4.
Treatment

Updated and reviewed by Dr Karen Parish, Clinical Director, June 2021

Legislation

- **The Children's Homes (England) Regulations 2015**
- **Health and Social Care Act 2008, section 20 Regulations**
- **Children's Act 1989**
- **Sexual Offence Act 2003**
- **Data Protection Act (2018)**
- **The Child Safeguarding Practice Review and Relevant**
- **Agency (England) Regulations (2018)**
- **Keeping Children Safe in Education (Jan 2021)**
- **Annex A- Keeping Children Safe in Education (Sept 2020)**
- **The Health and Social Care Act 2008 (regulated Activities) Regulations 2014**
- **Human Rights Act (1989)**
- **Children's Act (1989, 2004)**
- **Working Together (2018)**
- **Safeguarding Vulnerable Groups Act (2006)**
- **Children and Families Act (2013)**
- **Children and Young Persons Act (2008)**
- **Applying corporate parenting principles to looked-after children and care leavers (Feb 2018)**
- **Mental Capacity Act (2005)**
- **Voyeurism Act (2019)**
- **Prevent Duty Guidance: England and Wales (2019)**

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Practice Evidence

Inspection Body	Evidence
Ofsted	**Clearcare recording system ITP Reports, Safeguarding File, Risk Assessments, Clinical Supervision, LAC Reviews, Behavioural Management Plans, Life Skills Work Books**
CQC	**Clearcare recording system, Consent Forms for Treatment, Consent to Assessment, ITP Reports, Safeguarding File, Risk Assessments, Clinical Supervision, Statutory Reviews, Behavioural Management plans, Life Skills Work Books**

Reference

4.1- Therapeutic Community Approach
4.2- Overview of Treatment Programme
4.3- Consent
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4.6- Self Harm and Suicidal Behaviour
4.7- Substance Misuse
4.8- Behaviour Management
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4.10-Police and Appropriate Adults
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4.1 Therapeutic Community Approach

Statement of Purpose, Philosophy and Underpinning Values: the case for a Therapeutic Community.

The Trust deed stipulated that the purpose of Trustees is the establishment of a Therapeutic Community for 'the treatment and help of children and young people who are unstable, maladjusted and in need of assistance.'(Grigor McClelland 1976. Faith and Practice) 'Locking children up is costly, ineffective and usually unnecessary - it seeks to contain rather than address crime.'(Children's Society Report on Young Offenders).

David Wills, Quaker, and the man whose work originally gave body to the term 'planned environment therapy', developed the practice which has laid down the foundations for therapeutic communities. He was concerned to show the therapeutic value of love and shared responsibility. His concepts embrace a number of fundamental issues, notably:

1. There is within each of us some good that is worthy of love and respect
2. Punishment should not be used to correct or change behaviour
3. Domination of one person or group by another is abhorrent
4. Relationships should be egalitarian and non-authoritarian
5. Therapy should be based on a trusting and accepting relationship. Quaker belief and practice is based on the simple premise that there is God or good in each of us and is the basis from which the work is undertaken.

The philosophy, based on a restorative justice model, entails mending something which is broken, the healing of hurt and the removal of the causes of harm. It promotes the healing of offenders as an alternative to retribution and punishment, and fosters responsibility for harm caused to others. It seeks to create bonds between offenders and society, not alienate them further from it.

The young persons, for whom the Community will provide, have already been taken away from causes of harm, but because of their life experiences, some have begun to cause harm to others, while others have opted for a self-destructive lifestyle. There is a commitment to provide an appropriate intervention which will give an alternative way of the young person viewing and valuing themselves which is a prerequisite to them trusting and valuing others.

Healing the hurt will need time, expert intervention and the mending of broken relationships, possibly with those who have caused the harm to the youngster himself. This is challenging work, but all practice within the Community will be directed by these ends. As part of the staff induction staff are encouraged to read extracts from books from the series Therapeutic Communities edited by Rex Haigh and Jan Lees, to underpin their knowledge base in respect of the Therapeutic Community models and theories especially of the work of Rappoport (1960). They will also attend an ATC Living and Learning experiences which entails living in a temporary TC as a resident.

4.2 Overview of Treatment Programme

Glebe House is a residential care home with a specialism in working with young men who have a history of conduct disorder in the area of sexually harmful behaviour. Glebe House runs a full time therapeutic programme that consists of both group and individual work. Glebe House also undertake specialist community based assessments and intervention work.

It is generally accepted by professionals working in the field of sexual abuse, that perpetrators construct a lifestyle around their abusive behaviours. The nature of all interactions and the quality of the relationships held with others will be a significant factor in leading either towards or away from incidents of sexual abuse. Sexually abusive behaviour is not an isolated behaviour and can be both repetitive and a self-reinforcing phenomena. If an individual is to be given the opportunity to alter their abusive patterns then the changes they will make will reflect on every other aspect of their lives.

The programme uses a range of therapeutic interventions; this includes three daily community meetings, individual therapy, weekly offence specific group work, and creative therapies. In total the young people have 20 hours of therapy a week in these different forms.

Community Meetings
The Community Meetings use an adapted model of Rappaport's Four Cornerstones as an underpinning model. This is a psychodynamic approach emphasising that there is meaning to behaviour and that meanings are often linked to past experiences. Emphasis is placed on the significance of group living and management of day-to-day tasks as a repetitive therapeutic tool.

The experience of living in a Therapeutic Community offers the opportunity for significant learning. Most of the young men who live in our community have experienced disruption during their early years that may be reflected in the quality of the relationships they form. At times this may result in an inability to develop a sense of belonging.

Consequences are thoughtful interventions which should help the young person reflect and learn from the problematic behaviour or issue.
Glebe House takes the view that consequences are a result of our actions, that there are positive/negative consequences to all our actions and that every member of the Community is responsible and accountable for their actions.

We also consider compliments for young people who go ‘over and above’ what may normally be expected of them. Examples could be given to residents who represent our service at conferences or a young person who is managing periods of particular anxiety well. Compliments are also recorded on Clearcare and are rewarded with Amazon vouchers.

