

**SAFEGUARDING CHILDREN AND YOUNG PEOPLE FROM ABUSE ENGLAND  
Policy Number QG14**

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**INTRODUCTION**

This policy shows how Prestige Nursing & Care protects children & young people at risk of abuse/harm in line with our legal requirements and best- practice safeguarding guidance. Our care service is committed to empowering and protecting children & young people who are at risk of abuse and neglect, as defined in legislation and statutory guidance.

This policy includes statements reflecting current best-practice requirements on:

- What is abuse.
- The different types of abuse.
- How to prevent abuse.
- Overview of the safeguarding procedures, with reference to current legislation.
- How colleagues and clients using our service should raise concerns
- Description of the role and responsibilities of the Designated Safeguarding Lead (DSL).
- How Prestige Nursing & Care enquires into and follows up allegations of abuse/harm.
- How Prestige Nursing & Care works in partnership with the local authority safeguarding team.

We make our policy available and provide information to everyone in forms that they can understand so that they know how to raise any safeguarding concern to us, to the local safeguarding board or to the Care Quality Commission (CQC).

All colleagues receive comprehensive training in the policy and its implementation. We keep our colleagues well informed about our speaking up/whistleblowing policy and their rights and responsibilities to voice their concerns about people's safety and wellbeing to the company's management, or failing that, to escalate them directly to the local safeguarding authority or to the CQC.

We are committed to promoting that children and young people are free from harm and abuse and all colleagues have a duty of care to safeguard those in their care.

Safeguarding is everybody's business and is a fundamental part of client safety and wellbeing and an expected outcome in health care. Health and care colleagues have a key role in safeguarding children and young people, firstly in the identification of abuse, harm, and neglect, and secondly responding appropriately to it.

Safeguarding children covers a broad range of different situations, from providing children and their families with early health through to providing considerable help and support for children in need.

A child in need is defined by the children's act 1989 section 17(10) as follows:

- He/she is unlikely to achieve or maintain or have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision for him or her of services by the local authority and or
- His/her health or development is likely to be significantly impaired or further impaired without the provision for him/her of such services and/or
- He/she is disabled.

There are many children in need who require professionals to support them in partnership with their parents in order for them to achieve their potential. This support is provided with the consent of parents. However, a small group of children in need, need protection from the acts of omissions of their parents. Child protection is part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm although wherever possible work continues with these children and their families with parental consent, when they are at risk of coming to significant harm from abuse or neglect the law mandates intervention.

Safeguarding and promoting the welfare of children is defined (in Working Together 2023) as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes

Section 11 of the Children's Act 2004 places a legal duty on all health organisations to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children. To be effective, Prestige Nursing & Care therefore requires all colleagues to acknowledge their individual responsibility for safeguarding and promoting the welfare of children. We are committed as an organisation to support colleagues in this, by ensuring all colleagues have access to expert advice, support, safeguarding supervision, and training in relation to safeguarding children.

## **SCOPE**

For the purposes of the policy, children should be taken to mean a child or young person up to their 18th birthday. The legal definition of a 'child' applies to those under 18 years of age (Children's Act 1989 and 2004).

This policy applies to all children from unborn up to 18 years of age whether the children are clients or children cared for by adult clients receiving services from us in England only. It also applies to other children in the wider community that come to the attention of colleagues employed by us in the course of their work.

This policy applies to all colleagues regardless of their role or place within the organisation.

Safeguarding children is everyone's responsibility. For services to be effective each professional and organisations should play their full part, (Working Together to Safeguard Children, 2023).

## **POLICY OBJECTIVE**

Safeguarding children and young people from harm is a core priority for Prestige Nursing & Care and this policy provides guidance to ensure that the principles of safeguarding children and young people are embedded in all aspects Prestige Nursing & Care practice.

- The policy aims to set out clearly the safeguarding roles, duties and responsibilities relating to children and young people for all colleagues working within Prestige Nursing & Care.
- The policy addresses key aspects surrounding the safeguarding of vulnerable children and young providing clear, consistent, and safe practice standards which are aligned with best practice guidance and relevant legislation.
- To ensure all colleagues understand information sharing process so that appropriate information is shared in a timely manner and, understand the need to discuss concerns about a child with colleagues and social care as appropriate.
- To outline gold-standard practice in effective safeguarding supervision to ensure the best possible outcomes.
- To outline colleagues training requirements, as outlined in The RCN (2019) Intercollegiate Document - *Safeguarding Children and Young People: Roles and competencies for Health care colleagues* (2019), to the required level to fulfil their duties regarding recognition and response to concerns about the child's welfare.

## POLICY

Prestige Nursing & Care recognises under its CQC registration that its responsibilities are defined by:

- Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The Care Act 2014, Chapter 14: Safeguarding of the Care Act statutory guidance describes the duties and responsibilities of local authorities and its partner organisations to protect adults with care and support needs from abuse, neglect and other sources of harm.

The following six principles apply to all sectors and settings including care and support services and underpin all adult safeguarding work.

Empowerment	People being supported and encouraged to make their own decisions and informed consent.
Prevention	It is better to take action before harm occurs.
Proportionality	The least intrusive response is appropriate to the risk presented.
Protection	Support and representation for those in greatest need.
Partnership	Local solutions through services working with their communities. Communications have a part to play in preventing, detecting, and reporting neglect and abuse.
Accountability	Accountability and transparency in safeguarding practice.

The Care Quality Commission (CQC) guidance in identifying and responding to Closed Cultures is embedded throughout our organisation, safeguarding processes, noting how to identify, recognise and manage concerns within settings. [https://www.cqc.org.uk/sites/default/files/20200623\\_closedcultures\\_guidance.pdf](https://www.cqc.org.uk/sites/default/files/20200623_closedcultures_guidance.pdf)

And, as our statutory responsibilities extend to children, we also recognise that we could need to operate under the Children Act 1989 and the Children Act 2004 and follow the government best practice guidance in Working Together to Safeguard Children (updated 2018).

Effective safeguarding arrangements in every local area should be underpinned by 5 key principles: (Working Together 2018)

1. The **child centred approach** is fundamental to safeguarding and promoting the welfare of every child. A child centred approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families.
2. All colleagues should follow the principles of the children's act 1989 and 2004 that state that **the welfare of children is paramount**, and they are

best looked after within their families with their parents playing a full part in their lives unless compulsory intervention in family life is necessary.

3. Children may be vulnerable to neglect and abuse of exploitation from within the family and from individuals they come across in their day-to-day lives. These threats can take a variety of different forms including sexual, physical, and emotional abuse, neglect, exploitation by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation, and the influences of extremism leading to radicalisation. Whatever the form of abuse or neglect, members should **put the needs of children first** when determining what action to take.
4. **Everyone who works with children has a responsibility for keeping them safe.** No single individual can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.
5. In order that **organisations, agencies, and practitioners to collaborate effectively**, it is vital that everyone working with children and families understands the role they should play as well as the role of other professionals and practitioners. This includes being aware of, and complying with, the published arrangements set out by local safeguarding partners.

The children and young people's safeguarding policy is based on the understanding of the following:

1. Risk of Abuse.

The children and young people we encounter while providing care may be at risk of abuse or harm in various forms. Prestige Nursing & Care understands that in general the risks are higher under the following circumstances.

The child:

- Is disabled with specific additional needs and challenges to their carers.
- Has special educational needs.
- Has caring responsibilities, which increases household pressures and stresses.
- Is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups.
- Is frequently missing/goes missing from home or from their accommodation.
- Is at risk of modern slavery, trafficking, or exploitation.
- Is at risk of being radicalised or exploited.
- Is in a challenging household such as where there is drug and alcohol misuse, adult mental health issues and domestic abuse.
- Is misusing drugs or alcohol themselves.

- Has returned home to their family from care.
- Is a privately fostered child.
- Has a parent/carer in custody.

(Source: Working Together to Safeguard Children.)

2. Abuse may be committed by the staff of agencies providing care or by others who could be in a trusting relationship with a child, including other household members, relatives, friends and peers.
3. Our service has a duty to do everything possible to prevent abuse, but also to report and address it wherever we meet it. With children we understand that abuse or risk of abuse is most likely to take one or more forms as described next.

Safeguarding children and young people is a multi-agency activity and is dependent upon partnership working with other statutory and non-statutory agencies. It is essential therefore that this policy is read in conjunction with:

- Prestige Nursing & Care Safeguarding Adults from Abuse England policy.
- Local safeguarding children protection procedures and arrangements, where applicable.
- Prestige Nursing & Care Domestic and sexual abuse/violence policy.

### **Think Family and Working Together (2018)**

The Think Family agenda recognises and promotes the importance of a whole-family approach which is built on the principles of "Reaching out: Think Family." The principles are:

- No wrong door- contact with any service office and open door into a system of joined up support. This is based on more coordination between adult and children services.
- Looking at the whole family, working with both adults and children taking into account family circumstances and responsibilities. For example, alcohol treatment service combines treatment with parenting classes while supervised childcare is provided for the children.
- Providing support tailored to need- working with families to agree a package of support best suited to their particular situation.
- Building on family strengths- practitioners work in partnerships with families recognising and promoting resilience and helping them to build their capabilities. For example, family group conferencing is used to empower the family to negotiate their own solution to a problem.

