

Newcross Healthcare Solutions Ltd.

Joint Adult & Children's Safeguarding Policy & Procedural Guidance (England & Wales)

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Policy Statement

Newcross Healthcare Solutions is committed to ensuring that all of our staff coming in to contact with adults and children at risk, have undergone appropriate Enhanced Disclosure Checks before commencing work, and are recruited in line with safe and stringent employment checks.

Newcross Healthcare Solutions recognises that people at risk must be safeguarded from all forms of abuse wherever and however it might occur: from staff responsible for their care, from within the family or others. The organisation takes every possible action to identify risks, prevent abuse and to deal with it promptly and effectively if it occurs, or is reported as occurring.

Principles

This policy is based on the company's conviction that:

- Adults and children at risk, are at risk of abuse in varied forms
- They are in a position to be abused by different people, staff and visitors in hospitals and registered care home settings, young people's care and educational establishments or family, friends, and care staff in the individuals own home.
- Newcross has a duty of care to do everything possible to prevent, report and tackle abuse wherever it is encountered.

Policy

Our pre-recruitment process also ensures checks on work history, current and recent employment references and stringent identity checks.

All Branch Staff should be aware of their local area codes of Practice to Protect Adults and Children at risk from abuse and the local Safeguarding Contact points. Where harm to a vulnerable person is suspected, alleged or proven, appropriate action should be taken in accordance with such local codes and associated disciplinary procedures.

This policy will be available for all staff, service users and clients on our website;

www.newcrosshealthcare.com

Training

Safeguarding Training is delivered to all Healthcare and Homecare Employees during their Induction, and before they start work, which includes carrying out their responsibilities under this policy, and how to recognise the types of abuse and how to report it.

A Training refresher is repeated on an annual basis.

Employees are also given a staff Handbook during their induction, which includes a list of all our Policies (which are held on the staff extranet) and supporting procedural guidance. The guidance includes underpinning information on how to recognise and report a concern about abuse or deal with a situation where abuse is occurring. Staff are also given guidance on how to deal with and report any other relevant allegations or concerns where a vulnerable person may be placed at risk of harm.

Managers training is regularly updated in line with local authorities and national safeguarding policies, and Managers are encouraged to attend Local Authority courses and events.

Recruitment

Newcross Healthcare Solutions Limited takes great care in the recruitment of staff, carries out all possible checks on recruits to ensure that they are of a high standard, and co-operates in all Government initiatives regarding the sharing of information on Support Workers who are found to be unsuitable to work with vulnerable people. All staff who are working in Healthcare and Domiciliary care will undergo a full enhanced clearance DBS check prior to starting work. Our staff are actively encouraged to register with the DBS, so that we can then undertake update "status" checks on a regular (annual) basis. Where applicable, employees who do not have a "portable" type DBS clearance may be asked to undertake a full annual re-check.

Legislation

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

More specifically, it also reflects the local safeguarding adults' authority policies and procedures within all of the counties and towns across England where we supply staff.

Newcross Healthcare Solutions works in accordance with its local Safeguarding protocols and multi-agency working guidelines (these should be available from the local authority's Safeguarding Adult and Children's boards).

Within the country of Wales Newcross Healthcare Solutions undertakes to work in compliance with "In Safe Hands – Implementing Adult Protection Procedures in Wales" agency policies and other national

policy documents and procedures to protect vulnerable adults and children from abuse, as well as observing the relevant sections of the Nursing Agency Regulations 2004, Social Services and Wellbeing Act 2014, Care Standards Act 2000, and CSSIW National Minimum Standards regulatory guidance for Nurses Agencies.

Newcross Healthcare Solutions will also work in accordance with its local Safeguarding Vulnerable Adults protocols and the Wales Interim Policy and Procedures for the Protection of Vulnerable Adults (Jan 2013) working guidelines.

The Children's Act 1989 defines a child as anyone who has not reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital, in prison or in a Young Offenders' Institution does not change his or her status or entitlement to services or protection.

The policy should be recognised in conjunction with the Local Area Child Protection Policy within each region we are operating a service.

Newcross Healthcare Solutions recognises that Service Users who might lack mental capacity are particularly vulnerable to abuse and exploitations. It is accordingly mindful of the need to follow the principles and practice guidance that has accompanied the Mental Capacity Act 2005. These apply particularly to investigations of possible abuse in which it is important to seek means of ascertaining the experiences and views of any victim or indeed alleged perpetrator who might lack capacity, for example by seeking the services of independent advocates.

Newcross Healthcare Solutions makes all staff aware of the policy and instructs them in the specific procedures for preventing, observing and reporting suspicions or signs of abuse. In reporting possible abuse, staff are made fully aware of the organisations Whistle blowing Policy, which recognises that the safety of Service Users is always their paramount concern. All Service Users and stakeholders are made aware of the organisations determination to take action where it comes across abuse. (See also policy on Whistle blowing).

The following legislation we encourage our staff to familiarise themselves with in

- The Care Act 2014
- The Children's Act 1989
- Care and Support Statutory Guidance - Issued under the Care Act 2014, DOH
- Care Standards Act 2000
- Safeguarding Vulnerable Groups Act 2006
- Care Quality Commission (Registration) Regulations 2009
- Equality Act 2010
- Human Rights Act 1998
- Public Interest Disclosure Act 1998
- Mental Capacity Act 2005
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
- The Criminal Justice and Courts Act 2015 section 20-25
- Protection of Freedoms Act 2012 (links to) The Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012
- Social Services and Well-being (Wales) Act 2014
<http://gov.wales/topics/health/socialcare/act/code-of-practice/?lang=en>

Further details and guidance on Safeguarding are contained within our Staff Handbooks

Keeping Records

Newcross Healthcare Solutions ensures that all details associated with allegations of abuse are recorded clearly and accurately. The records are kept securely and the Agency's rules on confidentiality carefully followed. Reports are made as required to the CSSIW/Local Safeguarding investigators and any other safeguarding agencies involved. Where applicable, a Nurse who is suspended or dismissed as a result of causing harm will also be reported to the NMC.

