HSU

Clinical & Rehabilitation Services Safeguarding Policy for Children and Adult Patients

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Abbreviations

BU – Bournemouth University
DBS – Disclosure and Barring Service
DSO – Designated Safeguarding Officer
FGM – Female Genital Mutilation
ROA – Rehabilitation of Offenders Act
SIP – Staff Information Portal
SMG – Senior Management Group
UK – United Kingdom

1. Introduction

The HSU is a leading education provider in a number of health sciences. The University College boasts a large out-patients services including x-ray facilities, diagnostic ultrasound and Upright-MRI facility. The University College is also involved in a number of other health care activities away from its main site. In providing care to the community the University College is involved at times with the care of children and adults at risk.

Some staff and students may also be considered children and vulnerable adults, as well as this policy the HSU has its own Safeguarding policy that should be considered in these cases.

The HSU is committed to ensuring the welfare and safeguarding of children and adults at risk within all the activities it undertakes.

Safeguarding and promoting the welfare of children (any person under the age of 18 years) is defined for the purposes of this document as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

Safeguarding and promoting the welfare of adults at risk is defined for the purpose of this document as:

- Preventing abuse or neglect to someone aged 18 years or over who has needs for care and support and as a result of those care and support needs is unable to protect themselves from the risk or the experience of abuse and neglect.

Adults at risk and vulnerable adults are used interchangeably throughout this policy document.

When considering the protection of children and vulnerable adult's consideration of the Prevent Strategy and Female Genital Mutilation (FGM) is also required. Training for all clinical staff, students and volunteers regarding the Prevent Strategy and Female Genital Mutilation is mandatory.

2. Contacts

Name of Designated Safeguarding Officer:	**Daniel Heritage**
Contact Details:	**dheritage@aecc.ac.uk**
Office Number:	**Rm: Clinic 216**
Name of contact if DSO Unavailable:	**Neil Langridge**
Contact Details:	**nlangridge@aecc.ac.uk**

Children's services

BCP MASH	01202 123334
Out of Hours service	01202 738256

Adult Services

Bournemouth Care Direct	01202 123654
Dorset Police (Out of Hours)	01202 222222

If you think a child or adult may be at immediate risk of harm, contact the Police: 999

3. Recognising the signs and symptoms of abuse

There are many different signs and symptoms that could indicate that a child or adult have been subject to some form of abuse or at risk of being abused. All members of staff will undergo training to help identify and act upon findings or suspicion of abuse.

Below details some common signs and symptoms of abuse, this is not an exhaustive list;

Children:
There are four main categories of child abuse and neglect which are: physical abuse, emotional abuse, sexual abuse and neglect. Each has its own specific warning indicators, which you should be alert to. Some of the following signs may be indicators of these forms of abuse:

Physical Abuse	Children with frequent injuries Children with unexplained or unusual fractures or broken bones Children with unexplained: bruises or cuts; burns or scalds; or bite marks.
Emotional Abuse	Children who are excessively withdrawn, fearful, or anxious about doing something wrong Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder' Parents or carers blaming their problems on their child Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.
Sexual Abuse	Children who display knowledge or interest in sexual acts inappropriate to their age Children who use sexual language or have sexual knowledge that you wouldn't expect them to have Children who ask others to behave sexually or play sexual games and Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy. Children who appear with unexplained gifts or new possessions Children who associate with other young people involved in exploitation Children who have older boyfriends or girlfriends Children who suffer from changes in emotional well-being Children who misuse drugs and alcohol, Children who go missing for periods of time or regularly come home late Children who regularly miss school or education or don't take part in education.

Neglect	Children who are living in a home that is indisputably dirty or unsafe Children who are left hungry or dirty, Children who are left without adequate clothing, e.g. not having a winter coat Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence Children who are often angry, aggressive or self-harm Children who fail to receive basic health care and Parents who fail to seek medical treatment when their children are ill or are injured.

Adults:
There are ten main categories of adult abuse and neglect: Physical, Psychological, Sexual, Neglect, Financial, Organisational, Discriminatory, Domestic Violence, Modern Slavery and Self neglect (not self-harm). Each has its own specific warning indicators, which you should be alert to. Some of the following signs may be indicators of these forms of abuse:

Type of Harm	**Signs of harm**
Physical	Unexplained bruises, wounds, fractures, becoming quiet and withdrawn, changes in normal character, same injuries occurring more than once
Psychological	Fear, Depression, confusion, unexpected or unexplained change in behaviour, deprivation of liberty
Sexual	Sleep disturbances, unexpected or unexplained change in behaviour, bruising, soreness around the genitals, torn, stained or bloody underwear, a preoccupation with anything sexual
Neglect	Malnutrition, untreated medical problems, bed sores, confusion, over-sedation
Financial	Unexplained withdrawals from the bank, unusual activity in bank accounts, unpaid bills, unexplained shortage of money, reluctance on part of person with responsibility for the funds to provide basic food and clothes etc.
Organisational	Inflexible and non-negotiable systems and routines, lack of consideration of dietary requirements, lack of adequate physical care
Discriminatory	Harassment, insults or similar due to race, religion, gender, gender identity, age, disability, sexual orientation, pregnancy
Domestic Violence	Pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member.
Modern Slavery	Slave masters will deceive, coerce and/or force adults into a life of abuse and slavery

Self-Neglect	Includes; disregarding one's personal hygiene, health or surroundings resulting in a risk that impacts on the adults wellbeing

4. Becoming aware of a safeguarding concern:

There are many ways that you may become aware of a safeguarding issue relating to a child or adult at risk.