## **Multi-Agency Public Protection Arrangements**

Multi-Agency Public Protection Arrangements (MAPPA) are the statutory arrangements for managing sexual and violent offenders. Responsible Authorities (including Police, National Probation Service and Prisons) have a duty to ensure

that the risks posed by these offenders are assessed and managed appropriately.

Agencies (including health organisations) have a duty to co-operate and work with the Responsible Authority and have a crucial role to play in reducing risk and protecting the public.

It is within this remit that the company has a professional duty to share information and notify the relevant local authority of eligible offenders. Public protection does not rest with any single agency, and as such, MAPPA exists to promote joint working and the sharing of appropriate information. The collaborative nature of MAPPA should not, however, undermine the role of the lead agency in managing the offender/patient in the community, but should assist in ensuring a robust risk management plan designed to protect the public.

This procedure takes into consideration the guidance issued in December 2013 by the Royal College of Psychiatrists. Although there is a statutory duty to cooperate with MAPPA, health professionals remain bound by patient confidentiality and by their own statutory body's guidelines.

## **Safe Recruitment and Employment**

We conduct professional referencing and enhanced Disclosure Barring Service (DBS) checks of all Carer Colleagues and Branch Colleagues (including Registered Nurses) and will cooperate fully with all government initiatives regarding the sharing of information on Colleagues who are found to be unsuitable to work with vulnerable people. All DBS checks are renewed in line with government guidance.

All job descriptions must reflect the requirements for all Colleagues to have a DBS in regard to safeguarding. All Colleagues are required to conduct themselves in a professional manner, adhering to their professional code of conduct (for colleagues always covered by a code of conduct) and our policies.

For further information see our Recruitment & Selection policy.

## **Consent**

### **The Gillick Competence**

With children Prestige Nursing & Care is aware of the concept of "Gillick Competence" as it applies to consent to medical treatment either in terms of requesting and seeking treatment or to receiving it. To decide if a child is competent to make their own decisions the following must be considered:

- The child's age, maturity and mental capacity.

- Their understanding of their personal care needs and what they involve, including advantages, disadvantages and potential long-term impact.
- Their understanding of the risks, implications and consequences that may arise from their decision.
- How well they understand any advice or information they have been given about their care and support needs.
- Their understanding of any alternative options if available.
- Their ability to explain their reasoning and decision making.

The concept of Gillick competence is said to reflect a child's increasing development to maturity. Therefore, the understanding required for different interventions will vary considerably. (DOH 2009).

If an interaction with the child or young person involves touching them for example (washing in an intimate area, dressings, examination), explain what will happen before asking for consent from:

- If they are over 16 (follow the Mental Capacity Act 2005) or under 16 but Gillick competent or
- Their parent/guardian if they are under 16 and not Gillick competent.

Respect their wishes unless touching them is essential (e.g. lifesaving) and remember that consent is not valid if a young person is being pressured or influenced by someone else.

### **The Mental Capacity Act applied to children aged 16 to 18.**

The Mental Capacity Act (MCA) 2005 requires consent to be taken or gained by 16- or 17-year-olds themselves, unless a Mental Capacity Act assessment has concluded that they do not have the capacity to make a particular decision for themselves, (known as 'lacking capacity'). If a 16 or 17-year-old lacks capacity, someone with parental responsibility, or the courts, can consent on their behalf. However, young people who are 18 or older cannot have those with parental responsibility consent for them, (as nobody has parental responsibility for anyone over 18 years old).

### **Fraser Guidelines**

The Fraser guidelines refer to the guidelines set out by Lord Fraser in his judgement of the Gillick case in the House of Lords (1985) which apply specifically to contraceptive advice. Lord Fraser stated that a doctor could proceed to give contraceptive advice and treatment to a girl under 16 provided their satisfied on the following matters:

- That the girl (although under the age of 16 years of age) will understand his advice. That he cannot persuade her to inform her parents, or to allow him to inform the parents, that she is seeking contraceptive advice.

- That she is very likely to continue having sexual intercourse with or without contraceptive treatment.
- That unless she receives contraceptive advice or treatment her physical or mental health or both are likely to suffer.
- That her best interests require him to give her contraceptive advice, treatment or without the potential consent' (Gillick versus West Norfolk, 1985).

### **Consent relating to sexual activity.**

A child under the age of 13 years is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching; Sexual activity in older children (i.e. from 13 to 18 years) needs to be considered in relation to both the giving and the getting of consent, with the promotion of mutual negotiation as the norm being an important aspect of preventative activity. (NSPCC, 2018)

Sexual activity with a child under 16 is an offence. Practitioners have responsibility to undertake an assessment of young people aged 13 to 15 years who are engaged in sexual activity following Fraser competencies guidelines (NSPCC, 2018), to determine the risk of sexual and other forms of exploitation or coercion. This assessment will inform the decision-making process relating to the appropriateness of a referral to Children's Social Care and the Police.

It is an offence for a person to have a sexual relationship with a 16 or 17-year-old if they hold a position of trust or authority in relation to them.

Nonconsensual sex is rape whatever the age of the victim.

No individual, whatever their age, can give consent in a situation where there is intoxication, duress, violence, power imbalances and/or vulnerabilities through age differences, learning difficulties or mental health issues. A child under 18 years of age cannot consent to their own abuse through exploitation (NSPCC, 2018).

### **Safeguarding Responsibilities**

We recognise that safeguarding involves a range of responses to different forms of abuse and potential sources of harm and the different contexts in which abuse can occur.

In line with best practice, the service has a designated safeguarding lead or "champion," who provides a one-stop point of contact for addressing initially all safeguarding concerns in the service and in corresponding and communicating with external agencies, particularly the local authority adult safeguarding team.

Anyone who has or wishes to raise a safeguarding concern can go to our safeguarding lead in the first instance, who will advise the person on the procedures to be followed and act directly if the situation requires it.

## **DUTIES, ROLES, AND RESPONSIBILITIES**

Safeguarding is **everyone's responsibility**.

All colleagues are expected to follow the general principles below:

- Be alert to signs of abuse and neglect and always retain professional curiosity. If they have any concerns about the welfare of a child, they must seek appropriate advice in a timely manner.
- Act appropriately and escalate concerns if they are not fully satisfied with the response of their concern. There is a professional and ethical duty to protect the child from harm.
- Access appropriate training to enable them to recognise safeguarding concerns, particularly abuse and neglect.
- All safeguarding concerns must be fully recorded contemporaneously and in detail in the child's record. Entries must be legible and must be timed, dated, and signed in accordance with good health record keeping practice.
  
- The main role of colleagues, when the child protection threshold has been met is to recognise the issues, escalate for help, as appropriate, to refer on to the relevant investigating agencies which are the Local Authorities' Children Social Care departments and, where necessary and indicated, the police.

### **Chief Operating Officer**

Is the designated professional Safeguarding Lead for children and has overarching responsibility for Child Protection. The role of the Safeguarding Lead for children includes:

- Taking a lead role in developing and reviewing Prestige Nursing & Care's child safeguarding and protection policies and procedures.
- Taking a lead role in implementing Prestige Nursing & Care's child safeguarding and protection policies and procedures: ensuring all safeguarding and child protection issues concerning children and young people are responded to appropriately.
- Providing safeguarding advice and support to colleagues in relation to children and young people.
- Working in partnership with the operational leads to ensure that colleagues are aware of how to make children and young people referrals to the statutory safeguarding authorities in each individual locality, and that this information is accessible and shared.
- Supporting registered nurses and branch colleagues in co-operating with and participating in multi-agency forums to protect children at risk of abuse.
- Ensuring all serious incidents relating to child safeguarding and any organisational or reputational risk related to safeguarding cases are reported and investigated.

- Ensuring the necessary systems and processes are in place so that child safeguarding concerns are reported to the relevant authorities (e.g. social services, police, Care Quality Commission), without delay.
- Promoting, influencing, and delivering the safeguarding strategy.
- Ensuring lessons learnt from children and young people Safeguarding incidents are shared across the organisation.

### **Head of Risk Management.**

Is the designated professional Safeguarding Lead for Prestige Nursing & Care for Adults and has overarching responsibility for Safeguarding. The role of the Safeguarding lead includes:

- Advising and supporting the Senior Leadership Team in developing and establishing Prestige Nursing & Care's approach to safeguarding.
- Maintaining and reviewing Prestige Nursing & Care's plan for safeguarding, including Safeguarding policies.
- Coordinating the distribution of policies, procedures and safeguarding resources throughout Prestige Nursing & Care.
- Working in partnership with the operational leads to ensure that colleagues are aware of how to make referrals to the statutory safeguarding authorities in each individual locality, and that this information is accessible and shared.
- Supporting registered nurses and branch colleagues in co-operating with and participating in multi-agency forums to protect adults at risk of abuse.
- Ensuring all serious incidents relating to safeguarding and any organisational or reputational risk related to safeguarding cases are reported and investigated.
- Ensuring the necessary systems and processes are in place so that safeguarding concerns are reported to the relevant authorities (eg social services, police, Care Quality Commission), without delay.
- Promoting, influencing, and delivering the safeguarding strategy.
- Complying with all appropriate requests for information from any healthcare Trust and Local Safeguarding Boards who are reviewing processes regarding health or interagency working relating to significant safeguarding adverse incidents.
- Providing a strategic lead for safeguarding across the company in conjunction with Operational leads and Registered Managers/Branch Managers, to provide strategic and professional leadership and to ensure that:
  - Colleagues are aware of how to recognise and respond to safeguarding concerns in a timely manner.
  - Colleagues can access and receive the appropriate level of training and know how to access professional advice and support.
  - That all Colleagues are informed of Prestige Nursing & Care safeguarding policies - for adults and children.
  - That a yearly company audit is undertaken to review safeguarding policies and procedures in all teams.
- Working in partnership with the Training Manager to advise on training needs and development.