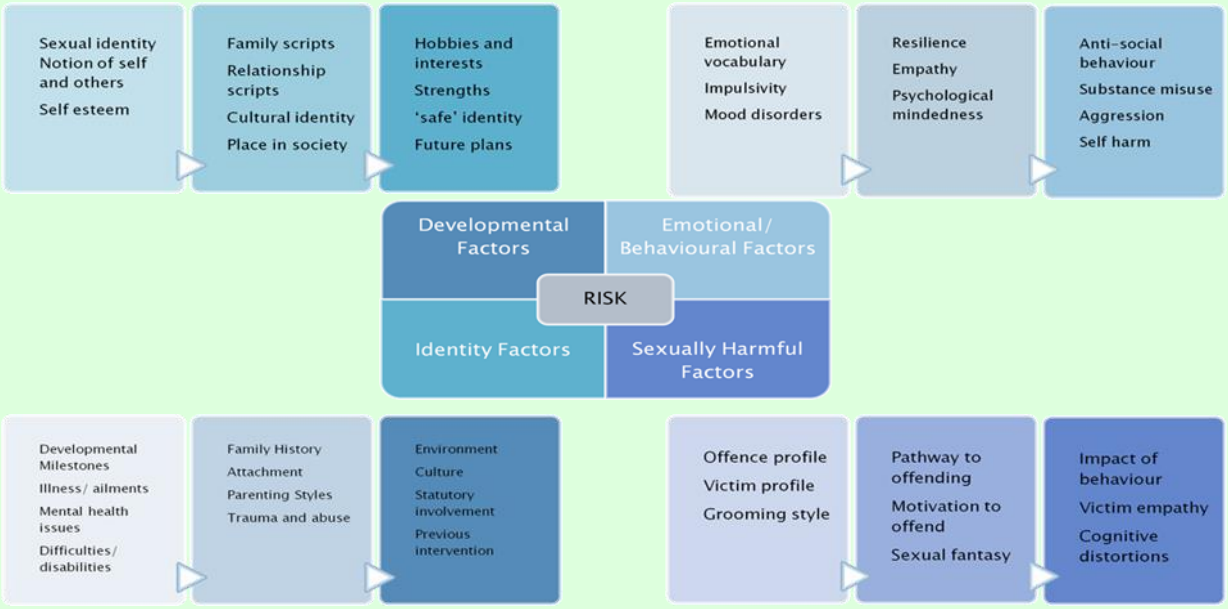
Glebe House takes the view that looking at the possible consequences should provide opportunities for learning by participants. The emphasis should be on 'learning rather than

punishment'. Learning starts with the individual concerned and involves others as much as is possible.

Incidents and unacceptable behaviour should be available for discussion in the Community Meeting, where the emphasis is on learning and support hence the use of consequences rather than sanctions. The three daily community meetings enable young people to take an active part in planning and resourcing their activities. This encourages the day-to-day interaction with peers and adults and help the young people to develop a positive view of themselves. The community meetings are chaired by resident chairmen, this role carries status within the community and allows the young people the opportunity to manage responsibility and power in a positive way.

Individual Therapy

All the young people have an allocated Clinical Practitioner. the individual therapy the young people will work on the following treatment milestones:



These treatment milestones allow the young person to explore their sexual behaviour, both offending and healthy sexual education; the work also explores the young person's emotional and behavioural responses, developing more pro-social behaviour. In addition the work explores the young people's past, through life story work and exploration of identity.

Offence Specific Group Work

Glebe House run four different group work programmes. The first is the 'Archway Group'; this is a pre-group which helps the young people to learn to share information in a safe and appropriate manner. This group also helps the clinical team to identify learning styles and offence profiles so that young people can be allocated to be 'best fit' offence specific groups. The second group is the 'Spirals Group', which offers an adapted Cognitive Behavioural Approach to work with young people who have learning difficulties. The third group is the 'Steps Group' and is based on Finklehor's Four Pre-conditions to Offending Model (1984).

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The fourth group is the 'Cycles Group' and is based of Ryan and Lanes Victim to Victimiser Model (1989).

A sexual assault cycle demonstrates that an assault is rarely an impulsive act, but is usually the result of a series of events, thoughts, feelings and behaviours.
The concepts of 'Cycles of Behaviour' and 'Preconditions of Offending' both rely on interrupting the thoughts, feelings and behaviours that lead to a decision to sexually offend. The first stage in interrupting an abusive cycle is to develop an understanding of the build up to offending. Additional steps include: developing an understanding of the details of the processes involved in the act of abuse, and challenging strategies adopted to justify sexual abuse after an incident. It is often the process that enables the abuser to justify their act of abuse that sets the beliefs and thoughts that will eventually lead to another incident of abuse.

Research with adult sex offenders suggests that sexual assault patterns can begin in adolescence and develop into more and more serious acts of abuse as an individual becomes desensitised to the effects of the abusive acts.

The Ward (2002) 'Good Lives' model is also widely used, this is becoming a prevalent model for intervention with young people with sexually harmful behaviour, and focuses on putting sexually inappropriate behaviour in a more holistic framework aiming to promote long term change.

Social, Emotional and Welfare Therapeutic Group Work (SEW)

The SEW group work programme offers the young people the opportunity to undertake group work to develop better emotional regulation, social skills and prosocial behaviours. Programmes offers:

The group work is focused and adapted to the needs of the young people, each programme runs for 6 weeks and is reviewed. The areas covered within the SEW programme are:

- Anger Management
- Healthy Relationships
- Mindfulness and biofeedback
- Emotional Regulation
- Parenting Skills
- Managing Depression and Anxiety
- Self- Esteem
- Prevent
- Sexuality and Gender
- Social Awareness

4.3- Consent

Placement Planning

Before a child under 16 is placed at Glebe House, consent should be obtained, usually from the parent, or a person with **Parental Responsibility**.

All Young People as part of the end of assessment process have to formally choose to be at Glebe House, this includes signing a 'consent to treatment form'.

General Guidance Regarding Consents

Whether or not consent has already been given, all reasonable steps should be taken to consult the parent(s) or others with Parental Responsibility before medical advice or treatment is sought. If this is not possible, they should be informed as soon as practicable thereafter with permission from the young person.

Whilst consent to examination or treatment should usually be sought from a parent or person with Parental Responsibility before medical examinations or treatment is carried out, this is not always possible where, for example, a child requires urgent attention.

For this reason it is necessary to obtain a written consent from a parent or person with parental responsibility upon admission.

If consent is refused or any conditions are placed upon the consent, details of the refusal or conditions should be included. Such refusal may mean that the service is compromised or cannot be provided; in which case, the matter must be fully discussed before proceeding. Whilst consent is normally given by the parent or person with Parental Responsibility in relation to children under the age of sixteen, steps should always be taken to promote decision-making on the part of children and to ensure their views and wishes are obtained, considered and accounted for. Indeed, a doctor may regard a child as capable of giving or refusing to give their own consent, even if under 16. For such consent by a child under sixteen to be valid, it must be informed and freely given.

Children who have reached their sixteenth birthday are regarded in law as capable of giving or refusing to give their consent to examination or treatment and any such action without their consent may be held in law to be an assault.

