**Safeguarding Adults and Children Policy**

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**All Physiofit staff, employed and Self-employed, temporary, agency and contractors must adhere to all Physiofit policies and procedures.**

**The term staff refers to all people “working” at a Physiofit site**

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# Introduction

## Policy statement

The purpose of this document is to set out the requirements for Physiofit Limited to take the appropriate actions for safeguarding children, young people, and adults at risk of harm or abuse. This organisation adopts a zero-tolerance approach to abuse, ensuring that there are robust procedures in place for the effective management of any safeguarding matters raised.

## Training and support

The organisation will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers to enable them to deal more effectively with matters arising from this policy.

# Definition of terms

## Safeguarding

Safeguarding means protecting people’s health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. It is fundamental to high-quality health and social care.

## Physical abuse (children)

Physical abuse can involve any of the following: burning or scalding, drowning, suffocating, hitting, shaking, throwing, poisoning or other means of causing physical harm to a child.

## Emotional abuse (children)

Emotional abuse is the constant emotional mistreatment of a child, the intention of which is to cause significant adverse effects on the emotional development of the child. Emotional abuse also includes overprotection and the restriction of a child learning or partaking in normal social interaction.

## Sexual abuse (children)

Sexual abuse is the enticement or forcing of a child/young person to participate in sexual activities. This involves penetration or non-penetrative acts, physical contact or non-contact activities such as the encouraging of a child or young person to watch sexually inappropriate content.

## Sexual exploitation (children)

Child sexual exploitation (CSE) occurs when an individual takes sexual advantage of a child or young person (anyone under the age of 18) for his or her own benefit.

Power is developed over the child or young person through threats, bribes, violence and humiliation or by telling the child or young person that he or she is loved by the exploiter. This power is then used to induce the child or young person to take part in sexual activity.

## Neglect (children)

Neglect is the continued failure to ensure that a child’s physical and psychological needs are met, resulting in significant impairment of the development of the child.

Examples of neglect include failing to provide adequate supervision, failing to respond to emotional needs, a lack of protection (from emotional or physical harm), failing to provide clothing, accommodation and food. [Drug and alcohol misuse](https://greatermanchesterscb.proceduresonline.com/chapters/p_ch_alcohol_substance.html) is a factor in a significant number of children in need and child protection cases.

## Child criminal exploitation (children)

Child criminal exploitation (CCE) occurs when an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears to be consensual. CCE does not always involve physical contact; it can also occur through the use of technology.

## County lines

County lines is a term used to describe gangs, groups or drug networks that supply drugs from urban to suburban areas across the country, including market and coastal towns, using dedicated mobile phone lines or ‘deal lines’. It involves exploiting children and vulnerable adults to move drugs and money to and from the urban area and to store the drugs in local markets. It involves intimidation, violence and the use of weapons including knives, corrosives and firearms.

## Physical abuse (adult)

Physical abuse can involve any of the following: burning, scalding or exposure to extreme temperatures (hot and cold), shaking, hitting, pushing, pinching, inappropriate restraint, inappropriate use of medication, female genital mutilation and deprivation of liberty.

## Emotional abuse (adult)

Emotional abuse is behaviour that has a detrimental effect on the individual’s emotional wellbeing and may result in distress, e.g., bullying, verbal abuse, intimidation, isolation, over-protection or a restriction or withdrawal of an individual’s human and/or civil rights.

## Sexual abuse (adult)

Sexual abuse includes sexual exploitation, including the involvement of an adult in a sexual activity they have not consented to, the encouragement to watch any form of sexual activity, coercion into any form of sexual activity or the involvement of the adult in such scenarios when they lack the capacity to consent.

## Neglect (adult)

Neglect has two forms; it can be intentional or unintentional and it results in the needs of the individual not being met. Examples of intentional neglect include failure to provide the required level of care, preventing care from being administered, failure to provide access to services such as health and social care, education and other support services.

Unintentional neglect may include a failure to provide the at-risk individual with the necessary level of care as the responsible person (e.g., the carer) fails to understand the needs of the individual.

## Self-neglect (adult)

Self-neglect includes a lack of self-care, a lack of care of one’s environment and the refusal of services that would reduce the risk of harm. Self-neglect may occur because the individual is unable to care for or manage themselves, they are unwilling to manage themselves, or both.

## Discriminatory abuse (adult)

Discriminatory abuse occurs when values, beliefs or culture result in a misuse of power, causing denied opportunities. Motivating factors include age, gender, sexuality, disability, religion, class, culture, language, race or ethnic origin.

## Institutional abuse (adult)

Institutional abuse refers to a lack of respect in a health or care setting which involves routines that meet the needs of staff as opposed to the needs of the individual at risk and violate the individual’s dignity and human rights.

## Financial abuse (adult)

Financial abuse is the use of an individual’s funds, property, assets, income or other resources without their informed consent or authorisation. This is a crime. Financial abuse includes theft, fraud, exploitation, misuse of benefits or the misappropriation of property, inheritance or financial transactions.

## Modern slavery (adult)

This includes slavery, human trafficking, servitude and forced labour. Individuals are coerced, deceived and forced into a life of abusive and inhumane treatment.

Further information and guidance can be found in the Modern Slavery and Human Trafficking Guidance document.

## Forced marriage (adult or child)

A forced marriage became illegal in June 2014 under the [Anti-social Behaviour Crime and Policing Act 2014](https://www.legislation.gov.uk/ukpga/2014/12/contents/enacted) and it is a form of domestic abuse. It is primarily against women, although not exclusively, and most cases involve females aged between 13 and 30.

Forced marriage is a marriage conducted without the consent of one or both parties or where consent is obtained under duress and is markedly different from an arranged marriage in which the individuals retain free will and have the choice to accept the arrangement.

In forced marriage, perpetrators use physical, sexual, psychological or financial abuse to pressurise people to marry against their will.

Rubie’s story can be heard in [this](https://www.youtube.com/watch?v=hObICnCK-Fc) YouTube video clip by the University of Derby.

## Honour-based violence (adult or child)

This term is used to describe violent or threatening behaviour which is committed to protect or defend perceived cultural beliefs or the honour of the family.

Honour-based violence is not acceptable behaviour and is illegal. Some of those that commit this crime mistakenly believe someone has brought shame on their family or community that compromises their traditional beliefs or culture.

