Author	Dr James Quigley
Responsible Director	Dr James Quigley, CEO
Approved	31/03/2024
Review Date	31/03/2025
Version	1.0

Safeguarding Vulnerable Adults, Children and Young People

1. Aim

1.1 The purpose of this policy is to outline the duty and responsibility of staff working on behalf of the organisation in relation to Safeguarding Vulnerable Adults, Children and Young Persons.

1.2 All adults, children and young persons have the right to be safe from harm and must be able to live free from fear of abuse, neglect and exploitation.

Abuse is a violation of an individual's human rights and civil rights by any other person/s. Abuse may consist of a single act or repeated acts, it may be an act of neglect or an omission to act; it may be physical, verbal, psychological or financial.

Safeguarding Statement

Frailty Care Ltd is committed to ensuring that all employed staff have the skills, knowledge and support to deliver services that are fair and equitable whilst respecting individual's needs regardless of their race, disability, age, gender, sexual orientation, religion or beliefs.

Frailty Care Ltd takes the strategic, professional lead on all aspects of the organisation's contribution to safeguarding individuals across the services it provides.

A vulnerable adult refers to anyone who is 18 and over. A broad definition of '**Vulnerable Adult'** [referred to in the 1997 Consultation Paper -Who decides?] Is a person **'who is or may be in need of community care services by reason of mental or other disability, age or illness'** and is unable to protect themselves against significant harm or exploitation.

Vulnerable adults could be older people, people with a visual or hearing impairment, severe physical illness, learning disability or mental health problems, people with HIV or AIDS, substance abusers, or carers. Vulnerable may be a permanent or temporary state.

2. Objectives

2.1 To explain the responsibilities the organisation and its staff have in respect of vulnerable adults, children and young person's protection

2.2 To provide staff with an overview of vulnerable adults, children and young people protection

2.3 To provide a clear procedure that will be implemented where vulnerable adult protection issues arise

3. Context

3.1 For the purpose of this policy 'adult' means a person aged 18 years or over.

3.2 What do we mean by abuse?

3.2.1 Abuse of a vulnerable adult may consist of a single act or repeated acts. It may occur as a result of a failure to undertake action or appropriate care tasks. It may be an act of neglect or an omission to act, or it may occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not, or cannot, consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the individual.

3.2.2 Concerns about abuse may be raised and reported to the social services agency as a result of a single incident or repeated incidents of abuse. However for some clients the issues of abuse relate to neglect and poor standards of care. They are ongoing and if ignored may result in a severe deterioration in both physical and mental health and even death.

3.2.3 Anyone who has concerns about poor care standards and neglect in a care setting may raise these within the service, with the regulatory body and/or with the social services agency.

3.2.4 Where these concerns relate to a vulnerable adult living in their own home, with family or with informal carers they must be reported to the social services agency. These reports must be addressed through the adult protection process and a risk assessment must be undertaken to determine an appropriate response to reduce or remove the risk.

3.3 Who is included under the heading 'vulnerable adult?'

3.3.1 An Adult (a person aged 18 or over) who 'is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'.

3.3.2 This could include people with learning disabilities, mental health problems, this term needs consideration older people and people with a physical disability or impairment. It is important to include people whose condition and subsequent vulnerability fluctuates. It may include an individual who may be vulnerable as a consequence of their role as a carer in relation to any of the above.

3.3.3 It may also include victims of domestic abuse, hate crime and anti-social abuse behavior. The persons' need for additional support to protect themselves may be increased when complicated by additional factors, such as, physical frailty or chronic illness, sensory impairment, challenging behaviour, drug or alcohol problems, social or emotional problems, poverty or homelessness.

3.3.4 Many vulnerable adults may not realize that they are being abused. For instance an elderly person, accepting that they are dependent on their family, may feel that they must tolerate losing control of their finances or their physical environment. They may be reluctant to assert themselves for fear of upsetting their carers or making the situation worse.

3.3.5 It is important to consider the meaning of 'Significant Harm'. The Law Commission, in its consultation document 'Who Decides,' issued in Dec 1997 suggested that; 'harm' must be taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also 'the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioral development'.

4. Legal Framework

4.1 Human Rights Act 1998, the Mental Capacity Act 2005 and Public Interest Disclosure Act 1998

4.2 Data Protection Act 1998, Freedom of Information Act 2000, Safeguarding Vulnerable Groups Act 2006, Deprivation of Liberty Safeguards, Code of Practice2008

4.3 The Mental Capacity Act 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they must go about this.

4.4 The Human Rights Act 1998 gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights (ECHR).

4.5 The Public Interest Disclosure Act 1998 (PIDA) created a framework for whistle blowing across the private, public and voluntary sectors. The Act provides almost every individual in the

workplace with protection from victimisation where they raise genuine concerns about malpractice in accordance with the Act's provisions.

5. The role of staff

5.1 All staff working on behalf of the organisation have a duty to promote the welfare and safety of vulnerable adults.

5.2 Staff may receive disclosures of abuse and observe vulnerable adults who are at risk. This policy will enable staff to make informed and confident responses to specific adult protection issues.

6. Types of abuse

.6.1 Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent.

6.2 Abuse can occur in any relationship and it may result in significant harm to, or exploitation of, the person subjected to it.

6.3 The Department of Health in its 'No Secrets' 2000 use Care Act 2015 report suggests the following as the main types of abuse:

6.3.1 **Physical abuse**
Including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.

6.3.2 **Sexual abuse**
Including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.

6.3.3 **Psychological abuse**
Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

6.3.4 **Financial or material abuse**
Including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

6.3.5 **Neglect and acts of omission**
Including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

6.3.6 **Discriminatory abuse**

Including race, sex, culture, religion, politics, that is based on a person's disability, age or sexuality and other forms of harassment, slurs or similar treatment, hate crime.

6.3.7 **Institutional abuse**

Institutional abuse although not a separate category of abuse in itself, requires specific mention simply to highlight that adults placed in any kind of care home or day care establishment are potentially vulnerable to abuse and exploitation. This can be especially so when care standards and practices fall below an acceptable level as detailed in the contract specification.