In an emergency, when urgent medical treatment is required, but no prior consent has been given and it is impossible to locate parents or a person with parental responsibility, the following may apply:

i. A child who has reached their sixteenth birthday may give consent.
ii. A responsible adult acting in loco parentis, such as a social worker, residential or foster carer, may give consent on the parent's behalf so long as all reasonable steps have been taken to consult the parent(s) or those with Parental Responsibility and such action is not against their expressed wishes.
iii. Dependent on his/her age and level of understanding, a child who has not reached the age of sixteen may be regarded by a doctor as capable of giving consent.

iv. In a 'life or limb' situation, a doctor may decide to proceed without any consent.
v. Consent should be given in writing, but it is equally valid if given verbally, provided it was informed and freely given. Written consent is preferred where children are in receipt of services away from home and may require urgent medical treatment in an emergency. Where it is only possible to acquire verbal consent, it should be given in the presence of a responsible witness.

Children who Seek Advice/Treatment Without Consulting Parents for Consent
Steps should always be taken to promote decision-making on the part of children and to ensure their views and wishes are obtained, considered and accounted for. To this end, children should be encouraged to seek advice or treatment (including dental care and contraceptive advice) from medical or other healthcare practitioners after discussing matters of concern with their social worker, those looking after them and, if possible, their parent(s).

However, it is recognised that this may not always be possible; and that children may wish to seek advice or treatment without reference to parent(s) or those responsible for them, or they may decide to limit the information or consultation.

Where such a situation occurs, it should be treated with care and sensitivity; within the overall context of the duty to promote and protect the welfare of the child.

Children who have reached the age of 16 years can seek the advice of a medical practitioner without referral to or the consent of parent(s) or those with Parental Responsibility and may decide to keep that advice and any subsequent treatment confidential. In such circumstances, they may share certain information with staff - and may request that it is only shared with specified other people. Such requests should be respected, unless to do so would place the child or others at risk of injury or harm.

Children who have yet to reach the age of sixteen should be treated in a manner which is consistent with their age and level of understanding. If possible, their wishes should be respected, but all reasonable steps should be taken to encourage them to discuss concerns with their parent(s), a close relative or guardian. They should also be encouraged to consult their social worker or another responsible person, such as a staff member or foster carer. However, if children refuse to consult their parents or others and they appear to have made a reasoned decision which is not likely to place them at risk of injury or harm, they should be supported in that decision; and any request for information to be kept in confidence should be respected.

Once the arrangements have been made for a child to see a medical practitioner, the child can request that they do so unaccompanied; such a request should be respected, bearing in mind risk.

Whilst it may be unusual for a doctor or other health care professional to provide advice or treatment to a child under 16 without parental knowledge or advice, they can do so if they

believe the child is of an age and level of understanding to understand the implications of the decision they are taking.

Consequences as sanctions/learning opportunities
This information describes the principles involved in the way consequences are applied. It provides a description of consequences that are allowable and sanctions that are prohibited. Unlike some other residential settings, it is seldom possible to provide a 'cut and dried' formula for responding to action and behaviour in every circumstance. Much depends upon such factors as how any pressures on the individual contributed to the behaviour, who was involved/what was their role and the background to the event. As a general therapeutic community principle, those who are involved in the behaviour or incident should be present when it is under discussion.

- Strength of the relationship is key
- Respect for the individual to be maintained at all times
- Reparation should figure strongly, appropriate language should be used at all times - any comments perceived as derisory by a young person may contribute to an escalation of negative behaviour

Some consequences:
- Discussion of behaviour in a group (Community or Communications meeting)
- Negotiation of additional duties
- Payment or part payment to pay for or towards any damage. This can only be up to 2/3rds of a resident's weekly pocket money for up to 3 weeks.
- Time limited groundings particularly for aggressive and other unsafe behaviours
- Loss of privileges e.g bedtime extensions, use of laptops for recreational purposes.

Prohibited consequences:
The following list is not approved at Glebe House
- Preventing, threatening to prevent, or delaying contact with families or relatives
- Preventing contact with Social Worker or referring Local Authority
- Denying food or nourishment
- Preventing sleep
- Preventing access to appropriate medical help
- Preventing contact with other residents or friends
- Isolating a resident in a room or area against their wishes, with or without threats or their permission
- Preventing the wearing of age appropriate clothing or clothing appropriate to the time of the day
- Delaying the purchasing of clothes
- Use of ridicule and invalidation
- Preventing or delaying a 1:1 session
- Preventing attendance of programme activities
- Preventing attendance of groups

Informing Young People

Young People should be informed about the range of sanctions that may be imposed upon them and the possible circumstances which may result in sanctions.

This information is outlined in the welcome pack given to all new residents and all consequences are discussed with the community in community meetings prior to being agreed.

When Sanctions may be imposed

We use the notion of Consequences, and any sanction type intervention is recorded through our consequence records on the Clearcare recording system. Only Approved Sanctions may be imposed, as a negative consequence for unacceptable behaviour.

Sanctions must never be imposed simply as a consequence of unacceptable behaviour. Caution should be exercised to ensure that sanctions do not act as positive re-enforcement of unacceptable behaviour.

Before any sanction is imposed staff must be satisfied of the following:

a. that the child was capable of behaving acceptably and understands what was required of him/her;
b. other encouraging and rewarding strategies have not worked or would not work in the circumstances;
c. the sanction imposed is relevant, fair and must last no longer than is absolutely necessary
d. there is a view that the sanction may encourage acceptable behaviour or act as a disincentive.

Monitoring and Recording use of Sanctions

The Manager must monitor and review the use of sanctions and be satisfied that they are used appropriately.

Consequences are recorded on the Clear care system which provides a platform for monitoring and analysis.

Legal Mandates and Surveillance

Some of the Young people at Glebe House are on legal mandates imposed by court, such as orders and licences. Young people and all relevant staff are aware of any conditions or restrictions. Staff promote and, where possible, enforce the adhering of these conditions and restrictions.

Appendix 1: Non Approved Sanctions

The following sanctions are not approved/prohibited:

1. Any form of corporal punishment.
2. Any punishment relating to the consumption or deprivation of food or drink.
3. Any restriction, other than one imposed by a court, on a young person's contact with or visits to/from their parents, relatives or friends.

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Young people must be allowed access to a telephone help-line providing counselling for children and restriction may also not be made on communication with:

- Any solicitor or other adviser or Advocate acting for the child;
- Any officer of the Children and Family Court Advisory and Support Service appointed for them;
- Any social worker for the time being assigned to the young person by their Placing Authority;
- Any person appointed in respect of a Complaints or Child Protection Investigation;
- Any person appointed as an Independent Visitor for a young person;
- Any person undertaking an inspection on behalf of the Regulatory Authority or authorised by them to visit/meet the young person;
- Any person authorised by the local authority in whose area the children's home is situated.

