

**Outcomes
First
Group.**

Acorn Education

Options Autism



Person-centred Behaviour Policy

Children's Homes

Options Barton

PERSON-CENTRED BEHAVIOUR POLICY

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1.0 INTRODUCTION

Outcomes First Group places the safety and well-being of the children and young people we educate and care for as its highest priority. We are committed to meeting their individual needs and aim to create a culture where children and young people flourish and enjoy their time here. Our approach is informed by our clinical well-being strategies which are based on the most current and up to date research.

Our homes have different identities and approaches, which are unique to them and reflect the needs of the young people. The aim of this policy is to promote positive behaviour through a supportive and consistent approach that is based on an understanding of our children and young people’s individual needs.

Options Barton is a specialist provision which offers support for children and young people with complex needs; Autism aged between 8 and 19 years of age. The home is currently registered to accommodate up to 26 children and young people, accommodated over 3 homes: Bridge View, Woodland View and Highfield View which are arranged over two floors above the on-site school. Woodland View is on the first floor and can accommodate 5x children and young people, Bridge View can accommodate 6x children and young people and Highfield View, which is on the second floor, can also accommodate 6x children and young people.

The Home has an inclusive and affirming needs-led approach that encourages positive behaviour by proactively recognising and flexibly supporting our resident’s holistic individual needs. Our teams are trained to apply this approach in practice at all times and support our children and young people consistently and

fairly, developing positive, respectful relationships with them.

2.0 LEGAL FRAMEWORK AND GUIDANCE

This Policy relates to the [Children's Homes \(England\) Regulations 2015](#), in particular:

- 11: The Positive Relationship Standard
- 12: The Protection of Children Standard
- 19: Behaviour Management and Discipline
- 20: Restraint and Deprivation of Liberty
- 35: Behaviour Management Policies and Records

3.0 POLICY FRAMEWORK

The Group is committed to reducing the use of restraint and restrictive practices and supporting preventative practices across all services and is part of the Reducing Restraint Network. The Group's Restraint Reduction Practices Board has developed a policy supplement, [The Use of Restrictive Practices and Restraint Terms of Reference](#), which must be implemented as part of this policy.

Our **Acorn Education and Care Homes** are underpinned by our needs-led and Trauma Informed Practice Strategy, drawing upon evidence-based core principles of **Connect, Co-Regulate, Co-Reflect**.

Our **Options Autism** Service has a neurodiversity affirmative approach underpinned by our **Ask, Accept, Develop Strategy** core principles. This is supported by the Ask, Accept, Develop Accreditation Criteria which outlines best practice and is driven forward by the Ask, Accept, Develop Champion in each setting.

Both strategies and accreditations have been discussed, reflected on and embraced by our Lived Experience Expert Panel and our Advisory Board.

This policy should be read alongside the above strategies, guidance and other relevant policies and guidance, including:

- Safeguarding Policy
- Anti-bullying Policy
- Child-on-Child Abuse/Peer-on-Peer Abuse Policy
- Suspension and Permanent Exclusions Policy
- Self-Harm/Self-Injurious Behaviour policies
- Ligature Management Guidance
- Medication Policy
- Code of Conduct and Ethics Policy
- Managing Allegations Against Staff Procedure
- Complaints Policy
- Children's Rights Policy and Guidance
- Mobile Device, Smart Technology, and Internet Access Policy
- Staying Safe Online Policy
- Gaming Devices Guidance
- Searches & Privacy Policy
- Placement at Risk Management Guidance
- Transition Policy and Guidance
- Trauma Informed Practice Strategy (Connect, Co-Regulate and Co-Reflect) for Acorn Education & Care
- Ask, Accept, Develop (Autism Strategy) for Options Autism

4.0 PURPOSE OF THIS POLICY

The policy aims to reflect and demonstrate the importance of the Home's commitment to promoting the entitlement of young people to the highest quality of care and sense of belonging. This policy aims to support

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an evidence based, person-centred and inclusive approach where young people are supported to learn effective ways of managing their emotions and behaviour to prepare for their future.