- Providing safeguarding advice and support to colleagues.
- Chairing Prestige Nursing & Care's Safeguarding Committee.
- Ensuring lessons learnt from Safeguarding incidents are shared across the organisation.

### **Senior Leadership Team**

Must ensure there is:

- A clear line of accountability and governance within the organisation designed to promote and safeguard the welfare of children.
- Effective training of all colleagues commensurate with their role.
- Effective supervision arrangements for colleagues working with children/families or adults at risk of abuse or neglect.
- Effective arrangements for engaging and working in partnership with other agencies.
- Identification of a named Registered Nurse/Lead, for Safeguarding relating to Children and Adults. Named professionals have a key role in promoting good professional practice within the organisation, supporting the local safeguarding system and processes, providing advice and expertise for fellow professionals, colleagues and carers, and ensuring safeguarding training is in place.
- Identification of a Mental Capacity Act (MCA) lead.
- Developing an organisational culture such that all colleagues are aware of their personal responsibility to report concerns and to ensure that any poor practice is identified and tackled.
- Policies, arrangements, and records to ensure consent to care is obtained in line with legislation and guidance including the MCA (2005) and the Children's Act (1989)
- Robust governance arrangements and structure which provides assurance that:
  - The health and social care contribution to Safeguarding and promotion of the welfare of children is discharged safely and effectively across Prestige Nursing & Care.
  - Compliance audits are conducted in a timely manner. Results are reviewed and any learning is shared and disseminated across the organisation.
  - Any necessary actions required to address compliance and/or improve the quality of Safeguarding relating to children and young people are identified, implemented and evaluated in a timely manner.
- Leading the organisation to understand and embed learning from both internal and external case reviews, including multi-agency serious case reviews.

### **Head of Quality**

Is responsible for ensuring that the implementation of this policy and associated procedures is audited to ensure that Prestige Nursing & Care is doing all that it can to safeguard those people using its services.

The audit of this policy will be completed through a systematic audit of:

- Recruitment procedures and DBS Checks
- Right to Work and reference checking.
- Incident reporting, frequency, and severity
- Training processes, including reviews of uptake of training and evaluations
- Safeguarding reports will be reviewed by the Safeguarding Lead as part of a root cause analysis with the following terms of reference:
  - Review incident themes.
  - Reports from the Managers
  - Look in detail at specific cases to determine learning or organisational learning.
  - Ensure implementation of the Safeguarding Children and young person's policy

### **HR Director**

Is required to ensure.

- Safe recruitment practices and arrangements dealing with allegations against people who work with children or vulnerable adults are appropriate. This includes collaborating with Human Resources Department to ensure recruitment and human resources management procedures, including contractual arrangements, take account of the need to safeguard and promote the welfare of children and young people. This includes arrangements for appropriate employment checks on new colleagues and the adoption of best practice in the recruitment of new colleagues.
- That there is a robust system in place for all colleagues to have a DBS check appropriate to their job role and that it is checked on a yearly basis
- That all job descriptions include responsibilities regarding safeguarding
- That there is a professional code of conduct for all colleagues which outlines duty of care in relation to safeguarding.
- Any allegations against people who work with children or vulnerable adults are appropriately managed and escalated to the DBS if the criteria are met.
- That all colleagues have access to the employee assistance programme (EAP).

### **Registered Managers/Branch Managers/Care Coordinators/Field Care Managers/Supervisors and Regional Nurses.**

Are responsible for:

- Ensuring that the Safeguarding contact details for their local authority is displayed, up to date and visible in Branch.
- Ensuring that all Colleagues are made aware of the Safeguarding flow chart (appendix 2) through induction, safeguarding training, and refresher training.
- Escalating any safeguarding concerns in a timely manner and to the appropriate organisation.
- Completing safeguarding training to the level required for their role and attending any additional training that may be required.
- Ensuring that all colleagues are made aware of their roles and responsibilities in relation to this policy.

- Ensuring that all colleagues have read the policy and are aware of what actions they need to take.
- Line managers must ensure that all colleagues are compliant with their required level of safeguarding training.
- To identify any additional training and support needs required by their colleagues to enable them to perform their duties as defined in this policy.
- Monitoring periodically colleague awareness of their roles in relation to this policy
- Ensuring there are thorough and robust risk assessments for all clients and any safeguarding concerns are clearly identified and the escalation processes clearly defined.
- Ensuring documentation in relation to safeguarding e.g., body maps are in clients' files and being completed when required \*please note in some instances safeguarding documentation may need to be separate from the clients file, always ensure colleagues are aware of what process's they are following\*
- Following other appropriate organisational procedures, simultaneously where necessary e.g., disciplinary procedures, complaints, and incident reporting
- Ensuring all colleagues receive adequate safeguarding supervision considering the vulnerabilities and risks for children and young people.
- Supporting all aspects of internal audit relating to safeguarding
- Ensuring that they are familiar with local safeguarding referral procedures, including contact details:
- Promoting, influencing, and delivering the safeguarding training strategy
- Attendance if required at any safeguarding committee meetings and disseminating any agreed actions.
- Ensuring any safeguarding concerns are uploaded to the incident management system and that they are reviewed at a minimum weekly, with any updates recorded.

**All colleagues are responsible for:**

- Actively safeguarding and promoting the welfare of children, young people, and vulnerable adults.
- Understanding the principles of safeguarding including procedures and requirements as set out in this policy including timely escalation of any concerns to enable appropriate intervention, as necessary.
- Understanding their role in identifying emerging problems and sharing information with line manager/branch and/or regional nurses to support early identification and assessment.
- Engaging in safeguarding supervisions.
- Completing safeguarding training as required.
- To ensure that excellent documentation is completed, including body maps to record any injuries.
- All colleagues should be alert to the potential need for early help for a child who:
  - is disabled and has specific additional needs.

- has special educational needs (whether or not they have a statutory Education, Health, and Care plan in place)
  - If an interaction with the child or young person involves touching them for example (washing in an intimate area, dressings, examination), explain will happen and ask for consent:
    - from them if they are over 16 (follow the Mental Capacity Act 2005) or under 16 but Gillick competent **or**
    - from their parent/guardian if they are under 16 and not Gillick competent.
  - Respect their wishes unless touching them is essential (e.g., lifesaving).

**How to raise concerns**

Prestige Nursing & Care understands that in the event of having to make a referral we can use the online referral form on the local authority website.

Colleagues can raise concerns directly with their line manager, the Designated Safeguarding Lead or Registered Manager, this can be done over the telephone, face to face or in writing (including via email). Colleagues have access to this policy on their Team Portal.

Clients, their relatives, advocates, or those lawfully acting on behalf of clients can raise concerns directly with the Designated Safeguarding Lead or Registered Manager, this can be done over the telephone, face to face or in writing (including via email).

We make available to clients and their relatives the company’s Safeguarding Policy, as well as the local safeguarding board’s information leaflets and means by which they can obtain full information from their website, along with how to raise any concern directly with the local safeguarding team. Information is in several languages and formats.

For advice or to raise concern we will use the above contacts, and all colleagues will have this information or access to it.

In an emergency we should dial 999 and ask for the appropriate emergency service.

**Accessibility**

Colleagues	Discussed in team meetings (standing agenda item). Discussed in supervisions.
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	Policy available on the Team Portal (accessible to colleagues). Displayed in office.
Clients, advocates, those lawfully acting on behalf of a client, and those close to them	Details of safeguarding policy within Service User Guide. Policy discussed at scheduled reviews.

Prestige Nursing & Care will ensure that reporting processes will be accessible to colleagues, clients, advocates, those lawfully acting on behalf of a client, and those close to them in the following ways:

## Definitions

### Other Contacts and Sources of Assistance

In addition to notifying the safeguarding authority, people can make contact with the following, which forms part of our safeguarding network:

<b>Name</b>	<b>Details</b>
The Care Quality Commission (CQC)	<a href="#">Online form</a>
Telephone:	03000 616161
Childline	<a href="#">Childline   Free counselling service for kids and young people   Childline</a>
Telephone:	08001111

### Looked after Children in Care

The term *children looked after (children in care)* has a specific legal meaning based on the Children's Act 1989. A child is looked after by local authority if he or she has been provided with accommodation for a continuous period of more than 24 hours, in the circumstances set out in sections 20 and 21 of the Children's Act, 1989, or is placed in the care of a local authority by virtue of an order made under part IV of the act.