Newcross Healthcare Solutions complies with its legal requirement to refer care workers and Nurses to the DBS – for Protection of Vulnerable Adults (Adult List) and Protection of Children (Children's List) lists where it has evidence that a staff member has been guilty of misconduct by harming or putting at risk a vulnerable adult (or child), during the course of their work, even if they have left the employment of the organisation.

There are also systems in place to send notifications to the CSSIW for staff working in any of our regulated services.

The organisation will ensure that;

- The welfare of the service user remains paramount.
- All service users whatever their age, culture, disability, gender, language, racial origin, religious beliefs and/ or sexual identity have the right to be protected from harm.
- All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately.
- All staff working in the organisation have a responsibility to report concerns to their Line Manager. (Except in the case of suspected abuse by that manager – whereby a more senior manager would be contacted)

What is safeguarding?

Safeguarding means protecting a person's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult or child's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that people sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances

Recognising Abuse

Newcross Healthcare Solutions expects its staff to be vigilant regarding the welfare of Service Users. It provides staff training so that they can recognise the risks and signs of abuse.

It acknowledges that abuse may take any of the following forms and more than one might be present in an abusive situation:

1. Physical abuse
2. Domestic violence
3. Sexual abuse
4. Psychological/emotional abuse
5. Financial or material abuse
6. Modern slavery
7. Discriminatory abuse
8. Organisational abuse
9. Neglect and acts of omission
10. Self-neglect

Other forms of adult and children's related specific abuse are:

- Human trafficking
- Grooming
- Online abuse
- Bullying and cyberbullying

See Appendix 1 for further explanations.

Reporting Concerns of Abuse

In Emergency Situations

If the situation is an emergency, i.e. with a vulnerable person in immediate danger, employees are instructed to call 999 for assistance immediately.

They should give any necessary first aid and contact appropriate emergency services if necessary. If the abuser remains present and poses a threat to any Newcross Healthcare Solutions staff present, as well as the victim, our employees are not expected to put themselves at risk of violence or other harm.

They should then put into action, the organisations procedures on how to respond to abusive, aggressive or violent behaviour, which forms part of the company's policies on health and safety of its staff. (See policy on dealing with violence and aggression).

Reporting Abuse

Any member of Newcross Healthcare Solutions' staff who knows or believes that abuse is occurring has an obligation to report it as quickly as possible to the local Business Centre Manager or Central Support.

If the victim request that the matter should not be reported, the staff member should inform them that they have a duty to report the matter. The organisation recognises that disclosing incidents of abuse is distressful to all involved and will remain vigilant in supporting those affected.

Procedure for Making a Disclosure / Alert

Newcross operates a 24/7 service, with an around the clock manned office facility.

In the event, a staff member has concerns of abuse, they should ensure that they are immediately reported to the local Business Centre Manager or Out of Hours/Central Support Team.

Where an allegation is to be made, Employees should in the first instance raise matters orally or in writing with their direct line manager or Central Support.

Staff members, may if they prefer, raise their concerns directly with the investigating officers detailed below: without any conflict of interest, who can more appropriately investigate the complaint.

1. Managing Director
2. Head of Clinical Governance
3. HR Business Advisor

The member of staff who receives and takes note of the Allegation, must log this information immediately on the internal complaints system which will pass this information immediately to the appropriate designated investigating officer.

During Out of Hours, the Central Support Manager should also be alerted immediately and will assess where extra support may be required.

When the Business Centre Manager/Duty Manager receives a concern of suspected, imminent or actual abuse, the matter should be reported immediately to the local social services department (or relevant safeguarding team) in order that a thorough investigation is opened under the abuse procedures.

A notification form must be completed as required by law and sent to CQC within 24 hours of notification or harm of a person(s) who uses the agency that has been reported to the police. Newcross Healthcare Solutions will take all necessary steps to co-operate fully with the police, local authority and CQC during any investigation.

If the suspected abuser is a member of Newcross Healthcare Solutions employees, the Business Centre Manager will initiate appropriate steps under the disciplinary procedure of the Company and those under the specified procedures established by the safeguarding unit.

Every effort should be made not to interfere with possible evidence.

Further Contact Points and Resources:

To contact the CQC:

Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA
Telephone: 03000 616161
Fax: 03000 616171

Safeguarding Procedural Guidance

Abuse is defined as follows:

Abuse is a violation of an individual's human and civil rights by another person or persons. Abuse of a person often includes behaviour that is abusive in one or more of the categories outlined on the following pages. In particular, the majority of people who are experiencing abuse of any kind will also be experiencing emotional abuse. **Anyone** can be an abuser.

General indicators of an abusive relationship often include the misuse of power by one person over another and are most likely to be found in situations where one person has power over another. For example, where one person is dependent on another for their physical care or due to power relationships in society, (such as, between a professional worker and a service user, a man and a woman or a person of the dominant race/culture and a person of an ethnic minority).

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act or, it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she had not consented or cannot consent. Abuse can occur in any relationship and may result in significant harm to – or exploitation of the person subjected to it.

Adult Financial Abuse

You will need to establish the person at risk's financial situation, for example, his/her pension, benefits, savings. Find out who has been responsible for handling/cashing pension, bank account and the like. Has anyone been appointed as an agent, appointee or power of attorney? Is anyone refusing to give the person his or her pension book, bankbook or similar?

If there is any doubt about the situation, contact the appropriate Benefits Agency Office immediately.

If a worker suspects that financial abuse is occurring and the person at risk is asking for help to regain possession of a Benefits Book, the social worker should ask the Benefits Agency to put a hold on the benefit and issue a new book to the person at risk.

If the person at risk is asking for someone in authority to take on his or her financial affairs, establish whether this should be someone in the local authority, for example, Home Care or another professional.

Acquire the appropriate forms, either appointee forms from the Benefits Agency or Court of Protection forms from the Court of Protection Office.