4.1 POLICY IMPLEMENTATION

Everyone is expected and supported to treat one another with dignity, kindness and respect. We use an 'inclusion by design' model, meaning we create Home environments which are predictable and comfortable.

This policy can be implemented alongside Individual Plans, which may identify a specific approach tailored to a young people's strengths and needs.

When incidents of behavioural distress and emotional dysregulation occur, we respond promptly, predictably and with confidence to maintain a calm and safe environment. We consider and reflect together how the likelihood of such incidents recurring can be reduced.

5.0 OUR PHILOSOPHY

Young people are all individual and unique and we celebrate this.

- ❖ We value developing strong and respectful relationships within the whole community. This includes young people, between team members, with family/carers, and the wider community, such as CAMHS.
- ❖ We maintain clear boundaries and expectations to create safe and predictable environments.
- ❖ We regularly consult young people to ensure their voices are heard.
- ❖ We recognise children can be distressed and can experience meltdowns or shutdowns. We also recognise that some behaviours are just part of everyone's childhood and adolescence, for example, pushing boundaries when developing independence.
- ❖ We recognise that as a whole community we impact one another. Regular reflective practice enables us to understand, make sense of and support this impact positively.
- ❖ Our philosophy is never based on punishment but **focused on solutions**. Our young people are managing the best way that they know how, with the skills they currently have.
- ❖ There are times when children may become so distressed that additional measures may be required to keep them and others safe. Our teams are trained to respond appropriately and must always use the least restrictive intervention possible.
- ❖ Our teams are role models in helping our young people learn more skillful ways to experience success.

6.0 MAINTAINING HIGH STANDARDS OF WELL BEING TO SUPPORT POSITIVE BEHAVIOUR

Senior Leaders take responsibility for implementing measures to ensure our Home's approach to supporting needs and behaviour meets the following national minimum expectation:

- ❖ We have high expectations of young people. Our expectation relating to their behavior is always understood according to their individual strengths and needs.
- ❖ Senior Leaders and Teams visibly and consistently support all our teams in supporting young people's needs and behaviour through following this policy.
- ❖ Universal and personalised measures are in place to support our young people to be the best versions of themselves.
- ❖ All members of the home create a positive safe environment in which bullying, physical threats or abuse and intimidation are not tolerated, in which young people are safe and feel safe and everyone is treated respectfully.
- ❖ Any incidents of bullying, sexual violence and harassment, discrimination, aggression, and derogatory language (including name calling) are dealt with quickly and effectively.

6.1 KEY ROLES

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The Role of Home Leaders – Our leadership team is highly visible, with leaders routinely engaging with young peoples, parents / carers and team members on setting and maintaining the Home culture and an environment where everyone feels safe and supported.

Leaders ensure that all new team members are inducted into the Group and Home culture to ensure they understand its rules and routines and how best to support young peoples to participate in creating the culture of the Home. All new team members receive bespoke training as part of their induction into understanding the needs of young people through the group's Trauma Informed Practice modules and Neurodiversity training modules as appropriate, and *CPI (Crisis Prevention Institute) De-escalation and Behaviour Management Training*. Ongoing training and support is also provided via the Home's professional development arrangements and the Group's Well-being and Clinical Team.

The Role of Home Team Members - All Home team members have a responsibility to provide an environment in which young peoples can feel safe and comfortable. Our teams will support young people to progress and develop in areas such as regulation of their own emotions and behaviour, encouraging empathy and respect for others and developing their own sense of identity. Our teams will work to prevent all forms of bullying (including cyberbullying, prejudice-based and discriminatory bullying) and will be alert to any signs of child-on-child abuse. Our teams have an important role in developing a calm and safe environment and establishing clear expectations and boundaries. Team members modelling expected behaviour and positive relationships so that young peoples can see examples of good habits and are confident to ask for help when needed.

Our teams communicate Home expectations, routines, values and standards both explicitly through keyworking sessions, community meetings, visual supports and in every interaction with young people. Our teams also receive clear guidance about Home expectations of their own conduct, which are set out in the Group's *Code of Conduct and Ethics Policy*.