6.3.8 **Multiple forms of abuse**

Multiple forms of abuse may occur in an ongoing relationship or an abusive service setting to one person, or to more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

6.4 **Domestic abuse**

6.4.1 **Home Office Definition 2004**

'Any incident of threatening behavior, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are, or have been intimate partners or family members, regardless of gender or sexuality.'

6.4.2 **Women's Aid Definition**

'Domestic violence is physical, sexual, psychological or financial violence that takes place within an intimate or family-type relationship and that forms a pattern of coercive and controlling behavior. This can also include forced marriage and so-called "honour crimes". Domestic violence may include a range of abusive behaviors, not all of which are in themselves inherently "violent".

6.4.3 Most research suggests that domestic violence occurs in all sections of society irrespective of race, culture, nationality, religion, sexuality, disability, age, class or educational level.

6.4.4 Both definitions would therefore also include incidents where extended family members may condone or share in the pattern of abuse e.g. forced marriage, female genital mutilation and crimes rationalized as punishing women for bringing 'dishonour' to the family.

6.4.5 It is important to recognize that Vulnerable Adults may be the victims of Domestic Abuse themselves or be affected by it occurring within their household. This is likely to have a serious effect on their physical and mental wellbeing.

6.4.6 Where Vulnerable Adults are victims of Domestic Abuse, they may need extra support to plan their future. The violence or threat of violence may continue after a victim has separated from the abuser. It is important to ensure that all the vulnerable people in

this situation have appropriate support to enable them to maintain their personal safety.

6.4.7 A separate Domestic Abuse Protocol is in place between Police, Social Services and Health.

6.4.8 Incidents reported by the police through the domestic abuse protocols will be addressed under the adult protection processes if it is considered that a vulnerable adult may be at risk of abuse. (*See Joint Police, Social Services and Health protocol for dealing with cases of domestic abuse where vulnerable adults are involved)*

7. Children

7.1 It is essential that the needs of any children within an abusive or domestic violence situation where there is a vulnerable adult involved are considered and acted upon. Please contact the Lead for Safeguarding or Senior Manager and/or the local social services Safeguarding Children's team.

8. Procedure in the event of a disclosure

8.1 It is important that vulnerable adults are protected from abuse. All complaints, allegations or suspicions must be taken seriously.

8.2 This procedure will need to be specific is this an internal procedure or the Pan London must be followed whenever an allegation of abuse is made or when there is a suspicion that a vulnerable adult has been abused.

8.3 Promises of confidentiality must not be given as this may conflict with the need to ensure the safety and welfare of the Information Sharing Guidance 2008

8.4 A full record shall be made as soon as possible of the nature of the allegation and any other relevant information.

8.5 This must include information in relation to the date, the time, the place where the alleged abuse happened, your name and the names of others present, the name of the complainant and, where different, the name of the adult who has allegedly been abused, the nature of the alleged abuse, a description of any injuries observed, the account which has been given of the allegation.

Please refer to Top tips for safeguarding vulnerable adults on page 12

9 RESPONDING TO AN ALLEGATION

9.1 Any suspicion, allegation or incident of abuse must be reported to Designated Adult Protection Lead on that working day where possible.

9.2 The member of staff should do this directly and consider whether to phone the Police also if a crime has been committed. The nominated member of staff shall telephone and report the matter to the appropriate local adult social services duty social worker. A written record of the

date and time of the report shall be made and the report must include the name and position of the person to whom the matter is reported. The telephone report must be confirmed in writing to the relevant local authority adult social services department within 24 hours.

10 RESPONDING APPROPRIATELY TO AN ALLEGATION OF ABUSE

10.1 In the event of an incident or disclosure:

DO

- Make sure the individual is safe
- Assess whether emergency services are required and if needed call them
- Listen
- Offer support and reassurance
- Ascertain and establish the basic facts
- Make careful notes and obtain agreement on them
- Ensure notation of dates, time and persons present are correct and agreed
- Take all necessary precautions to preserve forensic evidence, will need to call Police if a crime has been committed.
- Follow correct procedure
- Explain areas of confidentiality; immediately speak to your manager for
- Support and guidance
- Explain the procedure to the individual making the allegation
- Remember the need for on-going support.

DON'T

- Confront the alleged abuser
- Be judgmental or voice your own opinion
- Be dismissive of the concern
- Investigate or interview beyond that which is necessary to establish the basic facts
- Disturb or destroy possible forensic evidence
- Consult with persons not directly involved with the situation
- Ask leading questions
- Assume Information
- Make promises
- Ignore the allegation
- Elaborate in your notes
- Panic

10.2 It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. This is a task for the professional adult protection agencies, following a referral from the designated Vulnerable Adult safeguarding Lead.

11 CONFIDENTIALITY

11.1 Vulnerable adult protection raises issues of confidentiality which must be clearly understood by all.

11.2 Staff have a professional responsibility to share relevant information about the protection of vulnerable adults with other professionals, particularly investigative agencies and adult social services.

11.3 Clear boundaries of confidentiality will be communicated to all.

11.4 All personal information regarding a vulnerable adult will be kept confidential. All written records will be kept in a secure area for a specific time as identified in data protection guidelines. Records will only record details required in the initial contact form.

11.5 If an adult confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the adult sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies.

11.6 Within that context, the adult must, however, be assured that the matter will be disclosed only to people who need to know about it.

11.7 Where possible, consent must be obtained from the adult before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the vulnerable adult is the priority.

11.8 Where a disclosure has been made, staff must let the adult know the position regarding their role and what action they will have to take as a result.

11.9 Staff must assure the adult that they will keep them informed of any action to be taken and why. The adults' involvement in the process of sharing information must be fully considered and their wishes and feelings taken into account.

11.10 This policy needs to be read in conjunction with other policies for the organisation including:

- Confidentiality
- Disciplinary and Grievance
- Data Protection
- Recruitment and Selection
- Safeguarding children and young people

12 THE ROLE OF KEY INDIVIDUAL AGENCIES

12.1 Adult Social Services

12.1.1 The Department of Health's recent 'No secrets' guidance document requires that authorities develop a local framework within which all responsible agencies work

together to ensure a coherent policy for the protection of vulnerable adults at risk of abuse.

12.1.2 All local authorities have a Safeguarding Adults Board, which oversees multi-agency work aimed at protecting and safeguarding vulnerable adults. It is normal practice for the board to comprise of people from partner organisations who have the ability to influence decision making and resource allocation within their organisation.