Liaise with anyone who has been involved in the person at risk's financial affairs, such as his/her bank manager or solicitor.

Recognising Signs of Abuse

Introduction

Apart from the signs of abuse in Appendix 1, these are by no means exhaustive.

Being alert to abuse means:

- ✓ Thinking about what you see and asking if it is acceptable practice.

- ✓ Taking seriously what you are told.
- ✓ Responding to the stresses behind requests for help or other presenting problems.
- ✓ Being alert to signals or non-verbal communication or challenging behaviour,
- ✓ And BE aware this could indicate unacceptable practice is being deliberately hidden or denied.

Responding to Disclosure

Many incidents of abuse only come to light because the abused person discloses the information himself or herself.

The abused person may not understand that they are being abused and so not realized the significance of what they are telling you. Some disclosures happen many years after the abuse. There may be good reasons for this, for example, the person they were afraid of has left the setting. Therefore, any delay in an individual reporting an incident should not cast doubt on its truthfulness.

When someone discloses to you, remember you are not investigating.

Do:

- ✓ Stay calm and try not to show shock.
- ✓ Listen very carefully.
- ✓ Be sympathetic.
- ✓ Be aware of the possibility that medical evidence might be needed.
- ✓ Tell the person that:
- ✓ They did a good/right thing in telling you.
- ✓ You are treating the information seriously.
- ✓ It was not their fault.
- ✓ Explain that you must tell your Supervisor/Line Manager and, with their consent, the manager will contact Social Services, Health or the Police. The manager will, in specific circumstances, contact Social Services without their consent but their wishes will be made clear throughout.
- ✓ If a referral is made but the vulnerable adult is reluctant to continue with an investigation, record this and bring this to the attention of the agency that received the referral. This will enable a discussion of how best to support and protect the vulnerable adult. However, a professional case discussion still needs to take place and should be recorded appropriately.

Do not:

- ✗ Press the person for more details.
- ✗ Promise to keep secrets (you can never keep this kind of information confidential).
- ✗ Pass on the information to anyone other than those with a legitimate 'need to know', such as your Line Manager.
- ✗ Make promises you cannot keep (such as, 'I will never let this happen to you again').
- ✗ Contact the alleged abuser.
- ✗ Be judgmental (for example, 'Why didn't you run away?')
- ✗ Gossip about abuse.
- ✗ Stop someone when they are telling you what has happened to them, as they may never tell you again.

Remember:

Every time the abused person tells someone what happened they are reliving this traumatic incident.

You must:

- ✓ Make a note of what the person actually said, using his or her own words and phrases.
- ✓ Describe the circumstance in which the disclosure came about.
- ✓ Note the setting and anyone else who was there at the time.
- ✓ When appropriate use a body map to indicate the location of cuts, bruises and/or abrasions, noting the colour of any bruising.

Alerting

Protecting vulnerable adults and children is everyone's business. Everyone could potentially be an alerter.

Alerting or raising a concern about abuse involves:

- ✓ Recognizing signs and signals of adult and child abuse.
- ✓ Responding to disclosures.
- ✓ Acting, when necessary, to protect an adult or child and preserve evidence.
- ✓ Reporting a concern, disclosure or allegation.

Definitions

A **concern** of abuse is where a person or agency suspects that a person(s) is/are being abused.

An **allegation** of abuse is where a person or agency states that a person(s) is/are being abused.

A **disclosure** of abuse is where a person(s) states that they are being abused.

Responsibilities

As an alerter, you are not asked to prove that information is true. You *are* being asked to log your concerns or disclosures made to you and then report them to local safeguarding agencies, or the police. The police have the responsibility for establishing whether or not a criminal offence has been committed.

It is the responsibility of the statutory authority to then instigate the Safeguarding process, and you will receive information about this. These procedures are written to ensure that the response to any abusive situation is at an appropriate level, co-ordinated and happens in the least intrusive way for the vulnerable adult.

Immediate Action

If you or a vulnerable adult or child are in a violent situation and feel in immediate Danger, call the Police on 999. If the vulnerable adult is injured, call for an Ambulance. If you suspect a serious sexual assault has happened, the Police will take over this situation. In some circumstances, the alleged abuser may also need support and possibly immediate action from safeguarding agencies to make the situation safe for both parties. In these cases, we may well need to call for support to manage these arrangements, such as another worker.

Following any abusive incident, remember four basic rules:

1. **Ensure safety** – Look after the victim and keep them safe. Protect other possible vulnerable adults or children. If the perpetrator is also a service user, support them but also consider any possible further risk.
2. **Preserve forensic evidence** – Preserving and Protecting Evidence.
3. **Contact the local Business Centre Manager** – as soon as possible and tell them what has happened. Discuss with them whether the incident, allegation or disclosure is to be reported to the Police for investigation.
4. **Hand write a report** – of what happened in the order it happened as soon as you practically can – use anything to write the report on and keep it safe.

Where the situation does not present as an emergency but you are informing your Branch, who will in turn inform local safeguarding agencies, the Police, and Care Quality Commission as required, be prepared to give as much of the following information as you can:

Information that may be required:

- ✓ Name(s) by which the person is known, date of birth, address, language spoken and method of communication, racial origin and current whereabouts of the vulnerable adult or child.
- ✓ Your name and your involvement.
- ✓ What happened, where and when.
- ✓ Details of the alleged abuser, such as name, date of birth, address, the language spoken or method of communication, current whereabouts and his/her relationship to the person being referred.
- ✓ Whether there are any other people, including any children, who may be at risk.
- ✓ Details of other agencies involved with the vulnerable adult or child, especially GP.
- ✓ Awareness of the person being referred, carers and alleged abuser to your making this referral.
- ✓ It is also important to pass on how the abused person feels about you making this referral.
- ✓ The likely movements of the person being referred and the alleged abuser within the next 24 hours.

Note:

You may not have all of this information but give all the information you do have when making a referral. Where possible, the opinion of the abused person should always be sought when deciding whether to inform Social Services or the Police. There may be circumstances where you need to overrule their wishes. This would normally be the decision of your Business Centre Manager and/or the Manager of the clinical unit where the alleged abuse has taken place.

