**1.0 EXTENT OF SAFEGUARDING PRACTICE**

1st Healthcare is committed to and has a duty to safeguard and promote the welfare of the children, young people, at risk who use its services or with whom it comes into contact.

1st Healthcare aims to ensure that employees and volunteers comply with all legal, contractual, and professional standards and responsibilities in their work with children and adults – whether in a group work setting or on an individual basis.

High-quality recording, record keeping, and records management are essential in this context, and procedures for these are saved and managed on the care management system which related organisations or associated care authorities have direct access.

1st Healthcare’s policies on safeguarding commits to building and embedding a culture that places transparency and sound safeguarding practice at the centre of all its activities – from the services delivered, to partnership work with multi -agencies and stakeholders.

1st Healthcare will continually strive to strengthen its ways of working to ensure all employees feel safe to raise any safeguarding concerns and are fully supported if this occurs.

All staff at 1st Healthcare have a responsibility to make sure that themselves and the residents we support, in or out of the homes are safe and protected from abuse, injury, exploitation and neglect. The Care Act 2014 sets out a clear legal framework for how local authorities and other stakeholders should protect adults at risk of abuse or neglect. And this applies to us 1st Healthcare These safeguarding duties include the requirement for a multi-agency, local service user safeguarding system that seeks to prevent abuse and neglect and stop it quickly preferably before it happens. This is why unhindered communication and sharing of information is a major process of the care delivered.

Acting on any safeguarding concerns is an important aspect of achieving this vision. The organisation’s strategic focus is to address severe and multiple disadvantages among the most marginalised young people. Young people who are more prone to such dangers and compromise to their wellbeing. Employees must aim to speak up for them and protect them from harm. They must read and understand this policy and procedures, be aware of their responsibilities, and undertake their duties with care for quality, efficiency and effectiveness.

**INDIVIDUAL RESPONSIBILITIES**

All staff and partners have a role to play in identifying concerns, sharing information, and taking prompt action. 1st Healthcare ensures that employees are provided with training and support to equip them to safeguard effectively within their day-to-day professional practice. The Safeguarding officer and Area Manager are mainly responsible for dealing with all safeguarding matters and it is their responsibility to review and update the policies. The Safeguarding Manager drafts the safety plans for each young person covering individual safety concerns as they arise. This is populated on the care management system (Solaris Careware) and is made available for reference to individual concerns. It explains the course of action to diminish or minimise the individual risk.

**Manager/Safeguarding Lead’s responsibilities:**

* During the induction period, to ensure staff members are made aware of 1st Healthcare’s Safeguarding Policy and provided with a copy.
* During induction, it is imperative that staff are aware of the indicators of child abuse and exploitation, the safeguarding policy and 1st Healthcare’s alerts process.
* Ensuring that all staff receive safeguarding training as a part of their induction commencing their role and ensuring that they receive regular refresher training, at appropriate intervals, as and when required, but at least annually to keep up with any relevant safeguarding and child protection developments.
* Ensuring that staff are informed of allegation procedure and made aware of their rights when an allegation is made.
* Assessing the issues and having management oversight over all safeguarding concerns.
* Giving guidance and instruction to staff after a concern is reported.
* Identifying any follow-up work that may be required.
* De-briefing staff after incidents.
* Ensuring that staff are familiar with the outcome of any safeguarding audits.
* Ensuring that safeguarding awareness is integrated into practice through ongoing guidance, coaching and staff supervision.
* Ensuring detailed and accurate records are kept regarding all safeguarding concerns, even if there is no need to make an immediate referral.
* Making sure that that young people resident within the unit have guidance about safeguarding and how to protect themselves on an ongoing basis and incorporated in to their support plans. (This can include topics such as: online safety, bullying, healthy relationships, negative peer influence and weapons awareness). This can be done through one-to-one key working or in group work.
* Ensuring that relevant staff members attend all scheduled meetings concerning young people’s welfare, including: Placement Planning Meetings, LAC Reviews, Disruption Meetings, Case Conferences etc.
* Ensuring that there is an environment where staff can feel comfortable to raise concerns about poor or unsafe practice and that such concerns are handled sensitively and if necessary, in accordance with the whistleblowing procedures.
* Ensuring that any weaknesses in safeguarding are remedied at the earliest opportunity.
* Auditing safeguarding processes to ensure that they are fit for purpose.
* Ensuring that the safeguarding and child protection processes are implemented and followed by all staff.

**2.0 EMPLOYEE ACTIONS**

 If an employee is informed about or concerned about the abuse of a child, young person, or adult at risk, they must take the following steps: Always place the child’s welfare and interests as the paramount consideration. Make safeguarding personal using an outcomes-focused approach. Employees must talk with the child, young person, or adult at risk about how best to respond to their safeguarding situation in a way that enhances their involvement, control, and choice throughout the safeguarding process.

Listen carefully and actively to the person – at this stage, there is no necessity to ask questions. Let the person guide the pace and remember their ability to recount an allegation will depend on age, culture, language and communication skills, and disability. Do not show shock at what is being said. This may discourage the child from talking, as they may feel you are unable to cope with what they’re saying, or perhaps that you’re thinking badly of them. Do not investigate. If anything needs to be clarified in order to understand the safeguarding risk, ask clear, open questions: tell, explain and describe or ask ‘what, when, who, how, where’ questions or ask ‘do you want to tell me anything else?’ Do not ask any ‘why’ questions as these can suggest guilt or responsibility. Remain calm and reassure the person that they have done the right thing by talking to a responsible adult. Never promise to keep a secret or confidentiality. 1st Healthcare works within wider statutory systems and must collaborate in order to effectively support and care for children, young people, and adults at risk. It is important that this fact, and its implications of transparency and reporting, are emphasised in early and ongoing conversations.

2.1 Ensure the child or adult at risk understands what will happen next. In cases where a person disclosing is a child, employees have a duty to ensure that the information is passed on in order to keep the child safe. If a child requests confidentiality, employees must explain 1st Healthcare requirements, for example, ‘I’m really concerned about what you have told me and I have a responsibility to ensure that you are safe’.

 1st Healthcare employees must talk to their manager or, if they’re not available, another relevant senior. Where there are concerns or allegations about an adult employee or volunteer who is working with children or adults at risk (often called someone in a “position of trust”) within 1st Healthcare, employees must follow the Managing Allegations and Concerns about an employee who works with children, young people or adults at risk.