Further advice can be found in [this](https://www.youtube.com/watch?v=kHHxF6ahxEg) YouTube video clip by the charity Karma Nirvana.

## Female genital mutilation

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

# Policy

## Overview

The safeguarding of children, young people and adults at risk is crucial for all staff working at Physiofit Limited. It is essential that all staff are continually aware of their responsibilities to detect individuals at risk, provide the necessary support to those affected by safeguarding issues and ensure a high-quality service, including the appropriate sharing of information.

## Organisation statement

Physiofit limited recognises that all children, young people, and adults at risk have a right to protection from abuse and neglect and the organisation accepts its responsibility to safeguard the welfare of such persons with whom staff may come into contact.

We will respond quickly and appropriately where information requests are made, abuse is suspected, or allegations are made in relation to children, young people, or adults at risk. Furthermore, we will give children, young people, their parents, and adults at risk the chance to raise concerns over their own care or the care of others and have in place a system for managing, escalating, and reviewing concerns.

The organisation will ensure that all staff are given the appropriate safeguarding training, proportionate to their role, and that they attend annual refresher training. New members of staff will receive safeguarding training as part of their induction programme.

Safeguarding responsibilities will be clearly defined in job descriptions and there are nominated leads for safeguarding adults and children.

## Principles of safeguarding

It is possible that our clinicians may be the individual who identifies a child, young person, or adult as being at risk.

It is therefore essential that clinicians act appropriately and in a timely manner to reduce the risk of long-term abuse, in accordance with the six principles of safeguarding:

|  |
| --- |
| **The six principles of safeguarding** |
| 1 | Empowerment | People being supported and encouraged to make their own decisions and informed consent |
| 2 | Prevention | It is better to act before harm occurs |
| 3 | Proportionality | The least intrusive response appropriate to the risk presented |
| 4 | Protection | Support and representation for those in greatest need |
| 5 | Partnership | Local solutions through services working collaboratively |
| 6 | Accountability | Accountability and transparency in safeguarding practice |

The organisation supports the safeguarding principles by ensuring that:

* There is a safe recruitment procedure in place, including the effective use of the Disclosure Barring Service (DBS)
* Clear lines of accountability exist within the organisation for safeguarding
* All staff are aware of the safe whistleblowing process
* All staff understand the requirement to work in an open and transparent way
* All patients are treated with dignity and respect regardless of culture, disability, gender, age, language, racial origin, religion, or sexuality
* All staff adhere to the guidance in this policy
* All staff effectively interact with the relevant agencies, sharing information appropriately
* All staff who work with children, young people and adults at risk are responsible for their own actions and behaviour and should avoid conduct that may lead another responsible person to question their motivation and/or intentions

## Mental capacity

The [Mental Capacity Act (MCA) 2005](https://www.legislation.gov.uk/ukpga/2005/9/contents) offers a framework that details the rights of individuals should capacity be questioned. The principles of the MCA must be adhered to and are applicable to safeguarding.

Should an individual at risk opt to remain in an abusive situation, it is essential that they choose to do so without duress or undue influence and are acutely aware of the risks they may encounter. Should it transpire that the individual has been threatened or coerced, safeguarding interventions must override their decision to ensure that the safety of the individual is protected.

NICE have published [guidance](https://www.nice.org.uk/guidance/ng108/resources/decisionmaking-and-mental-capacity-pdf-66141544670917) to assessing mental capacity together with an interactive decision making toolkit. The pathway covers a wide breadth of scenarios for practitioners to utilise including executive decisions in cases such as traumatic brain injury when capacity is more difficult to establish.

## Deprivation of liberty

In addition to the MCA 2005, the organisation will determine if a person is deemed to have been deprived of their liberty as detailed in the MCA 2005 Deprivation of Liberty Safeguards, published in 2009.

Where it is suspected that the deprivation is unlawful, the organisation will report this to the local authority within 48 hours. Additionally, the local authority has the legal power to sanction and issue a Deprivation of Liberty Safeguard Order should it be deemed necessary to restrict the freedom of an individual if it is in their best interest.

## CONTEST and PREVENT

In 2011, the government introduced the PREVENT strategy as part of the counter-terrorism strategy, CONTEST. The purpose of PREVENT is to stop individuals becoming involved in terrorism. This includes violent and non-violent extremism which can create an atmosphere conducive to terrorism.

It is possible that staff will meet and treat people who are at risk of being drawn into terrorism, including supporting violent or non-violent extremism or being susceptible to radicalisation. If a member of staff suspects that an individual is at risk, they should speak to the organisation’s clinical safeguarding lead or, in his/her absence, to the deputy clinical safeguarding lead.

It may be necessary to contact the regional PREVENT coordinator (RPC) at Cheshire CCG for further guidance.

## Responsibilities

**Clive Riley (CR)** is the clinical safeguarding lead within the organisation.

**Ryszard Buk (RB**) is the deputy clinical safeguarding lead within the organisation.

**CR** is the PREVENT lead within the organisation.

**Jane Fleet Jones** **(JFJ)** is the administrative safeguarding lead.

The clinical safeguarding lead and deputy are responsible for all aspects of the safeguarding procedures at Physiofit limited.

Staff with any safeguarding concerns must advise one of the above members of staff immediately, they will follow the process in Appendix F

## Female genital mutilation (FGM)

FGM has been illegal in the UK since 1985. The [Serious Crime Act 2015](http://www.legislation.gov.uk/ukpga/2015/9/contents/enacted) strengthened legislation by adding extra requirements for health care professionals to report FGM.

The Act details that:

* It grants lifelong anonymity to alleged FGM victims
* It is an offence for parents to fail to protect their child from FGM
* FGM Protection Orders can be introduced to prevent potential victims from travelling abroad
* It is a mandatory reporting duty for nurses, midwives, doctors, social workers and teachers to report to the police whenever they observe physical signs of FGM on a person under the age of 18 or where a girl tells them it has been carried out on her
* It is an offence for FGM to be committed abroad against UK residents.

In addition to the requirements of the Serious Crime Act, it is now mandatory for all GP practices and Acute and Mental Health Trusts to [submit FGM data to NHS Digital](https://www.gov.uk/government/publications/fgm-enhanced-dataset-guidance-on-nhs-staff-responsibilities). Under 18s who may be at risk of FGM should be referred using standard existing safeguarding procedures, usually to children’s services.