4. Withholding basic items of clothing or requiring that the young person wear distinctive or inappropriate clothes (except when required for educational purposes or special activities).
5. The use or withholding of medication, medical or dental treatment.
6. The intentional deprivation of sleep.
7. The imposition of financial penalty (except by way of reparation).
8. Any intimate physical examination of the young person.
9. The withholding of any aids or equipment needed by a Disabled Child
10. Any measure which involves another young person in the imposition of any measure against another young person or the punishment of a group of young people for the behaviour of an individual.

4.4 Assessment

- The initial assessment of a young person takes place through the Intake and Assessment process. This includes matching the young person's needs and profile with the current resident group. Impact assessments form the first section of the Behavioural Management Plans described below.
- If a suitable potential resident is identified, two of the Intake and Assessment Team visit the resident in their current placement. At this meeting the resident is given agency to make a choice as to whether they wish to visit for a five week assessment.
- Where possible we offer a day visit to Glebe House which will include a supervised resident chairman tour, staying for lunch and meeting some of the Community.
- Residents who seem that their needs could be met are invited and agree to an assessment. This is a five week assessment to assess treatability, containability and suitability. The five week assessment duration is to ensure the prospective resident can have access to at least 5 individual weekly sessions with their link therapist from the clinical team.
- Subject to successfully completing a 5 week assessment and agreeing to want to stay at Glebe House to undertake a two to three year programme the resident becomes a full resident. This is done at an end of assessment review. A comprehensive report is available to referrers at this meeting.

- As a full resident the young person then becomes subject to the 3 monthly Individual Treatment Plan process (ITPs).
- Psychometrics are administered with each resident at the beginning and when they leave. These are around self-esteem, emotional regulation, states of change, diagnostic and statistical manual of mental disorders (DSM) baseline.
- Educational Baseline and progress assessment are undertaken regularly
- Educational Psychological assessment to identify any leaning needs for educational work.
- Forensic risk assessment undertaken by Forensic Psychologist towards the end of a placement to furnish our leaving risk assessment to inform referrers of presenting needs at the point of obtaining a suitable move on placement.
- Health and safety risk assessments for each resident around specific and general activities.
- We have recently developed behavioural management plans which are 'live' documents completed during a residents' time with us. They consider strategies to help manage behaviour and the impact around joining the Community, as discussed above. They also refer directly around matters of missing from care, self-harm, aggression, sexualised behaviour, physical intervention and family contact. These plans are continually updated as we learn more about the young people how and what they maybe communicating, their triggers, what helps for example diversion techniques or environmental factors and other information to inform our practice.

- We have also just introduced 'My Life Skills workbook'. From the beginning of their placements young people work alongside their keyworkers to set and review targets. These lifeskills are categorised and progressed accordingly :-

  Communication skills
  Social Skills
  Looking After Yourself
  Everyday Skills
  Living Skills
  Keeping Safe Skills
  Motivational Skills
  Leisure Skills
  Out and About Skills

4.5- Sexual Health and Relationships

Provision of Information and Advice

The Managers ensures that children are provided with suitable, good quality, up to date, information and advice on matters relating to sexual health and relationships. This is provided through both the therapy programme delivered by the Clinical Team and through PSHE delivered by the Education Team. Please see the corresponding Relationship and Sex Education Policy. Such information and advice must be provided in a manner appropriate to children's age and understanding and which is provided in a creative, child friendly manner. Delivery of sex education is managed through 1:1 sessions and at times when appropriate in small group settings.

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Before providing such information and advice, Home Managers must consult social workers and, if possible, parents or those to ensure it is provided in the context of children's backgrounds and needs; and any specific arrangements must be incorporated into the **Placement Plan**s and or ITP's.

Puberty and Sexual Identity
Staff must adopt a non-judgemental attitude toward children, particularly as they mature and develop an awareness of their bodies and sexuality.

Staff must adopt the same approach to children who explore or are confused about their sexual identity or who have decided to embrace a particular lifestyle so long as it is not abusive or illegal.

Children who are confused about their sexual identity or indicate they have a preference must be afforded equal access to accurate information, education and support to enable them to move forward positively.

As necessary this will be addressed in sessional work.

Pornography
All materials published, circulated or available to children must promote and encourage healthy lifestyles and images of men and women that are positive and encouraging. Children must be positively discouraged from obtaining material that is potentially offensive or pornographic.

If they obtain such material that is suspected to be illegal it must be confiscated and in extreme circumstances consideration must be given to reporting the matter to the Police. See **The Police Procedure**.

If children obtain material legally and with agreement from their therapist they should be required to keep it private.

Serious or persistent concerns or occurrences must be reported to relevant social workers and an Incident Report must be completed. The Child's Placement Plan should also be reviewed to consider strategies to reduce or prevent future occurrences.

Sexual Activity in Homes
Glebe House actively promotes celibacy whilst undergoing treatment, as sexual activity during treatment can be obstructive and at times detrimental to successful treatment. For some young people abstinence may be the best model of managing their sexuality. i.e. Paedophilia. Glebe House will discourage sexual activity between residents.

Contraception
Young people will be given health guidance and education in accordance with their progress in therapy.

Sexually Transmitted Infections
Also see HIV, AIDS and blood borne virus section in Health and Safety
If it is known or suspected that a child has a sexually transmitted disease (other than HIV and AIDS, which is dealt with in **HIV and AIDS Guidance**), the Home Manager safeguarding team and social worker must be informed and decide what measures to take.

On principle, the child should be referred, with the parents' consent if possible, to the local Genito-Urinary Medicine Clinic, who will provide the child and staff with advice, counselling, testing and other support.

Only those immediate carers of the child who need to know will be informed of any suspicion or the outcome of any tests and strategies or measures to be adopted.
Other children in the home should only be informed if there is a direct risk to them; for example if the infected child deliberately attempts to infect them.

The only other individuals who will be told are the child's GP and Health Visitor.
Before disclosing to any other agency or individual, the following criteria must be satisfied

a) The child (where appropriate) and the parents have given their written consent to the disclosure
b) The disclosure would be in the best interests of the child
c) Those receiving the information are aware of its confidential nature

Consent to testing
The permission of the child aged 16 or over must be given before testing.
If a child under 16 has sufficient age and understanding, his or her permission must be given before testing.

Wherever possible, the consent of the parents should be obtained. In order for parents to be able to participate in decision-making, they must be provided with adequate information and given appropriate support including access to counselling both before the test and in the event of a positive diagnosis.

Where parental consent is not forthcoming but there is a clear medical recommendation that testing is in the child's best interests, legal advice should be obtained as to whether the test can proceed.

Masturbation
It is accepted that masturbation is part of normal sexual behaviour but young people are encouraged to undertake such activities in private and in a manner, which is not harmful to themselves or other people. This would include the nature of the fantasy used and would be a subject dealt with during sessions with their therapist.

