



INTEGRO

Medical Clinics

**SAFEGUARDING ADULTS AND
CHILDREN POLICY**

INTEGRO POLICY PROCEDURE

SUMMARY	<p>Integro Medical Clinics Limited (“Integro Medical Clinics”) takes safeguarding adults and children very seriously and ensures that the central premise of the policy is respect for the rights and dignity of all adults regardless of their age, gender, ethnic origin, culture, faith, ability, or sexuality. People’s rights will be positively promoted through service support and delivery.</p> <p>The Care Act (2014), The Mental Capacity Act (2005) and The Humans Rights Act (1998) provide the legislative framework underpinning current practice within this area. Section 11 of the Children Act 2004 places a legal duty on all healthcare organisations and Integro Medical Clinics will ensure that the law is followed along with Regulation 13 of the Health and Social Care Act 2008.</p>	KEY WORDS	<p>Children, Adults, Prevent, Abuse, Child Sexual Exploitation, Female Genital Mutilation, Modern Slavery, Human Trafficking</p>
TARGET AUDIENCE	All clinic staff	DATE OF NEXT REVIEW	01/05/2023
AUTHOR	Registered Manager	DATE ISSUED	13/05/2020
APPROVE BY (NAME & POSITION)	Board of Directors	DATE APPROVED	12/05/2020

VERSION CONTROL

VERSION HISTORY				
VERSION	APPROVED BY	REVISION DATE	DESCRIPTION OF CHANGE	AUTHOR
1	Board of Directors	12/05/2020	New Policy	Registered Manager
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SAFEGUARDING ADULTS AND CHILDREN POLICY

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SAFEGUARDING ADULTS AND CHILDREN POLICY

POLICY INTRODUCTION

1. INTRODUCTION

- 1.1. All clinic staff should be aware of this policy to Protect Adults and Children at risk from abuse and the local Safeguarding Contact points (Local authority). Where harm to a vulnerable person is suspected, alleged or proven, appropriate action should be taken in accordance with such local processes and associated disciplinary procedures. This policy will be available for all staff, and patients on our website: www.integromedicalclinics.com.
- 1.2. This policy reflects 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 clinics, registered care home settings, young people's care and educational establishments or family, friends, and care staff in the individuals own home;
 - Integro Medical Clinics has a duty of care to do everything possible to prevent report and tackle abuse wherever it is encountered;
 - All patients and staff whatever their age, culture, disability, gender, language, racial origin, religious beliefs and/or sexual identity have the right to be protected from harm;
 - All staff working in the company has a responsibility to report concerns to the Registered Manager (except in the case of suspected abuse by that manager – whereby a more senior manager would be contacted);
 - All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately;
 - The welfare of the patient or member of staff remains paramount.

2. WHO DOES THIS POLICY APPLY TO

All clinic staff working within Integro Medical Clinics

3. DEFINITIONS

- 3.1. **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.

4. RESPONSIBILITIES

- 4.1. The Chief Operating Officer (C.O.O) is the named safeguarding member of the Board; all safeguarding concerns and incidents of safeguarding will be reported to the C.O.O. The concerns will also be recorded within the Clinic's Incident

Reporting System. The C.O.O. also has a responsibility to provide assistance and support to the clinical team who may become distressed in certain situations.

- 4.2. The Named Doctor for Safeguarding is the Clinical Director who has the responsibility to ensure that patients are appropriately screened prior to being seen in the clinic. The Clinical Director also has the responsibility to report any allegations of abuse that are disclosed, by either patients or staff, and provide assistance and support where necessary.
- 4.3. The Registered Manager has the responsibility to follow the steps as laid out in this policy, which include, but is not limited to, informing the local social services. In the instance of an emergency, the Registered Manager may make the call directly to the police should they feel there is an imminent danger. The Registered Manager is also responsible for investigating allegations of abuse and recording this information.
- 4.4. All clinic staff have the responsibility to report any instance of abuse whether it has been witnessed or has been disclosed to them, to report the matter directly to the Registered Manager.
- 4.5. The Registered Manager may delegate the investigation of concerns to the Clinic Nurse who will share the findings of her investigation with the Registered Manager and the Clinical Director. They, with the help of the Clinical Governance Board, will determine the appropriate outcome of the investigation. Liaison with all relevant bodies (including local authority and other agencies) will be maintained during the process.
- 4.6. Outcomes of investigations will be shared with relevant personnel where appropriate in the spirit of being open and transparent and continuously learning. The Clinical Governance Board can determine whether such disclosures are appropriate.