**2.2 RESPONDING TO A SAFEGUARDING CONCERN** Immediate risk of harm - If an employee believes a child or adult to be at immediate risk of harm or abuse, and/or a criminal offence is taking place, they must take immediate steps to protect that person by calling the authorities. Employees must then contact the unit or area manager to let them know what has happened and to take advice on next steps. External allegations should be brought straight to management as well as allegations made by staff, if a young person makes an allegation, LADO must be contacted.

The manager on call must then consult the safeguarding manager who advises on other steps that may be required. If an emergency arises outside of a service’s usual working hours, employees must contact the deputizing safeguarding manager who will respond with out of hours procedures. Employees must seek advice on any further steps required and refer to the operating hours Principles document for further information.

Employees must record their safeguarding concerns and actions on the care management system and forward the details directly by email on the same day. If there is any barrier to being able to do this, employees must discuss this with their manager on the same day, to agree who will make the record.

In cases where there is no immediate risk of harm. Employees must consult with a line manager as soon as possible on the same working day of the safeguarding concern.

**2.3** If there are concerns that a child is, or has been, at risk of abuse, employees must make a referral on the same working day to the local authority children’s services in the area where the child is living (or is found). Employees must take guidance from their manager as needed.

**2.4 CONCERNS RAIDED BY NON - STAFF**The service manager will appoint an appropriate employee to make the referral. This must be done as soon as possible on the same working day. Employees must (subject to issues of confidentiality or other sensitivities) keep these individuals informed as to the outcome of the referral. A safeguarding report must be started on the care management system on the same day.

**3.0 RESPECTING RIGHTS**

What rights need to be respected? Is there a duty to act, are others at risk of harm? Protection – is this person at risk? What support do they need? Is capacity an issue? Should others (such as a support worker) be involved? Proportionality – have risks been weighed up? Does the nature of the concern require referral through multi-agency procedures? Partnership – what is the view of others involved? How do multi-agency procedures apply? Accountability – is there a clear rationale on which to base a decision?

**3.1 CONCERNS FROM THE GENERAL PUBLIC:**Employees in the supporter care team may receive safeguarding concerns from the general public via email or the supporter care telephone line. Where such concerns are received via email, these must immediately be passed onto the safeguarding lead and the area manager. If practical barriers exist to prevent employees making timely entries on the care management system, they must discuss this with their manager on the same day as the safeguarding concern.

Employees must not contact any individual about whom an allegation or concern is being raised. This could be putting the person making the allegations in serious danger, If the unit /area manager decides that a referral to the local authority children’s services or adults social care is not warranted, this decision must be recorded by the service manager on the care management system as a case note under the case note type: ‘Decision not to make a referral to social care’ (with evidence to support decision making). Managers must be sure to include the reasons why this decision was reached

**3.2** **Making a referral:** Making a referral to the local authority. Any sensitive information sent outside of 1st Healthcare to multi agencies and authorities must be sent using a secure email. The content of the referral can be sent directly from the care management system through permission- based usernames and logins. Filtered information will only include details of the safeguarding incident or concerns and there will be limited or no access to other young person information not directly relevant to safeguarding issues.

**3.3 Involving the family** - Where possible, employees must discuss their concerns with the child’s parent, and an agreement should be sought for a referral to the local authority children’s social care. Employees must only do this if it does not increase risk to the child (through either delay, or the parent’s possible actions or reactions). If employees decide not to seek parental permission before making a referral to children's social care, they must record and date this in the child's daily log /weekly report along with reasons. This must also be confirmed in the referral to children's social care via secure email. The decision not to immediately inform the parent should be taken only if the parent is responsible or connected to the safeguarding issue.

**4.0 CONFIRMING THE SCOPE OF UNDERSTANDING**

 A person is unable to make their own decision if they cannot do one or more of the following: understand information given to them retain that information long enough to be able to make the decision weigh up the information available to make the decision communicate their decision – this could be by talking, using sign language, or even simple muscle movements such as blinking an eye or squeezing a hand. Every effort must be made to find ways of communicating with someone before deciding that they lack capacity to make a decision based solely on their inability to communicate. Employees will need to involve family, friends, carers, or other professionals. The assessment must be made on the balance of probabilities, for example, is it more likely than not that the person lacks capacity? Employees must be able to show in their records why they have come to a conclusion that capacity is either present or lacking for the particular decision.

If a young person at risk of abuse is perceived to lack the mental capacity to make the decision regarding a referral, employees and their managers must consider what is in the adult’s best interests. A referral without consent must be made in cases where: there is an emergency or life-threatening situation other people are, or may be, at risk – including children sharing the information could prevent a serious crime a serious crime has been committed.

 **4.1** Referrals when working with a partner organisation - If the safeguarding concern arises within the context of 1st Healthcare working with a partner organisation or service (or example a school or college), employees must check with their service manager for any agreed safeguarding processes. Usually, this will involve contacting the designated officer within the partner organisation. In such cases, both 1st Healthcare and the partner organisation’s policies must be followed.

Referral responses: What to expect from the local authority - For a child: 1st Healthcare services are required to provide referrers with a response within 24 hours of receiving a referral and acknowledge receipt to the referrer. Responses may include referral progressing to a social work assessment no further action signposting to another service a recommendation that the referring agency or another agency undertake an early help assessment (or that the referral remains within early help services). If no response has been received within 48 hours, The 1st Healthcare employee or their service manager must contact the local authority children’s social care again and, if necessary, ask to speak to a line manager to establish progress.

If the local authority’s response is inadequate, or doesn’t sufficiently address the risk of abuse, employees must discuss this with the area or unit manager on the same day. The service manager must then review the details on the same day and make a decision to take action regarding any escalation required.

**4.2** Employee’s active involvement in conversations, meetings, and individual risk management or strategy development adds depth and detail to statutory processes. While employee’s relationships with children, young people and adults at risk are unique and personal, work cannot effectively take place in isolation. Children who have had previous risks identified should already have a child protection or safety plan drafted on the care management system. Where employees have safeguarding concerns about a child or young person who already has a child protection plan, there should be sufficient measures available to use as a guide to what happens next.

**4.3** Multi - agency checks If the safeguarding concern is fully addressed within the existing child protection plan, this must still be reported to the social worker in line with the plan and confirmed in the safety report in the same timescales as above. The employee attending the response meeting must take a full record of decisions made at the meeting within 5 working days. These minutes and other documents from this meeting must be read and saved to the care management system when they are received. If support or advice is needed, employees may contact the local authorities safeguarding team.