### Children with Disabilities

Many children with disabilities are at an increased likelihood of being socially isolated.

- They are dependent on others for aspects of daily living including intimate care.
- They have impaired capacity to resist or avoid abuse.
- They may have communication difficulties.
- They often do not have access to someone they can trust to disclose any abuse or they are vulnerable to bullying and intimidation.

Safeguarding a child with a disability is fundamentally the same as a child without, but extra attention and allowances should be made in order to ensure their wishes and feelings are known and that they receive appropriate care and education,

know how to raise a concern, and gain assistance with communication. Further guidance: <https://www.gov.uk/government/publications/safeguarding-disabled-children-practice-guidance>

## **Definitions of categories of abuse**

### ○ **Physical abuse**

May involve hitting, shaking, throwing, poisoning, burning, or scalding drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when their parent or carers fabricate the symptoms of, or deliberately induces, illness in a child.

### ○ **Emotional abuse**

Is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development it may also involve conveying to children that they are worthless or unloved inadequate or valued in so far as they meet the need for 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 the child's developmental capability as well as over overprotection and limitation or 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 bullying (including cyber-bullying) causing children to frequently feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child though it may occur alone.

### ○ **Sexual abuse**

Involves forcing or enticing a child or young person to take part in sexual activities, Whether the child is aware of what is happening the activities may include physical contact including assault by penetrative or non- penetrative acts. They may also include non-contact activities such as involving children looking at or the production of sexual images watching sexual activities encouraging children to behave in sexually inappropriate ways or 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.

### ○ **Neglect**

Is 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 may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food clothing and shelter (including exclusion from home or abandonment)
- Protect children from physical and emotional harm or danger.
- Ensure adequate supervision (including using inadequate caregivers)
- Ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness, to a child's basic emotional needs.
- you paragraph ensure adequate supervision.

Some other forms of child abuse and child protection concerns with definitions include:

### **Female Genital Mutilation**

Female genital mutilation FGM is defined by World Health Organisation as: 'all procedures that involve partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons.' FGM is sometimes known as female circumcision. The FGM mandate reporting duty is a legal duty provided in the FGM Act 2003 as amended by the serious crime act 2015) which requires all regulated healthcare professionals to report FGM in a girl under 18, either through disclosure by the victim or relative and/or visually confirmed. This is no different from any other obligation on healthcare professionals to report abuse against children. FGM is child abuse so the healthcare professional must make a report to the Police.

### **Criminal exploitation of children**

Is when a child is coerced into committing criminal acts. It may be a stranger who exploits a child, but it might be a friend, family member or someone a bit older in their neighbourhood. The first step may seem like a simple favour. The child may be given drugs, a new phone, or some money for lunch. Then, they are told these were not gifts - that they have a debt to pay off. Their exploiter may even set them up to lose money to trap them into debt. With time, repaying this debt can escalate from delivering a parcel, or looking after some money, to acts of serious violence. As they fall deeper into crime, they are exposed to things no child should experience. This trauma changes the way they see the world. It makes it even harder for them to turn away from crime and see a positive life for themselves outside that world. Whilst it is possible for any child to be exploited, criminals tend to target children who feel they have been let down or pushed out elsewhere. Children who are in the care system, who have mental health problems, additional needs or who have been exclude from school are the most at risk.

### **Child Sexual exploitation (CSE)**

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing and touching outside clothing.

It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet).

The long-term consequences of any form of child abuse can be devastating and early identification and providing support as soon as problems emerge is critical. Child sexual exploitation damages children and like any form of abuse it can have long lasting consequences that can impact on every part of a child's life and their future outcomes. Child sexual exploitation has been shown to affect:

- Physical (including sexual) and mental health and well-being.
- Education and training and therefore future employment prospects.
- Family relationships.
- Friends and social relationships, current and as adults; and
- Their relationship with their own children in the future.

Child sexual exploitation is complex, and children are often reluctant to disclose experiences of exploitation due to misplaced feelings of loyalty and shame. Many may not recognise what they are experiencing as abuse or that they require support or intervention, believing they are in control or in a healthy consensual relationship.

Child sexual exploitation is never the victim's fault: As stated above, all children and young people have a right to be safe and should be protected from harm.

### **Honour based Abuse**

Is an incident or crime involving violence, threats of violence, intimidation, coercion or abuse (including psychological, physical, sexual, financial or emotional abuse), which has or may have been committed to protect or defend the honour of an individual, family and or community for alleged or perceived breaches of the family and/or community's code of behaviour"(crown prosecution service) The abuse can occur by one or more perpetrators and relatives of the victim who may conspire, support or participate in the abuse as they may have a perception that the victim has brought shame on the family. It may be justified on the grounds such as the victim has worn unapproved make up or clothing, has got pregnant outside of marriage, has engaged in intimacy in public, has rejected force marriage, has identified as LGBTQ, has additional needs, has been a victim of rape, is in a unapproved relationship, has left a spouse, is in a interfaith relationship (list not exhaustive) As with all types of abuse signs a child may display are-

- Sudden absence from school.
- Prolonged foreign travel.
- Having technology withdrawn.
- Being chaperoned constantly.
- Changes in behaviour.
- Physical injuries.

**Modern slavery, including child trafficking, is child abuse.**

When an agency comes into contact with a child who may have been exploited or trafficked, Local Authority Children’s Services and the police should be notified immediately. All children, irrespective of their immigration status, are entitled to safeguarding and protection under the law. When there is reason to believe a victim of trafficking or modern slavery could be a child, the individual must be given the benefit of the doubt and treated as a child under until an assessment is carried out.

**Children at risk of radicalisation (PREVENT)**

The prevent strategy (Home Office, 2011) defines the term ‘radicalisation,’ as ‘the process by which a person comes to support terrorism and forms of extremism, leading to terrorism.’ Prevent is aimed at frontline colleagues and is designed to help those members have an awareness of their role in preventing vulnerable people being exploited for terrorist purposes. The Counter Terrorism and Security Act (2015), places a duty on the range of organisations to have due regard to the need to prevent people of all ages being drawn into terrorism. If a colleague has concerns that a child or adult may have been radicalised or is at risk of radicalisation, colleagues must report their concerns and complete a Prevent referral to the Local Authority.

The aim of radicalisation is to inspire new recruits, embed extreme views and persuade vulnerable individuals to the legitimacy of a course. This may be direct through a relationship or by social media. Prestige Nursing & Care has a statutory duty to ensure that it makes arrangements to protect, safeguard and promote the welfare of children, young people and adults at risk and support the Home Office Counter Terrorism strategy CONTEST. This includes a specific focus on Prevent (preventing violent extremism / radicalisation).

Anyone can be at risk of being radicalised regardless of their age. Extremists know how to capitalise on feelings of insecurity, and they convince the person they can help by providing a solution.

With the convenience and accessibility of social networks, social games, and encrypted communication platforms the internet is being used by extremists to target vulnerable groups.

All concerns relating to PREVENT must be escalated as a matter of urgency to the relevant corporate named lead for Safeguarding within Prestige Nursing & Care.

The Prevent referral process can be described in three stages: notice, check and share:

- ⇒ **Notice:** colleagues must be aware of an individual's vulnerability to radicalisation, changes in behaviour, ideology, and other forms of extremism.
- ⇒ **Check** out your concerns with the individual where possible, and where safe, with your line manager, colleagues, and multi-disciplinary clinical meetings.
- ⇒ **Share** your concerns with partner agencies, and as far as possible be open and honest with the individual about the duty to share your concerns.

### **Groups at risk of radicalisation**

Anyone can be radicalised but there are some factors which may make someone vulnerable:

- Being easily influenced or impressionable
- Having low self-esteem or being isolated
- Feeling that rejection, discrimination or injustice is taking place in society.
- Experiencing community tension amongst different groups
- Being disrespectful or angry towards family and peers
- Having a strong need for acceptance or belonging
- Experiencing grief such as loss of a loved one.

### **Indicators of radicalisation**

- Spending increasing amounts of time talking to people with extreme views (this includes online and offline communication change in their style of dress or personal appearance.
- Lose interest in friends and activities that are not associated with the extremist ideology, group, or cause.
- Have material or symbols associated with an extreme cause.
- Try to recruit others to join the cause.

[Online Radicalisation - Get Safe Online](#) Expert tips on keeping everyone safe online.  
[Radicalisation on the internet | ACT Early](#) Tips for safe use of the internet and talking to someone about safe internet usage.

[Parenting, Media, and Everything in Between | Common Sense Media](#) website reviews games, books, films and music and all sorts of digital content. Children and young people adopt new games and social media platforms rapidly, and this resource is a fantastic way to keep up to date.

### **Fabricated or induced illness**

This is where a child suffers harm through deliberate action of their main carer to seek attention. It can happen by:

- Fabricating signs and symptoms of a medical history.
- Falsifying hospital records e.g., a consultant letter.

- Induction of illness.
- Inflicting unnecessary medical treatment to the child.