The role of young people - All young people deserve to live in an environment that is calm, safe, supportive and where they are treated with dignity. To achieve this, every young person is made aware, in line with their individual capacity, of the Home expectations, keyworking support, and therapeutic consequence processes. Young peoples are taught that they have a duty to contribute to the Home culture and are asked about their experience of the Home and provide feedback in ways that are accessible and meaningful to them. This can help support the evaluation, improvement and implementation of this policy. Every young people is supported to achieve the best standards they can, including an induction and transition process that familiarises them with the Home culture.

The role of parents/carers/Social Workers – Including important adults in the child's life is crucial in helping the Home to develop and maintain our culture and approach and is key to ensure comprehensive support around the young person. Important adults are encouraged to get to know the Home's Behaviour Policy and related policies and, where possible, take part in the life of the Home and its culture.

Where a parent/carer/social worker has any concerns, they should raise this directly with the Home while continuing to work in partnership with them.

We build and maintain positive relationships with important adults, by keeping them updated about their child, encouraging them to celebrate successes, or holding collaborative sessions to help them support the consistency of the policy and their child's needs. Where appropriate, all important adults in the child's life supported and included.

Clinical and Well-Being Approaches - The overarching wellbeing approach throughout the Group is embedded by delivering care, education and clinical provisions that meet a young person's needs, informed by current wellbeing research theory and evidence. The Clinical Well-Being Team is multi-disciplined, and includes psychology/psychotherapy, speech and language therapy and occupational therapy. The Team provides training, consultation, individual therapy, group sessions and facilitate reflective practice groups for teams. The majority of specialist therapy is delivered during the child's school day to enable the home to the home.

Focus on relationships – Positive and meaningful relationships throughout the whole (e.g. school and home) community are essential to fostering a healthy environment for all. Empathy, trust and consistency are all

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important in building relationships. For various reasons, children can test and challenge relationships, therefore adults responsible for them require the ability to sensitively and confidently manage the adult-child relationship. There is an expectation that we are kind to one another and help to lead and drive high standards of culture and positive behaviour across the Group to benefit young people.

Individual needs and preferences – We celebrate difference and make reasonable adjustments to enable children to engage in a range of community and home activities. As far as possible, we use a proactive approach to anticipate any likely triggers of behaviour.

7.0 CREATING AN INCLUSIVE COMMUNITY

- **Clear expectations and consistent boundaries:** We clearly communicate our expectations through speech, visuals and modelling so all team members and young people, in line with their ability, are aware of the expectations and boundaries appropriate to their strengths and needs.
- **Regular Keyworking Sessions:** Keyworkers support young people to focus on their goals, support the ethos of the home (e.g. reflection), as well as increasing independence skill.
- **Creating Positive Memories:** Giving experiences of fun is important to create a playful environment – the use of PACE is an important part of our ethos.
- **Routines:** Routines and structure are integral to the day and to establish a sense of safety. For example, our teams will ensure that young people are given choice in the structure. Visual support will need to be considered.
- **Environment:** We create calm, welcoming and clean spaces, taking into account the sensory sensitivities and needs of our population.
- **Communication:** We use a total communication approach which aligns with the communication strengths and needs of our population.
- **Emotional Understanding:** Many of our young peoples may experience more intense emotional responses and/or struggle to process, share, express their emotions. We support our young people to develop skills to understand and manage their emotions and behaviour, and models such as *Zones of Regulation* may be used.
- **Rewards and Recognition** – We recognise and celebrate effort not just achievement and examples of our rewards and reinforcements include praise, 'Young Person of the Week,' days out, unexpected rewards, certificates. Achievements will be shared with the wider community, such as parents/carers. Rewards are never taken away from a young person once they have been earned for the intention of providing a sanction (for example family contact, hobbies and movement around the home). There will also be no carry over of sanctions from school to home – it will be more appropriate and reparative to have some reflective time and to think about repairing relationships. The use of food as rewards will not be relied upon.
- **Rankings** – Reward systems will not be on public display as we recognise this could be shaming and demotivating for some young people.
- **Sanctions based approach: Children will not be sanctioned for behaviour that might be related to their needs.** For example, following a difficult day at school sanctioning this by restricting evening activities. It may be more appropriate to consider the safety of the young person and others and supporting with their current needs (e.g. reflection, regulation, connecting).
- **Use of monetary rewards** – Money will not be used as an incentive for good behaviour.
- **What we do not support** – this list is inclusive of, but not exhaustive. The Group does not support talking about children in front of them or others, shouting at one another, swearing, or disrespectful language.