Multi-agency checks as part of the eventual process decides that multi-agency checks are required, it is likely that the relevant service will be contacted to contribute to these inquiries. In such cases, employees must notify their manager on the same day they are contacted by the local authority. Managers must then ensure that employees understand the purpose of the checks and what is required. An employee must respond to such inquiries as soon as possible. Case records must be read, and any employee who have had recent contact with the child or family should be invited to share their views. Any new concerns, changes in circumstances, unusual activity from family or friends, or changes in behaviour in the child must be shared with the local authority. Additionally, the local authority must be made aware of any involvement from other agencies with the child or family.

Agency checks that are made by telephone – including the information shared must be confirmed in writing to the local authority on the same day as the call. 1st Healthcare staff may be approached during such an inquiry and employees must inform their service manager in such circumstances. 1st Healthcare staff and management will aim to provide swift and personalised safeguarding responses and involve the young person at risk in the decision-making process as far as possible. Local authorities should also be kept informed about all the stages of the internal actions being made or planned. 1st Healthcare employees must make a record on the care management system of all relevant information in relation to decisions, outcomes, actions, advice, and information shared.

**4.3 Ongoing safeguarding responsibilities**Employees /management must play an active role in managing safeguarding risk by: identifying safeguarding concerns (new or changed) quickly discussing these with managers as soon as possible, sharing concerns quickly with local authority and police as relevant. Quickly escalating concerns - where the response is insufficient or slow participating in multi-agency planning activity supporting children, young people, and adults at risk are supported to consider how they can take action to help protect themselves recording their conversations, decisions and actions. The area /safeguarding manager will play an active role in managing safeguarding risk by: prioritising conversations with employees who have safeguarding concerns supporting employees to think through concerns and decide a suitable course of action with statutory partners quickly escalating concerns within the local authority as required, discussing safety planning strategies for the young person at risk. Area managers are expected to play an active role in assisting the Safeguarding Officer by: prioritising conversations with support staff and team leaders who have safeguarding concerns requiring escalation taking swift action to escalate concerns with the local authority as circumstances require ensure safety planning ensuring employees and service managers feel adequately supported reporting escalated safeguarding concerns regularly to the management informing and working with family, friends and/or other support networks as appropriate.

**5.0 NEW RISKS IDENTIFIED**

A safety plan drafted in the care management system is detailed instructions on what needs to be done about the associated risks. It addresses the risk assessment and identifies who and what resources are there to counter the risks or respond to unsafe situations brought about by that particular risk. A young person may end up having multiple safety plans depending on how many risks are know about.

After escalating a concern in a local authority and waiting for an appropriate response, employees and managers will likely share a sense of needing to manage or “hold” risk in the intervening period until the local authority responds suitably. This risk management is best done through safety planning with the young person or adult at risk in order to help them remove, mitigate and better manage risks present. 1st Healthcare believes that Safety planning is best done in partnership with the young person or adult involved, and should feature: identifying the risks present to the individual, considering potential changes to current circumstances that can be made to reduce the risks present, generating practical, realistic responses to risks considering the physical and emotional needs of the person at risk when exploring potential actions and changes, encouraging the person to make positive decisions in the interest of their own self-protection, developing an emergency safety plan with suitable contact numbers. The safeguarding team will provide tailored support depending on the circumstances of the safeguarding issue. This may be guidance, advice, or instruction.

**6.0 COMPLEX OR UNFAMILIAR SAFEGUARDING**

 Risk management and safety planning must be regularly updated.
 Age assessment and disputes - Most unaccompanied children arriving in the UK have their age accepted upon arrival, but in some cases, where there is little or no documentary evidence of the child's age or if the child looks like an adult, the Home Office or local authorities may dispute the age stated by the child. In cases where there is a dispute regarding the age of the young person, the young person must be treated as a child by the local authority while the dispute is ongoing (refer to local statutory guidance). 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 young people form – in their neighborhoods, through their networks, at school and online – can feature violence and abuse. Because young people are vulnerable to abuse in a range of contexts, responding to contextual safeguarding concerns means working with children’s social care, and other relevant partners, to collectively assess the risks for young people and plan suitable interventions.

 The action plans will assess and execute interventions in all the spaces in which a young person (or group of young people) are deemed vulnerable to abuse. Employees may refer to 1st Healthcare’s safeguarding guidance document for more information on contextual safeguarding resources, risk assessment and sharing soft intelligence. Soft intelligence is very important when working contextually to safeguard children and young people and must be treated as a safeguarding concern. Sharing intelligence (information employees have gathered that may be relevant to crimes being committed) can help establish patterns and themes and improve clarity on the risks present.

If employees are given information that relates to a child, young person, at risk or immediate harm, they must call the authorities immediately and make a referral to social care in accordance with this policy. If an employee receives information about criminal activity or exploitation – either through direct practice with young people and adults or via members of the public – this must be reported by calling the police 101 line. Employees must conduct a risk assessment for the sharing of this information with the police before doing so, including a consideration of the risks present for the child or young person. Conversations with the police must be recorded on the care management system under the young person’s profile update and weekly reports. Employees must ensure they receive a crime reference number for the information shared with the police or EDT

**7.0 LOCAL AREAS AND COUNTY LINES**

Where employees have concerns about a young person at risk that is connected to travel on public transport, they can also contact the British Transport Police – who will also participate in multi-agency strategy meetings where relevant. Employees may be aware of local “hot spot” areas of concern. Sharing information on these can help police target resources effectively and build a more detailed picture of the safeguarding risks within neighborhoods or communities. Employees may also present information at multi agency child exploitation (MACE) meetings or the local area equivalent. These are exploitation-centred meetings facilitated by local authorities. Intelligence will be recorded in the meeting minutes and information shared effectively with statutory bodies. Employees must discuss any information with their area/unit manager ahead of sharing it and record the discussion in the child’s safety report on the care management system and in a safeguarding workflow document.

Again, staff are trained to spot the slightly different indicators for this form of exploitation. Actions taken will involve the safeguarding Manager’s safeguarding plan as agreed and approved by the social worker. A measured investigative process is warranted. The young person will also have discussions integrated into the key work sessions.