12.2 **The Police**

12.2.1 The Police play a vital role in Safeguarding Adults with cases involving alleged criminal acts. It becomes the responsibility of the police to investigate allegations of crime by preserving and gathering evidence. Where a crime is identified, the police will be the lead agency and they will direct investigations in line with legal and other procedural protocols.

12.3 ROLE OF DESIGNATED VULNERABLE ADULT SAFEGUARDING LEADS

12.3.1 The role of the designated Leads is to deal with all instances involving adult protection that arise within the organisation. They will respond to all vulnerable adult protection concerns and enquiries.

12.3.2 The designated Vulnerable Adult Protection Lead for the organisation is Dr Quigley. Should you have any suspicions or concerns relating to Adult Protection, contact Dr Quigley on 07766 886 448 by email on james@frailtycare.com.

Any complaint against the organisation and the services it provides is investigated. Reporting arrangements are in place for responding to concerns or allegations of misconduct. When a complaint or allegation is made against a member of staff, he or she is made aware of his or her rights under the employment legislation and internal disciplinary procedures. Frailty Care Ltd as employers who are service providers have not only a duty to the victim of alleged abuse but also a responsibility to take action in relation to the employee when an allegation of abuse is made against him or her. Social Services would be contacted to assist in any allegation of abuse regarding a vulnerable individual.

12.4 **Role of Line Manager**

12.4.1 The role of the line manager is to support the member of staff involved with the incident and to ensure the correct procedures are followed.

12.4.2 The line manager could, if agreed with the staff member dealing with the incident, make contact with the designated Adult Safeguarding Lead in the first instance.

12.4.3 The line manager must ensure that all staff within their team are familiar with the organisation's vulnerable adult protection procedures and ensure that all staff undertakes training, where appropriate.

12.5 **Training**

12.5.1 Training will be provided, as appropriate, to ensure that staff are aware of these procedures. Specialist training will be provided for the member of staff with vulnerable adult protection responsibilities.

12.6 **Complaints procedure**

12.6.1 Any complaint against the organisation and the services it provides is investigated. Reporting arrangements are in place for responding to concerns or allegations of misconduct. When a complaint or allegation is made against a member of staff, he or she is made aware of his or her rights under the employment legislation and internal disciplinary procedures. Frailty Care Ltd as employers who are service providers have not only a duty to the victim of alleged abuse but also a responsibility to take action in relation to the employee when an allegation of abuse is made against him or her. Social Services would be contacted to assist in any allegation of abuse regarding a vulnerable individual.

12.7 **Recruitment procedure**

12.7.1 The organisation operates procedures that take account of the need to safeguard and promote the welfare of vulnerable adults, including arrangements for appropriate checks on new staff where applicable.

13 REFERENCES, INTERNET LINKS AND FURTHER SOURCES OF INFORMATION

13.1 'No Secrets' report

13.1.1 The first national policy developed for the protection of vulnerable adults, for use by all health and social care organisations and the police. It introduced guidance around local multi-agency arrangements and was issued under Section 7 of the Local Authority Social Services Act 1970. Its implementation is led by local authorities with social services responsibilities.

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_4002849

13.2 Action on Elder Abuse (AEA) is a charity working to protect, and prevent the abuse of, vulnerable older adults.

http://www.elderabuse.org.uk

13.3 The Centre for Policy on Ageing was established in 1947 by the Nuffield Foundation with a remit to focus on the wide-ranging needs of older people

Make a full record of all events and observations in the patient's records within one working day of the incident as this information may be needed for legal purposes such as a court case or police enquiry.

Document all observations and discussions fully including any injuries seen together with explanations for how and when they were allegedly caused. A dated and signed Body Map [Appendix 2] can be completed noting size, shape, colour and position of any body markings and injuries seen.

The patient's demeanour, behaviour and the relatives/carer's account, demeanour and behaviour must be fully recorded. Facts must be clearly distinguishable from allegations or opinions.

Team members are available to give advice on all matters relating to adult safeguarding, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Top Tips Safeguarding Vulnerable Adults

Your Responsibilities

Safeguarding Adults

All staff within health service have a responsibility for the safety and wellbeing of patients and colleagues.
Living life that is free from harm and abuse is a fundamental human right of every person and an essential requirement for health and wellbeing.

Safeguarding adults is about the safety and wellbeing of all patients but providing additional measures for those least able to protect themselves from harm or abuse.
Safeguarding adults is a fundamental part of patient safety and wellbeing and the outcomes expected of the NHS. Safeguarding adults is also integral to complying with legislation, regulations and delivering cost effective care.

These tips should be used by you as a guide should you have a safeguarding concern and should always be used alongside organisational policy and local procedures.

Definition of a Vulnerable Adult

Aged 18 years or over, who may be in need of community care services by reason of mental or other disability, age or illness and who is, or may be, unable to take care of him/herself or unable to protect him/herself against significant harm or exploitation.

Your responsibilities when you have safeguarding concerns:

- Assess the situation i.e. are emergency services required?
- Ensure the safety and wellbeing of the individual
- Establish what the individual's views and wishes are about the safeguarding issue and procedure
- Maintain any evidence
- Follow internal procedures for reporting incidents/ risk
- Remain calm and try not to show any shock or disbelief

- Listen carefully and demonstrate understanding by acknowledging regret and concern that this has happened
- Inform the person that you are required to share information, explaining what information will be shared and why
- Make a written record of what the person has told you, using their words or what you have seen as well as your actions

Duty of Care:

You have a duty of care to your patients, colleagues, employer, yourself and the public interest.
Everyone has a duty of care – it is not something that you can opt out of.
Duty of care can be said to have reasonable been met where an objective group of professionals consider.

- All reasonable steps have been taken
- Reliable assessment methods have been used
- Information has been collated and thorough evaluated
- Decisions are recorded, communicated and through evaluated
- Policies and procedures have been followed
- Practitioners and Managers should seek to ascertain the facts and are proactive.

You should always treat every individual with dignity and respect to ensure that they feel safe in services and empowered to make choices and decisions

Ensure that significant others, i.e. family member, friend or advocate, are involved to support the individual where appropriate.
However, it is important to recognise that though an individual with capacity has the right to refuse care for themselves, the duty of care extends to considering where others may be at risk and action is needed to protect them.

