



# SAFEGUARDING POLICY

## *Adults at Risk, Young People and Children*

**BADGER GROUP**  
Badger House  
121 Glover Street  
Birmingham, B9 4EY

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## Approval

Version	Name	Position	Signature	Approved Date
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## Glossary

Term	Description
SMT	Senior Management Team

## 1 INTRODUCTION

The purpose of this document is to set out the policy of Badger in relation to safeguarding. This policy covers adults and the protection of adults at risk, young people and children.

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. Where someone is over 18 but still receiving children's services and a safeguarding issue is raised, the matter should be dealt with as a matter of course by the adult safeguarding team. Those at risk may live alone, be dependent on others (care homes etc), elderly, or socially isolated

The term 'adult at risk' is used in this policy to replace 'vulnerable adult'. This is because the term 'vulnerable adult' may wrongly imply that some of the fault for the abuse lies with the victim of abuse and it is the phrase used throughout existing government guidance.

The Care Act 2014<sup>1</sup> defines adult safeguarding as protecting and adult's right to live in safety, free from harm, abuse and neglect. It's about working together to:

*"Prevent and stop both the risks and experience of abuse and neglect, while at the same time making sure that the adult's wellbeing is promoted, including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. It must be recognized that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances."*

Safeguarding children and young people is a fundamental goal of Badger. Clinicians and staff are in a position where they have the opportunity to identify safeguarding issues and signs of abuse at an early stage. Clinicians and staff may also be the first point of disclosure that a child or young person is suffering or at risk of suffering abuse or harm.

The government defines safeguarding: in children as: *"The process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully."*

NHS England, as with all other NHS bodies has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people, to protect adults at risk from abuse or the risk of abuse and support the Home Office Counter Terrorism strategy CONTEST, which includes a specific focus on PREVENT (preventing violent extremism / radicalisation).

Throughout this document, safeguarding children, young people and adults at risk includes those vulnerable to violent extremism/ radicalisation. Other key legislative frameworks include The Children Act 1989<sup>2</sup> (2004)<sup>3</sup>, 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)<sup>4</sup>.

Badger Group recognises that Out of Hours and Urgent Care settings are important arenas for identifying abuse, neglect and violence against adults and children. Whilst there are significant differences in the statutory basis and policy context between safeguarding children and safeguarding adults, Badger Group subscribes to an overarching objective of protecting of both the young and at risk from harm abuse or neglect.

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<sup>1</sup> <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

<sup>2</sup> <http://www.legislation.gov.uk/ukpga/1989/41/contents>

<sup>3</sup> <http://www.legislation.gov.uk/ukpga/2004/31/contents>

<sup>4</sup> <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Badger recognises the significant contribution that our staff can make identifying concerns and are committed to having an appropriately skilled workforce able to identify the risks and characteristics of abuse and fully understands the reporting, advice and communications systems in place locally under the multiagency procedures.

Each local authority with whom Badger group engages will have established two local safeguarding boards, one for children and young people and one for adults whose circumstances make them vulnerable.

## 1.1 Definitions

- Adult – age 18+
- Young person – age 14-17
- Child – age 0-17
- Adult at risk – 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
- Child at risk- any person who is under 18 years old and is at risk of abuse or neglect

## 1.2 Aims

Badger Group aim to demonstrate best practice and statutory requirements are followed:

- To carry out Disclosure and Barring Service (DBS) checks in line with statutory requirements to ensure that our workforce is safe.
- To have policies and procedures in place, both single and multi-agency, which are accessible to all staff.
- To update all our staff regularly on what to do if they are concerned about a child or a vulnerable adult.
- To have an extensive and accessible safeguarding children training programme at every level. We have developed and endorse e-learning to enhance our existing face to face training both clinically and non-clinically.
- There is a Safeguarding Quality Audit Plan and reports are provided to the Clinical Management Team and commissioners on request.
- Compliance with Care Quality Commission; ‘Safeguarding people who use the service from abuse’ with regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010 enforcing this safeguarding obligation.
- Safeguarding children/adults is monitored rigorously in the organisation.
- As an organisation via our Clinical Governance Strategy we are always seeking ways to make our processes more robust.

## 1.3 Statement Of Boards Intent

The Badger Group Board is committed to providing safe and effective care in leading the organisation forward to deliver its stated objectives. It intends to use the clinical governance principles and processes and is committed to best practice which safeguards children and adults at risk. Badger Group is committed to implementing this policy and the procedures set out for all staff.

## 1.4 Responsibilities

Responsibility for Safeguarding is delegated from the Chief Executive to the Associate Medical Director/Safeguarding Lead. All Executive Directors are also responsible for implementation and monitoring of this policy. We recognise that it is our role to be aware of maltreatment and share concerns, but not to investigate or to decide whether or not abuse has occurred.

Individual role responsibilities have been identified.

Key staff who lead the safeguarding agenda within the organisation are:

**Safeguarding Lead – Dr Arturo Lupoli (Associate Medical Director)**

**Deputy Safeguarding Lead – Dr Mary O’Gorman**

Contact: [nhsbsolicb.badgersafeguarding@nhs.net](mailto:nhsbsolicb.badgersafeguarding@nhs.net)

In addition there are Safeguarding Liaison Named Leads within the Integrated Care Boards (ICB) with which Badger Group is commissioned.

#### General responsibilities

- Line Managers are responsible for ensuring that this policy and procedure is applied within their own area.
- Clinical employees are responsible for identifying and responding to allegations or suspicions of abuse.
- Employees are responsible for understanding and applying this policy.
- The management of Badger is responsible for communicating the policy and supervising the identification and reporting of any allegations or suspicions of abuse.

#### Key Lead(s) for Safeguarding will:

- Be fully conversant with all aspects of the Badger Group safeguarding policy, operational procedures and incident handling.
- Assess information received promptly and carefully.
- Ensure the organisation meets the contractual and the clinical governance provided by local authority, police or other external agencies.
- Ensures safe recruitment procedures.
- Ensure recording and monitoring of incidents appropriately through incident reporting system .
- Act as a point of contact for staff to bring any concern they have and advise on recording of information.
- Leads on analysis of relevant significant event.
- Determines training needs and ensures they are met.
- Makes recommendations for change or improvements in company procedural policy.
- Act as a focus for external contacts on all safeguarding matters.
- Has regular meetings with others in the primary healthcare team to discuss particular concerns.
- Establish links with local safeguarding boards and commissioners.