SAFEGUARDING ADULTS AND CHILDREN

5. RECRUITMENT

- 5.1. Integro Medical Clinics takes great care in the recruitment of staff, carries out all necessary 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 healthcare workers who are found to be unsuitable to work with vulnerable people. All staff who are employed by Integro Medical Clinics 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.
- 5.2. Integro Medical Clinics will make all staff aware of the policy during induction and ongoing training and instructs them in the specific procedures for preventing, observing and reporting suspicions or signs of abuse. In reporting possible abuse, staff will be made fully aware of the company's Whistleblowing Policy, which recognises that the safety of patients is always their paramount concern. All patients and stakeholders are made aware of the company's determination to take action where it identifies abuse.

6. KEEPING RECORDS

- 6.1. Integro Medical Clinics ensures that all details associated with allegations of abuse are recorded clearly and accurately. The records are kept securely and the rules on confidentiality carefully followed. Reports are made as required to the Local Safeguarding Boards and any other safeguarding agencies involved. Where applicable, a Nurse or Doctor who is suspended or dismissed as a result of causing harm will also be reported to the NMC/GMC where appropriate.
- 6.2. Integro Medical Clinics complies with its legal requirement to refer Nurses, Doctors and other staff to the DBS – for Protection of Vulnerable Adults (Adult List) and Protection of Children (Children’s List) lists. Where the company 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 company, Integro Medical Clinics Limited will inform the relevant bodies and make a referral to DBS.

7. RECOGNISING ABUSE

- 7.1. Integro Medical Clinics expects its clinic staff to be vigilant regarding the welfare of patients and staff. It provides staff training so that they can recognise the risks and signs of abuse.
- 7.2. *See Appendix A for further explanations and types of abuse*

8. CONCERNS OF ABUSE IN EMERGENCY SITUATIONS

- 8.1. If you or a vulnerable adult or child are in a violent situation and feel in immediate danger, call the Police on 999.
- 8.2. If the vulnerable adult is injured, give any necessary first aid and call for an Ambulance if necessary.
- 8.3. If you suspect a serious sexual assault has happened, the Police will take over this situation.
- 8.4. 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.
- 8.5. If the abuser remains present and poses a threat to any clinic staff, as well as the victim, our staff are not expected to put themselves at risk of violence or other harm.
- 8.6. They should then put into action the company’s 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.

9. REMEMBER THE FOUR BASIC RULES FOLLOWING ANY ABUSIVE INCIDENT

- 9.1. **Ensure safety** – Look after the victim and keep them safe. Protect other possible vulnerable adults or children. If the perpetrator is also a patient, support them but also consider any possible further risk.
- 9.2. **Preserve forensic evidence** - Preserving and Protecting Evidence

- 9.3. **Contact the local authority** - 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.
- 9.4. **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

10. INFORMATION THAT MAY BE REQUIRED TO BE PASSED ON TO THE RELEVANT BODY

- 10.1. 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.

- 10.2. 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 Registered Manager or Named Doctor for Safeguarding within the clinic where the alleged abuse has taken place. Should you suspect that your Registered Manager or Named Doctor for Safeguarding 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/child's care and/or protection depending;
- upon the level of your involvement with the individual;
- 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.

11. REPORTING ABUSE

- 11.1. Any member of clinic staff who knows or believes that abuse is occurring has an obligation to report it as quickly as possible to Registered Manager. If the victim requests that the matter should not be reported, the staff member should inform them that they have a duty to report the matter. The company recognises that disclosing incidents of abuse is distressing to all involved and will remain vigilant in supporting those affected.

12. PROCEDURE FOR MAKING A DISCLOSURE/ALERT

- 12.1. In the first instance when a Staff Member has concerns of abuse, they should consider if the patient is in immediate danger and if so contact the police immediately on 999. In addition they should also immediately report their concerns to the Registered Manager on the phone number noted at Appendix C at any time.
- 12.2. If they are unable to contact the Registered Manager in accordance with Para 12.1. they should report the concerns of abuse to the Safeguarding Lead Doctor (Clinical Director). The Clinical Director can be contacted on the phone number noted at Appendix C at any time.
- 12.3. The Registered Manager (or Clinical Director) will assess where extra support may be required including whether the Police need to be notified in accordance with Para 8 above.
- 12.4. The Staff Member who has concerns of abuse should log their concerns on the internal incident management register located in the clinic SharePoint as soon as practically possible. They should then pass this information immediately to the Registered Manager.
- 12.5. When the Registered Manager receives a concern of suspected, imminent or actual abuse, the matter should be reported immediately to the CQC and local social services department (or relevant safeguarding team). If the concern of abuse is about a child, then the Registered Manager will additionally inform the child's school. These notifications ensure that a thorough investigation is opened under the abuse procedures.
- 12.6. Integro Medical Clinics Limited's local social services will be:
 - The Borough of Westminster Social Services can be contacted during working hours in regard to young adults/children on 020 7641 4000 or, by e-mail at: accesstochildrensservices@westminster.gov.uk. If required out of hours they can be contacted on 020 7641 2388
 - For adults they can be contacted on: 020 7641 2176 during office hours or at adultsocialcare@westminster.gov.uk and for out of hours on : 020 7641 6000
 - The CQC can be contacted by post, phone or email
Care Quality Commission Citygate
Gallowgate Newcastle upon Tyne NE1 4PA
Telephone: 03000 616161
Email: enquiries@cqc.org.uk
- 12.7. A notification form must be completed as required by law and sent to the CQC within 24 hours of notification or harm of a person(s) who uses the clinic in the instance that the matter has been reported to the police. Integro Medical Clinics Limited will take all necessary steps to co-operate fully with the police, local authority and CQC during any investigation. Every effort should be made not to interfere with possible evidence