The following SNOMED CT[[1]](#footnote-2) codes should be used for FGM:

|  |  |
| --- | --- |
| **Heading** | **Code** |
| Female genital cutting | 429744008 |
| Discussion about female genital mutilation | 713255007 |
| Family history of female genital mutilation | 902961000000107 |
| Discussion about female genital mutilation with carer | 932301000000101 |

Further detailed information can be sought in the [Clinical guidance document – FGM](https://practiceindex.co.uk/gp/forum/resources/clinical-guidance-document-fgm.1119/) and [GP Mythbuster 80: Female genital mutilation (FGM)](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-80-female-genital-mutilation-fgm).

## Regional and national support information

As detailed in the flowchart in Annex G

## Organisations’ safeguarding responsibilities

Physiofit limited will

1. Demonstrate the understanding of the definition of both adults and children at risk and the types of abuse they may be subject to
2. Sufficient priority is given to safeguarding and staff take a proactive approach to prevention and early identification
3. Take steps to protect vulnerable adults, children, and young people where there are known risks and to respond appropriately to any signs or allegations of abuse
4. Work effectively with other organisations to implement protection plans and comply with accepted national guidance on staff competencies in line with their role
5. There is an active and appropriate engagement in local safeguarding procedures and effective work with other relevant organisations and incidences of abuse or potential abuse are referred to local authority safeguarding teams
6. Systems, processes, policies, procedures and training to help ensure children and adults who use services are safeguarded from the risk of or actual abuse and neglect are put in place and operate effectively
7. Any shortcomings found in safeguarding practice in their service to help reduce risks to people who use the service and to learn and apply learning from any safeguarding incident are remedied
8. Use flow chart in Appendix F with regard to notification of safeguarding incidents in accordance with regulations by completion of a statutory notification at the time the abuse is identified.
9. For FGM considerations, organisations are to consider how staff are supported to fulfil the legislative requirements and how to refer women and girls for the subsequent physical and psychological consequences.

# Adults’ indicators of abuse

The following are indicators of abuse in adults at risk:

## Physical abuse (adult)

Possible indicators for physical abuse may include:

* Unexplained injuries or injuries inconsistent with the person’s lifestyle
* Inconsistent history or a changing history
* Bruising, burns, marks, regular injuries
* Unexplained falls
* Changes in behaviour or low self-esteem
* A delay or failure in seeking medical support
* Signs of malnutrition

## Emotional abuse (adult)

Possible indicators of emotional abuse:

* Low self-esteem
* Uncooperative and/or aggressive behaviour
* Resentment, anger, distress
* Insomnia
* False claims to attract unnecessary treatment
* Behavioural changes when in the presence of a particular person

## Sexual abuse (adult)

Possible indicators of sexual abuse include:

* Bruising to thighs, buttocks, upper arms and marks on the neck
* Torn, soiled or bloodied undergarments
* Genital pain, itching or bleeding
* Difficulty in walking or sitting
* Presence of foreign bodies
* Sexually transmitted diseases
* Pregnancy in women who are unable to consent to sexual intercourse
* Fear of help with personal care
* Reluctance to be alone with a particular person

## Neglect (adult)

Possible indicators of neglect:

* Dirty, unhygienic living space
* Poor personal hygiene
* Pressure sores, ulcers
* Insufficient or inadequate clothing
* Untreated injuries
* Malnutrition
* Failure to engage with social groups
* Failure to bring to booked appointments

## Self-neglect (adult)

Possible indicators of self-neglect:

* Unkempt appearance
* Unable or unwilling to take medication
* Extremely poor personal hygiene
* Lack of essentials (food and/or clothing)
* [Hoarding](https://www.manchestersafeguardingpartnership.co.uk/resource/self-neglect-advice-for-all/)
* Living in unacceptable conditions
* Malnutrition and dehydration

## Discriminatory abuse (adult)

Possible indicators of discriminatory abuse:

* Withdrawn appearance
* Expressions of anger, frustration, anxiety or fear
* Poor support that does not meet the needs of the individual

## Institutional abuse (adult)

Possible indicators of institutional abuse:

* Poor record-keeping and standards of care
* Lack of flexibility, procedures, management and support
* Inadequate staffing levels, recreational and educational activities
* Lack of choice
* Dehydration, hunger, lack of personal clothing and possessions
* Unnecessary exposure during bathing or when using the lavatory
* Lack of confidentiality
* Lack of visitors

## Financial abuse (adult)

Possible indicators of financial abuse:

* Unexplained withdrawals from accounts
* Lack of available funds
* Missing personal possessions
* Rent arrears and/or eviction notice
* Unnecessary maintenance
* Lack of receipts for financial transactions
* Persons showing an unusual interest in an individual’s assets
* Lack of food etc.

## Modern slavery (adult)

Possible indicators of modern slavery:

* Isolation
* Malnutrition
* Unkempt appearance
* Always wearing the same clothes
* Lack of personal possessions
* Unable to prove identity, i.e., lack of documentation
* Signs of physical or emotional abuse

## Forced marriage (adult or child)

This crime remains largely under-reported as many victims are too frightened to come forward for fear of the repercussions on their families.

## Honour based violence (adult or child)

Possible indicators of honour-based violence may include:

* Lengthy or repeated absence from school, a decline in their academic performance
* Depression, anxiety, self-harm, substance misuse, suicidal thoughts
* Poor attendance at work or a drop in performance
* Non-attendance at events outside of the normal working environment
* Restrictions on friends
* Disapproval of adopting a different style (or ‘western’) type of clothing and/or the wearing of make-up

Honour-based violence encompasses a range of offences including murder, rape, assault, abduction and domestic abuse. Both men and women are at risk

## County lines (adult)

Possible indicators of county lines involvement include:

* Becoming more secretive, aggressive or violent
* Meeting with unfamiliar people
* Persistently going missing from their home or local area
* Leaving home without an explanation or staying out unusually late
* Loss of interest in work and a decline in performance
* Suspicion of physical assault or unexplained injuries
* Using language relating to drug dealing, violence or gangs
* Carrying a weapon
* Association with a gang
* Becoming isolated from peers and social networks
* Having a friendship or relationship with someone who appears controlling
* Using drugs, especially if their drug use has increased
* Unexplained acquisition of money, drugs or mobile phones

# Children’s indicators of abuse

The following are common presentations in which abuse may be suspected in a child or young person:

## Physical abuse (child)

Possible indicators of physical abuse:

* Bruises, burns, scalds, bite marks, fractures and other injuries
* Admission by the child or young person
* Unwillingness to change into PE kit at school
* Physical signs and symptoms that could be attributed to any category of abuse and/or are inconsistent with the history given
* An inconsistent history or one that changes over a period of time
* A delay in seeking medical support
* Extreme or worrying behaviour
* Self-harm
* An accumulation of minor incidents, including repeated attendance at A&E
* Repeated attendance of a baby under 12 months of age
* Bruising or injury to a child under 24 months of age

## Emotional abuse (child)

Possible indicators of emotional abuse:

* Overly affectionate towards strangers
* Anxious or showing a lack of confidence or appears clingy
* Inappropriate language or subjects for their age
* Extreme outbursts or very strong emotions
* Showing isolation from parents or carers
* Lack of social skills or have very few friends
* Bed-wetting
* Poor attendance at school
* Insomnia

## Sexual abuse (child)

Possible indicators of sexual abuse:

* Avoidance of spending time alone with certain individuals
* Fear or unwillingness to socialise with certain persons
* Use of sexual language or knowing information that would not usually be expected
* Vaginal or anal soreness and/or discharge
* Sexually transmitted infections
* Young girls or girls with learning difficulties or a disability requesting contraception, especially emergency contraception
* Girls under 16 presenting with pregnancy and/or sexually transmitted infections, especially those with learning difficulties, long-term illness or complex needs or disability
* Promiscuity
* Having unexplained physical injuries
* Association with groups of older people or antisocial groups

## Neglect (child)

Possible indicators of neglect:

* Poor appearance and hygiene
* Inadequate clothing
* Hunger or lack of money for school meals
* Untreated nappy rash in infants
* Untreated injuries, conditions and dental cases
* Recurring illness or infection
* Tiredness
* Evidence of skin sores, rashes, flea bites, scabies or ringworm
* Left alone at home for prolonged periods
* Living in unsuitable environments, e.g., no heating or hot water
* Caring for others in the home, e.g., siblings
* Failure to bring to appointments (WNB)

## County line

Possible indicators of county lines involvement include:

* Persistently going missing from school or home and/or being found out of area
* Unexplained acquisition of money, clothes or mobile phones
* Excessive receipt of texts/phone calls
* Relationships with controlling/older individuals or groups
* Leaving home/care without explanation
* Suspicion of physical assault/unexplained injuries
* Parental concerns
* Carrying weapons
* Significant decline in school results/performance
* Gang association or isolation from peers or social networks
* Self-harm or significant changes in emotional wellbeing

## Unborn child

Pregnancy can create circumstances and influences for both parents which need to be understood by all professionals who come into contact with these families.

These include where:

Previous children in the family have been removed because they have suffered harm

Concerns exist regarding the mother's ability to protect

There are concerns regarding domestic violence and abuse

A parent or other adult in the household, or regular visitor, has been identified as posing a risk to children

A child in the household is the subject of a [Child Protection Plan](http://trixresources.proceduresonline.com/nat_key/keywords/child_protection_plan.html)

A sibling has previously been removed from the household either temporarily or by court order

Either parent is a [Looked After Child](http://trixresources.proceduresonline.com/nat_key/keywords/looked_after_child.html) or are known to children’s social care

Any other concerns exist that the baby may be at risk of significant harm including a parent previously suspected of fabricating or inducing illness in a child or harming a child

A child aged under 16 and found to be pregnant

Either or both parents have mental health problems

Either or both parents have a learning disability

Either or both parents are under 18 years

Either or both parents abuse substances, alcohol or drugs

If the pregnancy is denied or concealed

Greater Manchester Safeguarding Board has developed a [toolkit](https://greatermanchesterscb.proceduresonline.com/chapters/p_pre_birth_assess_app_a.html) for assessing the safety of the unborn child and this can be found within their [procedures manual](https://greatermanchesterscb.proceduresonline.com/chapters/contents.html).

# Actions to be taken if staff have concerns

## General

Should any member of staff have cause for concern, they are to report these to the following and in this order:

1. Clive Riley (safeguarding lead)
2. In his absence, Ryszard Buk (deputy safeguarding lead) should be appraised
3. In the absence of one or both leads, the senior clinician present must raise the matter with the local safeguarding tea, use Annex G flowchart for contact details. In emergency cases, a decision is to be made about contacting the police or social services
4. In all instances of safeguarding concerns, Jane fleet Jones is to be updated to ensure that they can effectively respond to any external interested parties

## Adult at risk – action to be taken

When it is suspected that an adult at risk is suffering from abuse, staff are to:

* Remain focused
* Act in a non-judgemental manner
* Offer support, empathy and remain engaged with the individual
* Reassure the individual throughout the consultation
* Ensure that all information is recorded accurately
* Secure any evidence where possible
* Ensure that they do not give the adult at risk any promises or press them for further information

## Child at risk – action to be taken

When it is suspected that a child or young person is suffering from abuse, staff are to:

* Remain focused
* Reassure the child, explaining to them that they have done the right thing and they are not to blame
* Offer support, empathy and remain engaged with the child/young person
* Explain what you need to do next
* Ensure that all information is recorded accurately, paying particular attention to dates and times of events
* Do not ask leading questions or promise confidentiality

## Risks to the child following parents separating

Occasionally, there may be a request from a single parent that suggests that the other parent must not be allowed to access the child’s medical records, or even not have any involvement in the medical care of that child(ren)

In all situations this organisation will do what is in the best interest of the child and this may involve discussing any concerns with the safeguarding lead should any staff member believe that the parents do not have best interests of the child(ren) in mind.

## Other matters to be considered

Staff must ensure that they stay calm and liaise with the clinical safeguarding lead or nominated deputy to make certain the child, young person or adult at risk is offered the most appropriate level of care. Concerns must be discussed immediately, and an action plan devised. The process to be followed for all safeguarding issues is in Appendix F.

Staff must understand that there are circumstances where a safeguarding alert may be made without consent, e.g., circumstances involving other at-risk groups or where a crime may have been committed. Disclosing this information is referred to as a public interest disclosure to share information

##  Raising an alert

When it is necessary to raise an alert, a risk assessment should be undertaken to prevent further risk of harm to the child, young person or adult at risk. The initial assessment should consider:

* Whether the individual is still at risk if they return to the place where the abuse is alleged or suspected to have taken place
* The extent of harm that is likely to occur if the child, young person or adult at risk encounters the person who is alleged to have caused harm
* Whether the alleged person still has access to the child, young person or adult at risk

The process to be followed for all safeguarding issues is in Appendix F.