## 1.5 Governance Arrangements

The Performance and Quality department reviews the safeguarding arrangements inline with policy review.

Regular audits of safeguarding practice are under taken through the incident reporting system. In addition an audit report monitors the effectiveness of the significant incident reporting system. This allows any cases in which a incident report has not been completed to be highlighted and where necessary actioned appropriately.

The purpose of an audit or case review is to identify if any there are any lessons to be learnt or improvements needed to policy or practice and look to prevent or reduce the risk of recurrence of similar incidents, they are not conducted to apportion blame or hold individuals to account.

Audits and case reviews should be undertaken on a regular basis but can arise from a particular concern. Any concern about a particular case should be referred to the safeguarding lead.

In all cases the following process will apply.

The safeguarding lead will take responsibility for the audit / review process. The safeguarding lead should ensure all relevant records are secured and appropriate staff and management are informed.

Badger is aware of the need to constantly reflect on the quality of our services and learn from our own practice and that of others and this is especially true in relation to safeguarding. Good practice should be shared so that there is a growing understanding of what works well.

Conversely, when things go wrong, we will undertake a rigorous, objective analysis of what happened and why, so that important lessons can be learnt, and services improved to reduce the risk of future harm to children and adults at risk.

Outcomes and findings from audits, reviews and inspections are disseminated to staff, and the learning becomes embedded in practice. The Safeguarding Lead will monitor the effectiveness of training and identify gaps and issues.

## 2 SAFEGUARDING ADULTS

### 2.1 Six Safeguarding Principles<sup>5</sup>

The main legislative safeguarding provisions for adults are contained in the Care Act 2014<sup>6</sup>. The act sets out six key principles which underpin all adult safeguarding work, they are:

- Principle 1 – Empowerment
- Personalisation and the presumption of person-led decisions and informed consent.
- Principle 2 – Prevention
- It is better to take action before harm occurs
- Principle 3 – Proportionality
- Proportionate and least intrusive response appropriate to the risk presented.
- Principle 4 – Protection
- Support and representation for those in greatest need.
- Principle 5 – Partnership
- Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- Principle 6 – Accountability
- Accountability and transparency in delivering safeguarding

### 2.2 Categories Of Abuse<sup>7</sup>

Physical- This includes assault, hitting, slapping, pushing, giving the wrong (or no) medication, restraining someone or only letting them do certain things at certain times.

Domestic – This includes psychological, physical, sexual, financial or emotional abuse. It also covers so-called ‘honour’ based violence.

Sexual – This includes rape, indecent exposure, sexual exploitation sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, taking sexual photographs, making someone look at pornography or watch sexual acts, sexual assault or sexual acts the adult didn’t consent to or was pressured into consenting.

Psychological – This includes emotional abuse, threats of harm or abandonment, depriving someone of contact with someone else, humiliation, blaming, controlling, intimidation, control and coercion including putting pressure on

<sup>5</sup> <https://www.scie.org.uk/safeguarding/adults/introduction/six-principles>

<sup>6</sup> <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

<sup>7</sup> ‘Care and Support statutory guidance – issued under the Care Act’. Department of Health/Home Office (2014)

someone to do something, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or support networks.

Financial or material – This includes theft, fraud, internet scamming, putting pressure on someone about their financial arrangements (including wills, property, inheritance or financial transactions) or the misuse or stealing of property, possessions or benefits.

Modern slavery – This covers slavery (including domestic slavery), human trafficking and forced labour. Traffickers and slave masters use whatever they can to pressurise, deceive and force individuals into a life of abuse and inhumane treatment.

Discriminatory – This includes types of harassment or insults because of someone's race, gender or gender identity, age, disability, sexual orientation or religion.

Organisational – This includes neglect and poor care in an institution or care setting such as a hospital or care home, or if an organisation provides care in someone's home. The abuse can be a one-off incident or repeated, on-going ill treatment. The abuse can be through neglect or poor professional practice, which might be because of structure, policies, processes and practices within an organisation.

Neglect and acts of omission – This includes ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, or not giving someone what they need to help them live, such as medication, enough nutrition and heating.

Self-neglect – This covers a wide range of behaviour which shows that someone isn't caring for their own personal hygiene, health or surroundings. It includes behaviour such as hoarding.

## 2.3 Forced Marriage

Practitioners working with all adults but especially those at risk must be aware of the issue of 'Forced marriage'. Forced marriage can occur in all cultures. Forced marriage occurs when one or both parties to a marriage do not consent and are forced to marry where they haven't freely chosen. It can also happen if someone lacks the mental capacity to make their own choices or when a person is pressured into an arranged marriage<sup>8</sup>.

## 2.4 The Mental Capacity Act 2005

The Mental Capacity Act 2005 is a legal framework which protects people who may lack capacity to make decisions for themselves. A person lacks capacity in relation to a matter if at the material time they are unable to make a decision for themselves in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain.

The presumption is that adults have mental capacity to make informed choices about their safety and how they live their lives.