13. RECOGNISING SIGNS OF ABUSE

- 13.1. Signs of abuse are set out in Appendix A. 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.

13.2. Integro Medical Clinics is aware that household isolation during the Coronavirus Pandemic can cause anxiety and risk for those who are experiencing, or feel at risk of, domestic abuse. There is specific guidance relating to this in Appendix D.

14. RESPONDING TO DISCLOSURE

14.1. Many incidents of abuse only come to light because the abused person discloses the information himself or herself or themselves. The abused person may not understand that they are being abused and so not realised 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.

14.2. It is important to:

- 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 the Registered Manager or Safeguarding Lead Doctor, and, with their consent, the member of staff will contact Social Services, the person's GP or the Police. The member of staff 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 member of staff 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.

14.3. 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 the Registered Manager or Named Doctor for Safeguarding;
- 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.

14.4. Remember that every time the abused person tells someone what happened they are reliving this traumatic incident.

14.5. 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 (Appendix B) to indicate the location of cuts, bruises and/or abrasions, noting the colour of any bruising.

15. ALERTING

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

15.2. Alerting or raising a concern about abuse involves:

- Recognising 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.

15.3. 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.

15.4. 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.

16. SHOULD I MAKE A SAFEGUARDING REFERRAL?

16.1. If the Registered Manager is unsure if it is appropriate to make a safeguarding referral, he/she should discuss their concerns with anyone that has had training in adult or child safeguarding. A discussion to clarify information and the allegations may help focus what is required. Others could be:

- Local Authority Safeguarding who can be contacted on 02076414000;
- The Clinical Director.

17. WHAT HAPPENS TO THE REFERRAL?

17.1. 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.

18. CONFIDENTIAL ALERTERS

18.1. 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 clinic team. The patient'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 patient, carer or colleague;
- Put forward suggestions that may improve a service;
- Correct any omissions;
- Prevent malpractice.

18.2. 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.

18.3. If at any stage an employee is unhappy with the way the issue has been dealt with by the Registered Manager or Clinical Director and they do not feel satisfied with the outcome of the escalation, it is possible to escalate the matter further by informing the approved Safeguarding member of the Board – the Chief Operating Officer.

18.4. In accordance with our company policy surrounding staff whistleblowing, all employees should know that there will be no detrimental actions taken against them should they escalate the matter on an individual basis regardless of the circumstance.

19. TIMESCALES

19.1. Due to the varied nature of these types of investigations, which may involve internal Investigations and / or the police, it is not possible to set precise timescales for their completion. The investigating officer should ensure that the investigations are undertaken as quickly as possible without affecting the quality and depth of those investigations. (The national framework for reporting serious incidents and informing the Care Quality Commission will be followed).

20. STEPS TO BE TAKEN BY THE REGISTERED MANAGER/NAMED DOCTOR FOR SAFEGUARDING ADULTS AND CHILDREN

20.1. The Registered Manager should follow these steps:

- Full details and clarifications of the allegation should be obtained. Including any confirmation and evidence

given by the patient where appropriate;

- If there is an allegation against a member of clinic staff, the Registered Manager 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 representative at any future interview or hearing held under the provision of these procedures;
- The employee/employees will also be flagged on our system as 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 Registered Manager, who may liaise with other appropriate safeguarding bodies including if necessary, the police department,
- The CQC who will have been notified may become involved and may ask 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 Registered Manager. This judgment will be detailed in a written report containing the findings of the investigation and reasons for the Judgment;
- The complainant should be kept informed of the progress of the investigation 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 any employee is found to have committed abuse against a vulnerable adult, and they have been dismissed or formally suspended, we will complete a fitness to practice review and inform the GMC/NMC where appropriate;
- If the suspected abuser is a member of the Integro Clinic's staff, the Registered Manager will initiate appropriate steps under the Integro Clinic's disciplinary policy and safeguarding policy, this information will be held confidentially within staff personnel files.
- 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 Registered Manager or Named Doctor for Safeguarding Adults and Children.
- The Registered Manager will complete the investigation within 60 working days, once complete this will be reviewed by the Clinical Governance Board and once agreed shared with appropriate personnel where necessary.