Should you suspect that your Business Centre Manager could be involved in the abuse, contact the Police and/or safeguarding agencies directly.

You may be invited to co-operate with any investigation. This may include:

- ✓ Providing a statement.
- ✓ Attending strategy meetings and case conferences.

- ✓ Contributing towards the plans for the vulnerable adult 's care and/or protection depending upon the level of your involvement with the individual.

Remember

- *Do not start investigating the incident yourself.*
- *Do not talk to the alleged abuser about the incident if they contact you and never give them any information about the abused person, especially not the abused person's whereabouts.*
- *At this stage, do not discuss what has happened with carers or relatives of the abused person.*

Should I make a safeguarding referral?

If the Business Centre Manager is unsure if it is appropriate to make a safeguarding referral who can he/she share their concerns with?

This can be anyone that has had training and is aware of adult or child safeguarding. A discussion to clarify information and the allegations may help focus what is required.

Others could be:

- Regional manager
- Lead nurses
- Clinical Governance
- Local Authority Safeguarding

Where and how do I make a safeguarding referral?

The branch will have the details of their local adult and child safeguarding referral process. Maintained by their Local Authority.

This could involve:

- Encrypted Email
- Telephone
- Website

These details will be displayed within easy access of all branch staff. Such places could be notice boards, in a safeguarding folder with the policy, branch folder on PC's (See Appendix 2 for a blank copy of local safeguarding details form).

Example only

Safeguarding Referral Information for: Truro			Local Authority: Cornwall	
Safeguarding Team	Website	Telephone No	Secure email (to be confirmed with LA)	Date info checked and updated
Adult	https://www.cornwall.gov.uk/health-and-social-care/adult-social-care/safeguarding-adults/information-for-professionals/	Access Team 0300 1234 131 Option 2 01872 326433 (Adult Safeguarding Triage Team)	adultsafeguardingreferrals@cornwall.gcsx.gov.uk	17/02/2019
Child	https://www.cornwall.gov.uk/health-and-social-care/childrens-services/child-protection-and-safeguarding/	Multi Agency Referral Unit 0300 1231 116	Not shown	01/10/2019

What Happens to the Referral?

It is vital to acknowledge the importance recognising and reporting adult and child abuse plays in the overall protection of both vulnerable adults and children.

Once a referral has been made to the relevant statutory agency, that agency will send the alerter a letter of acknowledgement of their referral, which will also set out in brief an explanation of the follow-up process.

Confidential alerters

If your Manager or his or her Manager is the abuser or is colluding in the abuse, you may need to find someone you can trust outside your immediate branch.

The client’s interest is paramount and the common law “duty of care” requires that each employee has a responsibility to:

- Draw attention to any matter they consider to be damaging to the interests of a service user, carer or colleague
- Put forward suggestions that may improve a service
- Correct any omissions
- Prevent malpractice

Confidential alerters will always be:

- Treated seriously
- Treated confidentially where relevant
- Treated in a fair and equitable manner
- Kept informed of action taken and its outcome

If at any stage an employee is unhappy with the way the issue has been dealt with, they can contact:

Michelle Gorringe (RN)
Managing Director
Newcross Healthcare Solutions Ltd
Waterside,
Berry Pomeroy,
Devon,
TQ9 6LH
Telephone: 01803 867800
Fax: 01803 867218

Timescales

Due to the varied nature of these sorts of complaints, which may involve internal Investigators and / or the police, it is not possible to lay down precise timescales for such investigations. The investigating officer should ensure that the investigations are undertaken as quickly as possible without affecting the quality and depth of those investigations.

Steps to be taken by Branch Managers/Appointed person

The investigating officer should follow these steps:

- Full details and clarifications of the allegation should be obtained. Including any confirmation and evidence given by the service user where appropriate.
- The local safeguarding agencies Lead Inspector as Defined in the Local Area Protection Plan should be informed of the allegation and facts so far obtained. They will then advise on how to proceed.
- If there is an allegation against one of our staff, the investigating officer should inform the member of staff against whom the allegation is made as soon as is practically possible. The member (s) of staff will be invited to attend a formal investigatory meeting and will also be informed of their right to be accompanied by a trade union or other representative at any future interview or hearing held under the provision of these procedures.
- The employee/employees will also be flagged on our system and unable to work until cleared to do so. (unless we are advised by the Police not to discuss the matter with them)
- The allegations should be fully investigated by the local safeguarding agencies Team/Lead or investigating officer for the area where the alleged abuse took place. Safeguarding may liaise with the police department, seeking assistance where appropriate of other individuals / bodies.
- The CQC may also be involved and a representative from the Branch (i.e. Manager) may be asked to attend safeguarding meetings until the matter has been resolved.
- A judgment concerning the allegation and validity of the complaint will be made by the investigating officer. This judgment will be detailed in a written report containing the findings of the investigations and reasons for the Judgment.

- The complainant should be kept informed of the progress of the investigations and, if appropriate, of the final outcome. However, for reason of confidentiality it may not always be possible to advise complainants of the outcome of their allegations
- If appropriate, a copy of the outcomes will be passed to the Company Auditors to enable a review of the procedures.
- If any employee is found to have committed abuse against a vulnerable adult, and they have been dismissed or formally suspended, we will complete an ISA/PVG referral and send to the ISA (England)/PVG (Scotland). If the employee is a Nurse – the matter will also be referred to the NMC by the Quality Assurance Manager.
- All documents relating to this investigation are to be held securely within the Head Office folder in the Safeguarding files, and only accessed by the Clinical Lead, Quality Assurance Manager and Head of Human Resources.

Guidance on the Use of Mobile Phones and cameras

Newcross takes steps to ensure that there are effective procedures in place to protect any service users under our care from the unacceptable use of smartphones and cameras in any care setting or in any other setting whilst we are delivering care and support.