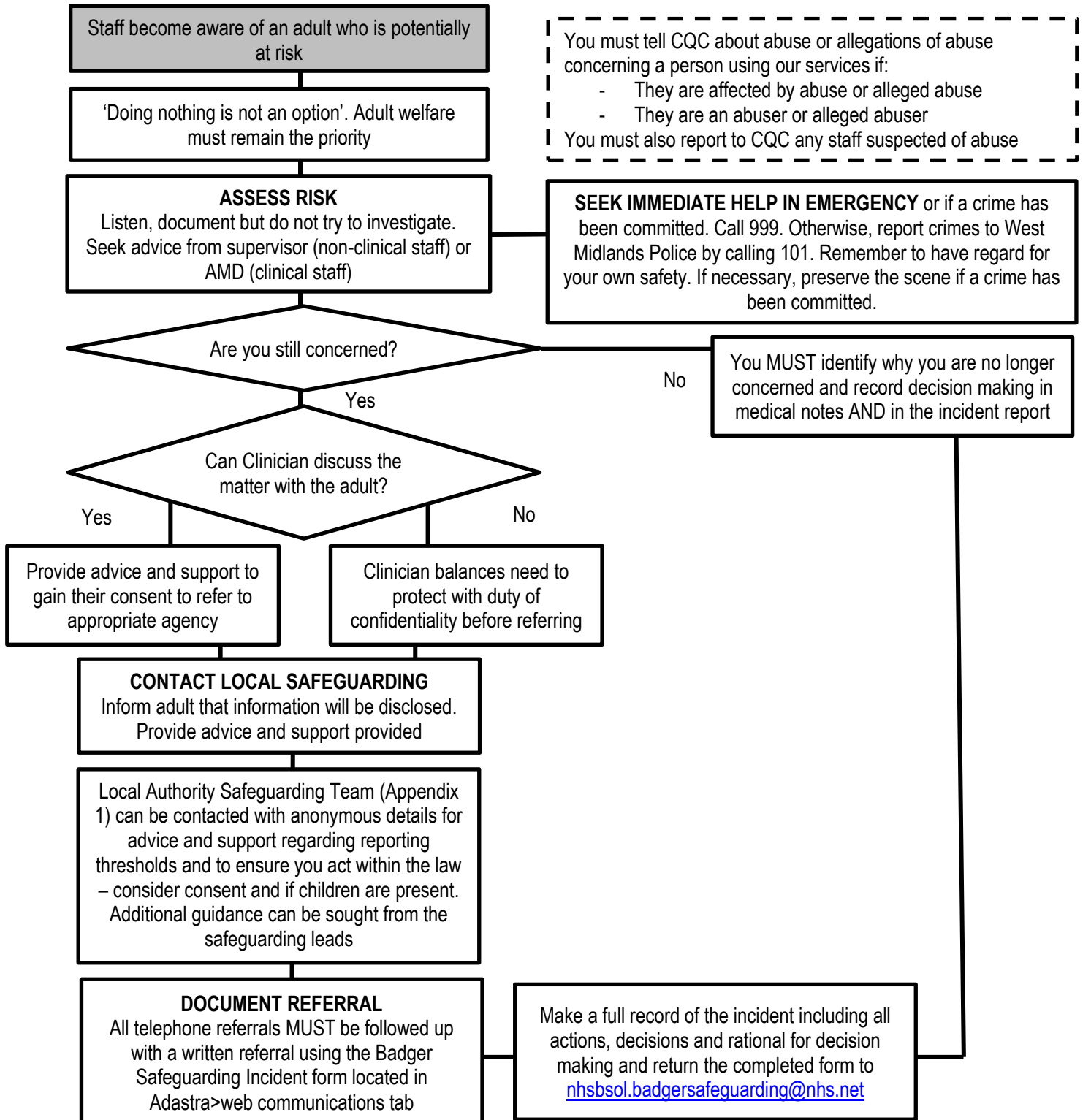
Mental capacity and a person's ability to give informed consent are at the heart of decisions and actions taken Badger under this Policy. We will consider the ability of adults to make informed choices about the way they want to live and the risks they want to take.

<sup>8</sup> It is a criminal offence to force a person into marriage. It is not illegal to arrange a marriage so long as both parties freely consent to the marriage. Forced Marriage Act 2007.



## 2.5 Process For Dealing With Adult At Risk Safeguarding Incident

Where abuse is suspected, the welfare of the patient takes priority. In deciding whether to disclose concerns to a third party or other agency, the clinician will assess the risk to the patient. Ideally the matter should be discussed with the patient involved first, and attempts made to obtain consent to refer the matter to the appropriate agency. Where this is not possible, or in the case of emergency where serious harm is to be prevented, the patient's clinician will balance the need to protect the patient with the duty of confidentiality, before deciding whether to refer. The patient should usually be informed that the clinician intends to disclose information, and advice and support should be offered.



Badger staff will participate in multi-agency meetings and forums where required.

## 2.6 Information Sharing

Badger is very conscious that it handles sensitive personal information about people, including personal identity information and information about health issues. In considering whether information can / will be shared, Badger will process information in accordance with relevant legislation and guidance.

Badger regards all identifiable personal information as confidential and will not be disclosed without the appropriate consent. Exceptions to this exist where national policy on accountability and openness requires otherwise, or wherever requested by appropriate legal authorities.

Badger recognises the need for an appropriate balance between openness and confidentiality in the management and use of information. Badger fully supports the principles of corporate governance and recognises its public accountability, but equally places importance on the confidentiality of, and the security arrangements to safeguard personal information about patients and staff which also includes commercially sensitive information.

Where it is believed that an adult lacks mental capacity to protect themselves, it may be that other persons, including Badger staff will need to make decisions for them according to the Mental Capacity Act and Code of Practice and in the person's best interests. Where abuse is alleged or suspected, Badger will share information with relevant professionals and other agencies and organisations in order to protect the individual concerned, or other people.

Badger will seek consent from adults at risk to share information with carers / next of kin and log the results of this. Due regard will be taken of the patient's capacity to provide a valid consent.

If consent is not obtained or refused, then Badger will decide whether releasing information would be in the individual's best interests. We will also consider if sharing information is in the public interest and this will be balanced against the views of the person concerned.

See also: CG-15 Informed consent policy

In assessing the risk to the individual, the following factors will be considered:

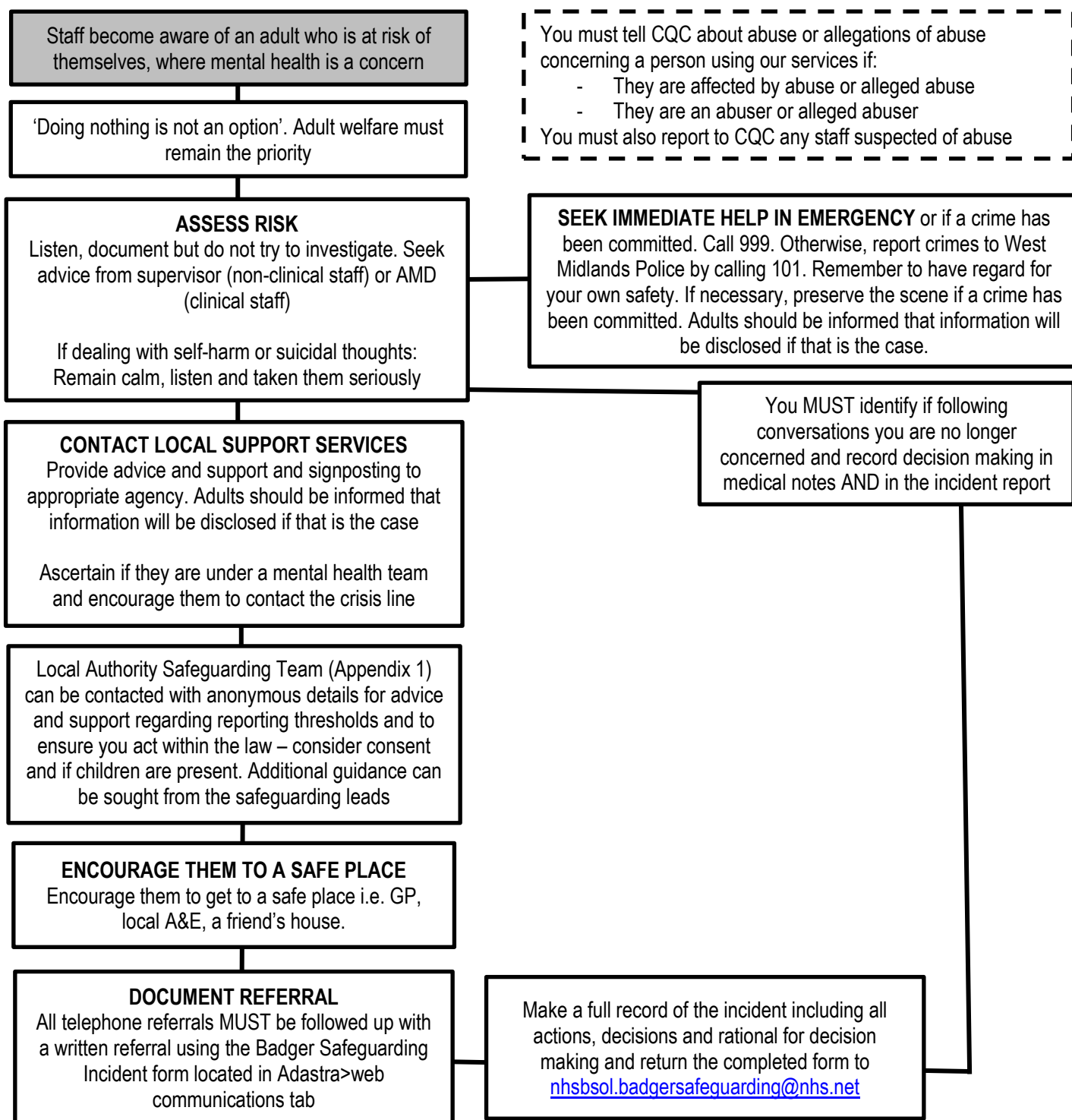
- Nature of abuse and severity
- Chance of recurrence and when
- Frequency
- Vulnerability of the adult (frailty, age, physical condition etc.)
- Those involved – family, carers, strangers, visitors etc.
- Whether other third parties are also at risk (other members of the same household may be being abused at the same time)

Contact details can be found in Appendix 1 and through the NHS Safeguarding App.

## 2.7 Process For Dealing With Safeguarding Adults With Mental Health Concerns Or At Risk From Themselves

There may be situations where someone is at risk from themselves, rather than someone else, for example they may be considering self-harm or suicide. Individuals must be empowered to make their own decisions and take action for themselves and us, as an organisation, respect and uphold an individual's right to confidentiality.

The adult safeguarding duties under the Care Act 2014<sup>9</sup> applies, amongst others, to adults who have a disability or long-term illness, including people with mental health problems.



<sup>9</sup> <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

## 2.8 Confidentiality

The following are examples of circumstances when it is necessary and appropriate to break confidentiality. These examples are not finite, and each incident will be assessed on a case-by-case basis:

- When there is risk of immediate danger – if a person has clearly told you that they plan to take their life within the next 24 hours or has already taken action which puts their life in danger but does not want to seek support themselves and does not give their consent for you to do so – call 999.
- The person is planning to take action which will put others at risk (for example, stepping in front of a train) we consider this at risk of harm to others, and suggest calling 999.
- There is a safeguarding concern that may have a wider impact. For example, if someone alleges that they have been abused by someone but asks you not to say anything. This would have to be reported as it is in the public interest that it is investigated.
- There is a safeguarding issue that concerns a child under the age of 18.

You should always discuss breaking confidentiality (telling someone outside the investigating team) with the individual and encourage them to seek help and support.

### Dealing with self-harm or suicidal ideation

When dealing with a patient where there are concerns around self-harm or suicidal ideation, it is important to:

- Remain calm – It may be uncomfortable listening but try not to let your own emotional response prevent you from hearing what the person is saying and what their body language is telling you. Talking about self-harm and suicide does not increase the risks!
- Listen – Just being listened to can be a brilliant support and bring great relief to people, particularly if they have never spoken to anyone about their self-harming or suicidal thought before.
- Take them seriously – Do not ignore or dismiss the feelings or behaviour of someone nor see it as attention-seeking or being manipulative. Do not be judgmental.
- Confidentiality – Do not keep concerns to yourself – helping someone is a wonderful opportunity but it can also be stressful. If you are a professional, share your concerns with your line manager or safeguarding lead. They will help you to consider and manage the risk.

Clarify whether there are immediate needs for medical attention or urgent help to keep the person safe and respond accordingly. Make sure you are available for the person for the following few days / weeks. If you are not available, or have signposted them to other services, make sure they know where to seek support from.

It is important to try and get the person not to think about the future – just focus on getting through today, to stay away from drugs and alcohol and get themselves to a safe place, like a friend's house and be around other people.

### 3 SAFEGUARDING CHILDREN

#### 3.1 Introduction

Safeguarding children and young people is defined by the HM Government guidance 'Working Together to Safeguard Children'<sup>10</sup> as:

Defined for the purposes of this guidance as:

- a) protecting children from maltreatment
- b) preventing impairment of children's health or development
- c) ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- d) taking action to enable all children to have the best outcome

Child protection is part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Under the 1989 and the 2004 Children Acts a child or young person is anyone under the age of 18 years. Badger recognise that all children have a right to protection from abuse and Badger accepts its responsibility to protect and safeguard the welfare of children with whom staff may come into contact.