Peer Group Abuse
The following should be read in conjunction with relevant procedures held by Local Safeguarding Children Board procedures - in the area where homes are located.

The possibility of peer abuse will always be taken seriously but we recognise it is equally important not to label or stigmatise normal sexual exploration and experimentation between children.

Behaviour is not a cause for concern unless it is compulsive, coercive, age-inappropriate or between children of significantly different ages, maturity or mental abilities.

If at any time staff suspect children are engaged in abusive sexual relationships as perpetrators and/or victims, they must immediately inform the Home Manager or safeguarding team, who would consider a safeguarding referral.

The **Designated Manager (Safeguarding)** must be notified and consulted, consideration should be given to whether a Notifiable Event has occurred, see **Delegated Authorities and Notifications Procedure**.

4.6- Self Harm and Suicidal Behaviour

Planning and Prevention

Broadly defined, self-harm refers to the deliberate attempt to physically injure oneself without causing death. This can include self-mutilation (e.g. cutting behaviours), self-poisoning, burning, scalding, banging, and hair-pulling.

Although clearly damaging, alcohol and drugs misuse, eating disorders, unsafe sex and other excessively risky behaviour, such as dangerous driving, are not generally classified as self-harm.

If a young person is suspected or found to be self-harming, the Strategies that should be taken are those determined by the behavioural management plan.

This may escalate to including providing additional supervision, confiscation of materials that may be used to self-harm or, as a last resort, use of Physical Intervention or calling for assistance from the emergency services.

If self-harming becomes persistent and of concern we will work in conjunction with referrers and CAMHS for appropriate support. Members of the clinical team are resourced to make decisions about whether the behaviour warrants mental health input or is a lower level form of communication.

Recording and Review

All self-harming must be recorded in the Home's non accidental incident file and handover file.

An Incident Report must also be completed this is kept in the Meds Room and includes a body map.

If First Aid is administered, details must be recorded.

The Young person's Behavioural Management Plan should be reviewed with a view to incorporating strategies to reduce or prevent future incidents.

4.6 Drugs and Substance Misuse

Definition

Drugs and Substances are defined as any substances, whether restricted or prohibited, which may have a harmful affect upon a child; such as:
Alcohol, Cigarettes, Tobacco, Aerosols, Gas, Glue, Magic Mushrooms (Amanita), Petrol, Solvents and all controlled substances such as Amphetamines, Barbiturates, Cannabis, Cocaine, Hallucinogens, Hashish and Narcotics.

For procedures regarding smoking and alcohol, see Smoking and Alcohol Procedure.

Purchasing/Obtaining Drugs or Substances - General

All reasonable measures must be used to reduce or prevent children from obtaining controlled drugs or other substances which may harm them. We are fortunate at Glebe House as young people have very little unsupervised time in public and then even at the end of their placement after serious risk assessments and achievements have been made through treatment.

If it is known or suspected that children are obtaining products, which may harm them, whether off the streets, from dealers or traders of any kind, the manager and social worker must be informed and a strategy adopted to reduce or prevent it.

This may include engaging or involving the supplier, if it is safe to do so. If the problem persists or is serious, relevant specialists or bodies, including Trading Standards or the Police, should be informed.

Aerosols, Gas, Glue, and Petrol

Medical Emergency: See First Aid and Medication Procedure
Managers must ensure that aerosols, gas, glue, petrol and similar substances are only used for the purpose they were designed for; and that all reasonable measures are taken to restrict their use to staff and children who are known to pose no risk to them or others if they have access to them.

The arrangements for the obtaining, storage and use of these substances in each home must be outlined in the Staff Handbook and Children's Guide.

Controlled drugs or substances

Further procedures are provided in First Aid and Medication Procedure re:
- **Controlled Drugs**
- **Medical Emergencies**

Under no circumstances may controlled drugs and substances, other than those prescribed by a medical practitioner, be permitted in any Home.

Prevention and Planning
The manager of each home must ensure that information, guidance and advice on the risks associated with harmful drugs and substances are available to all children in the home.

Additionally, any child known or suspected to be at participating in drug or substances misuse activities must be provided with the following:
• Targeted relevant information, guidance and advice to help reduce or prevent such risks;
• A Strategy for managing the risk, outlined in an Individual Crisis Management Plan

The strategy should state whether, and in what circumstances, the Police will be notified

Emergency
If it suspected that a child is misusing controlled or harmful drugs or substances and no Strategy exists to reduce or prevent the behaviour, the Manager of the home and relevant social worker(s) should be contacted and an agreement reached on how to proceed; this will include whether the Police will be notified.

If there are immediate risks, which make it impractical to contact the manager or social worker, staff should take what actions are immediately necessary then inform the manager and social worker(s) at the first opportunity.

The actions that staff take will be dependent on the circumstances and the degree of offence or injury that is likely, but staff must be mindful of the following:

a) The overall responsibility of staff is to protect children, themselves and others from injury and reduce or prevent the likelihood of criminal offences.
b) If there is a risk of serious harm, injury or of a serious criminal offence and staff are unable to manage safely, the Police should be notified.
c) If solvents are involved, allow air to circulate freely and extinguish naked lights.
d) If any person is unconscious, in a fit or convulsing or otherwise seriously ill, emergency first aid should be given and an ambulance requested. The emergency services should be informed that there are suspicions of drug or solvent misuse.
e) The drugs/substances should be removed or confiscated, preferably with the co-operation of the young people and preferably by two staff ; who must record their actions, describing what they have obtained and where it has been safely stored.
f) If children do not co-operate or there is a risk of Injury or Damage to Property, it may be necessary to use Physical Intervention, conduct a Search or call for Police assistance.

See the following additional sections:
•Restrictive Physical Intervention Procedure
•Searching Children/Bedrooms Procedure
•The Police Procedure

No further action, beyond making the situation safe and attempting to confiscate harmful drugs or substances, should be taken without a manager's authorisation, preferably in consultation with the relevant social worker.

Updated and reviewed by Dr Karen Parish, Clinical Director, June 2021

However, the staff should undertake the following if a manager is not available within a reasonable timescale:

- Legal but potentially harmful substances such as cigarettes, alcohol, aerosols, gas, glue, and petrol should then be put in a safe place out of the reach of children or disposed of safely.
- Controlled substances and any associated materials or paraphernalia must be placed in a clearly marked box or other strong container, sealed and given to the manager who must arrange for it to be taken to a competent authority e.g. Pharmacist or doctor; and a receipt obtained.

When safe to do so, the manager and relevant social workers should be notified and a decision reached on the actions/measures, which should be taken. This should include whether the Police should be notified.

Notifications
Any incidents must be notified must be notified immediately to the Home's Manager and also this may include the relevant Social Worker.