**8.0 CRIMINAL GANGS AND NETWORKS**

Young people involved with criminal gangs or networks are extremely vulnerable to violence and attempts on their life. They may also be a risk to others. They are usually victims of child criminal exploitation. Young people involved in drug dealing may have high debt (whether real or manufactured by the gang/network to intimidate the young person) called “debt bondage”. Such debt, threats to a young person’s life, and “near miss” events must be considered as safeguarding concerns and reported to both the local authority and police as relevant using the procedures outlined in this document.

Partnership working is extremely important when supporting young people involved with criminal gangs or networks. Young people may be moved out of borough or the local area in order to protect them. Thorough risk assessments and safety planning (for the young person and Policy owner: their wider family and friends as relevant) are critically important. ‘If an employee suspects that a child or young person is being, or has been, subjected to physical, sexual and emotional abuse through the use of information and communication technology (ICT) – which can include bullying via mobile telephones or online (internet) with verbal and visual messages – they must forward details to management and the local authority using the existing procedure as explained earlier. As for unit /area managers - If the concern is in regard to the sexual abuse or grooming of a child online, a referral should be made to the Child Exploitation and Online Protection Command (CEOP), which is part of the UK's National Crime Agency (NCA). CEOP is tasked to work both nationally and internationally to bring online child sex offenders, including those involved in the production, distribution, and viewing of child abuse material to the UK courts. Referrals can be made at www.ceop.police.uk/ceop-reporting/. The police will often be interested in securing any evidence of online abuse. Employees must take advice from the police regarding deleting content and taking steps to preserve or record evidence of online harm (eg screenshots). The Children’s Society has a comprehensive user policy and procedure for employees, which applies to all users of 1st Healthcare’s care management system including temporary employees, service users (ie children) parents/carers and partner organisations. Further information on safeguarding work with children, young people and adults at risk on digital matters is available in 1st Healthcare safeguarding guidance document.

If the concerns present an immediate threat to the safety and welfare of the individual, employees must take care not to put themselves at risk, and to seek the assistance of the police. A child who spends some authorised time with their parents where there is domestic abuse, steps will be taken immediately be taken, there would be a suspension on contact arrangements until a full investigation is completed.

# E-SAFETY AT 1ST HEALTHCARE

As part of their agreement with 1st Healthcare young people may be asked to sign an Acceptable Use Statement pertaining to the use of the unit’s wifi and PC. The agreement may be adapted to make it relevant to their needs and risk assessment. The agreement must be signed by a member of staff and the social worker to certify that the conditions were explained to the young people. Young people must also sign to indicate that they agree with the terms. This must take place ideally at the beginning of the placement or when the young person starts to have access to the Internet or PC. All service users who intend to use the Wi-Fi or PC must sign an agreement.

The agreement will include things such as: time limits, type of sites or specific sites that the young person is not permitted to use, types of behaviour that is unacceptable e.g. bullying, sexualised behaviour, discriminatory conduct. In addition, young people will need to tell someone if inappropriate content is accessed or they are upset by anyone while online.

Computers for use by young people will be based in a room where their use can be monitored by staff. PCs will also have firewalls and anti-virus software, as well as security filters placed on internet usage.

Young people will be given guidance by unit staff on an ongoing basis about the dangers associated with using a PC and accessing the internet. These include:

* Websites with inappropriate material such as those that are discriminatory or pornographic.
* Dangers associated with chat rooms or social networking sites, such as paedophiles and cyber bullying.
* Unsolicited e-mail also known as Spam, which may contain viruses.
* Suspicious software or websites that could contain viruses or spyware that puts computers and data at risk of being deleted or stolen.
* Phishing scams aimed at stealing your identity.
* Hacking, where people attempt to take control of your computer whilst you are online.

**WHAT TO DO WHEN AN E-SAFETY CONCERN IS RAISED**

As for unit /area managers, a referral should be made to the Child Exploitation and Online Protection Command (CEOP – part of the UK’s National Crime Agency), if the concern is related to the sexual abuse or grooming of a child online. CEOP is tasked to work both nationally and internationally to bring online child sex offenders, including those involved in the production, distribution, and viewing of child abuse material to the UK courts. Referrals can be made at www.ceop.police.uk/ceop-reporting.

The police will often be interested in securing any evidence of online abuse. Employees must take advice from the police regarding deleting content and taking steps to preserve or record evidence of online harm (e.g. screenshots).

**9.0 HISTORICAL ABUSE**

 If an employee becomes aware of a historic abuse allegation, they must discuss this with the unit /area manager or a member of the safeguarding team, as soon as possible on the same day. Employees must retain notes of any conversations regarding historical allegations.

**10.0 MANAGING SAFEGUARDING ALLEGATIONS**

Service user/staff/external allegations relating to safeguarding issues or service conduct are to be recorded on the care management system (Solaris Careware) under ‘operation reports’ where information is automatically sent to the general manager by email. Immediate communication should be made after the allegation is reported and a response is expected within 12 hours. Staff must make sure to include the date and time along with the details on the nature of the concern. A decision is then made with any external parties that need to be involved (e.g., LADO, emergency services etc.) and anyone spoken to regarding the concern must also be mentioned in the details along with any information shared and steps taken to address the issue.

Concerns regarding employees or other external individuals authorised to work within the unit or with the child, eg tutors, lawyers, therapists etc. If safeguarding allegations or concerns surface, they must refer to the separate Managing Allegations policy document. This policy will apply when there are allegations or concerns raised, from any source, that an internal employee or external worker is behaving in a way that may pose a present or future risk of harm to a child, children or adults at risk (this may be about their behaviour, both within, or outside work). Employees must not alert the individual in question of their concerns before taking advice from a member of the management /safeguarding team, as subsequent enquiries may potentially be compromised. Where there is a specific identified child at risk of significant harm from that employee, the children’s safeguarding process must run in parallel. Management will advise on this. If an employee receives a complaint that includes a concern or allegation of potential risk or abuse about an employee or volunteer, the complaints process must be suspended. The safeguarding allegations policy and process (and where applicable, the safeguarding policy and process) must instead take precedence.

For allegations made against staff, where they have been made by a service user who is under 18, each case will be referred to the Local Authority Designated Officer (LADO) within the space of 24 hours. The role of the LADO is to coordinate the investigation and provide advice and guidance to the organisation whilst monitoring the progress to ensure they are handled promptly and efficiently and in a fair manner. They ensure that measures are in place to prevent further harm or abuse and that where required, referrals are made to the appropriate social care team.