8.0 PRESCRIBED MEDICATION - Team members must be familiar with the Medicines Policy

Children and young people within our settings may take prescribed medication. We will work in collaboration with the prescribing professional and those supporting the young person to ensure their needs are well supported, in line with our legal responsibilities. We will support and monitor the impact of this medication. We will also support young people in their informed consent around medication.

9.0 RESPONDING TO DISTRESS AND NEED

There are times when our young people become distressed and may require other sources of support. When a team member becomes aware they respond empathically, predictably, promptly and clearly in line with this policy.

The first priority will be to establish the physical and emotional safety of the young person/people and team members and restore a calm environment. Keeping young people safe is always the highest priority for all our teams.

We will also consider whether the behaviour gives cause to suspect that a young people is suffering, or is likely to suffer, harm. Our teams must be familiar with, and follow, the Home's Safeguarding Policy. All concerns, no matter how small, that a child is being harmed or is at risk of harm must be reported to the Home's Designated Safeguarding Lead (DSL) or Deputy.

The Home adopts a range of initial intervention strategies to help young people support their emotional regulation and behaviour and has a responsibility to respond to young people's behaviour outside of the premises (including online) to such an extent as is reasonable.

Prohibited measures of control

As outlined in Section 19 of [The Children's Homes \(England\) Regulations 2015](#), the following measures are prohibited:

- (1) No measure of control or discipline which is excessive, unreasonable or contrary to paragraph (2) may be used in relation to any child.
- (2) The following measures may not be used to discipline any child—
 - (a) any form of corporal punishment.
 - (b) any punishment involving the consumption or deprivation of food or drink.
 - (c) any restriction, other than one imposed by a court or in accordance with regulation 22 (contact and access to communications), on—
 - (i) a child's contact with parents, relatives or friends.
 - (ii) visits to the child by the child's parents, relatives or friends.
 - (iii) a child's communications with any persons listed in regulation 22(1) (contact and access to communications); or
 - (iv) a child's access to any internet-based or telephone helpline providing counselling for children.
 - (d) the use or withholding of medication, or medical or dental treatment.
 - (e) the intentional deprivation of sleep.
 - (f) imposing a financial penalty, other than a requirement for the payment of a reasonable sum (which may be by instalments) by way of reparation.
 - (g) any intimate physical examination.
 - (h) withholding any aids or equipment needed by a disabled child;
 - (i) any measure involving a child imposing any measure against another child; or
 - (j) any measure involving punishing a group of children for the behaviour of an individual child.
- (3) Nothing in this regulation prohibits— (a) the taking of any action by, or in accordance with the instructions of, a registered medical practitioner or a registered dental practitioner which is necessary to protect the health of the child; or (b) taking any action that is necessary to prevent injury to any person or serious damage to property.

All consequences should be reviewed within 48 hours by the home/ registered manager for effectiveness and appropriateness. They should be regularly reviewed to ensure any consequence remains effective. Repeat use is discouraged as the measure of control has not been effective if needed multiple times.

10.0 NATURAL AND LOGICAL CONSEQUENCES

A non-punitive and no sanctions-based approach is embraced by the Group. Positive reinforcement combined with natural and logical consequences support a positive culture.

All children require boundaries and consequences that are fair, predictable and understandable. Children are encouraged to be a part of devising these.

Natural consequences occur without the intervention of an adult. For example, a young person might throw a favoured object when they are feeling angry which might then break and therefore cannot be used. Shame is also considered a natural consequence, and young people will require support with this.

