

SAFEGUARDING VULNERABLE PATIENTS POLICY

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1.1 Introduction

1.1.1 This policy sets out the College's commitment and responsibility towards Safeguarding children, young people and adults at risk of harm or abuse.

1.1.2 This policy is designed as a reference guide to Safeguarding children and adults. It is the College's commitment to protecting a person's right to live in safety, free from abuse and neglect.

2.1 Legislative framework

2.1.1 The key legislative frameworks which underpin this policy includes: The Children Act 1989 (2004), Working together to safeguard children (2015), No Secrets (2000), The Crime and Disorder Act (1998), The Health and Social Care Act (2008) and the Care Act (2014).

2.1.2 Appendix 1 sets out the legislation framework in detail.

3.1 Purpose and scope

3.1.1 The purpose of this policy is to set out the key principles expected of staff, faculty and students to comply with safeguarding vulnerable people.

3.1.2 This policy applies to all individuals working within the College, including students and external contractors.

4.1 Definitions

4.1.1 A child or young person is anyone under the age of 18.

4.1.2 An adult at risk is any person who is aged 18 years or over and at risk of abuse or neglect because of their needs for care and or support.

4.1.3 Appendix 2 provided further definitions of abuse and harm.

5.1 Principles

5.1.1 A relationship of trust exists where a member of staff, faculty, or a student is in a position of power or influence over a vulnerable person, by virtue of the work or nature of the activity being undertaken.

5.1.2 The College believes that all vulnerable people have the right to be:

- protected from abuse and safe in the activities that they, or their parents and carers, choose;
- listened to and heard;
- valued and treated as individuals;
- respected for their individuality and identity;
- encouraged and praised; and
- involved in decisions, whenever it is appropriate.

6.1 Your obligations

6.1.1 If you work in a position of trust with vulnerable people, you must familiarise yourself with these guidelines. Adhering to this policy will help you to safeguard the people you are working with and may help you to avoid placing yourself in a situation which could be misinterpreted.

6.1.2 You may also be required to have disclosure and barring service checks (DBS) to work and study at the College.

7.1 Professional behaviour

7.1.1 In your position of trust it is important that you demonstrate exemplary behaviour. Remember that someone else might misinterpret your actions, no matter how well intentioned.

7.1.2 You should always give due consideration as to what is an appropriate environment and what is appropriate conduct in relation to the activities you are undertaking.

7.1.3 Furthermore, you should:

- treat all people including students, staff and visitors with respect and with due regard to cultural differences;
- act as an appropriate role model and provide an example you wish others to follow;
- challenge unacceptable behaviour by others

- ensure feedback given in activities is constructive rather than negative;
- be careful in your use of language/terminology/behaviour and do not make unnecessary comments or actions which could be interpreted as having a sexual connotation;
- take special care when discussing sensitive issues with children or young people;

7.1.4 You should never

- Allow or engage in any form of inappropriate touching;
- allow a vulnerable person to use inappropriate language without challenging it;
- enter into a physical 'adult' relationship with a vulnerable person to whom you are in a position of trust, even if they give their consent. This would be a criminal offence if the relationship was with a child
- give a vulnerable person your personal phone number, personal e-mail or home address;
- do personal things for a child which they can do for themselves;
- allow allegations made by a vulnerable person or about a vulnerable person to go unchallenged, unrecorded or not acted upon;

8.1 Recognising abuse

8.1.1 You may not be sufficiently familiar with working with vulnerable people to be 100% confident in recognising abuse, but you may come across something which concerns you or just 'does not seem quite right'.

8.1.2 Abuse can take different forms and includes physical abuse, sexual abuse, emotional abuse as well as neglect and bullying. Abuse can have serious and long term effects in terms of development, health and well being including to self esteem and self image (Appendix 2).

8.1.3 It is not the place for LCOM faculty or students to make a judgement about whether abuse has occurred; this is the remit of Social Services.

8.1.4 However, you have a duty and responsibility as someone working with vulnerable people to report any concerns to a member of faculty and course director.

9.1 Reporting concerns

9.1.1 Any incident(s) or information which causes concern in respect of the welfare of a vulnerable person must be reported to a LCOM faculty member and course director.

9.1.2 Other things to report if or when;

- there is a concern that a relationship is developing which may be an abuse of trust;
- you are worried that a vulnerable person is becoming attracted to you;
- you are worried that a vulnerable person is becoming attracted to a colleague who supervises or works with them;
- you think a vulnerable person has misunderstood or misinterpreted something you have done;
- a vulnerable person tells you they are being abused or describes experiences you believe may constitute abuse;
- you see suspicious marks on a vulnerable person

10.1 Accidents

10.1.1 If a vulnerable person is accidentally hurt whilst they are under your supervision or care, you should report the incident as quickly as possible to a member of faculty and the course Director.