**ALLEGATIONS - HIERACHY OF STAFF**

**Allegations against staff from service users (Internal complaints)**

The service manager or supervising managers can take steps to investigate internally and a decision is made to suspend staff , dismiss staff or reallocate staff to another accommodation where there is no contact with the accuser pending the results of the investigation. LADO / Social worker / Placement team needs to be contacted within 12 -24 hours of the allegation being made by the servivce user. Managers will be told by external parties what the process requires and make recommendations about suspension of staff pending the outcome of the allegations. Service users are also able to make these queries without fear of intimidation or repercussions which is why it is important to remove the accused staff from the proximity of the accuser. There are quite a number of cases where service user allegations against staff are unfounded and malicious, this has to be taken into account and the rights of a worker needs to be acknowledged without the quality or process of investigations being compromised.

**Allegations against staff from other staff.**

All staff will be supplied with a copy of the Disciplinary Procedure on commencement of their employment at 1st Healthcare either on paper or electronically. Any complaints about an employee made by another member of staff will be taken seriously and thoroughly investigated before any disciplinary action is taken if misconduct or unprofessional behaviour is concerned. Anonymity is also granted and there will not be a situation where there are defense arguments in a meeting. At every stage in the procedure, the employee will be advised about the nature of the allegation made against them and the possible outcome. No disciplinary action will be taken against an employee until the case has been fully investigated. In some cases, the employee may be re-assigned to another unit or will be suspended from work while investigation is taking place. This will depend on the nature or severity of the alleged misconduct or in accordance with current legislation. At all stages of this procedure the employee will have the right to be accompanied to formal hearings by a trade union representative or work colleague. The employee will be given a formal opportunity to state their case directly or via their representative before any decision on disciplinary action is made.

**Allegations against managers from staff /service users**

This whole process as stated in the staff handbook ensures that the status of a manager does not prevent allegations process where it is required. Again, depending on the nature or strength of evidence, the General manager /directors may suspend, dismiss and or report the allegations to LADO over the next 24 hours. Managers are also expected to familiarise themselves with what happens next. Managers are also allowed to have a witness or representative in the investigation meetings.

**Allegations against the organisation from staff or service user**

Staff as well as service users must be made aware of the procedures they are advised to follow should there be a situation where an allegation is likely. This may be a whistle bowing exercise where the accuser be it a service user or a member of staff feels that the case against the companies mode of practice or service professionalism is in need of external intervention. The company may be ignoring the need to investigate staff misconduct for instance or the company is operating with policies that are damaging, unprofessional or deemed as most ineffective to the needs of a service user. Allegations against the company as a whole may also relat to how staff are treated unfairly or where there is a general breach against employment laws, or a stark compromise on safer recruitment expectaions with the service specifications or common compliance as stated by regulatory bodies or local authorities.

The company must respond within 24 hours of the allegation being shared with external parties. This may be a LADO intervention and in some cases, the allegation may include specific members of staff and then management who have failed to act on certain issues. Those parties will be involved in the investigative process.

**10.0 MISSING YOUNG PEOPLE AT RISK**

 When determining whether a person is missing, employees should trust their instincts and knowledge of the person’s circumstances, the usual procedure of reporting the child missing to EDT and the police will be informed. Where appropriate, employees may contact relevant family, carers, or other professionals to discuss and establish their whereabouts or if they are with the young person. Staff will be notifying the authorities If they are concerned that someone is missing under suspicion of exploitation including all the signs of complex safeguarding issues. There is an extended action compared to a child missing their curfew and not being reachable.

 Employees must give police all the important information about the person’s vulnerability and any threat to life they are aware of. The MISPER report will be shared with social workers and the police who will assess and grade the missing report as low, medium, or high based on the information provided. If an employee makes a missing person’s report, they must inform their safeguarding and keep them posted when the period of missing lengthens. The police will reassess each individual who is reported missing at regular intervals. They will be considered missing until located and their well-being or otherwise is established. Employees must also inform the allocated social worker for the child, young person, at risk, along with other professionals in the network where joint working, a risk assessment or safety plan are in operation. Taking action during the period a person is missing. If employees are concerned that someone is missing, they should take steps to locate them (alongside notifying the authorities as outlined in the missing persons guideline). Children or young people may go missing in the context of multiple vulnerabilities and risk factors. This many include factors connected to criminal gangs, modern slavery, trafficking or sexual / criminal exploitation. When at-risk people with multiple vulnerabilities go missing, it is critical employees working closely with their professional network.

When a person goes missing, the local authority must have oversight of the situation. Local authorities will usually have their own response to reports of concerns that a child or young person has gone missing. In some cases, employees may need to advocate for the young person to be considered as missing where the local authority is reluctant to do so, or where action is slow or inadequate. This should be undertaken as per the escalation processes. For missing children and young people, local authority responses may include one or more strategy meetings involving family and key professionals. The meeting aims must be to: assess risks agree a plan to locate the child or young person identify actions to reduce the likelihood of the child or young person going missing in the future ask the network about potential disruption activity (refer to the glossary of terms for a definition) that may recover the child or prevent future missing episodes. If employees are concerned this is not happening, they must escalate this following the usual processes. Alongside the professional network, employees must think contextually and refer to the risk assessment and safety plan to agree next steps.

**10.1 Repeat missing episodes or prolonged missing scenarios -** Where an employee has concerns about a pattern of frequent short missing episodes, or when a person is missing in the long-term, they must request regular strategy meetings with management and then the local authorities if needed. (if these are not already happening). Where the local authority has a disrupting exploitation team, strategy meetings usually take place weekly (where risks are very high) or fortnightly. If employees are concerned about potential trafficking or modern slavery, they must request that the appropriate referral is made. If employees are concerned about a lack of proactivity at any stage regarding a person being missing for any length of time, they must escalate their concerns using the usual process.

When a child or young person is found or returns to their home or care setting, they must be offered an independent return interview (also known as a return home interview). Independent return interviews provide an opportunity to uncover information that can help protect children from: the risk of going missing again risks they may have been exposed to while missing risk factors in their home. Return home interviews must be carried out within 72 hours of the child returning to their home or care setting. This must be an in-depth interview and is normally best carried out by an independent person or management instead of the duty support worker.