Badger Group will:

- Respond quickly and appropriately where abuse is suspected, or allegations are made
- Provide both parents and children with the chance to raise concerns over their own care or the care of others
- Have a system for dealing with, escalating and reviewing concerns
- Remain aware of child protection procedures and maintain links with other bodies, especially the ICB appointed contacts
- Ensure that all staff are trained to a level appropriate to their role

#### 3.2 What is abuse and neglect of children?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger.

There are usually said to be four types of child abuse

1. **Physical Abuse** – Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child, including by fabricating the symptoms of, or deliberately inducing illness in a child. *Working Together 2010*
2. **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.
3. **Sexual Abuse** – Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening.
4. **Neglect** – 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.

<sup>10</sup> Working Together to Safeguard Children 2018. Page 102

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/779401/Working\\_Together\\_to\\_Safeguard-Children.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf)

The risk of Child Maltreatment is considered as being increased when there is:

- Parental or carer drug or alcohol abuse
- Parental or carer mental health disorders or disability of the mind
- Intra-familial violence or history of violent offending
- Previous child maltreatment in members of the family
- Known maltreatment of animals by the parent or carer
- Vulnerable and unsupported parents or carers
- Pre-existing disability in the child, chronic or long-term illness

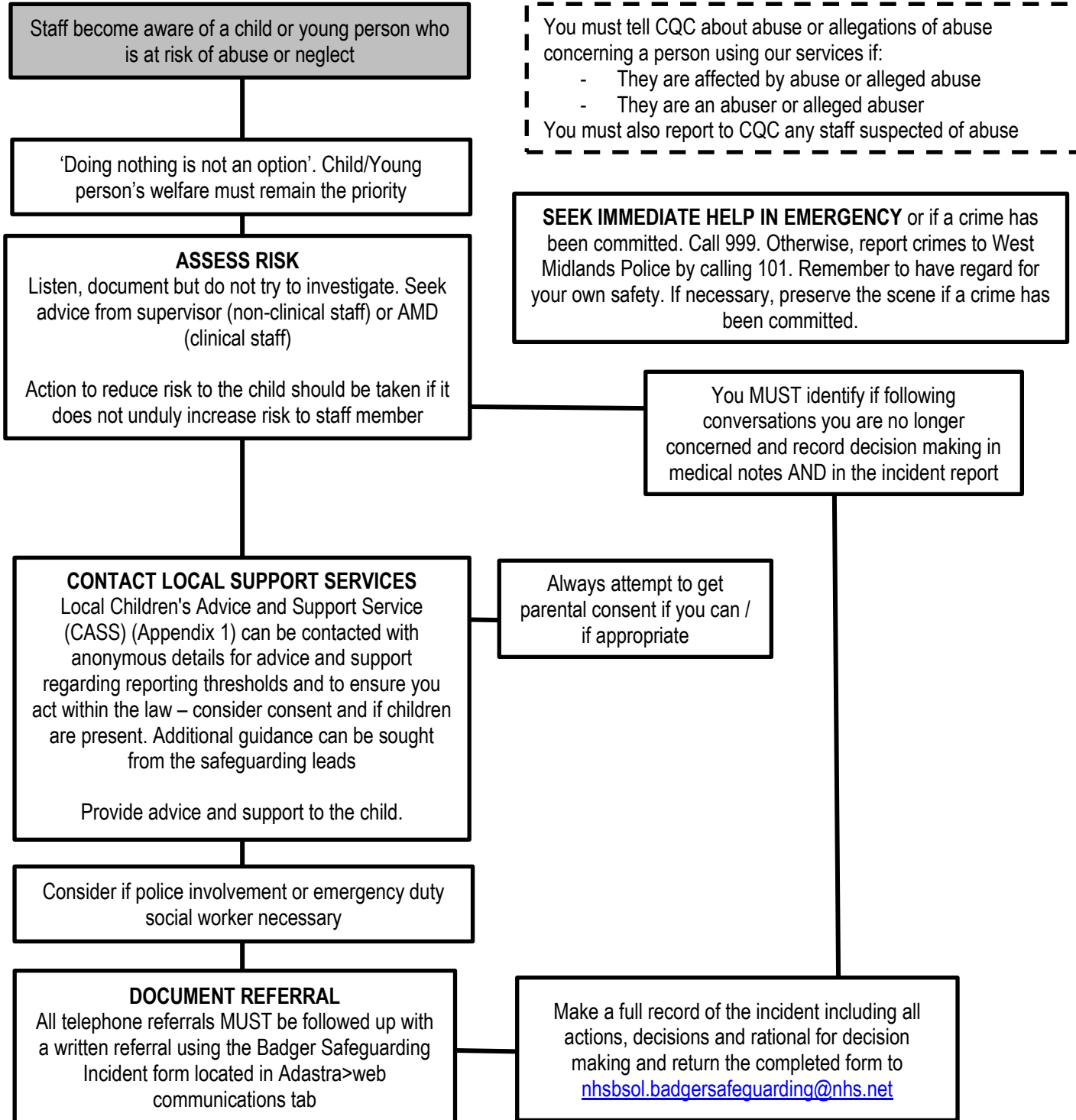
*(NICE CG89: When to suspect Child Maltreatment, July 2009)*

Children and young people may suffer other forms of abuse through exploitation, such as sexual or criminal exploitation or subjected to female genital mutilation, forced marriage, honour-based violence or human trafficking and modern slavery.

There may be circumstances where it is necessary to consider safeguarding an unborn baby. Where a practitioner anticipates that prospective parents may require support services to care for their baby or that the baby may be at risk of significant harm, a referral is to be made to Children's Social Care.

### 3.3 Process For Dealing With Child/Young Person Safeguarding Incidents

It is the responsibility of all adults to safeguard and promote the welfare of children and young people and the welfare of the child is paramount.



Staff must not under any circumstances take any action, unless it is immediately necessary to prevent harm, which might alert the perpetrator that their actions have been noted and, are in question or, would lead to onward referral. This would not apply to Clinicians, who are trained in advanced responses to safeguarding and may deal with cases according to that training.

Best practice is to inform parents/carers of your concerns and next steps unless to do so may put the child or yourself at risk. As a general rule, you should contact the children's social care services first unless the issue is more immediate, and the child is in need of immediate medical attention or support from the police. Contact information can be found in the NHS safeguarding app or Appendix 1.