Newcross employees are expected not to use any camera or phone whilst on duty and are not permitted to use their own mobile or camera phones at any time to take photographs of service users, family/friends or other staff in connection with their work.

The use of messaging platforms and groups (for example, Whatsapp and similar apps) in care packages are not permitted. Newcross employees must adhere to their responsibilities under GDPR (the General Data Protection Regulation) and follow the guidelines laid out in this policy, alongside other Newcross policies such as:

- (POL 008) Data Protection (GDPR) Policy
- (POL 018) Social Media Policy
- (POL 350) Understanding Professional Boundaries Policy

All staff should remain alert to the capability of mobile communication devices to record visual images and audio which could be potentially abusive or breach the confidentiality, privacy and dignity of people under our care.

Any employee who is found to be using or have used their mobile's recording or photographic facility to record or take pictures of a service user or of other situations whilst on placement will be asked to delete these images, and may undergo disciplinary action. Should we discover illegal images have been downloaded the police will be informed and will take appropriate action.

Appendix 1 – Types of abuse

There are different forms of abuse, as described below:

Type of Abuse	This abuse may include	Signs that the abuse is taking place may include:
Physical Abuse	<ul style="list-style-type: none"> • Assault • Hitting • Slapping • Pushing • Kicking • Burning and scalding • Biting and scratching • Misuse of medication • Restraint or inappropriate physical sanctions 	<p>Adult</p> <ul style="list-style-type: none"> • No explanation for injuries or inconsistency with the account of what happened • Injuries are inconsistent with the person’s lifestyle • Bruising, cuts, welts, bite marks, burns and/or marks on the body or loss of hair in clumps • Frequent injuries • Unexplained falls • Subdued or changed behaviour in the presence of a particular person • Signs of malnutrition • Failure to seek medical treatment or frequent changes of GP • Missing or medication not obtained • Anxiety/depression <p>Child – also as above</p> <ul style="list-style-type: none"> • No explanation for injuries or inconsistency with the account of what happened in relation to their stage of development • Behavioural issues • Eating disorders • Issues at school • Risky sexual behavior
Domestic violence	<ul style="list-style-type: none"> • Psychological • Physical • Sexual, • Financial • Emotional abuse • So called ‘honour’ based violence 	<p>Adult</p> <ul style="list-style-type: none"> • Low self-esteem • Feeling that the abuse is their fault when it is not • Physical evidence of violence such as bruising, cuts, broken bones • Verbal abuse and humiliation in front of others • Fear of outside intervention • Damage to home or property • Isolation – not seeing friends and family • Limited access to money • Alcohol or drug misuse <p>Child – also as above</p> <ul style="list-style-type: none"> • Aggression or bullying • Attention seeking • Bed-wetting, nightmares or insomnia • Constant or regular sickness, like colds, headaches and mouth ulcers • Eating disorders • Drug and alcohol use • Problems in school or trouble learning • Tantrums • Withdrawn

		Children may be affected by witnessing domestic abuse.
Sexual Abuse	<ul style="list-style-type: none"> • Rape • Indecent exposure • Sexual harassment • Inappropriate looking or touching • Sexual teasing or innuendo, • Sexual photography • Subjection to pornography or witnessing sexual acts • Indecent exposure and sexual assault or sexual acts to which the person has not consented, under the legal age or was pressured into consenting. <p>Any sexual activity involving staff will be regarded as contrary to professional standards and hence abusive.</p>	<p>Adult</p> <ul style="list-style-type: none"> • Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck • Torn, stained or bloody underclothing • Bleeding, pain or itching in the genital area • Unusual difficulty in walking or sitting • Foreign bodies in genital or rectal openings • Infections, unexplained genital discharge, or sexually transmitted diseases • Pregnancy in a woman who is unable to consent to sexual intercourse • The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude • Incontinence not related to any medical diagnosis • Self-harming • Poor concentration, withdrawal, sleep disturbance • Excessive fear/apprehension of, or withdrawal from, relationships • Fear of receiving help with personal care • Reluctance to be alone with a particular person • Unaccountable gifts or money • Alcohol or drug misuse <p>Child – also as above</p> <ul style="list-style-type: none"> • Language or sexual behaviour you wouldn't expect them to know • Having nightmares or bed-wetting • Drug and alcohol use • Changes in eating habits or developing an eating problem • Pregnancy <p>The signs that a person may be experiencing sexual abuse and psychological abuse are often very similar. This is due to the emotional impact of sexual abuse on a person's sense of identity and to the degree of manipulation that a perpetrator may carry out in 'grooming' a victim.</p>
Psychological/ Emotional Abuse	<ul style="list-style-type: none"> • Threats of harm or abandonment • Deprivation of contact • Humiliation • Blaming • Controlling • Intimidation • Coercion • Harassment • Verbal abuse/excessive criticism • cyber bullying • Isolation or 	<p>Adult</p> <ul style="list-style-type: none"> • Difficulty gaining access to the person on their own or the person gaining opportunities to contact you • The person not getting access to medical care or appointments with other agencies • Low self-esteem • Lack of confidence and anxiety • Increased levels of confusion • Increased urinary or fecal incontinence • Sleep disturbance • The person feeling/acting as if they are being watched all of the time • Decreased ability to communicate • Communication that sounds like things that the perpetrator would say or language being used that is not usual for the service user