21. STAFF SUPPORT

- 21.1. As we are aware reporting abuse can be very distressing for those involved in the abuse as well as those who the abuse has been disclosed to. It is possible both parties may be in a state of distress. As a result, we will lead an informal support outlet for staff involved in any cases of abuse.
- 21.2. This informal support will be led by the Clinical Director as part of the 'Duty of Care'.
- 21.3. Where appropriate, Integro Medical Clinics will signpost additional support available to staff.

22. GUIDANCE ON THE USE OF MOBILE PHONES AND CAMERAS

- 22.1. Integro Medical Clinics takes steps to ensure that there are effective procedures in place to protect any patients

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. Clinic staff are not permitted to use their own mobile or camera phones at any time to take photographs of patients, family/friends or other staff in connection with their work.

- 22.2. The use of messaging platforms and groups (for example, WhatsApp and similar apps) in care packages are not permitted. All staff must adhere to their responsibilities under GDPR (the General Data Protection Regulation) and follow the guidelines laid out in this policy, alongside other company policies such as:
- Data Protection (GDPR) Policy;
 - Disciplinary Policy;
 - Staff Whistleblowing Policy;
 - Virtual Consultations Protocols.
- 22.3. 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 patient or of other situations whilst working in the clinic 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 (the use of mobile phones will be permitted if using for emergency purposes i.e. calling the police or other emergency services.)

TRAINING

23. TRAINING

- 23.1. Integro Medical Clinics requires staff to be suitably trained, supervised and supported. In particular, the Registered Manager will support the following:
- Each member of staff will have a personal development plan/portfolio in which their training needs are identified, and a plan made as to how such needs will be met
 - Each member of staff will be offered training to meet regulation 13 and relevant National Standards. With regard to Safeguarding we will ensure that all staff undergo Safeguarding training executed by an external approved provider.

MONITORING COMPLIANCE AND POLICY REVIEW

24. MONITORING COMPLIANCE TABLE

ELEMENT TO BE MONITORED	LEAD	TOOL	FREQUENCY	REPORTING ARRANGEMENTS
Safeguarding incidents	Registered Manager	Audit	ANNUAL	Clinical Governance Board
Safeguarding Referrals	Registered Manager	Audit	ANNUAL	Clinical Governance Board

25. POLICY REVIEW DETAILS

- 25.1. We will review this policy in line with any regulatory changes, but we will constantly review it in the light of learning and experience. The review process will be led by the Registered Manager and supported by the Clinical Director.

ADDITIONAL INFORMATION

26. ASSOCIATED COMPANY DOCUMENTS

- Consent Policy
- Mental Capacity Policy
- Health and Safety Policy
- Disciplinary Policy
- Incident Reporting Policy
- Risk Management Policy
- Staff Whistleblowing Policy
- Training Policy
- Quality Assurance Policy
- Virtual Consultations Protocols

27. SUPPORTING REFERENCES

- 27.1. Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (2018)
- 27.2. Intercollegiate Document Safeguarding for Adults and Children 2019

- 27.3. Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HM Government 2007)
- 27.4. Statutory Guidance on promoting the Health and well-being of Looked After Children (DH 2015)
- 27.5. Intercollegiate document, Child Protection Roles and Competencies for Health Staff (2014).
- 27.6. Intercollegiate document, Looked after children: knowledge, skills and competence of health care staff (2015)
- 27.7. "Safeguarding Children in whom Illness is Fabricated or Induced" (2008), HM Government/DCSF.
- 27.8. Children Act 1989
- 27.9. Children Act 2004
- 27.10. Laming Report on Victoria Climbié (2003)
- 27.11. What to do if you're worried a child is being abused (DH, 2015)
- 27.12. Safeguarding children and young people from sexual exploitation (DOE 2009)
- 27.13. Children missing education, statutory guidance for local authorities (DOE 2015)
- 27.14. The Care Act 2014
- 27.15. Human Rights Act 1998
- 27.16. Care and Support Statutory Guidance - issued under the Care Act 2014
- 27.17. Safeguarding Vulnerable Groups Act 2006
- 27.18. Mental Capacity Act 2005
- 27.19. Home Office circular 003/2013. New government domestic violence and abuse definition
- 27.20. Multi-agency practice guidelines: handling cases of Forced Marriage. UK. Forced Marriage Unit. Home Office 2009.
- 27.21. Victims of Modern Slavery – frontline staff guidance. Version 3. March 2016. Home Office 2016.
- 27.22. National Referral Mechanism Guidance. Adult (England and Wales). Updated September 2016. Home Office.