Serious incidents e.g. if the Police or other emergency services are called, must be notified to The Designated Manager (safeguarding) and consideration given to whether the incident is a Notifiable Event, see Delegated Authorities and Notifications Procedure.

Recording and Review
All incidents must be recorded in the Home's Handover File on the Clearcare system including the relevant incident reports

4.8- Dealing with Aggression and Violence
Children who encounter difficulties in their developmental cycle require sensitive and responsive services to address their needs. Often such children will display difficult, risk taking and challenging behaviours that may include violence or aggression. No area of managing challenging behaviours should be viewed in isolation.

If we look after children in our care in the context of our philosophy and key principles, the likelihood of violence and aggression should be minimal i.e. is less likely to happen. However, it has to be accepted that in exceptional circumstances some children may resort to violent and aggressive acts.

Where Homes accommodate Children with a history of violence, aggression or abuse, the Registered Manager must ensure that the environment and culture of the Home promotes and supports positive behaviour and must also ensure that strategies and staff training are in place which encourage such behaviour through de-escalation of conflicts, discipline, control and the use of Physical intervention and restraint that staff understand and apply at all times.

Glebe House takes the view that consequences are a result of our actions, that there are positive/negative consequences to all our actions and that every member of the Community is responsible and accountable for their actions.

Glebe House takes the view that looking at the consequences and/or possible consequences should provide opportunities for learning by participants. The emphasis is upon 'learning rather than punishment'. Learning starts with the individual concerned and involves others as much as is possible.

Incidents and unacceptable behaviour should be available for discussion in the Community Meeting, where the emphasis is on learning and support. The use of a Communications Meeting may be an appropriate way of dealing with behaviour. Working as a group, the onus is on the residents to think about appropriate consequences, with staff offering support and guidance as well as checks and balances.

A Communications Meeting is a meeting that can be called at any time by any member of the Community, to communicate a concern or to begin to deal with an issue. These meetings are usually called because the issue in hand needs addressing before the next scheduled Community Meeting.

This information describes the principles involved in the way consequences are applied. It provides a description of consequences that are allowable and sanctions that are prohibited. Unlike some other residential settings, it is seldom possible to provide a 'cut and dried' formula for responding to action and behaviour in every circumstance. Much depends upon such factors as how any pressures on the individual contributed to the behaviour, who was involved/what was their role and the background to the event. As a general Therapeutic Community principle, those who are involved in the behaviour or incident should be present when it is under discussion.

- Strength of the relationship is key;
- Respect for the individual to be maintained at all times;
- Reparation should figure strongly;
- Appropriate language should be used at all times - any comments perceived as derisory by a young person may contribute to an escalation of negative behaviour.

Referral

For many children, acts of aggression and violence may have been evident prior to coming to us.

The Registered Manager should ensure that:

- Information is sought as to any known behaviours that were considered an act of violence and or aggression;
- A description of the behaviour should be sought and ascertained whether it could have been attributed to an event in the child's life at that time, or whether this is a pattern of behaviour over time.
- See the following Chapters:
- Referrals and Placements Procedure.

Admission Stage/Planning

As described Behavioural Management Plans include impact risk assessments. At the point of admission we will be alert to how aggression and violence have been present in a residents' history and how to manage this initially.

Reporting and Recording

In any recording or reporting, Registered Managers must make clear the behaviour to which they expect staff to apply the term violent and/or aggressive.
Reports should provide the following information:

- What was happening at the time
- Who was present
- What happened

The Registered Manager should ensure that staff consider the following areas prior to reporting an act of aggression or violence:

- Staff would need to question their own behaviour and responses;
- Has the child responded inappropriately to a feeling or act against them where the right to be angry was acceptable, but the response/behaviour was not?
- Did this occur with a specific person with whom it is known they have difficulty?
- Had the child received visitors or contact from family/ friends at the time of the incident or shortly before or after?

Registered Managers will ensure that staff explore all of the above and look for any triggers before they label a child aggressive or violent.

Accurate and descriptive records allow evaluation to take place and may show triggers or events that may not have been initially identified. This critical assessment of a situation will ensure that future reports of behaviours, which can 'label' a child aggressive or violent will be based on factual and evaluative reporting.

Agree Terms to be applied to Specific Behaviours

The terms "violence" and "aggression" have many definitions. It is likely that if staff were asked individually what acts they felt constituted violence or aggression that these would differ considerably across the group. Similarly, if the question was asked of children it is likely that their interpretation and views would differ widely.

Registered Manager should ensure that:

- Staff discuss what behaviours they feel describe the terms aggressive and violent;
- Children are asked what behaviour they feel describe the terms aggressive and violent;
- It is essential that Registered Managers agree with their staff what constitutes acts of aggression and violence;
- Where reasonable to do so, staff and children should participate in discussions together;
- Staff are made aware that discussions with children are a constructive way to ensure that they understand how others perceive behaviours.

Follow up After an Incident

Updated and reviewed by Dr Karen Parish, Clinical Director, June 2021

Whenever an act or violence or aggression has occurred (based on the home's definition) the Registered Manager should ensure that both staff and children, at an appropriate time, are allowed to discuss the incident and its impact on themselves and others in the group. Registered Manager should:

- Undertake a Review and make necessary changes to internal policies, routines and Behavioural Management Plans, Children's Placement Plans to help with reducing or preventing incidents from occurring in the future;
- Discuss with staff how they dealt with the situation and, if required, how they could deal with the situation differently in the future;
- Home's Managers should collate data emanating from incidents and periodically undertake a review with a view to amending the Home's policies, training strategies, routines and methods for promoting positive behaviour amongst Children.

Level of Risk
Registered Managers need to ensure that procedures are in place for responding to incidents and that they match the level of risk.

Workers who are exposed to the risk of violence and aggression need training on the procedures to follow in the event of an incident. It is important that they are aware of the criteria for initiating procedures and are free to do so when they feel under threat.
If the level of risk is such that the continuing placement of the Child is threatened, may be at risk of coming to an end, the Home's manager must draw this to the attention of the Social Worker and Independent Reviewing Officer (IRO), who may decide to convene a Looked After Review. See Leaving the Home Procedure.

Involvement of the Police
A decision should be made between the staff member, the manager and young person about whether to report matters to the Police, see The Police Procedure.

4.10- The Police and Appropriate Adults
Requirement for Police Involvement
A decision to contact the Police should normally be taken by the home manager or a Line Manager, unless a serious incident has occurred, in which case, staff may contact the police immediately then inform a manager. See Section 2, Notifications and Categories of Response.

The following situations are the most common ones in children's homes where police involvement might be requested:
Violence by a Child or Young Person on Another
This section should be read in conjunction with Dealing with Aggression and Violence Procedure.