### 3.4 Mental Health

It can be difficult to identify when a child or young person is suffering mental health issues and it can be really difficult for a child or young person to speak to adults about the problems or worries they are facing, so it is very important for clinicians and staff to be able to identify the signs that a child or young person may be struggling with mental health issues and be able to effectively respond to those issues and get the most appropriate help they need.

There may be situations where a child or young person is at risk from themselves, rather than someone else, for example they may be considering self-harm or suicide.

If a scenario arises where a child or young person presents with mental health issues which may lead the child to harm themselves or others, staff and clinicians must remember that the welfare of the child is paramount and appropriate action must be taken.

Staff and clinicians should remain calm and non-judgmental. If possible, talk to the child or young person and ascertain if any harm has been caused such as whether they have taken any substances or injured themselves and whether they need any immediate medical help which must be arranged without delay.

If medical attention is not required, then it would be appropriate for a clinical team member to explore with the child or young person the nature of their self-harming behaviour or suicidal ideation. This is not a formal mental health risk assessment at this stage, but a conversation with the child or young person to ascertain the most appropriate support needed.

Staff or clinicians should consult with the named/designated professional to decide upon appropriate support and any next step including an appropriate agency referral.

Where the risk of suicide or serious self-harm is low the child or young person may require additional support, which can be provided through parents / carers or via universal services or local commissioned services to address lower-level mental health issues. Where the risks are thought to be higher it may be necessary to make a referral to CAMHS (Child and Adolescent Mental Health Services) for a mental health risk assessment or, if the child is at risk of suffering significant harm, a referral to children's social care may be necessary. Follow guidance in Appendix 1.

### 3.5 Reactive measures

While every precaution may be taken to prevent an incident from occurring, we understand that thorough and professional reactive measures are necessary. The following procedures set out the steps to be taken with respect to any concerns relating to child protection.

### 3.6 Management of disclosure of an allegation of abuse

If a child makes allegations about abuse, whether concerning themselves or a third party, our staff must immediately act on this information and follow the child protection procedures below.



It is important to also remember that it can be more difficult for some children to tell than for others. Children who have experienced prejudice and discrimination through racism may well believe that people from other ethnic groups or backgrounds do not really care about them. They may have little reason to trust those they see as authority figures and may wonder whether you will be any different.

Children with a disability, especially a sensory deficit or communication disorder, will have to overcome barriers before disclosing abuse. They may well rely on the abuser for their daily care and have no knowledge of alternative sources. They may have come to believe they are of little worth and simply comply with the instructions of adults.

When responding to a child making an allegation of abuse:

- Stay calm
- Listen carefully to what is being said
- Reassure the child that they have done the right thing by telling you
- Find an appropriate early opportunity to explain that it is likely the information will need to be shared with others – do not promise to keep secrets
- Allow the child to continue at their own pace
- Ask questions for clarification only, and at all times avoid asking questions that are leading or suggest a particular answer
- Tell them what you will do next and with whom the information will be shared
- Record in writing what has been said using the child's own words as much as possible – note date, time, any names mentioned, to whom the information was given and ensure that paper records are signed and dated, and electronic subject to audit trails
- Do not delay in discussing your concerns and if necessary, passing this information on to the safeguarding lead or deputy

## 4 STAFF

### 4.1 Record Keeping – Incident Form

Safeguarding Incident forms can be found on Adatastra in Web communications tab > Safeguarding.

Take a copy of the template and complete a written record of the circumstances leading to a suspicion of abuse as soon after the occasion as possible. Ensure you include corresponding Adatastra case number. It is important to remember that notes made should be factual and any stated opinion should be based on professional experience and judgement and may be the subject of later internal or external review including within Family or Criminal proceedings.

Once you have completed the incident form send it to [nhsbsol.badgersafeguarding@nhs.net](mailto:nhsbsol.badgersafeguarding@nhs.net)

### 4.2 Recruitment And Training

On recruitment the minimum safety criteria for all frontline staff that work for badger Group are:

Pre employment requirements	Role specific DBS check
	X2 References
	Face to face interview
	Mandatory Safeguarding training – role specific See Appendix 2

Badger will undertake a Risk Assessment of the need for anyone to undergo a Disclosure and Barring Service (DBS) check based on the role they perform (as opposed to an assessment of the individual).

All staff receive safeguarding training appropriate to their role and responsibilities<sup>11</sup>.

- All staff will receive basic safeguarding training which will include recognising signs of abuse and neglect (Level 1 and 2)
- Some members of staff may need additional safeguarding training to help them with their role and responsibilities (Level 3)

Staff will receive refresher safeguarding training on a three-yearly basis (designated staff with safeguarding roles and responsibilities biannually).

### 4.3 General guidelines for staff behaviour

These guidelines are here to protect children and staff alike. The list below is by no means exhaustive and all staff should remember to conduct themselves in a manner appropriate to their position. Wherever possible, staff should be guided by the following advice. If it is necessary to carry out company's contrary to it, you should only do so after discussion with, and the approval of, our company Registered Manager or Medical Director.

- You must not ignore unacceptable behaviour and should challenge it – accepting that there may be occasions when to do so directly may not be possible
- Provide an example of good conduct you wish others to follow
- Respect a person's right to personal privacy and encourage children, young people and adults to feel comfortable to point out attitudes or behaviours they do not like
- Be aware that someone else might misinterpret your actions
- Do not engage in or tolerate any bullying of a child, either by adults or other children
- Never promise to keep a secret about any sensitive information that may be disclosed to you, but do follow guidance on confidentiality and sharing information
- Never offer a lift to a young person in your own car
- Never exchange personal details such as your home address with a young person
- Do not engage in or allow any sexually provocative games involving or observed by children, whether based on talking or touching
- Never display favouritism or reject any individuals

### 4.4 Confidentiality

In order to do their jobs, members of staff need access to confidential (perhaps highly sensitive) information. To effectively ensure that all relevant information is available to appropriate persons at all times, no records relating to child abuse or protection will be maintained separately from the main clinical record.

These details must be kept confidential within the clinical team at all times and only shared when it is in the interests of the child or adult to do so.

If there is in any doubt about whether to share information or keep it confidential, always seek guidance from Dr Fertility Ltd safeguarding lead. Any actions should be in line with locally agreed information sharing protocols, and the Data Protection Act applies.