APPENDICES

APPENDIX A: TYPES OF ABUSE

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

Type of Abuse	This abuse may include	Signs that the abuse is taking place may include:
		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. • Any sexual activity involving staff will be regarded as contrary to professional standards and hence abusive. 	<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 	<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

Type of Abuse	This abuse may include	Signs that the abuse is taking place may include:
		<p>the time</p> <ul style="list-style-type: none"> • Decreased ability to communicate • Communication that sounds like things that the perpetrator would say, or language being used that is not usual for the patient.
<p>Psychological/ Emotional Abuse</p>	<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 <p>Isolation or 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>	<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 patient. • 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>
	<ul style="list-style-type: none"> • Theft • Fraud • Internet scamming • Exploitation • Coercion in relation to an adult's 	<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

Type of Abuse	This abuse may include	Signs that the abuse is taking place may include:
Financial or Material Abuse	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>obtained after the person has ceased to have mental capacity</p> <ul style="list-style-type: none"> • 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 benefits are cashed • 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
Modern Slavery	<p>Encompasses</p> <ul style="list-style-type: none"> • Slavery • Human trafficking • Forced labour and domestic servitude. • 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>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 	<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

Type of Abuse	This abuse may include	Signs that the abuse is taking place may include:
	<ul style="list-style-type: none"> • disability • sexual orientation • religion 	
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:</p> <ul style="list-style-type: none"> • Neglect or poor professional practice as a result of the structure, policies, processes and practices within an organization • Discouraging visits or the involvement of relatives or friends • 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 	<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
Neglects and Acts of Omission	<ul style="list-style-type: none"> • Ignoring medical, emotional or physical care needs • Failure to provide access to appropriate health, care and support or educational services • The withholding of the necessities of 	<p>Adult</p> <p>Poor environment – dirty or unhygienic</p> <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

Type of Abuse	This abuse may include	Signs that the abuse is taking place may include:
	<p>life, such as adequate nutrition clothing, shelter and heating</p> <ul style="list-style-type: none"> • 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. 	<p>Signs that the abuse is taking place may include:</p> <ul style="list-style-type: none"> • 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
Self-neglect	<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- harm • Failure to seek help or access services to meet health and social care needs • Inability or unwillingness to manage one’s personal affairs 	<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 <p>Inability or unwillingness to take medication or treat illness or injury</p>

Type of Abuse	This abuse may include	Signs that the abuse is taking place may include:
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 <p>Give a prepared story which is very similar to stories given by other children.</p>
<p>Grooming</p> <p>Please note this relates to Children and Young People but may also apply to Adults, specifically those that are vulnerable within our society.</p>	<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 Text messages and messaging apps, like Whatsapp Email Text, voice and video chats in forums, games and apps. 	<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 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 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 	<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

Type of Abuse	This abuse may include	Signs that the abuse is taking place may include:
<p>Bullying and cyberbullying</p> <p>Please note this relates to Children and Young People but may also apply to Adults, specifically those that are vulnerable within our society.</p>	<p>messages</p> <ul style="list-style-type: none"> • 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 • 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>and withdrawn</p> <ul style="list-style-type: none"> • 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 <p>Have problems adjusting to school, and don't do as well.</p>
<p>Online abuse</p> <p>Please note this relates to Children and Young</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 	<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

Type of Abuse	This abuse may include	Signs that the abuse is taking place may include:
<p>People but may also apply to Adults, specifically those that are vulnerable within our society.</p>	<ul style="list-style-type: none"> • Online chats • online gaming • Live-streaming sites. 	<ul style="list-style-type: none"> • Grooming • Sexual abuse • Child sexual exploitation.
<p>Drug Abuse</p>	<p>The possibility that a patient might be inappropriately seeking medications, and particularly controlled substances, must be always present in the mind of the prescribing clinician and clinical team.</p> <p>Forms of abuse are many and varied, but may include the seeking of drugs:</p> <ul style="list-style-type: none"> - to satisfy existing addiction or dependency; - to treat psychological pain, unpleasant memories and psychological trauma, difficult states of mood or consciousness, without being so advised by their doctor; - to sell for financial gain; - because the person is being coerced to do so; - to administer to others without their consent or without medical advice. <p>Abusive uses may also include the use of appropriately prescribed medications, but outside of the indications, doses and timings recommended by the prescriber.</p>	<p>These include:</p> <ul style="list-style-type: none"> • current or historical use of alcohol or prescribed or illicit drugs; • misrepresenting of medical history or current health condition; • multiple non-sanctioned dose increases; • apparent prescription or medication 'loss'; • prescription alteration or forgery by patient or associate; • stealing, borrowing, obtaining medications from non-medical sources; • Injecting oral medications or altering route of administration; • seeking from multiple doctors or clinics; • resisting suggested therapy changes; • deteriorating function at work, in family etc.; • drug hoarding; • aggressive drug demands; • demands for a particular drug; • use of drug to treat other symptoms.