Logical consequences are adult-led and are linked to the event, and when a natural consequence may not occur or may be a safety hazard. For example, if a young person removes their seatbelt during a car journey, a logical consequence to ensure safety may be to avoid car journeys whilst a plan to ensure seatbelts are worn is in place.

Natural and logical consequences will be communicated to the young person in an empathic and collaborative way, never in a shaming way.

Our Home does not use punitive sanctions, for example, removal of privileges, refusing or removal of basic care needs (such as a drink or support) and continuing with a consequence at school after an incident at home. These can promote a sense of shame, are often not linked to the behaviour and therefore do not encourage our young people to learn what to do instead. The consequence must always be linked to the behaviour to provide a learning opportunity.

Repairing relationships (a restorative approach) is a key part of natural and logical consequences and it is the team member's responsibility to approach this repair if it is difficult for the young person.

11.0 DE-ESCALATION

De-escalation techniques are our primary responsive strategies. Our teams will:

- use a calm approach with neutral body language
- use minimal verbal interactions during de-escalation
- use positive framing language ("kind hands" rather than "stop hitting")
- use planned and proactive positive distraction (for example talk about the young person's passion)
- divert the young person to a different, preferred activity or experience
- change their environment (e.g., allow a young person to access a calm room or safe outdoor space)
- encourage the young person to engage in a preferred sensory activity
- communicate changes to the team supporting the young person
- use space to allow the young person to move and run, perhaps complete a sensory circuit.
- use visual supports to help the young person to process and understand.
- use any unique strategies that the young person themselves has requested as part of their consultation to their individualised plan that aligns with the Trauma Informed Practice/Ask, Accept, Develop Strategies.

Our teams will not:

- use planned ignoring
- ask a young person why they are behaving in a certain way
- use any shame-based approach or
- use any language which could be interpreted as threatening, e.g. 'last chance'.

12.0 THE USE OF RESTRICTIVE PHYSICAL INTERVENTION

Our teams are fully trained using CPI (which is trauma informed in its approach) and work in line with the Group's *Use of Restrictive Practices and Restraint Terms of Reference*.

We are aware that restraint of any kind can have a negative impact on a child's mental health and damage relationships between children and those who care for them. Restraint is only ever used as a last resort response to maximise safety and minimise harm of the child/young person and others.

A reasonable, proportionate and least restrictive course of action is taken when there is an imminent or immediate risk of harm to self or others and/or significant damage to property which can put others at risk. It will always be used for the shortest time possible and only when there is no other alternative to help children and team members to stay safe. Where possible we consult with all young people about their de-escalation plans to ensure their voice is heard and understood in relation to their triggers and how they want their team to respond.

13.0 SEARCHING AND CONFISCATION

Home team members can search, confiscate, retain or dispose of a young people's property in line with the [Searches and Privacy Policy](#) and the [Mobile Device, Smart Technology, and Internet Access Policy](#).

Team members should consider whether the confiscation is proportionate and consider any special circumstances relevant to the case.

Items which contribute to the young people's wellbeing, neurodivergence and sense of safety (for example fidget toys) will never be removed unless there is a risk of significant harm. This will be managed in line with the child's placement plan and risk assessment.

14.0 LOCKING DOORS, MECHANICAL RESTRAINTS AND DEPRIVATION OF LIBERTY

External doors and windows may be locked as normal security measures for the home; however, young people should not be routinely stopped from leaving the home or have movement restricted within their own home unless clearly risk assessed to do or directed by a court order.

Our teams can, however, temporarily lock an external door to prevent a child or young person leaving the home if they believe they will be at risk of immediate and significant harm. Team members must remain with and support the child or young person, this should be immediately notified to the local authority and senior management to review the appropriateness of action taken. If this becomes a regular occurrence with any child or young person, the Registered Manager should request a meeting to have this agreed with the placing authority and or those with parental responsibility as a court order may be needed to prevent the child from placing themselves at harm.