You have a responsibility to follow the 6 safeguarding principles:

Principle 1- empowerment
Presumption of person led decisions and consent

Adults should be in control of their care and their consent is needed for decisions and actions designed to protect them.
There must be clear justification where action is taken without consent such as lack of capacity or other legal or public interest justification.
Where a person is not able to control the decision, they will still be included in the decision to the extent that they are able. Decisions made must respect the person's age, culture, beliefs and lifestyle.

Principle 2- Protection
Support and representation for those in greatest need

There is a duty to support all patients to protect themselves. There is a positive obligation to make additional measures for patients who may be less able to protect themselves.

Principle 3 – Prevention

Prevention of harm or abuse is a primary goal. Prevention involves helping the person to reduce risks of harm and abuse that are unacceptable to them. Prevention also involves reducing risk of neglect and abuse occurring within health services.

Principle 4- Proportionality

Proportionality and least intrusive response appropriate to the risk presented

Responses to harm and abuse should reflect the nature and seriousness of the concern. Responses must be the least restrictive of the person's rights and take account of the person's age, culture, wishes, lifestyle and beliefs.
Proportionally also relates to managing concerns in the most effective and efficient way.

Principle 5- Partnerships
Local solutions through services working

Safeguarding adults will be most effective where citizens, services and communities work collaboratively to prevent, identify and response to harm and abuse.

Principle 6- Accountability
Accountability and transparency in delivering safeguarding

Services are accountable to patients, public and their governing bodies,
Working in partnership also entails being open and transparent with partner agencies about how safeguarding responsibilities are being met.
(Ref The role of Health Services Practitioners DH 2011)

Categories of abuse

Physical, psychological/emotional, sexual and sexual exploitation, financial, neglect, discriminatory, institutional

Physical: assault, rough handling, unreasonable physical restraint

Sexual and Sexual Exploitation: Any non- consenting sexual act of behaviour

Psychological/ emotional: bullying, intimidation, verbal attacks or other behaviour that effects the well-being of an individual

Neglect: A person's well-being is impaired and care needs not met

Discrimination: Psychological abuse that is racist, sexist or linked to a person's sexuality, disability or age

Financial: theft, fraud, misappropriating funds i.e. when using a person's money for self-gain or gratification

Institutional: Observed lack of dignity and respect in the care setting, rigid routine, processes/task organised to meet staff needs, disrespectful language and attitudes.

Domestic violence and self- harm need to be considered as possible indicators of abuse and/or contributory factors.

Significant Harm

'Harm should be taken to include not only ill treatment but also the impairment of, or avoidable deterioration in, physical, intellectual. Emotional, social or behavioural development' Law Commission 1995

Whistle Blowing

Always act whenever abuse is suspected including when your legitimate concern is not acted upon. Whistle blowers are given protection under the Public Interest Disclosure Act 1998

If in doubt contact your nominated leads for adult safeguarding

Your Role as Alerter

Your role as 'Alerter' in the Safeguarding process

- The 'alerter' raises safeguarding concerns within their own agency following own policy and procedures
- This concern may result from something that you have seen, been told or heard
- Make referral to Safeguarding Children where this is necessary

Assessment

Your assessment should be holistic and thorough considering the patient's emotional. Social. Psychological and physical presentation as well as the identified clinical need.
You need to be alert to:

- Inconsistencies in the history or explanation
- Skin integrity
- Hydration
- Personal presentation e.g. is the person unkempt
- Delays or evidence of obstacles in seeking or receiving treatment
- Evidence of frequent attendances to health services or repeated failure to attend (DNA)
- Environmental factors e.g. signs of neglect, the reactions and responses of the other people with the patient
- Does the patient have capacity for the decision required?
- Are they able to give informed consent or is action needed in their best interest?
- Are there others at risk e.g. children or other vulnerable adults?
- Is immediate protection required?
- Has a crime been committed and should the police be informed?
- Preserving any evidence

- Is any action that is being taken proportionate to the risk identified?
- What are the patient's views/wishes?
- Cultural differences or religious beliefs
- Are there valid reasons to act even without the patient's consent? E.g. where others are at risk, need to address a service failure that may affect others

Communication

- Consider use of communication aids/ language line if required to involve the patient
- Take account of individual differences
- Listen carefully, remain calm and try not to show shock or disbelief
- Acknowledge what is being said
- Do not ask probing or leading questions which may affect credibility of evidence
- Be open and honest and do not promise to keep a secret
- Seek consent to share information if patient has the capacity and if this does not place you or them at increased risk
- You may share information without consent if it is in the public interest in order to prevent a crime or protect others from harm.

Reporting

- Report concerns following the safeguarding adult policy and local procedures
- Make clear and concise referral so that the person reading the form understands the key issues
- Do not delay unnecessarily
- Concerns about a colleague should be raised through organisations Whistle blowing policy

Remember that you are accountable for what you do or choose not to do

Recording

- You are accountable for your actions or omissions
- Make a legible, factual, timely and accurate record of what you did and why, to demonstrate transparent, defensible decision making e.g. capacity assessment made, best interest decision, any restraint which was required which must be proportionate to the situation

Mental Capacity Act (MCA) 2005

5 Principles Which Underpin The Mental Capacity Act:

In order to protect those who lack capacity and to enable them to take part, as much as possible in decisions that affect them, following statutory principles apply:

- You must always assume a person has capacity unless proved otherwise
- You must take all practicable steps to enable people to make their own decisions
- You must not assume incapacity simply because someone makes an unwise decision
- Always act ,or decide, for a person without capacity in their best interest
- Carefully consider actions to ensure the least restrictive option is taken

Assessment of Capacity

Follow the 2 stage test for capacity

Stage 1 Does the person have an impairment of the mind or brain (temporary or permanent)?