### Domestic Abuse

Section 3 of the Domestic Abuse Act 2021 came into force on 31 January 2022 and specifically provides that a child (under 18 years old) who sees, hears, or experiences the effects of domestic abuse and is related to the victim or the suspect is also to be regarded as a victim.

### Signs and Symptoms of abuse in children

Physical	Emotional	Neglect	Sexual
Bruising - age site cause e.g. fingertip thumbprint linear e.g. belt Linear burns, dunking Adult bite marks Cigarette burns. Mouth injuries- torn frenulum, bleeding from the nose or mouth with an apparent life - threatening event and no adequate history. Bi-lateral eye/ear injuries Head intra-abdominal and intra-thoracic injury trauma incompatible with history. Fractures in non-mobile baby Unexplained hypothermia or cold injuries Submersion incidents with no appropriate explanation or lack of supervision	Irritability Sleep problems. Apathy/anxiety Aggression Attachments Fearful Clingy School failure Relationship difficulties Truancy Soiling Wetting Bullying Alcohol/drug misuse Abandonment	Failure to thrive i.e. poor weight gain and height. Scavenging stealing or hoarding of food with no medical explanation Poor hygiene Severe nappy rash General delay Anxiety Poor self-esteem Poor social skills Immaturity Aggressive Destructive Alcohol drug misuse Truancy	Recurrent urinary tract infections (UTI) Recurrent abdominal pain/ psychosomatic Perineal itching/ soreness Warts, sexually transmitted diseases (STD's), bruising Mood changes, tantrums Insecurity Suicide/attempts self-poisoning. Sexualised behaviour Presence of semen Pregnancy in a minor where father concealed or unknown.

## **Adverse Childhood experiences (ACE'S)**

The experiences everyone has in their early lives, particularly in childhood has a huge impact on their growth and development of their physical and mental health, thoughts, feelings, and behaviour. If a child is witness to or the victim of a "highly stressful, and potentially traumatic event" (young minds,2018) then this is now classed as an adverse childhood experience (ACE). Examples of an ACE's can be identified in all the above categories of abuse e.g., a child who is a victim of sexual abuse to other examples such as a parent dying.

The impact ACE's can have on a child's future as an adult are health problems such as cancer or heart disease, increase in mental health problems, inability to manage emotions and the capacity to form healthy friendships and relationships.

It is imperative therefore that ACEs are prevented and that by sustaining safe, stable, nurturing environments for all children and their families will allow children to flourish and reach their full potential.

## **Law relating to Safeguarding.**

Prior to the Mid-Staffordshire enquiry, conducted by Sir Robert Francis in 2015, there was only legislation to prosecute for the offences of ill-treating or neglecting an adult without mental capacity (MCA act 2005) and neglect of a child in some circumstances (children and young person's act 1993).

In response to the enquiry Sections 20-205 of the criminal and courts Act 2015 were amended and saw the gap closed in existing legislation to include all individuals who may be the victim of ill-treatment or neglect.

## **Wilful Neglect and ill-treatment is a criminal offence:**

If a Carer wilfully neglects or ill-treats an adult receiving health and or social care, then they are committing a criminal offence.

Care providers commit an offence if all three of the following things happen:

- 1) An individual is wilfully neglected or ill-treated by someone providing health or social care on behalf of the care provider, and
- 2) The care providers activities are organised in such a way as to be a gross breach of the duty of care owed to the individual (that is, the conduct falls far below what would reasonably be expected), and
- 3) If not for that gross breach, the wilful neglect would not have occurred (or would have been less likely to occur).

## **Signs of Wilful Neglect or ill-treatment**

- A client who has not had a meal prepared that was bought for them.
- Not washing a client who requires assistance.
- Verbally abusing a client
- Hitting a client
- Not giving a client medication

## **Reporting Wilful Neglect or Ill-Treatment**

Anyone providing care to a client must provide safe and effective care. Professional standards and code of conduct/s must be always maintained and adhered to. Any breach of these, and anyone who causes harm, exploits, are abusive, are discriminatory or who are dangerous towards a client, then this must be reported.

## **Corporate Homicide**

The corporate manslaughter and corporate homicide act 2007 created the offence of corporate homicide. Organisations can be found guilty of corporate homicide where gross failure in the way activities are managed organised results in a person's death. Organisations can be prosecuted when the activities of the business cause the death through a gross breach of duty of care owed to the deceased. The focus is on how the activities were organised by senior management when supplying goods and services.

An organisation has a duty of care for:

- Work systems and equipment.
- Condition of premises and worksites.
- Where products or services are supplied to customers.

A gross breach of duty is where the alleged conduct "falls far below what can be reasonably be expected of the organisation in the circumstances."

## **Person In a position of trust (PIPOT)**

People in Positions of Trust (PIPOT) refers to a person, whether an employee, volunteer or student, paid or unpaid who works with or cares for adults with care and support needs.

A relationship of trust is one in which one person is in a position of power or influence over someone because of their work or the nature of their activity. If the person who is in the position of power, then uses their position to the detriment of the health and wellbeing of a person at risk e.g. a colleague who tells a client with a learning difficulty to steal from a shop for them.

A PIPOT allegation may also be triggered by concerns in an individual's personal life. For example, they may have committed a criminal offence against an adult with care and support needs or there may be other concerns such as domestic abuse or child protection.

Prestige Nursing & Care must follow the local PIPOT process of the relevant local authority's safeguarding board where the branch is based. Prestige Nursing & Care is committed to ensuring that any such allegations will be investigated, and where substantiated it will be managed through the disciplinary process. See supporting document 02 PIPOT flowchart for further information.

Prestige Nursing & Care will act under any relevant code for the profession and take any action, accordingly, see supporting document. Please note- if any colleague is accused of abusing an adult, then consideration must be taken into account whether they work also with children and whether the Local authority designated officer (LADO) needs to be informed.

## PROCEDURE

### FLOWCHART FOR REPORTING ALLEGATIONS OF ABUSE

If the matter is urgent because a child or adult at risk of harm is in immediate danger phone 999 for emergency services, e.g. Police, Ambulance.

#### Recognise it.

Abuse or neglect discovered or suspected. Are they safe?

If you are concerned about a child or adult at risk of harm you could help stop abuse by taking action.

It is not your responsibility to decide if abuse has happened. It IS your responsibility to report it to the Registered Manager or Designated Safeguarding Lead.



#### Report it.

Share your concerns/ information with the Registered Manager or Designated Safeguarding Lead (DSL). If there is immediate danger to the child or adult call 999 for the Police or a crime has been committed, then call the Police.



#### Report it

If you cannot contact the Registered Manager and / or Designated Safeguarding Lead (DSL). and have concern about a child or an adult and need to make a safeguarding referral, please contact the local authority safeguarding team.

Care colleagues are in a key position to prevent abuse occurring and to empower the person at risk to act where concerns arise. Their role is to:

- **Recognise** when there is a safeguarding concern.
- **Reassure** the child and make sure that they are in no immediate danger.
- **Report** the concerns in a timely manner.
- **Record** what has happened.

#### Recognition or disclosure of possible abuse

Make sure that you are aware of the types of abuse and the possible signs and symptoms (see supporting documentation 01).

- Be alert whilst not jumping to any conclusions.
- Always be vigilant for signs of abuse/maintain professional curiosity.
- Consider the possibility of a safeguarding matter from signs that have been observed such as bruises, marks, or a change in behavior.
- Recognise patterns of concern.
- Listen to information from another professional such as a community nurse. Perhaps a friend, neighbour or relative of the individual
- if there are any concerns but unsure whether the signs are safeguarding related, always report to a line manager to seek advice and guidance.

#### Reassuring the child

- If a child makes an allegation of abuse, be sensitive and supportive so that they feel safe to tell you about their concerns. It is usually exceedingly difficult for a child to disclose that they are being or have been abused.
- Reassure the child that they are being taken seriously and that they have done the right thing in sharing their concerns. Listen carefully to what they are saying. Remember, a young child may not have the vocabulary to clearly explain what is distressing them. Stay calm and get a clear and factual picture of their concerns. Do not be judgmental and try to keep an open mind. Allow the child to speak for as long as they want to.
- Only ask questions for clarification. If the child is alleging abuse, do not ask further questions. (Never ask leading questions or try and investigate the matter. This is the responsibility of the children's social care team or the police.)
- Never promise to keep allegations a secret. Explain that there may be a need to inform other. Do not make assurances that cannot be kept. Inform what will happen next and with whom the information will be shared.
- Make sure that the child is comfortable and is in no immediate danger (see 'reporting concerns' below).
- If made aware of an incident of abuse from a third party, encourage them to report it themselves or help them to report their facts.