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 published within all Child Safeguarding policies and awareness documents and training. However, the long-term effects and impact of FGM will continue with the girl through adulthood and awareness and the ability to advise the woman in your care to seek medical advice is necessary for all 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

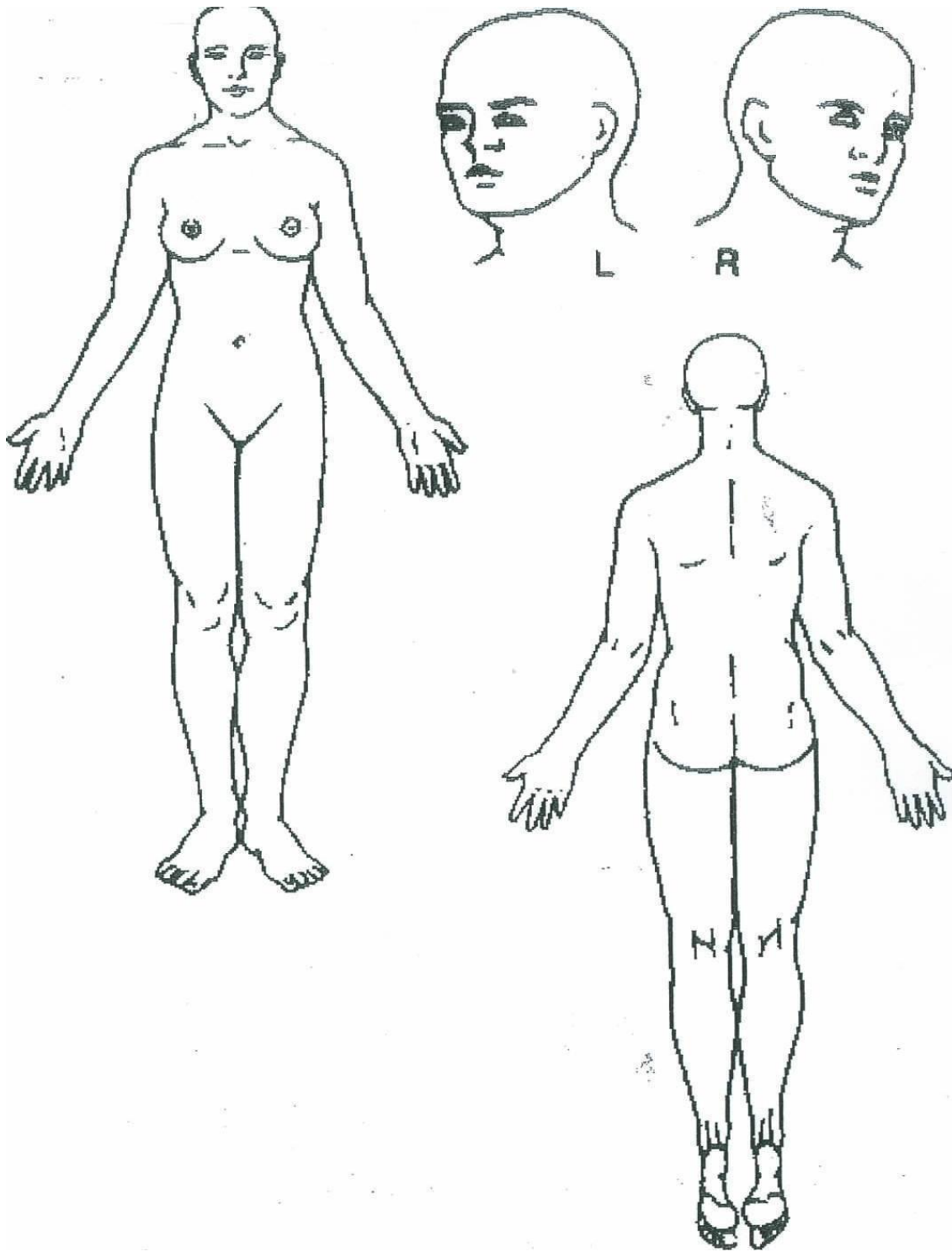
Concerns expressed by staff that an individual may be vulnerable to radicalisation do not mean that the company thinks the person is a terrorist. It means that Integro Medical Clinics is concerned they are prone to being exploited by others and so the concern is a safeguarding matter.

Clinic staff **MUST** raise any concerns with the Registered Manager or Named Doctor for safeguarding as soon as possible or with local authority.