Whilst adults need to have an awareness of the need to listen and support children and young people, the importance of not promising to keep secrets or never requesting this of a child or young person must also be understood.

<sup>11</sup> Royal College of Nursing. Adult Safeguarding: Roles and Competencies for Health Care Staff

In general, if a person decides to disclose confidential information without being given consent to do so, they should be prepared to explain and justify their decision and they should only disclose as much information as is necessary for the purpose. The medical defence organisation will be consulted in all cases.

#### 4.5 Allegations against staff

Any allegation of harm or abuse against a member of staff will be directly referred to the Safeguarding Lead (if the allegation concerns the Safeguarding Lead then the Deputy Safeguarding Lead for safeguarding must be informed). Advice will be sought from the Local Authority in accordance with local multi-agency procedures.

### 5 RESOURCES

#### 5.1 NHS Safeguarding App

All clinicians should have access to the NHS Safeguarding App that can be accessed online via [www.myguideapps.com/projects/safeguarding/default](http://www.myguideapps.com/projects/safeguarding/default) and is also available from iOS Play Store and Android Google Play. Any mobile devices hosting the NHS Safeguarding App must be configured to install all updates as soon as they become available.

The NHS Safeguarding App makes available up to date national safeguarding contact details for all localities in England.

**Appendix 1 shows the contact details for local safeguarding contacts**



## 6 APPENDIX 1 – SAFEGUARDING CONTACTS

**If you think there has been a ‘crime’ contact the police 999, or 0345 113 5000 or 101**

To ensure efficient communication with the Safeguarding team, please always add the email address [nhsbsolicb.badgersafeguarding@nhs.net](mailto:nhsbsolicb.badgersafeguarding@nhs.net) to all referral forms. This will enable the team to contact us in case of any updates or queries regarding their findings.

All appropriate referral links / forms are located on the Adastra Web Communications tab under – Safeguarding. The Weblinks also have direct access to online reporting

### Birmingham – ADULTS

<b>Website</b>	<a href="http://www.bsab.org/how-to-report-abuse/">http://www.bsab.org/how-to-report-abuse/</a>
<b>Out of Hours</b>	Call the <b>Emergency Duty Team</b> on <b>0121 675 4806</b>
<b>In Hours</b>	<p>Referral or to report adult abuse can be done using online form through link:  <a href="https://www.birmingham.gov.uk/safeguardingadults">https://www.birmingham.gov.uk/safeguardingadults</a></p> <p>Please note there are two portals, please use the <b>Professional Portal</b>. As the professional, you are reporting on behalf of the citizen the concern is about (having agreed with them, in most cases, that this is the action they want you to take), so you always choose the <b>No, someone else</b> option.</p> <p>Or completed referral form (ACF0030) should be emailed to:  <a href="mailto:csadultsocialcare@birmingham.gov.uk">csadultsocialcare@birmingham.gov.uk</a></p> <p>Please note that Adults &amp; Communities Access Point ACAP needs to be contacted first before sending <b>In Hours</b> referrals on 0121 303 1234, Option 2.</p>

### Solihull – ADULTS

<b>Website</b>	<a href="http://www.solihull.gov.uk/adultabuse">http://www.solihull.gov.uk/adultabuse</a>
<b>Out of Hours</b>	Call the <b>Emergency Duty Team</b> on <b>0121 605 6060</b>
<b>In Hours</b>	<p>Call <b>0121 704 8007</b></p> <p>Referral or to report adult abuse can be done using the online form through link:  <a href="https://www.solihull.gov.uk/social-care-and-support/Safeguarding-vulnerable-adults">https://www.solihull.gov.uk/social-care-and-support/Safeguarding-vulnerable-adults</a></p> <p>Or using own Badger Incident form, email to: <a href="mailto:ccadults@solihull.gov.uk">ccadults@solihull.gov.uk</a></p> <p>Follow up any telephone referral with a written referral, using the relevant Safeguarding Adult Referral form from Adastra or online facility. Document all information relevant to the referral, including the names of staff, within Adastra, and complete a Badger incident form with details of the Adastra number, to assist any necessary investigations which may ensue and send internally to Safeguarding Team at Glover Street or via email <a href="mailto:nhsbsolicb.badgersafeguarding@nhs.net">nhsbsolicb.badgersafeguarding@nhs.net</a></p>

## BIRMINGHAM – CHILDREN’S SAFEGUARDING REFERRAL PROCESS

1	Look at the <b>RIGHT HELP RIGHT TIME</b> book to establish the Child’s needs. <a href="#">Right Help Right Time Guidance – Dec 2021</a>
2	If <b>Complex/ Significant Needs</b> (i.e., <b>Red pages</b> in the pdf) or <b>Additional Needs</b> (i.e. <b>Amber pages</b> in the pdf) then complete the Children’s <b>REQUEST FOR SUPPORT form</b> with the parent present – if you can/if appropriate.
3	You will find the form available on Adastra. Please go to Adastra and click on the ‘Web Communications’ tab. Then click on the ‘Comms’ tab where a new page will open called ‘Documents’. From here you can either use the search box or scroll down to ‘Safeguarding’ and click on the relevant area or download from website: <a href="#">Request for support FORM</a>
4	Answer <b>all</b> the questions and with as much information as possible ( <i>see the example to guide you <a href="#">Example R4S Health</a></i> ) This will help you to give <b>CASS</b> (Children’s Advice and Support Service) the information they need to be able to decide the urgency of action required. <ul style="list-style-type: none"> <li>• Always try to get the Parent’s consent – if you can / if appropriate</li> </ul>
5	Email form to: <a href="mailto:cass@birminghamchildrenstrust.co.uk">cass@birminghamchildrenstrust.co.uk</a> <b>N.B.</b> You do not need to phone CASS about your referral but please include your <b>contact phone number</b> and <b>email address</b> on the Request for Support form so that if CASS require any further information they can contact you directly.
6	If you would like to discuss your concerns with a <b>Social Worker</b> , get advice or get feedback on your referral you can contact: <b>CASS</b> at the <b>MASH (MULTI-AGENCY SAFEGUARDING HUB)</b> on <b>0121 303 1888</b> Monday to Thursday 8.45am to 5.15pm, Friday 8.45am to 4.15pm  <b>Out of Hours Emergency Duty Team for Children 0121 675 4806</b> Monday to Thursday 5.15pm to 8.45am; Friday to Monday 4.15pm to 8.45am
7	<u>You can also get advice and information from:</u> <ul style="list-style-type: none"> <li>• <b>Bsol ICB SAFEGUARDING TEAM 07730 318 300</b> – Monday to Friday 9am – 5pm</li> <li>• <b>Birmingham Safeguarding Children Partnership Website:</b> <a href="http://www.lscpbirmingham.org.uk">www.lscpbirmingham.org.uk</a></li> </ul>