If YES

Stage 2 Is the person able to:

- Understand the decision they need to make and why they need to make it?
- Understand, retain, use and weigh information relevant to the decision?
- Understand the consequences of making, or nor making, this decision?
- Communicate their decision by any means
- Failure on one point will determine lack of capacity

How to Act In Someone's Best Interest:

- Do not make assumptions about capacity based on age, appearance or medical condition
- Encourage the person to participate as fully as possible
- Consider whether the person will in the future, have the capacity in relation to the matter in question
- Consider the person's past and present beliefs, values, wishes and feelings
- Take into account the views of others- i.e. carers, relatives, friends and advocates
- Consider the least restrictive option

What else do you need to consider?

MCA Code of Practice: Professionals and carers must have regard to the code and record reasons for assessing capacity or best interest.
If anyone decides to depart from the code they must record their reasons for doing so.

LPA and Ads: Is there a valid/ current Lasting Power of Attorney or an Advance Decision in place?

IMCAs: The Mental Capacity Act has set up a service, the Independent Mental Capacity Advocate (IMMCA), to help vulnerable people who lack capacity and are facing important decisions including serious healthcare treatment decisions and who have no one else to speak for them.
The full text of the Act and the Code of Practice is available at http://www.justice.gov.uk/protecting-the-vulnerable/mental-capacity-act

Best Interest

If the patient is not able to consent or refuse treatment, there is a duty to make a best interest decision about whether to treat the patient.

You Must:

- Involve the person who lacks capacity
- Have regard for past and present wishes and feelings, especially written statements
- Consult with others who are involved in the person's care
- There can be no discrimination

Capacity and Consent

It is OK to ask questions or ask for further guidance/ reassurance if:

- It is not clear who has made/ is making the assessment of capacity or best interests
- There is a relevant assessment of capacity and this is documented
- The assessment is specific to the relevant decision and time
- All reasonable and appropriate steps have been taken to empower/ maximise capacity
- Regular review has been provided for
- An appropriate range of disciplines have been involved
- Family and cares have been involved appropriately
- Family/ carers or others may be seeking to override the views of others
- If **YOU** disagree with the decision or have concern that the MCA and/ or policy is not being followed

It is NOT OK TO DO NOTHING

SAFEGUARDING CHILDREN AND YOUNG PEOPLE POLICY

1 AIM

1.1 The purpose of this policy is to outline the duty and responsibility of staff working on behalf of the organisation in relation to Safeguarding Children and Young People.

1.2 All children have the right to be safe from harm and must be able to live free from fear of abuse, neglect and exploitation.

Abuse is a violation of an individual's human rights and civil rights by any other person/s. Abuse may consist of a single act or repeated acts, it may be an act of neglect or an omission to act; it may be physical, verbal, psychological or sexual.

2 INTRODUCTION

2.1 The Children Act of 1989 and 2004 and the statutory guidance Working Together to Safeguard Children (2010) have set out the principles for safeguarding and promoting the welfare of children and young people.

Safeguarding children and young people therefore means:

- protecting from maltreatment
- preventing impairment of health and development
- ensuring that children and young people are growing up in circumstances consistent with the provision of safe and effective care

2.2 All providers have a duty to take reasonable care to ensure the quality of the services commissioned and there is an expectation that provider organisations demonstrate robust safeguarding systems and safe practice within agreed local multi-agency procedures.

2.3 This policy describes the roles and responsibilities within Frailty Care Ltd , local health leaders and employers in relation to the safeguarding of children.

2.4 All clinicians and staff and provider organisations commissioned by CL CCG are expected to follow the multi-agency procedures, comply with this policy and assist in taking the necessary action to safeguard children experiencing, or at risk of, abuse.

3 BACKGROUND

3.1 The wide body of research into child maltreatment over the last 50 years and the reports of the public inquiries into the deaths of children (Brandon et al 2007 and 2009) plus the reports of the

recommendations from serious case reviews has shaped the legislation and guidance we use today.

3.2 The high profile child death inquiry chaired by Lord Laming, "*The Victoria Climbié inquiry"*, in 2002 and his second report in 2009 following the death of Peter Connelly in Haringey, highlighted on going themes reported in many other child death inquiries, which resulted in failures to intervene early enough and to share information adequately. Also identified was a lack of accountability, a lack of management support and poor training of workers.

3.3 Abuse and neglect are forms of maltreatment of a child. Someone may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or an institutional or community setting, by those known to them, or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children. Abuse can be wilful or unintentional and can be seen in many different forms including: physical, sexual and emotional abuse and neglect,

3.4 Safeguarding children and young people includes any work which aims to prevent abuse or to protect those who may be already experiencing abuse. Effective safeguarding depends on a culture of zero tolerance of abuse, where concerns can be raised with confidence that action will be timely, effective, proportionate and sensitive to the needs of those involved.

3.5 Public awareness continues to improve and there is an increasing expectation that service providers have systems in place to identify early indicators of abuse, prevent abuse and that they act quickly and effectively in partnership with other relevant agencies to safeguard children and young people when it is discovered that they are experiencing abuse.

3.6 *Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children* was published in 2006 and revised in 2010 and 2013.

3.7 This policy applies to the unborn baby and all children up to 18 years of age regardless of nationality, culture or religion. If the child has 'learning disabilities' or is a care leaver' their needs may extend to their 21st birthday (section 9 children Act 2004). The term 'Children' will be used throughout this policy to refer to 'Children and young people'. Staff working with vulnerable young people must consider the safe transition to adult safeguarding services. Staff must not close any case until this transfer has been agreed by the client and the receiving service. The CCG use the Local Council policy and systems for safeguarding adults.

3.8 The children may be service users in their own right or children cared for by adults who are receiving services from a provider. It also covers other children in the wider community that come to the attention of staff in the course of their work, e.g. children on holidays, travellers, asylum or migrant children or families not registered with GPs.

3.9 The principles in this document will provide support, advice and guidance to alert staff to their safeguarding responsibilities for children through early identification and appropriate information sharing and referral. As such this policy should be read by all staff and will be referred to in the Level 1 safeguarding training delivered as mandatory training to all employed staff upon induction.

Central London CCG will work closely with the NHS Commissioning Board (NHS CB) who will have the statutory duty and responsibility to work with independent providers (GP, Dentists, Opticians, Pharmacist) to safeguarding and protection children, to ensure local residents receive that appropriately safeguard children.

This will include engaging with the Care Quality Commission (CQC) in the Safeguarding Children Policy and HCL will as a provider comply with this.