If team members have to lock a door this should be recorded on an incident report. The locking of external doors to prevent children from leaving the home should not be a routine occurrence and must not be used as a way of managing behaviour.

Restriction of liberty and deprivation of liberty

The Children's Homes (England) 2015 state in Regulation 20 [Regulation 20](#) that:

- 1) Restraint in relation to a child is only permitted for the purpose of preventing:
 - a. injury to any person (including the child);
 - b. serious damage to the property of any person (including the child); or
 - c. A child who is accommodated in a secure children's home from absconding from the home.
- 2) Restraint in relation to a child must be necessary and proportionate.
- 3) These Regulations do not prevent a child from being deprived of liberty where that deprivation is authorised in accordance with a court order.

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The [Children's Home Quality Standards \(2015\)](#) guidance states that deprivation of liberty may occur where a child is both under continuous supervision and control and is not free to leave the home. A children's home cannot routinely deprive a child of their liberty without a court order, such as a section 25 order to place a child in a licensed secure children's home, or, in the case of young people aged over 16 who lack mental capacity, a deprivation of liberty may be required.

Please also see the *Children's Rights Policy and Guidance*.

Mechanical restraints

Locking a child in their bedroom (or any room) or using an item or object (placing a chair over a child for example) to restrict a child's movement is not permissible and will constitute gross misconduct and potentially a criminal offence.

The normal/intended use of seatbelts in vehicles sit outside of this as they are a legal requirement. The use of harnesses for travel or walking as directed and prescribed by an occupational therapist are permitted and should be clearly risk assessed and agreed by the clinical team in conjunction with the local authority/parent/person/s with parental responsibility.

Our teams should also be familiar with the Group's [Ligature Management Guidance](#) and the Group's Health and Safety policies which can be found on Engage: [Health & Safety](#)

15.0 PLACEMENTS AT RISK

Please also see the Group's *Placement at Risk Management Guidance* and *Transition Policy and Guidance*.

It is important to keep in mind that children and young people in our care are likely to become dysregulated at times due to their underlying needs, and team members will work through this with them. If there are any signs of difficulty affecting the child or home which could in the future lead to disruption, then managers must follow the procedure set out in the Placement at Risk Guidance.

16.0 DE-BRIEFING

It is good practice to provide a space for young people to de-brief following a significant incident and to support relationship reparation. This needs to be at a time that is appropriate and timely and when everyone is ready. We can use visual and narrative techniques to support and promote learning during any young people's de-brief. It is recognised that some neurodivergent young peoples will struggle to reflect as they may not recall memories during a meltdown and therefore, we ensure all de-briefs occur in the young people's best interest. Team members are also supported to de-brief and a joint de-brief may be appropriate to support the repair of a relationship. It is recognised that some young people will struggle to reflect as they may not have processed them or they may not recall memories during a meltdown and therefore, we ensure all de-briefs occur in the young person's best interest. The emphasis is on the adults approaching this repair with the child, acknowledging that this is about repairing the relationship, not to focus on the behaviour.

16.1 COLLEAGUE WELL BEING

It is recognised that managing complex needs can be stressful for individuals and for teams, and at OFG we aim to create a positive and inclusive culture. Our AAD and TIP strategies support individuals to be aware of and also manage their own well-being. Homes support colleagues after an incident and/or challenging day in a non-judgemental and empathic safe space and post incident de-briefs are mandatory. Teams are also supported with regular reflective practice groups to enable them to process the impact of the work.

17.0 RECORDING AND REPORTING

The Home has a strong and effective system for data capture, including all components of the behaviour culture (e.g. Access). This is monitored and objectively analysed regularly by designated team members, with a monitoring and evaluation cycle, with engagement from leaders. This includes, behaviour incident data, incidents of searching, screening and confiscation, and surveys for team members, young people and other stakeholders on their perceptions and experiences of the Home behaviour culture.

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Home leaders and team members analyse audit data objectively and from multiple perspectives; at Home level, Group level and individual team member and young people level. Home leaders pose questions to drill down further to identify possible factors contributing to the behaviour, system problems or failure to provide appropriate support. Analysing the data by protected characteristic and using those findings to inform policy and practice help the Home ensure that it is meeting its duties under the *Equality Act 2010*.