	<p>unreasonable and unjustified withdrawal of services or supportive networks.</p> <p><i>Note: Emotional abuse will usually occur in conjunction with other forms of abuse.</i></p>	<ul style="list-style-type: none"> • Deference/submission to the perpetrator • Fear of the perpetrator • An air of silence when a particular person is present • Withdrawal or change in the psychological state of the person • Uncooperative and aggressive behaviour • A change of appetite, weight loss/gain • Signs of distress: tearfulness, anger • Apparent false claims, by someone involved with the person, to attract unnecessary treatment <p>Child – also as above</p> <ul style="list-style-type: none"> • Act in a way that's inappropriate for their age • Be overly-affectionate to strangers or people they don't know well • Not have a close relationship or bond with their parent • Be aggressive or cruel towards other children or animals • Use language you wouldn't expect them to know for their age • Act in a way or know about things you wouldn't expect them to know for their age • Have extreme outbursts • Seem isolated from their parents • Lack social skills • Have few or no friends <p>Children experiencing emotional abuse will carry this into adulthood.</p>
<p>Financial or Material Abuse</p>	<ul style="list-style-type: none"> • Theft • Fraud • Internet scamming • Exploitation • Coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. 	<p>Adult</p> <ul style="list-style-type: none"> • Missing personal possessions • Unexplained lack of money or inability to maintain lifestyle • Unexplained withdrawal of funds from accounts • Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity • Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so • The person allocated to manage financial affairs is evasive or uncooperative • The family or others show unusual interest in the assets of the person • Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA • Recent changes in deeds or title to property • Rent arrears and eviction notices • A lack of clear financial accounts held by a care home or service • Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person • Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house • Unnecessary property repairs • Sudden loss of assets • Unusual or inappropriate financial transactions • Visitors whose visits always coincide with the day a person's

		<p>benefits are cashed</p> <ul style="list-style-type: none"> • Insufficient food in the house • Bills not being paid • A person who is managing the finances being overly concerned with money • A sense that the person is being tolerated in the house due to the income they bring in; sometimes with that person not included in the activities the rest of the family enjoys • Additional Information for those undertaking investigations into Financial Abuse
Modern Slavery	<ul style="list-style-type: none"> • Encompasses slavery • Human trafficking • Forced labour and domestic servitude. <p>Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.</p>	<p>Adult & Child</p> <ul style="list-style-type: none"> • Signs of physical or emotional abuse • Appearing to be malnourished, unkempt or withdrawn • Isolation from the community, seeming under the control or influence of others • Living in dirty, cramped or overcrowded accommodation and or living and working at the same address • Lack of personal effects or identification documents • Always wearing the same clothes • Avoidance of eye contact, appearing frightened or hesitant to talk to strangers • Fear of law enforcer
Discriminatory Abuse	<p>Harassment, slurs or similar treatment; because of;</p> <ul style="list-style-type: none"> • race • gender • gender identity • age • disability • sexual orientation • religion 	<p>Adult & Child</p> <ul style="list-style-type: none"> • The person appears withdrawn and isolated • Expressions of anger, frustration, fear or anxiety • The support on offer does not take account of the person's individual needs in terms of a protected characteristic
Organisational abuse	<p>Neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organization</p> <ul style="list-style-type: none"> • Discouraging visits or 	<p>Adult & Child</p> <ul style="list-style-type: none"> • Lack of flexibility and choice for people using the service • Inadequate staffing levels • People being hungry or dehydrated • Poor standards of care • Lack of personal clothing and possessions and communal use of personal items • Lack of adequate procedures • Poor record-keeping and missing documents • Absence of visitors • Few social, recreational and educational activities • Public discussion of personal matters • Unnecessary exposure during bathing or using the toilet • Absence of individual care plans • Lack of management overview and support

	<p>the involvement of relatives or friends</p> <ul style="list-style-type: none"> • Run-down or overcrowded establishment • Authoritarian management or rigid regimes • Lack of leadership and supervision • Insufficient staff or high turnover resulting in poor quality care • Abusive and disrespectful attitudes towards people using the service • Inappropriate use of restraints • Lack of respect for dignity and privacy • Failure to manage residents with abusive behaviour • Not providing adequate food and drink, or assistance with eating • Not offering choice or promoting independence • Misuse of medication • Failure to provide care with dentures, spectacles or hearing aids • Not taking account of individuals' cultural, religious or ethnic needs • Failure to respond to abuse appropriately • Interference with personal correspondence or communication • Failure to respond to complaints 	
Neglects and Acts of	<ul style="list-style-type: none"> • Ignoring medical, emotional or physical 	Adult <ul style="list-style-type: none"> • Poor environment – dirty or unhygienic

<p>Omissions</p>	<p>care needs</p> <ul style="list-style-type: none"> • Failure to provide access to appropriate health, care and support or educational services • The withholding of the necessities of life, such as adequate nutrition clothing, shelter and heating • A person is not properly supervised or kept safe. • A person isn't given proper health care. This includes dental care and refusing or ignoring medical recommendations. 	<ul style="list-style-type: none"> • Malnutrition • Rapid or continuous weight loss • Not having access to necessary physical equipment or aids • Inadequate or inappropriate clothing • Untreated medical problems • Accumulation of untaken medication • Dirty clothing/bedding • Lack of personal care • Skin issues, such as sores, rashes, flea bites, scabies or ringworm • If neglect is due to a carer being over-stretched or under-resourced, the carer may seem very tired, anxious or apathetic. <p>Child – also as above</p> <ul style="list-style-type: none"> • Having frequent and untreated nappy rash in infants • Missed medical appointments, such as for vaccinations • Poor language or social skills • Repeated accidental injuries, often caused by lack of supervision • Thin or swollen tummy • Weight or growth issues • Taking on the role of carer for other family members • Becoming clingy • Becoming aggressive • Being withdrawn, depressed or anxious • Changes in eating habits • Displaying obsessive behaviour • Finding it hard to concentrate or take part in activities • Missing school • Showing signs of self-harm • Using drugs or alcohol. <p>Further issues can develop going into adulthood -</p> <ul style="list-style-type: none"> • Problems with brain development • Taking risks, like running away from home, using drugs and alcohol or Breaking the law • Getting into dangerous relationships • Difficulty with relationships later in life, including with their own children
<p>Self-neglect</p>	<p>Covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings.</p> <ul style="list-style-type: none"> • Lack of self-care to an extent that it threatens personal health and safety • Neglecting to care for one's personal hygiene, health or surroundings • Inability to avoid self- 	<p>Adult</p> <ul style="list-style-type: none"> • Very poor personal hygiene • Unkempt appearance • Lack of essential food, clothing or shelter • Malnutrition and/or dehydration • Living in squalid or unsanitary conditions • Neglecting household maintenance • Hoarding • Collecting a large number of animals in inappropriate conditions • Non-compliance with health or care services • Inability or unwillingness to take medication or treat illness or injury