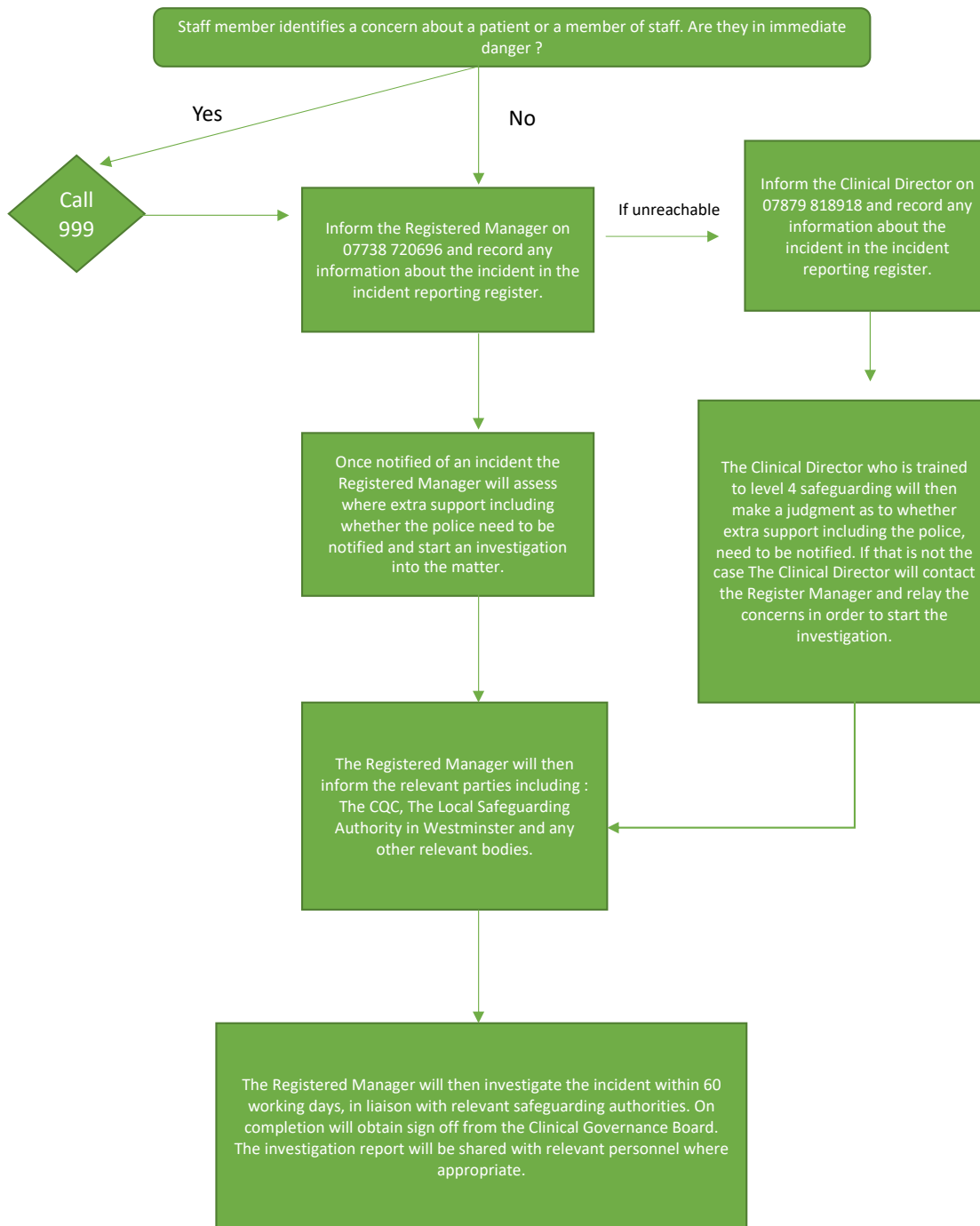
Contacting PREVENT

In the instance of a PREVENT claim where it has been determined that a patient is at risk of becoming radicalised the appropriate body to contact are The NaCTSO who can be contacted anonymously on the hotline: 0800789321.

APPENDIX B: ADULT PROTECTION BODY MAPS



APPENDIX C: REPORTING ARRANGEMENTS FLOW CHART



APPENDIX D: DOMESTIC VIOLENCE AND ABUSE - SAFEGUARDING DURING THE COVID-19 CRISIS**Message to all Patients and Staff of Integro Medical Clinics Limited**

Integro Medical Clinics is aware that household isolation during the Coronavirus Pandemic can cause anxiety and risk for those who are experiencing, or feel at risk of, domestic abuse. There is never an excuse for domestic abuse, no matter what the circumstances are. Please confide in the staff you meet at Integro Medical Clinics, and we will do our best to help you in a safe and discreet way.

If you feel at risk of abuse and you do confide in clinic staff, they will support you to the best of their ability, and don't worry there is help and support available to you. With your permission, this can include the police, online support, helplines and refuges to help you. You can find more information about these and other services later on this page. Clinic staff will liaise with Integro Medical Clinic's Named Doctor for Safeguarding and the Clinic's Registered Manager, who are both trained in how to deal with these situations. The concern will be recorded discreetly within your individual clinic notes; however, this information is strictly confidential and will not be shared with anybody without your consent.