##  Record-keeping

The process to be followed for all safeguarding issues is in Appendix F.

##  Sharing of information

The sharing of information is essential in establishing early intervention and the protection of children, young people, and adults at risk. Clinicians must understand the need to share information when it should be shared and how they share the information.

Where possible, consent is to be obtained. However, the safety of the individual is paramount and where concern exists or individuals are deemed to be at risk from significant harm, then this is to be considered as the determining factor and information should be shared. Where doubt exists, the organisation’s safeguarding lead or nominated deputy should be approached for advice.

There are seven golden rules to sharing information. They are:

1. Remember that the [Data Protection Act 2018](https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted), Chapter 2 of this Act, the UK General Data Protection Regulation (UK GDPR) and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (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 from other practitioners or your information governance lead if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Whenever possible, share information with consent and, if possible, respect the wishes of those who do not consent to share confidential information. Under Data Protection Act 2018, you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and wellbeing: base your information-sharing decisions on considerations of the safety and wellbeing of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, 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 individuals who need to have it, is accurate and up to date, is shared in a timely fashion and is shared securely (see principles).
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.

## Parental responsibility

It should be noted that each parent has parental responsibility and, as such, anyone with parental responsibility for a child has a right to seek access to that child's medical records. **Parents do not lose parental responsibility if they divorce**. However, this can be restricted by the court.

Parental responsibility is defined in the [Children Act 1989](https://www.legislation.gov.uk/ukpga/1989/41/contents) as 'all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to [Childcare Act 2006](https://www.legislation.gov.uk/ukpga/2006/21/schedule/2/crossheading/children-act-1989-c-41)’ and is as follows:

* Birth mothers automatically have parental responsibility, as do married fathers. However, in both cases, this can be removed by the court
* When the father is not married to the child's mother, his parental responsibility will depend on when the child was born and those that are named upon on the birth certificate.

These named fathers automatically have parental responsibility if the child was born on or after:

* + 1 December 2003 in England and Wales
	+ 4 May 2006 in Scotland
	+ 15 April 2002 in Northern Ireland
* Unmarried fathers who are not named on the birth certificate do not have automatic parental responsibility. However, they can acquire parental responsibility if they obtain a Parental Responsibility Agreement from the child's mother, or a Parental Responsibility Order from the court
* Step-parents and civil partners can acquire parental responsibility in the same way as unmarried fathers
* If a child is adopted, the birth parents will lose parental responsibility for their child, and with any child in care, the representatives of the local authority will have parental responsibility for that child

# Other safeguarding related matters

##  Confidentiality

There may be, on occasion, a requirement to restrict access to an individual’s healthcare record to only certain members of the clinical team. Care must be taken to ensure that the child, young person, or adult at risk does not suffer embarrassment or humiliation.

Staff are reminded that they must not promise to “keep secrets” as there will be a requirement to share the information given by the individual.

**7.2 Requests for Information**

At Physiofit limited, all requests for information which relate to any safeguarding matters are to be directed to the administration safeguarding lead who will discuss the request with the organisation’s safeguarding lead or nominated deputy.

Requests are to be processed within 48 hours and, if this is not possible, the requesting authority is to be contacted and advised why and when they can expect the response.

# Training

##  Training overview

This organisation is committed to having arrangements in place to ensure that all staff are trained effectively and to the level required commensurate with their role.

|  |  |
| --- | --- |
| Level of training | Staff requirements |
| 1 | All admin staff |
| 2 | Minimum level required for non-clinical and clinical staff who, within their role, have contact with children and young people, parents/carers or adults who may pose a risk to children |
| 3 | All clinical staff working with children, young people, their parents or carers and any adult who could pose a risk to children, who could potentially contribute to the assessing of, planning, intervening in and evaluating the needs of a child or young person and parenting capacityNote: This includes practice nurses |
| 4 | Named professionals |
| 5 | Designated professionals |

##

##  Safer recruitment

Physiofit limited will ensure that the appropriate pre-employment checks are carried out prior to any individual commencing work at the organisation. Physiofit limited will mirror the six NHS Employment Check Standards which are:

1. [Identity Checks](https://www.nhsemployers.org/your-workforce/recruit/employment-checks/identity-checks)
2. [Employment history and reference checks](https://www.nhsemployers.org/your-workforce/recruit/employment-checks/employment-history-and-reference-checks)
3. [Work health assessments](https://www.nhsemployers.org/your-workforce/recruit/employment-checks/work-health-assessments)
4. [Professional registration and qualification checks](https://www.nhsemployers.org/your-workforce/recruit/employment-checks/professional-registration-and-qualification-checks)
5. [Right to work checks](https://www.nhsemployers.org/your-workforce/recruit/employment-checks/right-to-work-checks)
6. [Criminal record checks](https://www.nhsemployers.org/your-workforce/recruit/employment-checks/criminal-record-check)

All checks will be conducted by Hilary Scott Business Manager before staff are recruited into positions at Physiofit limited. Applicants will be required to undergo an enhanced DBS check.

It is acknowledged that the management team at Physiofit limited has a legal duty to refer information to the DBS if any employee has harmed, or is deemed to be a risk of harm, to children, young people, or adults at risk.

Additional information is contained in the [DBS Policy](https://practiceindex.co.uk/gp/forum/resources/dbs-policy.1469/) and [Recruitment Policy and Procedure](https://practiceindex.co.uk/gp/forum/resources/recruitment-policy-and-procedure.1206/).

##  Whistleblowing

All staff can raise any concerns they may have about a colleague’s behaviour in confidence.

Refer to Physiofit’s Whistleblowing Policy

##  Allegations against a member of staff

All alleged allegations will be investigated thoroughly. The organisation safeguarding lead is to be informed and he/she will consult with the local authority’s safeguarding team (child or adult) and, if necessary, the local police.

The safeguarding lead will advise the individual concerned that an allegation has been made against them but will not disclose any information at this stage.

Such is the seriousness of any alleged allegation, the individual concerned must be managed appropriately in accordance with the organisation’s HR procedures. Allegations do not necessarily merit immediate suspension. This will depend on the person’s role within the organisation and the nature of the allegation.