## Report

- If you see or hear something that suggests that a child has been, or may be at risk from abuse, you must report this to your line manager or the on-call manager immediately. Out of hours, escalate to the duty on call manager.
- If the allegations relate to your line manager, then report to their manager. If it relates to their manager or you are unable to contact a senior member of colleagues, report the matter directly to the local authority children's social care team.
- If the situation indicates the need for urgent medical attention, dial 999 and contact an ambulance immediately. Or if there is a risk of immediate harm contact the police.
- If you believe that a criminal offence may have been committed, and you are unable to speak to your manager immediately, contact the police. Be careful not to disturb any evidence. The police will be able to advise what action you may need to take to preserve evidence.
- Colleagues who report child safeguarding concerns are protected under the Public Interest Disclosure Act 1998 (see Whistleblowing policy).
- Never discuss the safeguarding concerns with the alleged perpetrator or others (except for those noted above).
- Any concerns about radicalisation must be reported.
- Always report to the relevant local authority where the abuse is alleged to have occurred. If it is not known when and where the alleged abuse took place, then report it to the local authority where the child permanently resides. If the client is funded by a different local authority to where they permanently reside or where the alleged abuse occurred, the allegation must also be reported to the funding local authority.

Where a client is in receipt of regulated activity, all safeguarding referrals reported to safeguarding MUST be reported to CQC for England using the Allegation of Abuse notification.

For Registered Managers with access to the portal this should be completed, for those Registered Managers without access, then the notification form must be downloaded [20190213 100099 SN18\(2\)\(e\) allegation of abuse about a person who uses the service with additional questions v6.doc \(live.com\)](#) and sent via email to [HSCA\\_notifications@cqc.org.uk](mailto:HSCA_notifications@cqc.org.uk). (See Prestige Nursing & Care CQC policy)

[www.cqc.org.uk/organisations-we-regulate/registered-services/notifications/notifications](http://www.cqc.org.uk/organisations-we-regulate/registered-services/notifications/notifications)

## **Record**

- Make an accurate and factual record of exactly what you have heard or seen straight away. Describe allegations using the child's own words as far as possible. Avoid using your own emotive language, judgements, or interpretations.
- Note names, dates, and times. Include details of any witnesses who may have heard, seen or noticed the allegation or behavior.
- Record what you did, who you reported the matter to, the time and any response using a blank copy of the visit log.
- All safeguarding concerns must be uploaded on the incident management system (IMS) to the applicable category, an exception to this is the disclosure of domestic abuse by a colleague in this instance the HR department need to record actions taken.
- The Branch / Registered Manager must ensure an entry is recorded on the IMS, and regularly updated with any actions, outcome and lessons learnt.
- Access on IMS should be restricted by the Head of Operations or Operations Manager to only those colleagues who need to know; this must include Head of Risk Management and the Chief Operating Officer (as they are the Safeguarding Leads for Prestige Nursing & Care).
- The safeguarding referral form and CQC notification forms must be uploaded on the main page of IMS.
- The log should be updated at a minimum of weekly and any actions clearly recorded. The IMS number and a brief summary of the concern raised should also be recorded in the notes section on webroster.
- Ensure that the individual's care plan(s) and any risk assessments are immediately updated or introduce new ones to reduce any further occurrence.
- The alleged abuser should not be contacted at this step Information must always be shared on a need-to-know basis. If unsure seek guidance.
- Make sure there is a clear audit trail of all actions taken and decisions made. Including the degree of harm, type of harm, source of harm, did the actions constitute a safeguarding risk, is it an isolated event or is there evidence of a

sequence of events, is it an act of intent or omission, what measures can be put in place to reduce or stop the risk.

For further information see Prestige Nursing & Care IMS guidance on the Intranet

### **Duty toward children who are not Prestige Nursing & Care clients.**

The very nature of care at home means that care colleagues have privileged access to clients, their family, friends, and acquaintances. There may be occasions whereby you suspect or witness abuse against a child visiting/occupying the clients 's home - a child who is not a client of Prestige Nursing & Care. We believe, to protect individuals at greater risk of abuse and neglect, we must extend professional vigilance, act on our moral obligations, and alert the local authority to child protection matters concerning those we do not serve. Should you suspect or witness maltreatment of children you are not contracted to care for, report your concerns immediately to your line manager who will alert the relevant authority.

Colleagues are expected to co-operate with any enquiries conducted by the police or the local authority children's social care team. You may be asked to contribute to their investigation at any time.

### **Accessing the community**

Being able to participate in community activities is essential for the mental and physical wellbeing of children. However, the community can hold many risk factors for children e.g. traffic, water, loose animals and possibly the inability to understand stranger safety. It is the responsibility of Prestige Nursing & Care to ensure safe staffing ratios are agreed and that a comprehensive risk assessment identifies all possible risks to the child. If agreeing to lone working, then there must be safety measures in place to ensure that the care colleague can safely manage on their own. Any concerns in the risk to safety must be escalated appropriately.

Prestige Nursing & Care should always adhere to other organisations safeguarding policy and share information when appropriate e.g., copy of DBS if accessing schools with a child.

Notification and referrals

### **Immediate danger:**

- Refer to Safeguarding Children Flowchart. (Supporting document 02)
- Ensure the immediate health, safety and welfare of the child is met.
- Contact the police if necessary.
- Inform/seek parental consent only if the child would not be out at further risk.
- Contact multi-agency safeguarding hub (MASH) and report concerns. Professionals and members of the public can call MASH at any time; you will be put through to a social worker to discuss your concerns about a child or young person.
- On contacting MASH, you will be put through to a trained 'screening social worker,' who will:
  - Take information from you.

- Offer advice and make a decision on how the concern will be dealt with
- Tell you what will happen next.
- If your concerns are not considered to require an immediate response but meet the threshold for social care intervention, you will be asked to complete a multiagency confirmation form (MASH) to be completed and returned to the Safeguarding hub within 24 hours unless otherwise stated.

**If the child is not in immediate danger:**

- Gather information, assess risk and contact Named Professionals, including the Lead for Children and Young People, within Prestige Nursing & Care to seek advice.
- Contact the multi-agency safeguarding hub (MASH) which is a professional consultation line for advice.
- Using the information and advice, make a decision as to whether a safeguarding referral is required.
- If the child has a local social worker, contact, and discuss any action required.
- Record actions and plans.

**Allegations of abuse against people who work with children (LADO)**

The Local Authority Designated Officer (LADO) provides advice, guidance, and management where an allegation has been made against a person who works (paid or unpaid) with children or young people under 18 years old.

LADO collaborates with the police and other agencies to consider whether an allegation is true or not true. They ensure that any allegation is dealt with as quickly as possible.

The LADO will consider an allegation if it might relate to a person who works with children who 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 or children in a way that indicates they may pose a risk or harm to children.

Contact details for LADO, to discuss a concern, can be found on local safeguarding website information.

If the alleged perpetrator is an employee, you may need to suspend that employee on full pay pending an investigation. This does not imply that any misconduct has taken place. It is a neutral act that will only be used when the continued presence of the employee may:

- Be detrimental to the conduct of the investigation.
- Compromise the employee or branch/company.
- Present an unacceptable risk to children or other customers.

To determine whether this is necessary you may need to conduct an initial check of records such as care plans, files, communication books, Rota's etc. to ascertain, for example, if the alleged perpetrator and child were together/alone at the times of the alleged incidents.

If you need to suspend an employee, follow the 'Disciplinary procedure,' and take legal advice if necessary. This will be a stressful time for the colleague so consider what support they may need.

Any employee who abuses a child should be subject to disciplinary action in accordance with Prestige Nursing & Care disciplinary policy and procedure.

If allegations against a colleague is substantiated and the person has either been removed from their role, or they would have been had they not left of their own volition then you must refer to the Disclosure and Barring Service (DBS). (see supporting documents 04)

Across the UK, Social Care Councils have been set up to regulate the social care workforce and function as a guardian for standards in social care. If the finding is that the employee has harmed the child, you should refer them to the relevant professional body even if they are not currently registered as it may prevent them from being registered in the future.

### **Documentation**

Record all details of the alleged abuse, the actions that you took and the outcomes. The record must include a chronology of the allegation/incident; persons involved; dates; times, who was consulted, why and when and any other additional information. The records must be a factual account and include what was said/observed, by whom, when and how (e.g., by phone, by letter, face to face).

Records relating to substantiated allegations against colleagues must be kept for 10 years. Records for children must be kept or disposed of in accordance with the Data Protection Act 1998. Seek advice from the local authority/care regulator regarding the retention of records/circumstantial requirements.

In line with Regulation 20 of the (Regulated Activities) Regulations 2014 - professional requirements for candour in the practice of a regulated activity - managers must ensure, where a customer has come to harm by the provision of service, that the customer and their families (where applicable) are informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or enquiries made.

### **Strategy Meetings**

Once a referral has been made and there are sufficient grounds for concern there will be a Strategy Discussion where the decision to initiate a Section 47 Enquiry

made. The plan for the Section 47 Enquiry should reflect the requirement to convene an Initial Child Protection Conference.

Children's Social Care must hold a Strategy discussion when there is reasonable cause to

suspect that a child has suffered or is likely to suffer significant harm. The Strategy Discussion should involve, at a minimum, Children's Social Care Services, the Police, Health and the referring agency. Other agencies involved with the family may be included.

as appropriate. The minutes are recorded by the County Council, but notes are recorded by Health in the child's record contemporaneously and any plans or Professional Disagreement is recorded here.

### **Information Sharing**

"Good information sharing practice is at the heart of good safeguarding practice." (NHS England 2015).

