present and what was said.
- They must sign and date the written record.
- The Designated Officer must not investigate the matter.
- The Designated Person must not interview the member of staff, child concerned or potential witnesses
- The Designated Person must obtain written details of the concern or allegation, signed and dated by the person receiving the allegation (not the person making the allegation).
- The Designated Person must approve and date the written details.
- The Designated Person must record any information about times, dates and location of incidents and names of any potential witnesses.
- The Designated Person must record discussions about the child and/or any member of staff, any decisions made, and the reasons for those decisions.
- If a member of staff believes that a reported allegation or concern is not being dealt with



appropriately, they must report the matter to the LADO immediately.

### **Allegation or Suspicion of Abuse Perpetrated by the Senior Member of Staff on Duty**

- The Director must be contacted immediately to arrange immediate cover for the accused Manager.
- The accused Manager must remain in post, supervised until cover arrives.
- When cover arrives, the accused manager must be suspended from duty immediately, with full pay, until investigations are carried out and completed satisfactorily.
- The procedure as for any member of staff being accused must then be followed as outlined in this document.

### **The Accused/Suspended Member of Staff**

- Will be advised to seek support from their Union Representative or another internal staff member.
- Will be treated fairly and honestly and helped to understand the concerns expressed and processes involved.
- Will be kept informed of the progress and outcome of any investigation and the implications for any disciplinary or related process.
- Will be kept up to date about events in the workplace.
- A clear and comprehensive summary of the case records must be kept on the individuals confidential personnel file, and a copy provided to the individual. The record must include how the allegation was followed up and resolved, the decisions reached and actions taken. It must be kept until the person reaches retirement age, or for ten years if longer.

## **15. Outcomes**

- If the allegation against a member of staff is found to be false, no further action will be taken, the member of staff will be supported to return to work with additional support through a buddy and a phased return.
- If the allegation is substantiated, the staff suitability/disciplinary process will be initiated.

## **17. Admissions**

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

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

In considering any new admission into the accommodation, there must be clear regard to

whether the setting employs colleagues who have sufficient skills, experience, knowledge, and qualifications to support each young person and meet their individual needs. This will take account of external agencies intervention and support.

**Please refer to our Admissions and Matching Policy for full details**

#### Staff Procedures

- A case formulation will be completed for all potential new admissions, taking information from sources provided by the professional network. This will then be correlated to the existing residents latest formulation to thoroughly consider the suitability to match behaviours and need, as well as potential impacts of the young people living together.
- This will form the basis of the matching and risk report.

#### Young Persons Admission

- For further details regarding the admissions experience for our young people, please refer to the young person's handbook which fully outlines what young people can expect when they arrive at Defining Care .

Next Review Date:	01/12/26
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I confirm this document is correct and authorised for use by:

Registered Service Manager	Rochelle Craig
Date	01/12/2025