These are incidents between residents within the home ranging from minor disagreements through to serious assaults where physical injury is caused. Such incidents can be complicated by having two vulnerable parties. Staff will need to ensure that health and safety reporting procedures are followed.

Attendant factors for this category of offences are listed below and this list does not reflect any order of priority:

- Wishes of the victim
- Severity of the injury sustained/nature of threat received by the victim
- Probability of a repeat incident
- Previous relationship between victim and offender
- Potential impact on the child/young person following formal police involvement
- Effectiveness of police action/court proceedings
- Future best interests of both parties
- Message sent to other young people
- Availability of alternative causes of action, e.g. restorative approaches with the consent of the victim
- Previous behaviour or offending, bullying/peer pressure/duress

Violence to Staff by a Child or Young Person
This section should be read in conjunction with Dealing with Aggression and Violence Procedure.

Violence towards staff can vary from verbal threats to physical acts amounting to assault. Whilst each home has the responsibility of care towards the young people their welfare needs to be balanced with the rights of staff not to be subjected to violence in the course of their duties.

Such incidents are affected by factors similar to those listed above, and staff should be encouraged to report any incidents that cannot be dealt with through alternative means. Where there is no immediate continuing threat of violence it is in the best interests of the staff member to take time to discuss and consider possible options.

This can include a referral to the Youth Offending Team/Service, via the relevant social worker, which will give consideration to the necessary intervention. This however, does not remove the individual's right to involve the police. Following such incidents it is important that staff utilise standard de-briefing processes.

Staff should also ensure risk assessments are updated or completed in relation to the risk of violence or injury to themselves or colleagues. A professionals meeting could be a useful method by which to assess these risks and look at ways this risk could be reduced.

Criminal Damage
The majority of criminal incidents involving Police relate to damage to the site. It is important to see these in the context of the needs of the child and whether involving the police is an effective and proportionate response. Factors to consider are listed and the list does not reflect any order of priority:

- Level/value of damage caused
- Previous incidents of a similar nature by the same child or young person
- Suitability or effectiveness of police involvement
- Impact of police involvement of the child's overall ITP

- Message sent to other young people if applicable
- Availability of alternative courses of action, for example referral to the Youth Offending Service, via the relevant social worker.

Theft within the Placement
Most offences of theft within the placement are likely to be of low value, but the possible start of criminal behaviour, although it should be emphasised that value is a subjective issue relative to the victim. Factors to be considered include (this list does not reflect any order of priority):

- Wishes of the victim
- Nature and seriousness of the allegation
- Requirement for formal investigation, e.g. insurance claim requires a crime reference report
- Availability of alternative courses of action, e.g. restorative approaches

Criminal Damage to Staff Cars or Property
Factors for consideration should be similar to those in Section 1.3 Criminal Damage within the Home, and again this list does not reflect any order of priority:

- Nature and seriousness of the allegation
- Requirement for formal investigation, e.g. insurance claim
- Wishes and best interest of the victim
- Availability of alternative courses of action, e.g. restorative approaches

Disorder in or Around the Placement
The area of disorder is subjective and requires judgement by staff to avoid unnecessary police involvement for minor infringements of discipline. The main factors that should be considered are:-

- Nature and seriousness of the disorder
- Risk or threat of violence
- The wishes of and impact on the immediate community
- The availability of alternative courses of action

Trespass within and Around Placement
All incidents of trespass by persons unknown should be reported to the police as visits/trespass by outside associates of residents can be dealt with effectively under the Harassment Act, which will protect young people and staff.

Substance Misuse
Please read this section in conjunction with Drugs and Substance Misuse Procedure.
The misuse of controlled drugs within a home is a serious issue and it is essential that the response is prompt and effective. In response to incidents staff will be guided by the Government Tackling Drugs Strategy, which has three main aims:

- Help young people to resist drugs use in order to achieve their full potential in society.
- Reduce the acceptability and availability of alcohol and other drugs to young people.

- Minimise the health risks and other damage associated with substance use by young people.

Staff will need to balance these principles with their duty of care for the young people in the home or placement and their role in managing young people's behaviour as part of their care responsibilities as well as their responsibilities to the wider community.

Hate Crime (Racist, Religion, Homophobic, Gender, Disability)
All possible steps should be taken by the police at local level, in consultation with local government and other agencies to encourage the reporting of racist incidents in crimes. It is important that the agency that receives reports of racist incidents is well equipped to deal with them and no one should be given the task without adequate training.

It should be made clear that all behaviour policies held within Homes should cover the areas as indicated as hate crime and it be made clear how staff, staff and residents should deal with it. Homes and placements should themselves handle low level daily occurrences and their management of this aspect of discipline should be subject to inspection.

A multi-agency approach to such incidents can ensure that help is provided to victims of these incidents providing them with a range of options for reporting and ensuring that the young person is sufficiently supported.

When dealing with the incidents outlined as Hate Crime in relation to racist incidents, whether or not the incident amounts to a crime, the person reporting should be asked to consent to the disclosure of this information to other agencies for the sole purpose of prevention or detection.

In the recording of racist incidents the minimum data content required should be as follows:

- Reported to: (The person receiving the report such as Registered Manager, Unit staff, Police Officer)
- At: (Location reported at): (i.e. Home, Police Station, etc.)
- Referred by: (the Agency or other person referring the victim to the Police if the incident is being referred)
- Time and date of report and nature of incident.

Notifications and Categories of Response
It is recognised that caring for, and managing young people with difficult or challenging behaviour is an integral feature of residential care work. Residential staff will generally manage problematic situations except where they are so severe that immediate police involvement is essential in order to avoid physical assault or damage. The Protocol identifies three categories.

Serious Incidents
Incidents of violence requiring an immediate police response where children/young persons or staff are:

- At risk of immediate serious physical harm
- Where there is a risk of substantial damage to property, or

- Risk of significant disorder with the home
- In such situations the Manager of the Home/Senior Person on Duty should contact the police using the 999 system.
- If the Manager has not been consulted/ informed prior to contacting the Police, s/he should be notified without delay.
- If the Police are called to the home, the Designated Manager (Police Incident) Must be notified.
- If a serious offence is committed, the Designated Manager (Serious Offence) Must be notified.

It will also be necessary to notify the social worker and the Regulatory Authority (See Delegated Authorities and Notifications Procedure).

Not Serious Incidents
This is an incident where no immediate police response is required for example where assaults or damage has occurred and there is no risk of recurrence/significant harm to people, or incidents of theft. These incidents should be reported to the home's manager who then has the responsibility of identifying the appropriate course of action.

It is important to avoid any unnecessary reporting of incidents to the police. Should the Manager decide and/or the victim wishes that formal police involvement is necessary, where possible this should be through the Public Protection Unit (PPU), during a liaison meeting held every four weeks.