Information will be shared with young people and children appropriate to their age and understanding. Children have a right to be told what is going on and should not be made.

promises that cannot be kept. Their views and wishes should be considered.

Reports for Child Protection Conferences and planning meetings should always be discussed with the family prior to any meeting. However, there will be circumstances where it will not be in the child's best interests for information to be shared immediately.

NHS England Safeguarding Policy state there are seven golden rules for information sharing (see supporting document) :

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.

7. Keep a record of your decision and the reasons for it - whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

### **The Caldicott Principles**

The sharing of information in Health and Social Care is guided by the Caldicott Principles. These principles are reflected in the General Data Protection Regulation (GDPR), see supporting documents.

- Justify the purpose.
- Don't use personal confidential data unless absolutely necessary.
- Use the minimum necessary personal confidential data.
- Access to personal data should be on a strict need to know basis.
- Everyone with access to personal confidential data should be aware of their responsibilities.
- Comply with the law.
- The duty to share information can be as important as the duty to protect patient confidentiality.

### **How to escalate any safeguarding concerns which are not being addressed by Prestige Nursing & Care**

In the first instance all safeguarding concerns must be raised with the Prestige Nursing & Care colleague's Line Manager, which for carer colleagues would be with the Branch/Registered Manager.

Should the colleague raising the concern think that the safeguarding concern is not being addressed, then they should raise it with their line manager's line manager. In the case of Branch/Registered Managers, this would be to the Head of Operations or Operations Manager.

Should further escalation be required then the concern can be raised with the Safeguarding Leads, which are the Chief Operating Officer and Head of Risk Management.

Once a colleague has exhausted all of these options and they still think that Prestige Nursing & Care has not addressed their safeguarding concerns, then the colleague should use the Speak Up service via email at [speakup.ecibrands.com](mailto:speakup.ecibrands.com) or freephone on **0808 189 1053**. "Speak Up", a system that enables employees to report misconduct in confidence via a website or by phone. The Speak Up service is available 24/7, 365 days a year.

### **If a Safeguarding Concern is not agreed by the local authority safeguarding team**

The local authority safeguarding children's team will take all concerns seriously. In some incidents, they may decide not to investigate. The local authority

safeguarding children's team will feed back to the referrer the reason and rationale why they have come to this decision, if Prestige Nursing & Care still are not happy with this decision, then the following process should be followed:

Stage 1 - Make initial attempts to resolve the matter through discussion with the other professional involved. Seek help and guidance from the named professional.

Stage 2 - If the disagreement remains unresolved speak with your line manager who should then speak their equivalent manager and seek to resolve the matter. Line managers now consider whether a professionals meeting is required.

Stage 3 - If the disagreement remains unresolved- the line managers escalate further, another professional meeting should be called. If no resolution found, then notify the safeguarding board chair (see local authority website for contact details).

Stage 4 - The chair of the local safeguarding board now facilitates a resolution with each agency's senior managers either directly or through a resolution panel. The chair now considers whether a learning and improvement activity/briefing needs to be undertaken with lessons learnt.

Even in these circumstances, colleagues must ensure the continual safety of those in our care and protection. Colleagues can consider other referral options (this list is not exhaustive):

- Care Quality Commission (CQC)
- NHS continuing healthcare team (CHC)
- Case Manager
- Raising a complaint to the social care senior management
- General Practitioner
- Any other relevant members of the client's multi-Disciplinary team (MDT)
- Local Authority step guidance on challenging a decision.

### **Suspension from duty**

In cases which appear to involve gross misconduct, or where the Company reasonably considers it necessary, an employee may be suspended from work on full pay whilst the case is being investigated. Suspension may take place before, during or after the investigation meeting, depending on what evidence is available at what time. Suspension will be a matter for consideration by the investigating manager in conjunction with the HR representative. See Prestige Nursing & Care's Managing Investigations and Suspension Guidelines for further guidance.

A decision to suspend may be taken where:

- A regulatory authority has requested that the Company remove the colleague from the premises.
- The matter is so serious that dismissal for gross misconduct is a real possibility.
- An unhindered investigation needs to take place and it is reasonably considered that the colleague's presence in the workplace would prevent this, for example where there is a reasonable concern that evidence has been or may be tampered with.

- There is any risk to the business and or other employees, customers or clients if the employee remains in work.
- It is considered reasonably necessary in order to protect people or property, including to prevent witnesses from being pressured.

Before a decision to suspend the employee is taken, consideration should be given to alternative options, for example, whether it is possible to temporarily move the colleague to work at another site location.

### **Safeguarding Investigations**

Prestige Nursing & Care must not proceed with any investigation until they have authorisation from the local authority safeguarding team and the Police (where allegations of abuse have been reported to the Police). In some instances, the safeguarding local authority team may decide they will conduct the investigation themselves, so it is imperative that we do not commence the process without authorisation.

The Registered Manager is responsible for ensuring a thorough investigation takes place and should refer to Prestige Nursing & Care's Managing Investigations and Suspension Guidelines.

Enquiries are based on a person-centred approach in which the wellbeing of the victim or alleged victim is the central focus of all the activities involved. In many cases, enquiries will be carried out or led by a member of an external agency in line with the action plan determined by the initial strategy meeting convened by the local SAB or Safeguarding Children Authority.

If a colleague is expected to carry out an enquiry of its own, it will proceed as follows:

1. The appointed investigating officer will usually consult or "have a conversation" with the client who may have been abused/harmed to hear their account of what has occurred and their views about what action should be taken. We will involve the client's relatives, friends, or representatives if that is appropriate and in line with the wishes of the client.
2. In carrying out these enquiries we recognise that we must take into account:
  - The fears and sensitivity of the abused or harmed person.
  - Any risks of intimidation or reprisals.
  - The need to protect and support witnesses.
  - Any confidentiality or data protection issues
  - The possible involvement of other agencies, including the police, local safeguarding team, and the CQC.
  - The obligation to keep the abused/harmed person and in specific instances the alleged perpetrator informed on the progress of the enquiries.

- The mental capacity of the client and any need or wish for them to have support from an independent advocate.
- 3. The appointed investigating officer will assure the client who may have been abused or harmed that they will be taken seriously, that the comments will as far as possible be treated confidentially within any information sharing protocol, that they will be protected from reprisals and intimidation, and that they will be kept informed of actions taken and of the outcome.
- 4. The appointed investigating officer will consider if the client needs independent help or representation, including the services of an independent advocate, in presenting their evidence, which we will help to arrange if possible.
- 5. If the abused or harmed client expressly states a wish that no further action should be taken, the enquirer will consider if:
  - A danger to others exists from not investigating further, for example is the alleged perpetrator is a colleague, then further action will be required.
  - In the light of that assessment, it is possible to follow the person's wishes.
- 6. If it is decided to proceed, the will, as discreetly and confidentially as possible, look into all aspects of the situation. This will take into account how diversity, beliefs and values of people can influence the identification, prevention and response to safeguarding concerns.
- 7. The enquiry will include interviewing the colleagues involved in the incident or circumstances up to that point, hearing and assessing evidence from any others who might be in a position to supply information, exploring every other possible source of evidence, maintaining appropriate contact with any other agencies involved, and if necessary seeking expert advice on any technical aspects of the situation which are outside the knowledge or expertise available within the organisation.
- 8. Any colleagues from whom evidence is taken will be assured that they will be dealt with in a fair and equitable manner and informed of their employment, legal and procedural rights.
- 9. The alleged victim of the abuse or harm, and where appropriate their relatives, friends or representatives, will at all times be kept as fully informed as possible of what is happening regarding the suspected abuse/harm.
- 10. If part of an agreed plan the enquiries should be carried out as quickly as possible and in an agreed timescale and the findings presented to the local safeguarding adults' team, which will then decide what further action to take, e.g. that a safeguarding plan should be developed and implemented.

11. In any case precautionary measures should be taken to protect others from the possibility of abuse from the same source.
12. The person will be informed of what is to happen.

### **Following the enquiry**

For this stage of the safeguarding process the company will apply the following principles and procedures:

1. If it seems from the enquiries that on the balance of probabilities abuse or harm did indeed take place, the manager will, if the abuser is a colleague, initiate and carry through proceedings according to the company's disciplinary policy or, if the abuser is not a colleague, take action to involve other responsible bodies.
2. If abuse or harm is proved against a colleague, the Registered Manager will initiate appropriate action, which most likely will be dismissal and referral to the DBS to prevent them from being employed further in regulated activity.
3. Other employment sanctions could apply depending on whether there might have been mitigating or extenuating circumstances. In some cases, retraining could be appropriate.
4. The client receiving care or representatives will be informed of the outcome of the investigation and any further action and will be consulted about whether any redress or apology would be appropriate and helpful to them in line with the company's duty of candour.
5. The Registered manager will take appropriate steps to inform the DBS for possible inclusion of the person on its barring lists as someone who is unsuitable to work again in regulated activity with at-risk adults and/or children. As well as reporting to any other professional bodies where required, i.e. NMC.
6. At all stages of the process, a careful record will be kept of all actions taken, paying particular attention to the sensitivity of the abused or harmed client.
7. Where relevant to the resolution of the situation, a plan will be drawn up to address the issues with the alleged or known perpetrator(s), particularly if they will be continuing to form part of the victim's life, directly or indirectly.