**11.0 RADICALISATION**

Current legislation requires all agencies working with children, young people, and adults at risk to play a role in preventing and deterring their possible radicalisation – whether on grounds of religion, culture, or for other ends. Extremism can take many different forms, including far-right extremism. While the PREVENT duty is a high-profile one, it is quite rare as a practice issue for 1st Healthcare employees. Certain behaviors or risks for a young person can indicate criminal exploitation as opposed to radicalisation and are far more likely. Employees are strongly encouraged to closely examine available evidence, assess indicators, and discuss these with a manager experienced in work with such issues, or the safeguarding team, before taking a view on the potential of radicalisation risk.

While the nature of the risk to the child or young person or adult at risk may raise security issues, the process for responding to likelihood of significant harm or vulnerability is the same as for any other safeguarding concern. If an employee becomes aware of a situation or information that a violent act is imminent, or where weapons or other materials may be in the possession of a young person, at risk, or member of their family, they must take the following steps: Call the authorities as soon as it is safe to do so. Contact the unit /area manager immediately for guidance and support and consider together whether further information-sharing is required. Consideration must be given to the possibility that sharing information about the concerns with the child’s parents/carers may increase the risk to the child, and it may therefore not be appropriate to inform the parents/carers at the referral stage. Make a referral to the local authority. Whilst many of these referrals will be received by local authorities as early intervention services, the referral must be recorded on the care management system in a safeguarding workflow.

**11.2** Management may make a referral to the Channel Panel. Channel is an early intervention,
 multi-agency panel designed to assess risk, safeguard vulnerable

individuals from being drawn into extremist or terrorist behaviour and arrange intervention or support to be provided to those individuals. Each local authority was required to establish a Channel panel under provisions in the Counterterrorism and Security Act 2015.

The employee making the referral should be invited to be part of that multi agency forum and be part of a multi-agency plan. Safeguarding children and adults who may have been trafficked. All children and young people at risk of exploitation are entitled to safeguarding and protection under the law irrespective of their immigration. While for slightly older children or young people it is necessary to identify an element of coercion in the context of trafficking, children are recognised as being unable to consent to their own exploitation. Therefore, for a child to be recognised as trafficked, employees only need to identify that a child /young person has been recruited, moved, or held by individuals for the purpose of exploitation. If an employee comes into contact with a child who may have been exploited or trafficked, they must immediately notify local authority social care and the police. Where exploitation (or the intent to exploit) has already taken place, The individual can be of any nationality including British national children, such as those trafficked for child sexual exploitation (CSE) or child criminal exploitation (CCE) through the distribution of drugs often referred to as “county lines”.

**11.3** Where employees are working with a child who is approaching the age of 18 and where safeguarding concerns exist, they must establish with the local authority how the care needs of the young person will be placed at the forefront of any future support planning. Assessment of care needs must include issues of safeguarding and risk and must ensure the young person’s safety is not put at risk through delays in provision of the services needed to maintain their independence, well-being and choice. The planning process must also consider: the information and advice the young person has received about safeguarding whether advocacy and support needs have been addressed, whether a mental capacity assessment is needed and who will undertake it.

If 1st Healthcare staff are advocating for the young person, plans must be established for this provision. If the young person is a care leaver, they are entitled to a personal advisor from the local authority’s children’s social care until the age of 25 years. The safeguarding adults referral route must be followed for anyone over the age of 18 years. However, for care leavers, their personal advisor in the relevant local authority team must also need to be made aware of any concerns.

 Managers must ensure that any gaps in safeguarding transition planning with other agencies are discussed in supervision with employees, and that a clear plan is developed on how this will be responded to. Employees must inform their line manager of any responsibilities for safeguarding transition planning that 1st Healthcare has taken on. The manager is responsible for ensuring such responsibilities are fully covered in the provision of the service.

**12.0 CSE SAFEGUARDING**

Child prostitution /sexual exploitation is becoming more prevalent in today’s society and exposes young people to differing forms of abuse, assault and emotional vulnerability. Additionally, it can threaten the well-being of young people and lead to a loss of self-esteem. A young person involved in prostitution is likely to have been subjected to physical and/ or sexual abuse.

The young people (unaccompanied minors) in the cate of 1st Healthcare may, at times may have been involved in prostitution prior to arrival or enroute to the United Kingdom and as a result of this they may have little or no understanding of the risks they may be exposed to. All staff employed by 1st Healthcare must be aware of the potential risks open to young people accommodated by us. All staff will receive training in this area as part of their induction.

Abusers/ coercers will identify vulnerable young people and we must ensure that we act in conjunction with other local agencies to act swiftly and sensitively in the best interests of the young person concerned. It is vital that support and strategies are in place to ensure a positive outcome for the young person concerned.

1st Healthcare management as coordinated by the Safeguarding Manager will work with local agencies and adhere to local protocols developed within the framework of “Working Together” 2006 to address issues of this form of abuse. It is the primary aim of 1st Healthcare to safeguard and promote the welfare of young people in our care. 1st Healthcare will encourage and support any investigation and prosecution of criminal activity by any person/s that coerces young people, abusing them through prostitution.

It is the policy of 1st Healthcare to discuss at a multi-agency level, any/ all concerns regarding young people involved in exploitation of prostitution, pornography, etc.

Staff should be particularly alert and give consideration to:

* Encouraged visits to person’s outside of the property
* Frequent absences from the property
* Older, particularly males observed loitering around the property or vicinity
* Young people getting into cars, being picked up by strangers/ persons unknown
* Young people returning to the property with alcohol/ illegal substances
* Young people returning to the property with expensive games or other such items that they were not in possession of at an earlier stage
* Young people returning to the property with expensive items of clothing, cosmetics, footwear, jewelry that they were not in possession of at an earlier stage
* Young people returning to the property with money that they were not in possession of at an earlier stage
* Young people’s relationships with older persons

This list is not exhaustive.

Consideration must always be given to the needs of the young person and arrangements for their immediate safety put in place. Protection and safeguarding the young person is paramount and diversion/s strategies from exploitation should be in place. The longer-term needs of the young person must be assessed with clear plans in place to include sexual health education and needs, etc.

**13.0 SAFEGUARDING ADULTS**

Our support services extend to over 18’s as our floating support provision caters for 18 -25year olds. While the support hours are significantly smaller than that of our semi - independent living 16 -18-year old’s we still apply the same safety commitment to the adult. Staff on the average 5 hour per week visit ensure that the home is risk assessed and adheres to the safeguarding adult’s guideline. This includes:

Assessing harm to and from other residents

Assessing harm within the home environment

Assessing local area risks

Assessing individual risks - exploitative, abusive and emotional harm & self - harm

The young adults that receive our services are advised about safety and risky behaviour. How to avoid certain risks and what to when an issue of safety occurs.