## SOLIHULL – CHILDREN’S SAFEGUARDING REFERRAL PROCESS

1	Look at the <b>SOLIHULL THRESHOLDS GUIDANCE</b> to establish the Child’s needs. <a href="#">Threshold Guidance.pdf</a>
2	If <b>Level 3</b> or <b>Level 4</b> then go online to complete the <b>MULTI-AGENCY REFERRAL FORM</b> – with the parent present – if you can/if appropriate.  <a href="#">Multi Agency Referral (solihull.gov.uk)</a>  Answer <b>all</b> the questions and with as much information as possible  <b>Always try to get the Parent’s consent – if you can / if appropriate</b>
3	You do not need to phone Solihull MASH about your referral but please include your <b>contact phone number</b> and <b>email address</b> on the Multi-agency referral form so that if MASH require any further information they can contact you directly.
4	If you would like to discuss your concerns with a Social Worker, get advice or get feedback on your referral you can contact:  <b>SOLIHULL MASH (MULTI-AGENCY SAFEGUARDING HUB)</b> on <b>0121 788 4300</b> Monday to Thursday 8.45am to 5.20pm, Friday 8.45am to 4.30pm  <b>Out of Hours Emergency Duty Team for Children</b> <b>0121 605 6060</b> Monday to Thursday 5.20pm to 8.45am; Friday to Monday 4.30pm to 8.45am
5	You can also get advice and information from: <b>Bsol ICB SAFEGUARDING TEAM 07730 318 300</b> – Monday to Friday 9am – 5pm  <u>Solihull Safeguarding Children Partnership Website:</u> <a href="#">Home – Solihull Safeguarding Children Partnership</a>
6	Follow up any telephone referral with a written referral, using the relevant Safeguarding Adult Referral form from Adastra or online facility. Document all information relevant to the referral, including the names of staff, within Adastra, and complete a Badger incident form with details of the Adastra number, to assist any necessary investigations which may ensue and send internally to Sarah Brooks at Glover Street or via email <a href="mailto:nhsbsolicb.badgersafeguarding@nhs.net">nhsbsolicb.badgersafeguarding@nhs.net</a>

All staff are reminded of the need for clarity about the following points where an issue relating to Safeguarding Children arises:

- Consent – legal considerations
- Competence – Fraser Guidelines
- Parental responsibility

*Please note if a clinician thinks that a child had or at risk of **Female Genital Mutilation**, this should be reported immediately to the Emergency Duty Social Worker. Remember FGM is illegal in this country. This is also the case to consider if the child is at risk of Child Sexual Exploitation. Further information is also detailed in using the links above.*

If a clinician/practitioner wishes to talk through a case the PSAS Paediatricians are happy to give advice by telephone and are available 24/7 through the single point of contact phone line.

Access to the service is via Mountain Healthcare: 0808 196 2340 and is open 24/7-365, covering the West Midlands for children aged 0-18.

## 7 APPENDIX 2 – SAFEGUARDING TRAINING

Safeguarding training is included in the induction training of all new staff. Arrangements are in place to establish regular/yearly updates where appropriate and to provide level 1 and 2 training appropriate to role. Safeguarding is included in Badgers mandatory training programme, including knowledge and understanding of patient's consent to care, mental capacity, deprivation of liberty and Gillick competence.

**Safeguarding training level 1**  
Refresher every 3 years

General Management and Admin Staff

**Safeguarding training level 2**  
Refresher every 3 years

All clinical staff, treatment centre staff and call centre staff

**Safeguarding training level 3**  
Refresher every 2 years

Safeguarding Leads

**N.B. Any staff with line manager duties must have equal level of safeguarding training to their team. (With the exception of the SG leads).**

**Any Staff with governance responsibilities will require Safeguarding level 2.**

## 8 APPENDIX 3 – PRINCIPLES OF MANAGING CONSULTATIONS WHERE SAFEGUARDING CONCERNS ARE RAISED:

1. Elicit further information from the parent/carer to add to the impression you have, in a sensitive manner. Listen carefully and engage with the parent/carer as fully as possible, but do NOT *investigate* this will be undertaken by social services if required.
2. If a physical injury is present, request an explanation. Use knowledge of child development to assess whether the explanation provided for the injury is plausible.
3. Ensure that the child is fully undressed so that a thorough examination takes place, explaining to the parent/carer the rationale for what you do, without causing alarm.
4. If necessary, seek a second opinion from a colleague, explaining to parent/carer your rationale and avoiding any action which will alarm them.
5. If the second opinion concurs with your concerns, explain to the parent or carer what your concern is, and what you plan to do to help. (NOTE: even if the person you seek advice from does not share your concerns, if you are unhappy with the situation you MUST act on it.
6. Depending on the severity of the situation, telephone the Police or Emergency Duty Social Worker (telephone numbers above) to make a referral. Remember to document the details of your phone call, including the name of the social worker to whom you speak. (a written referral should be sent, following the phone call, within 24 hours. The referral form is in the Adastra Communications tab – Badger Standard Forms – External – Safeguarding Children Referral Forms.
7. If there are concerns that the child's safety will be jeopardized by returning to their home environment, the police must be notified, and will act promptly to take the child to a place of safety, unless social services are in attendance, and are able to make alternative arrangements e.g., emergency foster care placement.
8. When there is evidence that a child may be at risk of significant harm, and the information sharing is needed to decide on the appropriate action to take, we can share information with the Birmingham Safeguarding Children Board/Solihull Local Safeguarding Children's Board with or without consent. If consent has not been given, information should only be shared with those who need to know it; and only information that is relevant to the issue of risk to the child should be shared. The information that is shared must be necessary and proportionate to the need and relevant, accurate, adequate and timely. Personal information, including sensitive data, may be shared without consent if you think that it is needed to enable them to carry out responsibilities as set down by law.