Allegations are distressing for all concerned, the individual, the organisation’s staff and the alleged person. It is imperative that appropriate advice is sought from the outset. The local authority’s safeguarding lead for managing allegations will be able to provide guidance to ensure that the correct process is followed.

Advice may also be sought from their governing body.

##  Chaperone

It may be appropriate to offer a chaperone for a variety of reasons. Clinicians should consider the use of chaperones for some consultations and not solely for the purpose of intimate examinations or procedures.

A chaperone can be defined as “an independent person, appropriately trained, whose role is to independently observe the examination/procedure undertaken by the health professional to assist the appropriate clinician/patient relationship”.

Refer to Physiofit’s Chaperone policy

##  Professional challenge

Professional challenge is an encouraging action taken in the best interests of the child, young person, or adult at risk. It enables the challenging of decisions or actions by a member of staff if they consider the stated decisions or actions not to be effective enough for those deemed to be at risk.

Should a member of staff disagree with any element of care offered to an at-risk individual, they are encouraged to discuss their concerns with the organisation’s safeguarding lead, their nominated deputy or the local authority safeguarding lead who will provide independent guidance. It is envisaged that most professional challenges will be resolved informally and at a local level.

# Failure to attend an appointment

##  Did not attend (DNA)

Whilst it is acknowledged that there are many reasons for a child, young person or adult at risk to miss an appointment, there may be occasions when failure to attend appointments is a cause for concern.

Appropriate actions can be pivotal in safeguarding the child, young person or adult at risk and, where appropriate, can trigger early interventions to reduce risk.

In known cases where safeguarding is a concern, if a child, young person or adult at risk fails to attend an appointment, it is the responsibility of the clinician at Physiofit limited to try to establish contact with the relatives or carer of the patient to discover the reasons why the patient failed to attend their appointment. The child, young person or adult at risk is then to be offered another appointment based on clinical need.

To ensure those at risk are offered the most appropriate level of support, the clinician with whom the patient failed to attend is to ensure that the organisation’s clinical safeguarding lead is informed, and that any advice given is acted upon accordingly as detailed at. Record keeping of DNAs is to track any trends.

##  Was not brought (WNB)

Repeatedly failing to attend appointments for some children or young persons may be an indicator that there is an increased safeguarding risk. At Physiofit limited failure to attend in relation to a child or young person will be referred to as “Was not brought” or WNB. This statement clearly reflects the point that children and young people rely on their parents, carers or guardians to bring them for appointments.

Whilst it is acknowledged that many missed appointments are genuine oversights, instances of repeated cancellations, rescheduling of appointments or WNBs all merit cause for concern.

##  Referring a WNB

If a clinician has significant concerns, they are to initiate a child protection referral using the contact numbers detailed in Appendix F. Any word-of-mouth referral is to be followed up in writing within 24 hours by the referring clinician. Where the clinician believes that harm is imminent, they should call the police immediately.

All staff are to retain accurate records at all times, ensuring that all actions are annotated, outlining any actions taken. Whilst there is no definitive SNOMED code for WNB, several others are available under ‘Did Not Attend’ for children (see link at 11.1). A “Was Not Brought” letter template that is to be forwarded to the parent or guardian following a WNB can be found at [Annex A](#_Annex_A_–).

##  Actions for a WNB

The flow diagrams below details how Physiofit Limited will manage such occurrences. The first flow diagram explains the steps to be taken should a child or young person not attend appointments at this practice.

**Child or young person WNB to an appointment at the practice**

**Clinician to review reason for appointment**

**Clinician to determine the history; have there been previous occurrences?**

**Does this occurrence have an impact on their well-being or health?**

**Were there reasons given for the above?**

**Are there known safeguarding concerns (previous or current)?**

**YES**

**NO**

**Contact relevant team to discuss an appropriate action plan (health visitors/ socials workers etc.)**

**Accurately record actions**

**Accurately record actions**

**Clinician to contact parents/carers/ guardians by phone to determine the reasons for non-attendance and arrange an appointment**

**Clinician to contact parents/carers/ guardians by phone to determine the reasons for non-attendance and arrange an appointment**

**If the clinician is concerned that the child or young person is at significant risk, they are to escalate their concerns, making a safeguarding referral**

**Contact details for reporting concerns in Appendix F**

# Safeguarding and responsibilities

The following are the safeguarding responsibilities of staff within Physiofit limited

## Organisation safeguarding lead

The organisation safeguarding lead is responsible for:

* Ensuring that they are fully au fait with the internal, regional and national policies and procedures that underpin safeguarding
* Acting as the focal point within the organisation for staff who may have concerns, addressing the concerns and taking action as necessary
* Reviewing any information regarding safeguarding concerns, investigating matters further if necessary and taking the appropriate action
* Acting as the liaison between the organisation and the local safeguarding teams, facilitating the sharing of information, attending multi-agency meetings and supporting any local safeguarding investigations where requested
* Processing and sharing information within the organisation in the most effective manner
* Continually reviewing the organisation’s safeguarding processes and policy, making recommendations for change as necessary
* In conjunction with the deputy safeguarding lead and organisation manager, ensuring compliance with policy and process by means of audit
* Encouraging training for all staff groups
* Ensuring staff are supported appropriately when dealing with any safeguarding matter

NB: The deputy organisation safeguarding lead will assume the above responsibilities in the absence of the organisation safeguarding lead.

## The Director/Clinical lead

The director and clinical lead are responsible for:

* Ensuring safeguarding children, young people and adults at risk is central to clinical governance
* Contractual compliance with clinical governance arrangements for effective safeguarding policies and procedures
* Ensuring that all staff are trained and know how to react to concerns raised and recognise potential indicators for abuse

## Business/Practice Manager

The Business/Practice Manageris responsible for:

* Ensuring that safeguarding responsibilities are clearly defined in the job descriptions of all staff
* Adhering to the pre-employment requirements and ensuring that an effective recruitment process is in place
* Reaffirming the significance of safeguarding to all staff within the organisation
* Amending and keeping the safeguarding children, young people and adults leaflet shown at [Annex B](#_Annex_B_–) up to date and freely available to all staff and patients

## Clinical Staff

* Take prompt action if they think that patient safety, dignity or comfort is being compromised
* Protect and promote the health of patients and the public

In addition, clinicians should be afforded the necessary time to effectively contribute to safeguarding meetings, case conferences and external meetings in support of their patients.