Our staff along with the client's PA will discuss and share actions to mitigate risks which includes the steps to manage risks. It will still remain a main feature of the support hours where staff will sign post them to various agencies with skilled representatives and resources to offer external support.

We recognise there are various groups that may be more susceptive to exploitation, radicalization and other forms of unsafe influences especially with the unaccompanied asylum seekers who tend to be taken advantage of much easier

**14.0 SAFER RECRUITMENT**

It is a major expectation to recruit staff who are able to carry out their care duties with no threat of harm, mistreatment, misconduct or abuse to our young people. It is for this reason background checks on criminality or history of misconduct should be checked. This policy highlights the process of recruitment to ensure all members of staff can be trusted to ensure the care of young people in LTC homes are safe and comfortable.

Elements of our safer recruitment policy covers the process of staff recruitment; application; short listing and appointing procedures. Two members of staff at this stage of the business are responsible for the recruitment process – the Service Manager (predominantly) and the operations manager.

 **14.1 Checklist 1st stage recruitment process:**

 Required documentation is to be received within the first 5 working days of a candidate being
 shortlisted based on initial application form acceptance around suitability:

* Photographic evidence of identity and the right to work in the UK signed and verified.
* Evidence of their current address - signed and verified - These must be current/valid and/or less than 6 months old.
* Qualifications - evidenced.
* Verification of gaps in employment.
* Two written references on official/headed paper where applicable, the references should be checked and confirmed by a phone call from 1st Healthcare and the reference signed and dated with the confirmation information.
* A new valid enhanced [DBS](http://trixresources.proceduresonline.com/nat_key/keywords/dis_barring_service.html) (formerly CRB) check - organisation to retain a record of the unique reference number, the outcome of the check and the date the check was completed;
* Evidence of further checks where the member of staff has not always been resident in the UK

All of the above checks and information requirements should take place and be confirmed before the staff member is invited on to the recruitment process.

**14.2 Stage 2 recruitment process**

Once the candidate has been checked out for eligibility to work in the UK and a comprehensive DBS check is completed a formal interview will take place to shortlist candidates with the person specification criteria. The candidates work / life chronology will be established at the interview to support the checks on suitability

1.Qualifications & certifications – Is the candidate adequately qualified (Health and social care certifications level 3 /level5 or social worker qualifications. Will the candidates who possess the right personal qualities, but lack certifications be ready to start the certification process of the mandatory qualifications within the first 2 months or immediately once probationary employment is offered?

2.Experience – is the candidate able to demonstrate and applying past similar work experience to fit the duties and responsibilities required of front line or manager roles? Candidates will be tested on their response to scenarios.

3. Further responsibilities – 1st Healthcare operates its service under very detailed reporting, the ideal candidate will need to demonstrate competent knowledge of computer usage and a reasonable understanding of service user records and updating reports. Candidates who show a willingness to improve on their computer skills will be considered.

4.Attitude to care and personal character - A major part of the shortlist criteria, 1st Healthcare aims at recruiting a team of support workers and managers who share the same ethos, commitment to the interests of young people, ample empathy and understanding, patience and understanding. 1st Healthcare extends its care services to young people with emotional in balance, challenging behaviour, ex-offenders and others with social anxiety, ADHD and the like. It is important to recruit a team that understand the expectations and are able to rise above these difficulties with positive outcomes as their priority for the service user. We will not be recruiting staff who are not able to demonstrate an understanding or align themselves to equal opportunities and diversity and the rights of a child/young person.

5. Shortlisted candidates for recruitment will be offered a long - term employment contract after the 4 month probationary period. The initial contract clearly states expectations and responsibilities. New recruits are expected to study and apply policies and procedures on their induction week. All health and safety processes will form part of the induction. New recruits would go through an appraisal to demonstrate their knowledge of applied training and general performance. Feedback from service users will also be considered. New recruits who are able to demonstrate good practice and competence are offered a longer - term contract afterwards.

**15.0 THE LOCAL CHILDREN’S SAFEGUARDING BOARD & INTERNAL TRAINING**

This is increasingly becoming a main part of our safeguarding approach to joint agency. Management will ensure staff are aware of the guidance and training resources available and 1st Healthcare will maintain an updated report on staff and management use of the resources. The training facilities will also be accessed on a regular basis and will form part of 1st Healthcare - safeguarding training process. Staff will ensure they are familiar with any child safeguarding activity the local government introduces. They are aware of environmental issues that may affect safety and wellbeing in the area.

**16.0 Physical and Professional Boundaries**

At 1st Healthcare we believe that staff need to observe professional boundaries in their relationships with service users and their relatives, friends, visitors and representatives and that behaviour outside those boundaries should be regarded as abusive and a reason for disciplinary action. We recognise that it is often difficult to draw precise lines defining appropriate behaviour, so we encourage staff to be transparent in their dealings with service users and others and to discuss with managers any ambiguities which arise. The starting point is that the needs of service users should be at the centre of our care practice; any relationship which might threatens that objective will be questioned.

Members of staff are expected to respect physical boundaries with young people. While it is important to work with kindness and care, staff should not become too close to any of the young people in a way that can be seen as unprofessional or personal. Staff should maintain a professional relationship with young people by being cautious of the language used around them (e.g., the use of swearing) and must not communicate with a young person via social media.

In circumstances when physical contact is made with any of our young people, this must always be based on staff’s professional assessment of the situation such as the needs of the young person at the time, physical contact should be for a limited duration, and other factors such as the young person’s gender, age, stage of development, ethnicity must also be taken into consideration.

**17.0 Professional Relationships**

Professional relationships must be distinguished from personal relationships. Although we believe that staff can quite properly gain satisfaction from developing and sustaining relationships with Service users, the key consideration should always be the needs of the Service user rather than the personal or mutual satisfactions which characterises personal relationships. Staff must therefore on occasions hold back from allowing a relationship to develop a dimension or to a degree which they personally would find satisfying, in the interests of ensuring that the needs of the Service user remain paramount. Any member of staff who feels that a relationship is developing which might be judged inappropriate, should discuss the situation with their manager. The action to be taken may include varying the staff member’s duties in order to limit contact with that person, discussing the situation frankly with the person in order to re-establish appropriate boundaries, or in extreme circumstances controlling an individual’s contacts with 1st Healthcare.