When a situation involving a child or young person is to be discussed at the Liaison Meeting the child's Social Worker should be informed and they may wish to join the discussion.

If the discussion needs to be held sooner the Manager should arrange for a member of the Public Protection Unit (PPU) to visit the home as soon as possible. If there is a specific officer who frequently liaises with the Home and this officer is unavailable the Manager should contact the Police Control Room to request a delay or scheduled response visit by another Officer.

In certain circumstances preservation of evidence may be an issue and residential staff will need to ensure that reasonable steps are taken to retain articles relevant to any criminal allegation or police investigation.

A referral to the Youth Crime Prevention Panel for the area should be considered for those cases considered not serious or internal - via the social worker.

Liaison
Due to the nature of the service Glebe House has a strong positive relationship with the local public protection unit (PPU) and community police and are in regular formal and informal liaison.

The primary police involvement in children's homes should be through a member of the Public Protection Unit (PPU) meeting staff on a regular basis. Whilst some officers may

already perform this duty it must be emphasised that a good working relationship is the most effective way to respond to young people with difficulties, and it is in this area that consideration should be given for joint agency training.

A regular liaison meeting ideally on a four weekly basis between a member of the PPU Manager would provide for discussion of not serious incidents within the home to identify the appropriate method of resolution, including:-
•Internal action by Staff with no police involvement
•Formal police investigation primarily by the member of the PPU and any resulting action.

This liaison meeting will also provide an opportunity to share more general views and co-operation and develop a better understanding of each Agencies responsibilities and practices.

It is not the intention of this Protocol to restrict the options available to Residential Staff and PPU but to emphasise the importance of flexibility in determining the most suitable option for dealing with children and young persons. Additional advice and support could be sought from the child's social worker.

Internal Incidents
It is anticipated that relatively minor incidents will be addressed by using routine internal policies and procedures.

Recording
The relevant following records must be completed on the Clearcare recording system:

- An Incident Report
- The Handover File
- Physical Intervention Book
- Consequences book.

Role of Appropriate Adults
What is an Appropriate Adult?
When a person is arrested by the police and taken to a police station they have three basic rights:

- Free and independent legal advice
- To have someone informed of their arrest
- To consult the Police and Criminal Evidence Act 1984 (PACE) Codes of Practice concerning police powers and procedures

When the person is a under the age of 17 years or a vulnerable adult (The custody Officer is responsible for identifying vulnerable people. In addition to those under the age of 17 years, they may include people with a learning disability, mental health difficulty or those who for other reasons have difficulty in communicating or understanding what is happening to them.), the PACE Codes of Practice provide for an "appropriate adult" to be called to the police station. The appropriate adult is required to be present during the course of the police interview and key stages of investigations conducted in the police station (PACE Code

C, para. 11.15). The aim of this PACE provision is to safeguard the rights and welfare of young people and vulnerable adults in custody.

Who can be an Appropriate Adult?
The definition of an appropriate adult (PACE Codes of Practice Section C, 1.7(a)) can be summarised as:

- The parent or guardian, or if the young person is being looked after under the Children Act 1989, a person representing that authority or organisation
- YOT worker or other health or social care professional, or
- A responsible adult aged 18 or over who is not a police officer or employed by the police and assessed as being able to give the young person advice.

Who should not be an Appropriate Adult?
A person should not act as appropriate adult if:

- They have received admissions or denials about the offence(s) before they act as appropriate adult, or are a victim or witness to the offence(s)
- They are suspected of being, or known to be, involved in the offence(s) concerned
- A parent who is estranged from the young person, if the young person objects.
- The decision as to whether staff from children's care homes can fulfil this role will depend upon the circumstances and context as to why the young person is in custody. For example,
- If the alleged offence is not related to any reported matter against staff and/or property then it would be reasonable for staff to act as appropriate adult
- If the alleged offence is related to a matter reported by staff about any injury, matter, and/or damage to staff, possessions or company property, it would not be reasonable for staff to act as appropriate adult.

It may be reasonable for other staff to act in the role of appropriate adult if they work in another care home not connected with the young person.

The defence lawyer is advised to be alert to potential conflicts of interest arising from the appointment of an appropriate adult.

Summary of roles and responsibilities of the Appropriate Adult
The presence of an appropriate adult is required:

- When the young person is informed of their rights
- During a strip or intimate search
- During police interview
- When fingerprints or samples are taken
- When the detained person is part of any identification procedure
- At the point of charge

In summary, the appropriate adult's key roles and responsibilities during these processes are to:

- Ensure that the detained person understands what is happening to them and why. It is important to take into account any mental health problems, learning disabilities and speech, language and communication problems.
- Ensure that the detained person understands their rights and that the appropriate adult has a role in protecting their rights.
- Support, advise and assist the detained person, particularly while they are being questioned.
- Observe whether the police are acting properly, fairly and with respect for the rights of the detained person. To intervene if it is thought that they are not.
- Facilitate communication between the Police and the detained person - the appropriate adult plays an important role and must be pro-active in undertaking his/her responsibilities.

The role is not one of simply observing proceedings in the Police station.

It is not the role of the appropriate adult to provide legal advice and conversations with the detained person are not covered by legal privilege - you may therefore be required to divulge the content of discussions in subsequent legal proceedings.

What to do if the police request an Appropriate Adult
The police will usually approach their local Youth Offending Team to request an appropriate adult. The YOT should ascertain the reasons for an appropriate adult being required and why a parent or guardian will not be in attendance with the young person.

If it is agreed that an appropriate adult does need to be provided, depending on local arrangements, this role will normally be undertaken by either a YOT worker or volunteer during their working hours. Outside their normal hours of duty, the police will normally contact the Emergency Duty Team, unless another organisation is commissioned to provide appropriate adults "out of hours".

In the event of it being agreed that it is in the young person's interests for another professional, such as a key worker, to act as appropriate adult this should have been agreed between the custody officer, YOT/EDT and the Manager of the member of staff being asked to undertake the role.

Prior to attending the police station
When notified about the arrest, it is agreed that you will act as appropriate adult the following information needs to be established before leaving to attend the police station:

- Full details of the young person arrested
- State of the young person - health and emotional
- Name of custody officer and name of investigating officer
- Details of the offence
- Time and place of arrest
- Others who have been notified
- Why an appropriate adult is needed (i.e. why is a parent or guardian not taking that role)
- Whether a solicitor has been requested

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- Estimated time of interview

If the person being asked to act as appropriate adult is not based in a Youth Offending Team (YOT), they should contact their local YOT to make enquiries about whether the detained young person is known to the YOT. If the young person is known by the YOT, they must ask if the young person has any particular needs or difficulties. They should also ensure that the young person's social worker (or out of hours duty service) and those with parental responsibility are kept informed about the police investigations.