4 Definitions

4.1 Working together to Safeguard Children 2010 recognise 4 categories of abuse these are; physical, emotional, neglect and sexual, and it also provides definitions for the levels of support children can experience moving through the safeguarding agenda.

5 POLICY GOVERNANCE AND RESPONSIBILITY

5.1 Chapter 2 of Working Together to Safeguard Children (2010) sets out the roles and responsibilities of all organisations with regard to safeguarding children. Sections 2.39-2.122 (pages 51-70) provide the statutory guidance for all health organisations.

6 LEGAL FRAMEWORK

This Safeguarding Children Policy supports the legislation and guidance in:

- National Service Frameworks (2004) Standard 5
- The Children Act 1989 and 2004
- Working Together to Safeguard Children (2010)
- Health and social care act 2012

6.1 Safeguarding Children Policy 7

- Safeguarding children and young people: roles and competencies for health care staff. Intercollegiate document (2010)
- Protecting children and young people: the responsibility of all doctors-GMC (2012)
- Every Child Matters (DCSF 2003)
- Bichard Inquiry Report (HMSO 2004)
- Public Law Outline (2008)
- The Victoria Climbie - Inquiry (SH 2003)
- The Protection of Children in England: A Progress Report (2009)
- The protection of children in England: action plan The Government's response to Lord Laming (2009)
- The Sexual Offences Act 2003
- Female Genital Mutilation Act 2003
- Human Rights Act 1998
- Safeguarding Vulnerable Groups Act 2006

- Vetting and Barring Scheme (2006)
- When to suspect child maltreatment: Quick reference guide, NICE clinical guideline 89 (July 2009)
- The Adoption and children act 2002.

6.2 This is not an exhaustive list of all safeguarding legislation, policies and procedures but directs staff to the key publications they may wish to reference in their work.

7 THE ROLE OF STAFF

All staff working on behalf of the organisation have a duty to promote the welfare and safety of children and young people

Staff may receive disclosures of abuse and observe children who are at risk.

This policy will enable staff to make informed and confident responses to specific children and young person protection issues.

8 TYPES OF ABUSE

Categories and Indicators of Abuse

8.1 The following definition is taken from Working Together to Safeguard Children 2013.

8.1.1 Physical Abuse:

- Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child or young person.
- Physical harm may also be caused when a parent or carer fabricates the symptoms of or deliberately induces illness in a child.

8.1.2 Neglect:

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.
Neglect can occur during pregnancy as a result of maternal substance misuse.
Once the child is born, neglect may involve a parent or carer failing to:

- Provide adequate food and clothing, shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm and danger.
- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to a child's basic emotional needs.

8.1.3 Emotional Abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are

worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill- treatment of another. It may involve serious bulling (including cyber – bullying), causing children frequently to feel frightened or in danger or the exploitation or corruption of children.

8.1.4 Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activity, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

It may involve:

- Physical contact, including assault by penetration (rape or oral sex).
- Non- penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.
- Non-contact activities such as involving children looking at or in the production of sexual images.
- Watching sexual activities or
- Encouraging children to behave in sexually inappropriate ways.
- Grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse as can other children.

Cyber bullying involves the use of information and communication technologies to support deliberate repeated and hostile behaviour by an individual or group that is intended to harm others. New technologies have become central to modern life. They make it possible for people across the world to have instant communication with one another. They allow for the rapid retrieval and collation of information from a wide range of sources and provide a powerful stimulus for creativity. People may discuss sensitive topics which, face to face, they might find difficult. However, these technologies are potentially damaging. They can enable children and young people to access harmful and inappropriate materials. Those they engage with may not be directly known to them and because of the anonymity offered by the internet; children and young people may be harmed or exploited.

It is important to familiarise yourself with the local policies, procedures and practises and education and training.

8.1.5 Peer Abuse:

Peer abuse can be defined as one who brings mistreatment, insult or deception in excessive amounts to another individual of the same peer group. This is done physically, mentally, emotionally or sexually.

8.1.6 Vulnerable Parents:

Many families can suffer challenges in bringing up their children in warm, loving and supportive environments. Parenting capacity can be compromised through parental mental illness, learning disability, substance misuse, and domestic violence. Sometimes practitioners may have limited or no contact with children. In these circumstances practitioners need to maintain a Child-Focused Approach and keep a strong focus on the outcomes intended for children and young people, which is central to delivering a child focused approach.

9 PROCEDURE IN THE EVENT OF A DISCLOSURE

9.1 It is important that vulnerable children are protected from abuse. All complaints, allegations or suspicions must be taken seriously.

9.2 This procedure must be followed whenever an allegation of abuse is made or when there is a suspicion that a child or young person has been abused.

9.3 Promises of confidentiality must not be given as this may conflict with the need to ensure the safety and welfare of the individual.

9.4 A full record shall be made as soon as possible of the nature of the allegation and any other relevant information.

9.5 This must include information in relation to the date, the time, the place where the alleged abuse happened, your name and the names of others present, the name of the complainant and, where different, the name of the adult who has allegedly been abused, the nature of the alleged abuse, a description of any injuries observed, the account which has been given of the allegation.

Refer to Top tips for safeguarding children

10 RESPONDING TO AN ALLEGATION

10.1 Any suspicion, allegation or incident of abuse must be reported to the Designated Child Protection Lead on that working day where possible.

10.2 The nominated member of staff shall telephone and report the matter to the appropriate local Designated Doctor. A written record of the date and time of the report shall be made and the report must include the name and position of the person to whom the matter is reported. The telephone report must be confirmed in writing to the relevant local authority adult social services department within 24 hours.

11 RESPONDING APPROPRIATELY TO AN ALLEGATION OF ABUSE

Please see the same section for Safeguarding Adults

11.1 It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. This is a task for the professional child protection agencies, following a referral from the designated Child & Young Person safeguarding Lead.

12 CONFIDENTIALITY

12.1 Child protection raises issues of confidentiality which must be clearly understood by all.

12.2 Staff have a professional responsibility to share relevant information about the protection of children and young persons with other professionals, particularly investigative agencies and children social services.

12.3 Clear boundaries of confidentiality will be communicated to all.

12.4 All personal information regarding a child will be kept confidential. All written records will be kept in a secure area for a specific time as identified in data protection guidelines. Records will only record details required in the initial contact form.