	<p>harm</p> <ul style="list-style-type: none"> • Failure to seek help or access services to meet health and social care needs • Inability or unwillingness to manage one's personal affairs 	
Human trafficking	<ul style="list-style-type: none"> • Sexual exploitation • Benefit fraud • Forced marriage • Domestic slavery like cleaning, cooking and childcare • Forced labour in factories or agriculture • Committing crimes, like begging, theft, working on cannabis farms or moving drugs. 	<p>Adult & Child</p> <ul style="list-style-type: none"> • Spend a lot of time doing household chores • Rarely leave their house or have no time for playing • Be orphaned or living apart from their family • Live in low-standard accommodation • Be unsure which country, city or town they're in • Can't or are reluctant to share personal information or where they live • Not be registered with a school or a GP practice • Have no access to their parents or guardians • Be seen in inappropriate places like brothels or factories • Have money or things you wouldn't expect them to • Have injuries from workplace accidents • Give a prepared story which is very similar to stories given by other children.
<p>Please note the following relate to Children and Young People. But may also apply to Adults specifically those that are vulnerable within our society.</p>		
Grooming	<p>The relationship a groomer builds can take different forms. This could be:</p> <ul style="list-style-type: none"> • A romantic relationship • A mentor • An authority figure • A dominant and persistent figure. <p>A groomer can use the same sites, games and apps as young people, spending time learning about a young person's interests and use this to build a relationship with them. Children can be groomed online through:</p> <ul style="list-style-type: none"> • Social media networks 	<p>Child</p> <ul style="list-style-type: none"> • Being very secretive about how they're spending their time, including when online • Having an older boyfriend or girlfriend • Having money or new things like clothes and mobile phones that they can't or won't explain • Underage drinking or drug taking • Spending more or less time online or on their devices • Being upset, withdrawn or distressed • Sexualised behaviour, language or an understanding of sex that's not appropriate for their age • Spending more time away from home or going missing for periods of time. <p>Children, young people and adults may live with:</p> <ul style="list-style-type: none"> • Anxiety and depression • Eating disorders • post-traumatic stress • Difficulty coping with stress

	<ul style="list-style-type: none"> • Text messages and messaging apps, like Whatsapp • Email • Text, voice and video chats in forums, games and apps. 	<ul style="list-style-type: none"> • Self-harm • Suicidal thoughts • Sexually transmitted infections • Pregnancy • Feelings of shame and guilt • Drug and alcohol problems • Relationship problems with family, friends and partners.
<p>Bullying and cyberbullying</p>	<p>Bullying can take different forms. It could include:</p> <ul style="list-style-type: none"> • Physical bullying: hitting, slapping or pushing someone • Verbal bullying: name calling, gossiping or threatening someone • Non-verbal abuse: hand signs or text messages • Emotional abuse: threatening, intimidating or humiliating someone • Exclusion: ignoring or isolating someone • Undermining, constant criticism or spreading rumours • Controlling or manipulating someone • Making silent, hoax or abusive calls • Racial, sexual or homophobic bullying • Bullying someone because they have a disability. <p>Cyberbullying can include:</p> <ul style="list-style-type: none"> • Sending threatening or abusive text messages • Creating and sharing embarrassing images or videos • Trolling – the sending of menacing or upsetting messages on social networks, chat rooms or online games • Excluding children from online games, activities or friendship groups • Shaming someone online 	<ul style="list-style-type: none"> • Belongings getting 'lost' or damaged • Physical injuries, such as unexplained bruises • Being afraid to go to school, being mysteriously 'ill' each morning, or skipping school • Not doing as well at school • Asking for, or stealing, money (to give to whoever's bullying them) • being nervous, losing confidence, or becoming distressed and withdrawn • Problems with eating or sleeping • Bullying others <p>Children who are bullied:</p> <ul style="list-style-type: none"> • Very real threat of self-harm and even suicide. • May develop mental health problems like depression and anxiety • Have fewer friendships • Aren't accepted by their peers • Are wary and suspicious of others • Have problems adjusting to school, and don't do as well.

	<ul style="list-style-type: none"> • Setting up hate sites or groups about a particular child • Encouraging young people to self-harm • Voting for or against someone in an abusive poll • Creating fake accounts, hijacking or stealing online identities to embarrass a young person or cause trouble using their name • Sending explicit messages, also known as sexting • Pressuring children into sending sexual images or engaging in sexual conversations. 	
<p>Online abuse</p>	<p>Online abuse is any type of abuse that happens on the internet. It can happen across any device that's connected to the web, like computers, tablets and mobile phones. And it can happen anywhere online, including:</p> <ul style="list-style-type: none"> • Social media • Text messages and messaging apps • Emails • Online chats • online gaming • Live-streaming sites. 	<ul style="list-style-type: none"> • Spend a lot more or a lot less time than usual online, texting, gaming or using social media • Seem distant, upset or angry after using the internet or texting • Be secretive about who they're talking to and what they're doing online or on their mobile phone • Have lots of new phone numbers, texts or email addresses on their mobile phone, laptop or tablet. <p>Some of the signs of online abuse are similar to other abuse types:</p> <ul style="list-style-type: none"> • Cyberbullying • Grooming • Sexual abuse • Child sexual exploitation.

Child Sexual Exploitation (CSE)

Child sexual exploitation (CSE) is a type of sexual abuse. When a child or young person is exploited they're given things, like gifts, drugs, money, status and affection, in exchange for performing sexual activities. Children and young people are often tricked into believing they're in a loving and consensual relationship. This is called grooming. They may trust their abuser and not understand that they're being abused.

Children and young people can be trafficked into or within the UK to be sexually exploited. They may be moved around the country and abused by being forced to take part in sexual activities, often with more than one person. Young people in gangs can also be sexually exploited.