Recognising domestic abuse

Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, socio-economic status, sexuality or background.

What is domestic abuse?

Domestic abuse is not always physical violence. It can include:

- Physical violence;
- coercive control and 'gaslighting';
- economic abuse;
- online abuse;
- threats and intimidation;
- emotional abuse;
- sexual abuse;
- coercion to obtain medicinal products.

What signs should clinic staff look for

If you believe that a patient, friend or member of a patient's family accompanying the patient to appointments, or members of Integro Medical Clinic's staff could be a victim of domestic abuse, there are signs that you can look out for including:

- being withdrawn, or being isolated from family and friends;
- having bruises, burns or bite marks;
- having finances controlled, or not being given enough to buy food or pay bills;
- not being allowed to leave the house, or stopped from going to college or work;
- having their internet or social media use monitored, or someone else reading your texts, emails or letters;

- being repeatedly belittled, put down or told they are worthless;
- being pressured into sex;
- being told that abuse is their fault, or that they're overreacting.

See [more signs to look for at : https://www.gov.uk/government/publications/domestic-abuse-recognise-the-signs/domestic-abuse-recognise-the-signs#how-to-recognise-domestic-abuse-in-a-relationship](https://www.gov.uk/government/publications/domestic-abuse-recognise-the-signs/domestic-abuse-recognise-the-signs#how-to-recognise-domestic-abuse-in-a-relationship)

How to support a patient or member of staff

Let them know you've noticed something is wrong.

If someone confides in you, there is [more information on how to support a friend who is being abused](https://www.gov.uk/government/publications/domestic-abuse-recognise-the-signs/domestic-abuse-recognise-the-signs#support-a-friend-if-theyre-being-abused) go to <https://www.gov.uk/government/publications/domestic-abuse-recognise-the-signs/domestic-abuse-recognise-the-signs#support-a-friend-if-theyre-being-abused>

If you are worried that someone you know is a victim of domestic abuse, you can call Refuge's National Domestic Abuse Helpline for free for confidential support 24 hours a day on **0808 2000 247**. Visit the [helpline website](https://www.nationaldahelpline.org.uk) at <https://www.nationaldahelpline.org.uk> to access information on how to support a friend.

If you believe there is an immediate risk of harm to someone, or it is an emergency, always call **999**. The Safeguarding Policy and Flowchart should be followed.

Report it

If you, or someone you know, is a victim of domestic abuse find out how to [report domestic abuse](https://www.gov.uk/report-domestic-abuse) at <https://www.gov.uk/report-domestic-abuse>

If you or they are in immediate danger, call 999 and ask for the police.

If you are in danger and unable to talk on the phone, call 999 and listen to the questions from the operator and, if you can, respond by coughing or tapping on the handset.

Call 999 from a mobile

If prompted, **press 55** to [Make Yourself Heard](https://www.policeconduct.gov.uk/sites/default/files/Documents/research-learning/Silent_solution_guide.pdf) https://www.policeconduct.gov.uk/sites/default/files/Documents/research-learning/Silent_solution_guide.pdf and this will transfer your call to the police.

Pressing 55 only works on mobiles and does not allow police to track your location.

Call 999 from a landline

If the operator can only hear background noise and cannot decide whether an emergency service is needed, you will be connected to a police call handler.

If you replace the handset, the landline may remain connected for 45 seconds in case you pick up again.

When 999 calls are made from landlines, information about your location should be automatically available to the call handlers to help provide a response.

If you are deaf or can't verbally communicate

You can register with the emergency SMS service. Text REGISTER to 999. You will get a text which tells you what to do next. Do this when it is safe so you can text when you are in danger.

Get help if you, or a patient or someone you know, is a victim

If a patient or member of staff has confided in, you and shared concerns with you regarding domestic abuse there are a number of organisations that you can speak to for support. Including;

Freephone National Domestic Abuse Helpline, run by Refuge

0808 200 0247

www.nationaldahelpline.org.uk

Galop (for lesbian, gay, bisexual and transgender people)

0800 999 5428

www.galop.org.uk

Live Fear Free helpline (Wales)

0808 80 10 800

www.livefearfree.gov.wales

Men's Advice Line

0808 801 0327

www.mensadvice.org.uk

Rape Crisis (England and Wales)

0808 802 9999

www.rapecrisis.org.uk

Respect phonenumber

0808 802 4040

www.respectphonenumber.org.uk

Scotland's Domestic Abuse and Forced Marriage Helpline

0800 027 1234

sdafmh.org.uk

Scottish Women's Aid

0131 226 6606

www.scottishwomensaid.org.uk

Women's Aid Federation (Northern Ireland)

0800 917 1414

www.womensaidni.org