12.5 If a child confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the child sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies.

12.6 Within that context, the child must, however, be assured that the matter will be disclosed only to people who need to know about it.

12.7 Where possible, consent must be obtained from the parent/ carer before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the child is the priority.

12.8 Where a disclosure has been made, staff must let the parent/care/child where appropriate, know the position regarding their role and what action they will have to take as a result.

12.9 Staff must assure the child that they will keep them informed of any action to be taken and why. The Childs' involvement in the process of sharing information must be fully considered and their wishes and feelings taken into account.

12.10 This policy needs to be read in conjunction with other policies for the organisation including:

- Confidentiality
- Disciplinary and Grievance
- Data Protection
- Recruitment and Selection
- Safeguarding vulnerable adults

13 THE ROLE OF KEY INDIVIDUAL AGENCIES

13.1 **Children's Social Services**

13.1.1 The Department of Health's recent 'No secrets' guidance document requires that authorities develop a local framework within which all responsible agencies work together to ensure a coherent policy for the protection of vulnerable adults at risk of abuse.

13.1.2 All local authorities have a Safeguarding Children's Board, which oversees multi-agency work aimed at protecting and safeguarding children and young people. It is normal practice for the board to comprise of people from partner organisations who have the ability to influence decision making and resource allocation within their organisation.

13.2 **The Police**

13.2.1 The Police play a vital role in Safeguarding Children with cases involving alleged criminal acts. It becomes the responsibility of the police to investigate allegations of crime by preserving and gathering evidence. Where a crime is identified, the police will be the lead agency and they will direct investigations in line with legal and other procedural protocols.

13.3 ROLE OF DESIGNATED VULNERABLE CHILD SAFEGUARDING LEADS

13.3.1 The role of the designated Leads is to deal with all instances involving child protection that arise within the organisation. They will respond to all child and young people's protection concerns and enquiries.

13.3.2 Should you have any suspicions or concerns relating to Child Protection, contact The local authority's Children, Family and Young People Services (Social Care) Access team to Children's Services Team. Any complaint against the organisation and the services it provides is investigated.

Reporting arrangements are in place for responding to concerns or allegations of misconduct. When a complaint or allegation is made against a member of staff, he or she is made aware of his or her rights under the employment legislation and internal disciplinary procedures. Frailty Care Ltd as employers who are service providers have not only a duty to the victim of alleged abuse but also a responsibility to take action in relation to the employee when an allegation of abuse is made against him or her. Social Services would be contacted to assist in any allegation of abuse regarding a vulnerable individual.

13.4 **Role of Line Manager**

13.4.1 The role of the line manager is to support the member of staff involved with the incident and to ensure the correct procedures are followed.

13.4.2 The line manager could, if agreed with the staff member dealing with the incident, make contact with the designated Child Safeguarding Lead in the first instance.

13.4.3 The line manager must ensure that all staff within their team are familiar with the organisation's vulnerable adult protection procedures and ensure that all staff undertakes training, where appropriate.

13.5 **Training**

13.5.1 Training will be provided, as appropriate, to ensure that staff are aware of these procedures. Specialist training will be provided for the member of staff with children and young people protection responsibilities.

13.6 **Complaints procedure**

13.6.1 Any complaint against the organisation and the services it provides is investigated. Reporting arrangements are in place for responding to concerns or allegations of misconduct. When a complaint or allegation is made against a member of staff, he or she is made aware of his or her rights under the employment legislation and internal disciplinary procedures. Frailty Care Ltd as employers who are service providers have not only a duty to the victim of alleged abuse but also a responsibility to take action in relation to the employee when an allegation of abuse is made against him or her. Social Services would be contacted to assist in any allegation of abuse regarding a vulnerable individual.

13.7 **Recruitment procedure**

13.7.1 The organisation operates procedures that take account of the need to safeguard and promote the welfare of children, including arrangements for appropriate checks on new staff where applicable.

Safeguarding Children

Local arrangements for ensuring the Safety of the Child.

Emergencies:

The following steps should be followed when a member of staff is concerned that a child may have suffered significant harm:

- Ensure child's safety
- Dial 999 and call an ambulance and the police if potential life threatening injuries
- Contact Social Care to inform them of the situation. Make a referral in accordance with the top tips.
- Inform Frailty Care Ltd and Safeguarding lead.
- Inform the child's General Practitioner

Urgent:

- Discuss your concerns and plan of action with the child's parent/carer and/or the child unless you believe that this would place the child at risk of further harm or yourself at serious risk.

- If there are urgent, serious and immediate concerns for a child's safety or welfare contact Emergency Duty Team (Out of Hours).

- Where there is reasonable suspicion of non – accidental injury or failure to thrive medical advice should be sought, speak to Paediatric team on call at local hospital.

- Complete a written referral to social care within 48 hours after you have made the initial telephone referral in accordance with guidance.

- Inform Frailty Care Ltd and safeguarding leads. Please document action taken.

- Inform other relevant professionals/agencies known to be involved the family including the GP.

Make a full record of all events and observations in the child's health records within one working day of the incident as this information may be needed for legal purposes such as a court case or police enquiry.

Document all observations and discussions fully including any injuries seen together with explanations for how and when they were allegedly caused. A dated and signed Body Map [Appendix 2] can be completed noting size, shape, colour, and position of anybody markings and injuries seen.

The child's demeanour, behaviour and development and the parents/carer's account, demeanour and behaviour must be fully recorded. Facts must be clearly distinguishable from allegations or opinions. Parent held records contemporaneously. See Safeguarding Top Tips for Children.

A copy of a completed Body Map [Appendix 2] may be attached to the referral form when it is forwarded to Social Care.

If the nature of the abuse seems serious, a member of a statutory agency will investigate within 24 hours. If the abuse seems less serious, it may be up to three days before any investigation is undertaken. However not all referrals will be investigated. This is particularly the case if the handwriting cannot be read or if the child protection concerns are not clearly identified.

Social Care should communicate the receipt of the referral to the referrer within one working day. If no response is received Social Care should be contacted again to determine the outcome. However do not assume that because a referral has been made it will be acted upon in the way that you want. Sometimes we become frustrated when we feel we have not been listened to by another agency, and have not received the wished for response.