11.1 Handling allegations

- be supportive, but DO NOT promise confidentiality - explain to the person there are some things you would have to tell someone else about in order to help;
- remain calm and take the person seriously;
- reassure the person that they have done the right thing by telling someone;
- use language the vulnerable person understands;
- do not ask leading questions or express any opinions about what you are told;
- explain to the person what will happen next (i.e. you will need to contact someone else about what they have told you);
- Write down immediately afterwards what was said, including the time, place and any other observations. Use the referral form SG1 if possible. Sign and date the record;
- Pass on your concerns and the written details immediately to a member of faculty and the course director;
- Do not attempt to investigate the allegation yourself;
- Do not discuss what you have been told with anyone other than a member of faculty of course Director
- Remember that you may need to seek advice and support for yourself to cope with what you have heard or seen

12.1 Information Sharing

12.1.1 It is important that all involved remain confident that their personal information is kept safe and secure and that you maintain the privacy rights of the individual, whilst sharing information.

12.1.2 It is important that you can share information appropriately as part of your day-to-day practice and do so confidently.

12.1.3 As a registered and regulated practitioner you may wish to refer to specific advice from your professional body regarding information sharing

13.1 Roles and responsibilities

13.1.1 Board of Trustees

13.1.2 The Board of Trustees have overall responsibility for the safeguarding policy and its implementation.

13.1.3 The Board of Trustees shall receive an anonymised report of Safeguarding cases to monitor the effectiveness of this policy.

13.2 Management Committee

13.2.1 It is the responsibility of the management committee:

- To understand the safeguarding policy
- To ensure faculty, students and staff are supported through training and awareness programs of safeguarding issues.
- To monitor the implementation of this policy and procedure.

13.3 Course and Clinic Director

13.3.1 It is the responsibility of the College Directors:

- To act as a point of contact for safeguarding concerns, receiving information and recording those concerns.
- To act upon safeguarding concerns appropriate to the circumstances, e.g. making external referrals to social services or police.
- To liaise with the management committee and Trustees.
- To monitor the implementation of this policy and procedure.

13.4 Faculty, staff and students

13.4.1 Individuals working within the College have a responsibility to maintain the standards set out in this policy.

13.4.2 They must report any safeguarding concerns to the Course Director or Clinic Director.

13.4.3 They must co-operate with the College Directors to assist with identifying development needs for safeguarding patients.

14.1 Training

14.1.1 The College will make arrangements to ensure effective safeguarding training and awareness of safeguarding issues for members of faculty.

15.1 Monitoring

15.1.1 The management committee will monitor the compliance of this policy and be responsible for updating the policy.

15.1.2 The safeguarding policy will be reviewed every two years, or earlier whenever there's a change in national policy or the law.

Appendix 1. Legislative Framework

Responsibilities for safeguarding are enshrined in legislation. Some duties apply only to children, some apply only to adults, and some apply to both. This section deals with each in turn.

There are fundamental differences between the legislative framework for safeguarding for children, and for adults, which stem from who can make decisions.

Adults have a legal right to make their own decisions, even if they are unwise, as long as they have capacity to make that decision and are free from coercion or undue influence. However decision-making power relating to children lies with those who have parental responsibility for the child.

As a child grows in maturity and understanding, the law gives the child a greater say in decisions. Once a child understands fully the choice to be made and its consequences, the child's view prevails², at least as regards consent, though on occasions the courts have been prepared to override a capable child's refusal of life-saving treatment.

The Mental Capacity Act covers and empowers children aged 16 and 17. Once 18, the young person is an adult.

Children and young people

The legislation and guidance relevant to safeguarding and promoting the welfare of children includes the following:

- *Children Act 1989 and 2004*
- *Working Together to Safeguard Children (2015) – statutory guidance*
- *Promoting the Health and Well-being of Looked After Children – statutory guidance*
- *Safeguarding children and young people: roles and competences for health care staff, intercollegiate document (updated 2014).*

Adults at risk of harm or abuse

The legislation and guidance relevant to safeguarding adults at risk of harm or abuse includes the following:

- *Care Act 2014*
- *Care and Support Statutory Guidance (Chapter 14 – Safeguarding)*

The Government has issued a policy statement on adult safeguarding which sets out six principles for safeguarding adults. Whilst not legal duties, these do represent best practice and provide a foundation for achieving good outcomes:

- Empowerment - presumption of person led decisions and consent.
- Protection - support and representation for those in greatest need.
- Prevention of harm or abuse.
- Proportionality and least intrusive response appropriate to the risk presented.
- Partnerships - local solutions through services working with their communities.
- Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability and transparency in delivering safeguarding.