**18.0 Safe Spaces**

A safe space policy is all about creating an open and welcoming environment where young people feel safe, enjoy, and participate. 1st Healthcare is committed to providing an inclusive and supportive space for all young people.

This policy is applicable to all staff and young people and covers any 1st Healthcare events, unit or space and the objective is to ensure that:

* We aspire to provide an environment where staff and young people can express their views free from discrimination, harassment, and bullying
* ‘Freedom of Speech’ should be respected as well as recognising its boundaries.
* We must respect our diverse population and take a zero-tolerance approach to discrimination in any term.
* We are committed to our core value of inclusivity and will take a zero-tolerance approach to language or behaviour that is racist, sexist, homophobic, threatening or violent, that could cause offence to any service user with a disability as well as any other person that feels harassed, bullied or discriminated against.
* We are committed to creating a safe, open-minded, inclusive, and welcoming environment, in which staff and young people can live and work in an atmosphere of respect and tolerance.
* Staff and service users are free from intimidation or harassment, resulting from prejudice or discrimination on the grounds of age, disability, marital or maternity/paternity status, race, religious beliefs, sexual orientation, gender identity, trans status, socio-economic status, or ideology or culture, or any other form of distinction.

**CCTV USAGE AND ACCESS**

At 1st Healthcare, our homes are monitored with closed circuit television (CCTV) for staff, young people and premises security purposes. Cameras are located at communal areas on the premises, and images from the cameras are recorded. CCTV cameras on site are in no way meant to invade on the privacy of young people or the staff who work here. Cameras are not allowed in private living areas, bathrooms or workspaces. They are installed for safety and not for any other reasons. Cameras will be monitored by staff who have received safeguarding training and are aware of issues related to privacy, GDPR, keeping information safe and who are also aware of issues such as dignity and respect.

The use of CCTV falls within the scope of the Data Protection Act 1998. This code of practice follows the recommendations issued by the Data Protection commissioner in accordance with powers under section 51 (3)(b) of the 1998 Act and General Data Protection Regulation (GDPR) 2018.

**In order to comply with the requirements of the 1998 Act, Data must be:**

* Fairly and lawfully processed
* Processed for limited purposes and not in any manner incompatible with those purposes
* Adequate, relevant, and not excessive
* Accurate
* Not kept for longer than is necessary
* Processed in accordance with individual’s rights
* Secure

**Protocols**

* The surveillance system will be registered with the ICO in line with data protection legislation.
* The surveillance system is a closed digital system which does not record audio.
* Warning signs have been placed throughout the premises where the surveillance system is active, as mandated by the ICO’s Code of Practice.
* The surveillance system has been designed for maximum effectiveness and efficiency; however, 1st Healthcare cannot guarantee that every incident will be detected or covered and ‘blind spots may exist.
* The surveillance system will not be trained on individuals unless an immediate response to an incident is required.
* The surveillance system will not be trained on private vehicles or property outside the perimeter of the unit.

**Security**

Access to and disclosure of images recorded by CCTV and similar surveillance equipment is restricted and carefully controlled, not only to ensure that the rights of individuals are preserved, but also to ensure that the chain of evidence remains intact should the images be required for evidential purposes.

1st Healthcare will grant access to images, to practice staff and other professionals such as police for use in legal proceedings. In cases where recordings are removed from secure storage for use of legal proceedings, the following must be documented using the CCTV form provided by 1st Healthcare:

* The name of the person removing from secure storage, or otherwise accessing the recordings
* The date and time of removal of the recordings
* The reason for removal
* Any crime incident number to which the images may be relevant
* The place to which the recordings will be taken
* The signature of the collecting police officer, where appropriate
* The date and time of replacement into secure storage of the recordings

**The Referral Process and matching policy**

The referral process begins with sourcing the potential placements care history covering medical needs, behavioral chronology and a general view of suitability in terms of our people resources and matching with the current residents.

Within the first 24 hours of a potential placement being provisionally accepted. Management will draft a risk impact report to identify the level of risk the potential placement may bring to the other residents of the proposed unit. The risk impact report also highlights the potential risk or negative influence the other residents may have on the new placement. Should the match prove to be one with potentially negative outcomes then a decision will be made to either refuse the placement or make alternative arrangements to house the placement in another unit or confirm a recommendation to be a solo placement.

The service will then ask for a referral form to be completed giving brief information about the potential client and their support needs. This form can be completed by a professional, from the multi-disciplinary team and/or placement team alongside our own.

A review of this information is then undertaken to assess whether the service can potentially meet the needs of the individual being referred. If the service determines that they can meet the needs of the referred person, a full assessment will then be arranged with the potential clients and their care/support team.

## The Assessment Process

At the assessment, the following aspects of the service will be discussed with the potential client:

* Current support needs
* Identified areas of risk
* What things are important to them as an individual
* What they are seeking from the service
* Proposed plan of support to be offered by the service

## The Admission Process

* If the outcome of the assessment is that the service can meet the needs of the potential client, they will then be invited to visit the appropriate property. This will give them the opportunity to look around, meet other clients of the property and ask questions or seek clarification about anything they are unsure of.
* If the potential client likes the service and there is an appropriate vacancy for them and funding for their placement has been approved, a transition plan is then agreed with the individual and others involved in their care/support. This can include both day and overnight visits to help the client settle into their new environment. If there are no concerns from the client or the service during this period, an admission date to the service is then agreed.

### Emergency Admission

In the case of emergency admission requests, an initial assessment will be completed within 2 working days of the referral. If the service can offer a suitable support placement and funding is confirmed, The Service will inform the new client of all key aspects, procedures and routines of the property within two days of the admission. Prior to admission, a review plan will be agreed with the potential client and their care/support team and a contingency plan confirmed as to what actions will be taken if the placement becomes unsustainable. The new client will be formally reviewed in the sixth week of placement and a decision made on whether the support can be continued.

## Accommodation

The Supported Living Service recognises that every prospective client should have the opportunity to choose a home which suits their needs. To facilitate that choice, we do the following:

* Provide detailed information on the service by publishing a Client/Service User Guide.
* Give each client a Client Agreement specifying the terms of the service and accommodation.
* Ensure that every prospective client has their needs thoroughly assessed before a decision on admission is taken.
* Demonstrate to every person about to be offered the service that we are confident that we can meet their needs as assessed.
* Offer introductory visits to prospective clients and avoid unplanned admissions except in cases of emergency.

There are a number of properties, which are intended to provide environments where clients are able to experience supported living in the community.