Top Tips Safeguarding Children

Your Responsibilities
All staff within health services has a key role to play in safeguarding and promoting the welfare of unborn babies, children and young people. Children are defined as those under the age of 18 years (Convention on the Rights of the child – 1989). Children have a "right" (under the UN Convention on the

rights of child – 1989) to have their best interests as the primary concern when decisions are mad about them. They also have the right under the UN Convention to:

- Life and health development.
- Be protected from hurt and mistreatment, physically and mentally.
- Be properly cared for and protected from violence, abuse and neglect by their parents and anyone else who looks after them.
- Be protected from activity which takes advantage of them and could harm their welfare and development, including sexual exploitation, sale and trafficking.

All staff who come into contact with children and their families have a responsibility to safeguard and promote their welfare and should know what to do if they have concerns about a child. This responsibility also applies to staff working primarily with adults who have dependent children that may be at risk because of their parent/carer health or behaviours.

All health staff who come into contact with children and their families have a minimum responsibility to:

- Have the competences to recognise and understand what constitutes child maltreatment.
- Recognise the potential impact of parent/carers physical and mental health on the well-being of the child.
- Act as an effective advocate for the child.
- Be clear about own and other colleague's roles and responsibilities and professional boundaries.
- Be aware of your local safeguarding children's board policy and procedures.
- Know where to seek expert advice and support by knowing the contract details of your local/organisations named and designated professionals.
- Know when and how to make a referral to your local children's social care service.
- Know when and how to share information about child welfare and concerns.
- Know how to record details of any concerns and any actions you take including reasons for no action.
- You must be trained to the appropriate level for your role.

Categories and Indicators of Abuse
The following definition is taken from Working Together to Safeguard Children 2013.

Physical Abuse:

- Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child or young person.
- Physical harm may also be caused when a parent or carer fabricates the symptoms of or deliberately induces illness in a child.

Neglect:
The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect can occur during pregnancy as a result of maternal substance misuse.

Once the child is born, neglect may involve a parent or carer failing to:

- Provide adequate food and clothing, shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm and danger.
- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to a child's basic emotional needs.

Emotional Abuse
The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bulling (including cyber – bullying), causing children frequently to feel frightened or in danger or the exploitation or corruption of children.

Sexual Abuse
Sexual abuse involves forcing or enticing a child or young person to take part in sexual activity, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

It may involve:

- Physical contact, including assault by penetration (rape or oral sex).
- Non- penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.
- Non-contact activities such as involving children looking at or in the production of sexual images.
- Watching sexual activities or
- Encouraging children to behave in sexually inappropriate ways.
- Grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse as can other children.

Cyber bullying involves the use of information and communication technologies to support deliberate repeated and hostile behaviour by an individual or group that is intended to harm others. New technologies have become central to modern life. They make it possible for people across the world to have instant communication with one another. They allow for the rapid retrieval and collation of information from a wide range of sources and provide a powerful stimulus for creativity. People may discuss sensitive topics which, face to face, they might find difficult. However, these technologies are potentially damaging. They can enable children and young people to access harmful and inappropriate

materials. Those they engage with may not be directly known to them and because of the anonymity offered by the internet; children and young people may be harmed or exploited.

It is important to familiarise yourself with the local policies, procedures and practises and education and training.

Peer Abuse:
Peer abuse can be defined as one who brings mistreatment, insult or deception in excessive amounts to another individual of the same peer group. This is done physically, mentally, emotionally or sexually.

Vulnerable Parents:
Many families can suffer challenges in bringing up their children in warm, loving and supportive environments. Parenting capacity can be compromised through parental mental illness, learning disability, substance misuse, and domestic violence. Sometimes practitioners may have limited or no contact with children. In these circumstances practitioners need to maintain a Child-Focused Approach and keep a strong focus on the outcomes intended for children and young people, which is central to delivering a child focused approach.

Whistle Blowing:
If in doubt contact your nominated safeguarding children lead.

Managing Allegations:

Despite all efforts to recruit safely there will be occasions when allegations of abuse against children are raised. The allegations may relate to the person's behaviour at work, at home or in another setting. All allegations of abuse of children by those who work with children must be taken seriously. Allegations against people who work with children, whether in a paid or unpaid capacity, cover a wide range or circumstances.
If you are aware of a person who works with children and has:

- Behaved in a way that has harmed a child or may have harmed a child.
- Possibly committed a criminal offence against or related to a child.
- Behaved towards a child in a way that indicates he/she is unsuitable to work with children.

All such allegations made against adults working with children must be referred to the Local Authority Designated Officer who provides advice and guidance to employers and voluntary organisations, liaises with the police and other agencies and monitors the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process.

Local Safeguarding Children Boards will have arrangements in place for monitoring and evaluating their effectiveness of the above.
Safeguarding for disabled children are essentially the same as for non-disabled children.

Children who go missing from home/care
The terms 'young runaway' and 'missing' in this context refer to children and young people up to the age of 18 years who have run away from their home or care placement, have been forced to leave or whose whereabouts are unknown.

Children who decide to run away are unhappy, vulnerable and in danger. As well as short-term risks to their immediate safety, there are longer term implications as well with children and young people who

run away being less likely to fulfil their potential and live happy, healthy and economically productive lives as adults.

Children at risk of Sexual Exploitation
Children and young people who are sexually exploited are the victims of child sexual abuse and their needs require careful assessment. This group may include children who have been sexually abused through the misuse of technology, coerced into sexual activity by criminal gangs or the victim of trafficking.

The strong links that have been identified between different forms of sexual exploitation, running away from home, gang activity, child trafficking and substance misuse should be borne in mind in the development of procedures.

Unaccompanied Asylum Seeking Children (UASC)
These are "children who are under 18 years of age who have been separated from their parents and who are not being cared for by an adult who by law or custom has the responsibility to do so" (UNHCR 1994). In June 2003 guidance was issued that stated where children seeking asylum are alone the 'presumption should be that they fall into Section 23 of the Children Act' (DH 2003).

Where there are safeguarding concerns relating to the care and welfare of any UASC then these must be investigated in line with LSCB procedures in the area in which they are living, in the same way as any looked after child.

Safeguarding Body Maps

Safeguarding Body Maps.pdf