Sometimes abusers use violence and intimidation to frighten or force a child or young person, making them feel as if they've no choice. They may lend them large sums of money they know can't be repaid or use financial abuse to control them.

Anybody can be a perpetrator of CSE, no matter their age, gender or race. The relationship could be framed as friendship, someone to look up to or romantic. Children and young people who are exploited may also be used to 'find' or coerce others to join groups.

CSE can happen in person or online. An abuser will gain a child's trust or control them through violence or blackmail before moving onto sexually abusing them. This can happen in a short period of time.

When a child is sexually exploited online they might be persuaded or forced to:

- Send or post sexually explicit images of themselves
- Film or stream sexual activities
- Have sexual conversations.

Once an abuser has images, video or copies of conversations, they might use threats and blackmail to force a young person to take part in other sexual activity. They may also share the images and videos with others or circulate them online.

Gangs use sexual exploitation:

- To exert power and control
- For initiation
- To use sexual violence as a weapon.

Sexual exploitation can be difficult to spot and sometimes mistaken for "normal" teenage behaviour. Knowing the signs can help protect children and help them when they've no one else to turn to.

Signs of sexual abuse and grooming maybe present, also:

- Having an older boyfriend or girlfriend.
- Staying out late or overnight.
- Having a new group of friends.
- Missing from home or care, or stopping going to school or college.
- Hanging out with older people, other vulnerable people or in antisocial groups.
- Involved in a gang.
- Involved in criminal activities like selling drugs or shoplifting.

Female genital mutilation (FGM)

Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done.

It's also known as "female circumcision" or "cutting", and by other terms such as sunna, gudniin, halalays, tahur, megrez and khitan, among others.

FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. It is illegal in the UK and is child abuse. FGM is covered under Child Safeguarding policies and awareness. However, the long-term effects and impact of FGM will continue with the girl through adulthood and an awareness and the ability to advise the woman in your care to seek medical advice is necessary for all Newcross staff.

Long-term effects of FGM

Girls and women who have had FGM may have problems that continue through adulthood, including:

- difficulties urinating or incontinence
- frequent or chronic vaginal, pelvic or urinary infections
- menstrual problems
- kidney damage and possible failure
- cysts and abscesses
- pain when having sex
- infertility
- complications during pregnancy and childbirth
- emotional and mental health problems.

Non-recent Abuse

Non-recent child abuse, sometimes called historical abuse, is when an adult was abused as a child or young person under the age of 18. Sometimes adults who were abused in childhood blame themselves or are made to feel it's their fault. The impact of child abuse can last a lifetime. Abuse can have a huge effect on your health, relationships and education and can stop you from having the childhood and life you deserve. You might find it harder to cope with life's stresses, getting a job or being the type of parent, you want to be. You may also develop mental health problems and drug or alcohol issues.

The effects can be short term but sometimes they last into adulthood. If someone has been abused as a child, it's more likely that they'll suffer abuse again. This is known as revictimisation.

The long-term effects of abuse and neglect can include:

- Emotional difficulties like anger, anxiety, sadness or low self-esteem

- Mental health problems like depression, eating disorders, self-harm or suicidal thoughts
- Problems with drugs or alcohol
- Disturbing thoughts, emotions and memories
- Poor physical health
- Struggling with parenting or relationships.

It's never too late to report abuse that someone has experienced. But they don't have to report it to anyone if they don't want to. And no one should pressure or force them to do anything they don't want to.

Some people report non-recent abuse to stop the offender abusing other children. Some find that reporting gives them a sense of closure and helps them to start moving on.

Prevent

Another aspect of safeguarding is the Prevent duty. As part of Contest (United Kingdom's counter-terrorism strategy), the aim of Prevent is to stop people from becoming terrorists or supporting terrorism. The health sector has a non-enforcement approach to Prevent and focuses on support for vulnerable individuals and health care organisations. The Prevent agenda requires healthcare organisations to work with partner organisations to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals and making safety a shared endeavour.

Three national objectives have been identified for the Prevent strategy:

- Objective 1: respond to the ideological challenge of terrorism and the threat we face from those who promote it
- Objective 2: prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support
- Objective 3: work with sectors and institutions where there are risks of radicalisation which we need to address

Possible indicators

Indicators that staff may observe or identify regarding individuals' behaviour or actions may include the following:

- Spending increasing time in the company of other suspected extremists
- Changing their style of dress or personal appearance to accord with the group
- Day-to-day behaviour becoming increasingly centred on an extremist ideology, group or cause

- Loss of interest in other friends and activities not associated with the extremist ideology, group or cause
- Possession of materials or symbols associated with an extremist cause
- Attempts to recruit others to the group/cause
- Communications with others that suggest identification with a group, cause or ideology
- Using insulting or derogatory names for another group
- Increase in prejudice-related incidents committed by that person which may include:
 - Physical or verbal assault
 - Provocative behaviour
 - Damage to property
 - Derogatory name-calling
 - Possession of prejudice-related materials
 - Prejudice related ridicule or name-calling
 - Inappropriate forms of address
 - Refusal to co-operate
 - Attempts to recruit to prejudice-related organisations
 - Condoning or supporting violence towards others

Concerns

Concerns expressed by Newcross staff that an individual may be vulnerable to radicalisation does not mean that Newcross thinks the person is a terrorist. It means that Newcross is concerned they are prone to being exploited by others and so the concern is a safeguarding matter.

Newcross staff **MUST** raise any concerns with the Newcross Prevent Lead as soon as possible or with any of the key contacts in the business, CCG, the Police or Crimestoppers.

Contact details and further information:

Newcross Prevent Lead - Shay Walsh

shay.walsh@newcrosshealthcare.com - Please use the word PREVENT in the subject

Tel: 0117 911 9677

Appendix 2 – Local safeguarding referral information form

A word copy is also available of this form

Safeguarding Referral Information for:			Local Authority:	
Safeguarding Team	Website	Telephone No	Secure email (to be confirmed with LA)	Date info checked and updated
Adult				
Child				