Legal requirements applying to safeguarding of both children and adults

Information sharing

Good information sharing practice, is at the heart of good safeguarding practice. The area is covered by legislation, principally the *Data Protection Act 1998*, and by court decisions on issues of confidentiality and privacy. At its heart is the principle that information should be shared if that helps to protect children or adults, or to prevent a crime.

Vetting and barring

There is a statutory scheme for vetting people working with children and adults vulnerable to abuse or neglect. It is administered by the *Disclosure and Barring Service*. The system provides checks on people entering the workforce, and maintains lists of individuals who are barred from undertaking regulated activity with either children or adults at risk of harm or abuse.

Duty of candour

Good safeguarding practice requires openness, transparency and trust. There is a legal “duty of candour” on organisations providing health services. This duty is to inform people (both in person and in writing) about mistakes or other incidents which have not produced the desired outcome, apologise where appropriate, and advise on any action taken as a result.

Reference: Safeguarding Policy. NHS England June 2015

Definitions Appendix 2

Definition of Abuse (Children)

Physical 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 a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional Abuse

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 involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child’s development capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in the looking at, or in the production of, sexual online images, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in 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 a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers); or Ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Staff also need to be aware of vulnerable groups such as those with disabilities, children living away from home, asylum seekers, children and young people in hospital, children in contact with the youth justice system, victims of domestic abuse and those vulnerable due to religion, ethnicity etc. and those who may be exposed to violent extremism.

Definition of adults at risk of harm or abuse

Living a life that is free from harm and abuse, is a fundamental human right for every person and an essential requirement for health and well-being. Safeguarding adults is about safety and well-being but providing additional measures for those least able to protect themselves from harm or abuse.

Physical

Examples of physical abuse are assault, rough handling, hitting, pushing, pinching, shaking, misusing medication, scalding, inappropriate sanctions and exposure to excessive heat or cold. Unlawful or inappropriate use of restraint or physical interventions and/or deprivation of liberty are also physical abuse.

Sexual and Sexual Exploitation

Some examples of sexual abuse/assault include the direct or indirect involvement of the adult at risk in sexual activity or relationships which:

- They do not want or have not consented to;
- They cannot understand and lack the mental capacity to be able to give consent to;
- They have been coerced into because the other person is in a position of trust, power or authority,
- Required them to watch sexual activity.

Psychological/ Emotional

This is behaviour that has a harmful effect on the person's emotional health and development or any form of mental cruelty that results in:

- Mental distress;
- The denial of basic human and civil rights such as self-expression, privacy and dignity;
- Negating the right of the adult at risk to make choices and undermining their self-esteem;
- Isolation and over-dependence that has a harmful effect on the person's emotional health, development or well-being;
- Bullying;
- Verbal Attacks; or
- Intimidation.

Neglect

A person's well-being is impaired and care needs not met. Behaviour that can lead to neglect includes ignoring medical or physical needs, failing to allow access to appropriate health, social care and educational services, and withholding the necessities of life such as medication, adequate nutrition, hydration or heating.

Neglect can be intentional or unintentional. Intentional neglect would result from:

- Wilfully failing to provide care;
- Wilfully preventing the adult at risk from getting the care they needed; or
- Being reckless about the consequences of the person not getting the care they need.

Unintentional neglect could result from a carer failing to meet the needs of the adult at risk because they do not understand the needs of the individual, they may not know about services that are available or because their own needs prevent them from being able to give the care the person needs. It may also occur if the individuals are unaware of or do not understand the possible effect of the lack of action on the adult at risk.

Discrimination

Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals and this results in harm.

Psychological abuse that is racist, sexist or linked to a person’s sexuality, disability, religion, ethnic origin, gender, culture or age.

Institutional

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

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

Financial

It is the use of a person’s property, assets, income, funds or any resources without their informed consent or authorisation. It includes:

- Theft;
- Fraud;
- Exploitation;
- Undue pressure in connection with wills, property, inheritance or financial transactions;
- The misuse or misappropriation of property, possessions or benefits; or
- The misuse of an enduring power of attorney.

Reference: Safeguarding Policy. NHS England June 2015

**Safeguarding Reporting Form
SG1 Form**

This form should be used to record safeguarding concerns relating to Children and/or Vulnerable persons. All the information must be treated as confidential and reported to the Course Director / Clinic Director within one working day or the next working day if it’s a weekend.

The form should be completed at the time or immediately following disclosure. Please complete the form as fully as possible.

Your details - person completing the form

Name:	Position:
Telephone:	Email:

Details of person affected

Name:	Address:
Telephone:	Email:

Details of the incident/ disclosure, please describe in detail using only the facts

Others present or potential witnesses

Name:	Address:
Telephone:	Email:

Additional relevant information (please detail anything else that you believe to be helpful or important)

I have completed this form and provided information that is factual and does not contain my own views or opinions on the matter.

Print Name:	Signature:
Date:	