Reporting to outside agencies: Behaviours presented by the young people which are dangerous or criminally harmful will require reporting to outside agencies, such as the police. If concerns are raised about team members, a referral to outside agency may be required, such as the Local Authority or police. Our teams must follow the process set out in the *Safeguarding Policy* and *Managing Allegations Against Staff Procedure*.

18.0 ANTI BULLYING

Children may lack the social skills required to manage relationships, and/or they may not have learnt a way of managing relationships through appropriate role modelling. Our teams will remain vigilant to signs of bullying, which could be obvious or subtle, in person or online, and will be dealt with according to the Home's *Anti-Bullying Policy*.

19.0 CHILD-ON-CHILD ABUSE and SEXUAL HARRASSMENT

Please refer to the Child-on-child Abuse Policy

Following any report or concerns raised of child-on-child abuse or sexual harassment offline or online, the Home will follow the *Child-on-Child Abuse Policy* and notify the Designated Safeguarding Lead (DSL) immediately. They should also inform their Clinical Well-being Lead. The Home is clear that sexual violence and sexual harassment are never acceptable, will not be tolerated and that incidents where behaviour falls below expectations will be addressed. All our teams are aware of the importance of challenging all inappropriate language and behaviour between young people.

The Home will never normalise sexually abusive language or behaviour by treating it as 'banter,' an inevitable fact of life or an expected part of growing up. We advocate strenuously for high standards of conduct between young people and our team members; they should demonstrate and model manners, courtesy and dignified/respectful relationships.

It is essential that all victims are reassured they will be supported, kept safe, and are being taken seriously, regardless of how long it has taken them to come forward. Abuse that occurs online or outside of the Home will not be downplayed and will be treated equally seriously. A victim will never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor will a victim ever be made to feel ashamed for making a report or their experience minimised.

20.0 ONLINE INCIDENTS – Please also see the Staying Safe Online Policy

The way in which young people relate to one another online can have a significant impact on the culture at Home. Negative interactions online can damage the Home's culture and can lead to Home feeling like an unsafe place. Behaviour issues online can be very difficult to manage given issues of anonymity, and online incidents occur both on and off the Home premises. The Home is clear that even though the online space differs in many ways, the same standards of behaviour are expected online as apply offline, and that everyone should be treated with kindness, respect and dignity.

Inappropriate online behaviour including bullying, the use of inappropriate language, the soliciting and sharing of nude or semi-nude images and videos and sexual harassment will be addressed in accordance with the same principles as offline behaviour, and the process set out in the *Safeguarding Policy* for reporting must be followed when an incident raises a safeguarding concern. The Designated Safeguarding Lead or Deputy must be informed immediately.

The Home will address with young people when their behaviour online poses a threat or causes harm to another young people, and/or could have repercussions for the running of / reputation of the Home.

21.0 SUSPECTED CRIMINAL BEHAVIOUR

In cases when a team member or headteacher suspects criminal behaviour, the Home will make an initial assessment of whether an incident should be reported to the police by gathering enough information to establish the facts of the case. These initial investigations will be fully documented, and the Home will make every effort to preserve any relevant evidence. Once a decision is made to report the incident to police, the Home will ensure any further action they take does not interfere with any police action taken. However, the Home retains the discretion to continue investigations and implement their own consequences so long as it does not conflict with police action.

When making a report to the police, it will often be appropriate to make in tandem a report to the Local Authority. The Home's Safeguarding Policy must be followed, with the Designated Safeguarding Lead (or deputy) being informed immediately.

22.0 COMPLAINTS

Any complaint or concern raised by a young person will be taken very seriously, and our teams will be vigilant to obvious and subtle signs of this. A complaint will be dealt within in accordance with the Complaints Policy.

We are part of the Outcomes First Group Family, by working together we will build incredible futures by empowering vulnerable children, young people and adults in the UK to be happy and make their way in the world.

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Momenta Connect
Options Autism