## All staff

All staff have a responsibility to:

* Know how to act should they recognise potential indicators of abuse or neglect
* Understand the organisations and local safeguarding policies and procedures
* Partake in meetings and case conferences when requested regarding safeguarding matters
* Attend and/or complete regular training commensurate with their role in accordance with their individual terms of reference and practice policy

##  Audit

To ensure compliance with this policy and the processes contained within it, the organisation’s safeguarding lead, deputy safeguarding lead and the practice manager will ensure that regular audits are undertaken.

# Increases in domestic abuse

## Circumstances when abuse can increase

In times of national crisis such as COVID-19, or even when the England football team loses during a World Cup match, there is significant evidence highlighting that specific events can be the catalyst in domestic violence incidents.

Recent history shows that, during the 2018 World Cup, domestic abuse rose by 38% following England losing a match. Likewise, during COVID-19 there has also been an increase due to the anxiety and uncertainties surrounding the pandemic, increased unemployment and the loss of income together with the order to stay at home.

During the lockdown, there are obvious reasons to have more concerns due to the limited options of those affected being able to move to a safe area. However, support is available with the government working with the charity sector and the police to ensure that support services remain open during this challenging time.

# 12 Summary

Safeguarding is the responsibility of all staff. It is a mechanism for identifying and supporting those children, young people and adults who are at risk from harm and neglect.

Staff must be alert to the potential indicators and fully understand how to act if they suspect abuse or neglect. In doing so, the risk of prolonged harm and neglect will be reduced, and the individuals affected will be offered the appropriate level of support and, where applicable, justice will be sought.

# Annex A – Was Not Brought (WNB) letter

 [Insert organisation address]

 [Date]

Dear [insert parent or carer name],

At [insert organisation name], we are committed to ensuring that all of our patients receive quality, evidence-based care at all times. Such is our desire to facilitate the effective delivery of care, we have in place policies and protocols which support our aim in achieving this.

Our Safeguarding Policy has been written to ensure that our patient population receives the necessary care and support when it is needed. As young children rely on their parents or carers to bring them for appointments, we monitor and follow up any missed appointments for children, thereby ensuring they receive the care they need, when they need it.

We note from our records that [insert patient name] missed their appointment on [insert date] at [insert time] with [insert GP name].

It is acknowledged that missed appointments can be genuine oversights, but repeated missed appointments give us cause for concern and we use the term “Was Not Brought” to describe this.

We are writing to request that you [contact the organisation and arrange an appointment for [insert patient name] as soon as possible **or** you request that the named clinician calls you to discuss [insert patient name]. The organisation telephone number is [insert telephone number] or alternatively you can arrange an appointment using our online service.

Yours sincerely,

[Insert signature]

for

[Insert named clinician]

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Annex B – Safeguarding leaflet

|  |
| --- |
| **Organisation leads**Clive Riley, Adult Safeguarding LeadClive Riley, Child Safeguarding LeadRyzsard Buk, Deputy Safeguarding LeadRyzard Buk, Administrative Safeguarding LeadThe team will ensure that you receive the appropriate level of support.  |
|  |

 |  |  |

|  |
| --- |
| Safeguarding children, young people and adults |
|

|  |
| --- |
|  |

 |
| **Physiofit limites** |

 |
| **What to do** If you are being abused, know of someone who is being abused or think someone may be at risk, it is important that you inform the right people.We want to reassure you that the people who you talk to will take your concerns seriously and are able to provide support, guidance and take action to ensure the safety of everyone.Please speak to a member of staff who will help you get the help you need. All our staff are trained in safeguarding. **They will support you!**  |  |  | **What is safeguarding?** SafeguardingThis is defined as protecting people’s health, wellbeing and human rights, enabling them to live free from harm, abuse and neglect. It is fundamental to high-quality health and social care.Adult at riskThis is a person aged 18 or over in need of care and support, or someone already receiving care and support and, as a result, is unable to protect himself/herself from harm, abuse or neglect.Child or young personThis is any person, male or female, under the age of 18 in need of care and support, or someone already receiving care and support and, as a result, is unable to protect himself/herself from harm, abuse or neglect.  |
| **Types of abuse**There are many types of abuse such as:**Physical** – hitting, biting, shaking, pushing**Sexual** – any sexual contact which is non-consensual **Emotional** – humiliation, intimidation, verbal abuse**Neglect** – ignoring or refusing basic care needs**Self-neglect** – inability to care for oneself**Discriminatory** – values, beliefs or culture results in a misuse of power**Institutional** – misuse of power and lack of respect by professionals, poor practice**Financial** – use of an individual’s funds without consent or authorisation**Modern slavery** – includes human trafficking, servitude and forced labour These are just some examples of how people can be abused or neglected through actions directed towards them that cause harm, endanger them or violate their rights. |  |  | **Who can abuse?**Abuse can occur anywhere such as at home, in a care setting, hospital, college, school, in public places. It could be from:Family members or friendsOther patients or those at risk Young peopleCare workers or volunteersProfessionals StrangersDon’t delay. If you suspect or know that someone is at risk of harm, abuse or neglect, report it immediately! **Safeguarding is the responsibility of everybody** |

# Annex C – Safeguarding Audit tool

RAG status indicator:

|  |  |  |
| --- | --- | --- |
| Red |  | Non-compliant against standards  |
| Amber |  | Partially compliant and an action plan is in place with SMART objectives |
| Green |  | Fully compliant |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Standard** | **Guidance** | **Evidence** | **RAG status****adult** | **RAG status****child** |
| **Accountability:** There are safeguarding adults and children polices in place. | * There are named safeguarding leads for safeguarding children and adults at risk
* The policy states who staff should discuss any safeguarding concerns with
* There is a process of continuous improvement in place regarding policy review and update
* The policy refers to extant legislation
 | *Insert hyperlink to organisation policy here**Named staff are annotated in the policy**Audit is detailed in the policy****Examples include****:**Mental Capacity Act (2005)**Deprivation of Liberty Safeguards (2009)**Care Act (2014)**Prevent Duty Guidance (2015)**Information Sharing (2015)* |  |  |
| **Governance & assurance:** The organisation is registered with the Care Quality Commission (CQC). | * The organisation is compliant with [Regulation 13 Safeguarding service users from abuse and improper treatment](http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-13-safeguarding-service-users-abuse-improper)
* The organisation demonstrates compliance with [Key Lines of Enquiry (KLOE)](https://www.cqc.org.uk/sites/default/files/20171020-healthcare-services-kloes-prompts-and-characteristics-final.pdf)
 |  |  |  |
| **Policy & procedure:** There is an effective whistle-blowing policy in place which details the process for raising concerns, suspicions and allegations of abuse by a staff member. | * A comprehensive whistleblowing policy is to be in place which encourages staff to raise concerns and confirms that they will not be penalised or jeopardise their own position
* Staff are aware of how to raise suspicions, concerns or allegations of abuse about a member of the team
* Staff are aware of PREVENT and how to escalate concerns
 | *Hyperlink to relevant policies such as:**Complaints Policy**Whistleblowing Policy**Safeguarding Policy* |  |  |
| **Information sharing:** There are systems in place for the appropriate, effective sharing of information.The organisation promotes a culture of openness, honesty and transparency. | * Staff are aware of the procedures to be followed and how information is to be shared if they suspect a child, young person or adult is at risk of harm, abuse or neglect
* All staff are aware of the guidance available to them by their representative professional bodies
* There is a Duty of Candour within the organisation in accordance with [Regulation 20](http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
 | *Hyperlink to relevant policies such as:** *Safeguarding Policy: this policy should include a section on information sharing and link to* [*Information-sharing advice for practitioners providing safeguarding services to children, young people, parents and carers*](https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice)
* *Staff are aware of and use the safeguarding templates on the clinical system*
* *Staff have access and the authority to share information where appropriate and smartcards are enabled to facilitate this*
* *There is evidence of regular multi-disciplinary meetings to discuss and share information. Link minutes*
 |  |  |
| **Inter-agency working:** The organisation effectively liaises with external agencies to protect those at risk. | * Staff are aware of their individual responsibilities to share information and to engage with external agencies when requested.
* Staff are aware of the alert process and the requirement for action plans to be produced and acted upon in a timely manner
* Clinicians invited to multi-agency meetings regarding safeguarding matters are allocated the time to do so and contribute effectively to the meeting, completing any administrative tasks, i.e., submitting reports efficiently.
 | *Hyperlink evidence of participation:** *Minutes from meetings*
* *Contributions to processes and conferences*
* *Clinical system shares*
 |  |  |
| **Safer recruitment:** There are robust recruitment processes in place to prevent those people who pose a risk from working with children, young persons and adults at risk. | * The organisation’s recruitment policy is in place which details the requirement and arrangements for Disclosure and Barring Service (DBS) checks
 | *Hyperlink to relevant policies:**Recruitment Policy**Safeguarding Policy**Evidence of DBS checks for staff* |  |  |
| **Training:** All staff have completed the requisite training commensurate with their role.Staff are aware of their responsibility and how to act if they have any concerns. | * Staff complete the appropriate level of training depending on their roles and responsibilities. Training is undertaken over a three
* year period and recorded by the training coordinator
* Staff responsibilities are detailed in the Safeguarding Policy for all staff groups
 | *Hyperlink training record here.*[*https://www.rcn.org.uk/professional-development/publications/pub-007366*](https://www.rcn.org.uk/professional-development/publications/pub-007366)*Link to Safeguarding Policy if necessary* |  |  |
| **Accessing support:** All staff have access to the appropriate level of support and supervision in line with their roles and responsibilities. | * It is clearly defined within the Safeguarding Policy who staff (at all levels) can contact for support for safeguarding matters for children, young people and adults at risk
 | *Support is detailed in the organisation’s Safeguarding Policy**Arrangements are in place for the safeguarding lead to attend local authority meetings**There is evidence of effective communication within the organisation’s multidisciplinary team regarding the sharing of safeguarding information* |  |  |

# Annex D – Children’s Society poster



# Annex E – Domestic abuse awareness poster



 [Practice Index - Domestic abuse awareness poster](https://practiceindex.co.uk/gp/forum/resources/domestic-abuse-awareness.1509/)

Annex F

**APPENDIX B - SAFEGUARDING INCIDENT REPORTING FORM**

**Date. Time.**

**Name of alleged victim**

**DoB**

**Address**

**Postcode**

**Tel No:**

**GP**

**Postcode**

**Name of person reporting incident:**

**Relationship to alleged victim:**

**Account -** Please write below a factual account of what you saw or heard. Please continue on further sheets as required, number them, and sign and date the statement as it may be used in evidence. Suggestions for inclusion in the account; What happened? (ask the person if they can tell you, describe it to you or explain it to you) When did it happen? Who is involved? Where did it happen? If the person is unable to discuss the situation or concern then please write all the details you are aware of. (continue

on extra sheets if required)

**Date of incident:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ This form completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you informed the person you are making a referral? Yes / No

If not why not?

As far as you are aware does the person have capacity? Yes / No

If NO ensure you arrange for a capacity assessment to be done as soon as possible.

Have you informed a relative, friend or carer you are making a referral Yes / No If not why not?

BODY MAP

Please draw on the body map in black ink, using the key to indicate the different types of injury

(alphabetic code) and provide brief details of each injury e.g. measurement of wound, colour of

bruise, location using arrows or circle.

Notify Social Care by phone of referral whether in the hospital or community setting.

For community referrals fax to relevant SMART.

Send a copy of the completed form to Adult Safeguarding either via internal mail or email

ecn-tr.safeguarding@nhs.net or fax: 01625 663055

Date/Time reported to Manager Manager’s Name

Client safeguarding notes in membership file **o**

Risk Alert form passed to the Administration Team **o**

**Action by Practitioner e.g. who has been contacted (GP, Social Services)**

Is the service user accessing any other services at the clinic? Yes o No o

**If yes, please advise the relevant service manager of this incident**

Who was advised? Date/Time advised

Form to be handed to the admin team and the Director of Physiofit informed o

**Type of incident:** Domestic Abuse o Mental Health o Child Protection o Suspicious Incident o

**Annex G**





1. [SNOMED CT Codes](https://termbrowser.nhs.uk/?perspective=full&conceptId1=404684003&edition=uk-edition&release=v20201125&server=https://termbrowser.nhs.uk/sct-browser-api/snomed&langRefset=999001261000000100,999000691000001104) [↑](#footnote-ref-2)