### **Local authority designated officer (LADO) referral**

All allegations of abuse of a child, where a colleague is the alleged perpetrator must be reported to the relevant local authority's LADO

### **Nurse & Midwifery Council (NMC) referral**

Where the allegations of abuse are against a Registered Nurse, following an investigation, if the allegations are upheld a referral to the NMC should be considered if the concerns included:

- Deliberate harm or prolonged neglect of people who use services.
- Exploiting people who use services for financial or personal gain or engaging in relationships with patients in breach of guidance on clear sexual boundaries.
- Serious dishonesty, such as covering up mistakes, deliberately falsifying records, deliberately obstructing investigations, bullying colleagues who want to raise a concern, or otherwise engaging in activity that is intended to suppress openness about the safety of care.
- Deliberately using false qualifications or a false picture of employment history which hides patient safety incidents or restrictions on practice.
- Serious criminal activity, even when not related to care, such as sexual assault, child abuse, or using child pornography.

### **DBS referral**

Any safeguarding concern that is investigated and where there is belief that a colleague has caused harm or poses a future risk of harm to vulnerable groups then a referral to the DBS must be made, see supporting document supporting document 03 Disclosure and Barring Service (DBS) referral criteria for further information.

### **Nurse & Midwifery Council (NMC) referral**

Where the allegations of abuse are against a Registered Nurse, following an investigation, if the allegations are upheld a referral to the NMC should be considered if the concerns included:

- Deliberate harm or prolonged neglect of people who use services.
- Exploiting people who use services for financial or personal gain or engaging in relationships with patients in breach of guidance on clear sexual boundaries.
- Serious dishonesty, such as covering up mistakes, deliberately falsifying records, deliberately obstructing investigations, bullying colleagues who want to raise a concern, or otherwise engaging in activity that is intended to suppress openness about the safety of care.
- Deliberately using false qualifications or a false picture of employment history which hides patient safety incidents or restrictions on practice.
- Serious criminal activity, even when not related to care, such as sexual assault, child abuse, or using child pornography.

- Being directly responsible (such as through managing a service or setting) for exposing patients or people who use services to harm or neglect - especially where the evidence shows the individual put their own priorities, or those of the organisation they work for, before the safety and dignity of people who use services.

All referrals to the NMC must be agreed by Prestige Nursing & Care's Managing Director and Chief Operating Officer.

## **TRAINING**

It is a mandatory requirement for all colleagues working for Prestige Nursing & Care to undertake safeguarding training, in line with Skills for Care guidance. The frequency and the different levels will depend on job role and can be found in the Learning & Development policy.

### **Safeguarding Supervision**

Prestige Nursing & Care is committed to ensuring all colleagues receive safeguarding supervision. Safeguarding supervision is an opportunity for support, challenge and learning around safeguarding cases.

Safeguarding supervision is complementary to, but separate from, managerial supervision, which is about monitoring and appraising the performance of Colleagues.

These are examples of where safeguarding supervision takes place:

- One-to-ones
- Case discussions
- Work reviews

Effective supervision can help to:

- Promote and develop competence and skill in safeguarding practice.
- Maintain a focus on the client.
- Avoid the potential for 'drift'/delay.
- Provide an opportunity for exploring professional difference and challenging fixed views.
- Review the evidence-base for agreed actions and decisions.
- Address the emotional impact of the work.

Prestige Nursing & Care will ensure therefore that:

- Safeguarding supervision will be provided by an experienced supervisor who has undertaken appropriate training.
- There is protected time.
- That a written record of supervision is kept.
- That any concerns raised at supervision will be escalated if required.

## **ASSOCIATED DOCUMENTS & LEGISLATION**

### **Associated documents**

Prestige Nursing & Care IMS Guidance

Prestige Nursing & Care Consent to Care & Treatment  
Prestige Nursing & Care Domestic Violence and Sexual abuse policy.  
Prestige Nursing & Care Safeguarding Adults from Abuse England.  
Prestige Nursing & Care Onboarding Policy.  
Prestige Nursing & Care Whistleblowing policy.  
Prestige Nursing & Care Mental Capacity Policy.  
Prestige Nursing & Care DBS policy.  
Prestige Nursing & Care's Managing Investigations and Suspension Guidelines.  
Prestige Nursing & Care's Learning & Development Policy.

### **Supporting Document**

Disclosure and Barring Service (DBS) referral criteria. HM Government  
Information Sharing – 7 Golden Rules  
The Eight Caldicott Principles

**The Childrens Acts 1989 and 2004** defines a child as anyone who has not yet reached their 18th birthday. The fact that the child has reached 16 years of age, is living independently or in further education, is a member of the armed forces, is in hospital or in custody in secure estate for children and young people, does not change his/her status or entitlements to services or protection under the Children Act, 1989.

**Children and Social Work Act 2017** Health organisations have a duty to cooperate with social services under section 27 of the Children Act 1989. These pieces of legislation deal with parental responsibility and the threshold for state intervention in family life to protect children.

**Safeguarding Vulnerable Groups Act 2006** was passed to help avoid harm, or risk of harm, by preventing people who are deemed unsuitable to work with children and vulnerable adults from gaining access to them through their work. The Independent Safeguarding Authority was established as a result of this Act. On 1 December 2012 the Criminal Records Bureau and Independent Safeguarding Authority merged to become the [Disclosure and Barring Service](#) (DBS). Organisations with responsibility for providing services or personnel to vulnerable groups have a legal obligation to refer relevant information to the service.

**Children and Young Persons Act 2008** The purpose of the Act is to extend the statutory framework for children in care in England and Wales and to ensure that such young people receive high quality care and services which are focused on and tailored to their needs. It will be for the Secretary of State for Children, in conjunction with other relevant ministers, to decide how and when the provisions are enacted. The Act endeavours to improve the stability of placements and improve the educational experience and attainment of young people in local authority care or those about to leave care. The implications for local authorities are far reaching in terms of their developing appropriate policies, but most importantly in the implementation of their plans. For the good intentions of the Act to be

achieved, it is beyond question that additional financial and human resources will be needed.

**Equality Act 2010** The Act provides a legal framework to protect the rights of individuals and advance equality of opportunity for all. It provides Britain with a discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

**Children and Families Act 2014** brings together lots of different areas of law that affect children, especially vulnerable children, and codifies how they are protected in law.

### **Other relevant legislation**

The United Kingdom has ratified the **United Nations** conventions and the right of the child (UNCRC). This convention affords children the right to be protected from, 'all forms of physical or mental violence, injury of abuse, neglect or negligent treatment, maltreatment or exploitation including sexual abuse, while in the care of parents, legal guardians or any other person who has the care of the child.' In addition, it gives children the right to good quality healthcare and the right to say what they think should happen to them and have their opinions taken into account.

**Working together to safeguard children** (HM Government 2023), is a key piece of statutory guidance coordinating interagency working. It is statutory guidance produced by the government which outlines how practitioners working with children, young people and families should work together to ensure that that child or young person remains safe from harm.

**The counter terrorism and Security Act 2015** contains the duty of specified authorities in England Wales and Scotland to have due regard to the need to prevent people from being drawn into terrorism.

### **SOURCES OF FURTHER INFORMATION**

[Statistics briefing: child deaths due to abuse or neglect \(nspcc.org.uk\)](https://www.nspcc.org.uk)

[Understanding trauma and adversity | Resources | YoungMinds](#)

[https://www.gov.uk/government/organisations/disclosure-and-barring-](https://www.gov.uk/government/organisations/disclosure-and-barring-service)

[service](#) [Gillick competence and Fraser guidelines | NSPCC](#)

[Learning](#)

[Regulation 13: Safeguarding service users from abuse and improper treatment - Care Quality Commission](#)

[Allegations of abuse \(safeguarding\) - notification form - Care Quality Commission \(cqc.org.uk\)](#)

[Comprehensive child safety guide |](#)

[NSPCC UK GDPR guidance and](#)

[resources | ICO](#) [Karma Nirvana](#) -

Honour based abuse charity.

[Raise a concern as an employer - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk) [Safeguarding children - SCIE](#)

[Action Counters Terrorism \(ACT\): Report suspicious activity |](#)

[ProtectUK Get help for radicalisation concerns - GOV.UK \(www.gov.uk\)](#)

[Online Radicalisation - Get Safe Online](#) Expert tips on keeping everyone safe online.

[Radicalisation on the internet | ACT Early](#) Tips for safe use of the internet and talking to someone about safe internet usage.

## REVIEW SCHEDULE

This policy will be reviewed a minimum annually, or sooner if any legislation changes.

Version	Date	Changes by	Approved by	Updated from previous Version
V3	02/12/2024	S.Holliday	SH and SG	New template -formatted. Honour based crime info added. DBS, NMC further guidance Re-format roles and responsibilities Caldicott principles Challenging safeguarding in PNC. PIPOT. Aligned more to adults' policy in terms of where there are shared processes.
V4	31/12/2025	SG	SH	How clients and their representatives raise concerns. DSL for children changed to COO. Aligned to franchise policy.