Examples of becoming aware include:

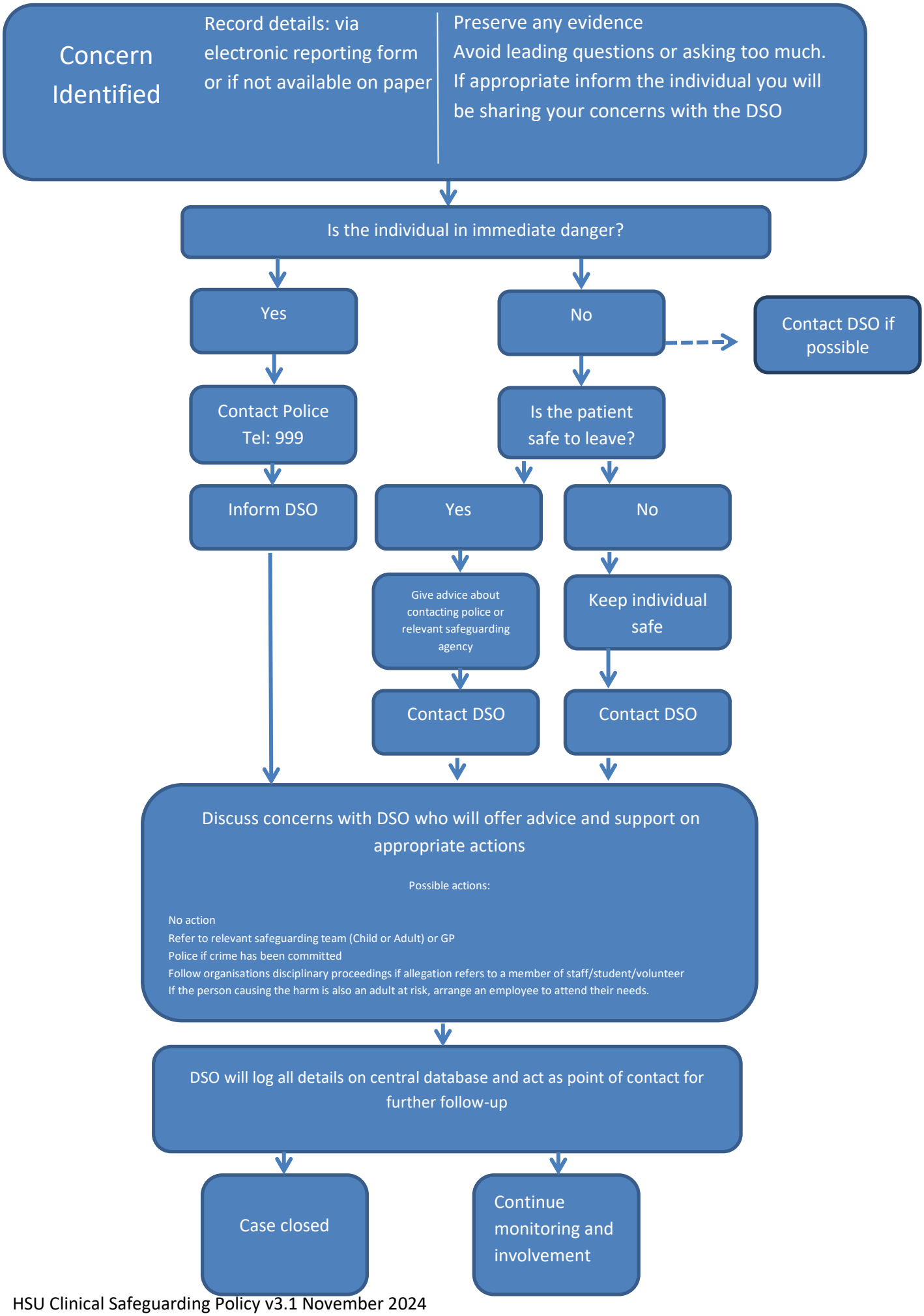
- A third party or anonymous allegation is received;
- A child's or vulnerable adult's appearance, behaviour, play, drawing or statements cause suspicion of abuse and/or neglect;
- A child or vulnerable adult reports an incident(s) of alleged abuse
- A written report is made regarding the serious misconduct of a worker towards a child or vulnerable adult.

5. What to do if you are concerned about a child or adult at risk;

It is important that you act on any concerns you have or brought to your attention. Never think that someone else may be dealing with it.

The below flow chart illustrates the pathway to follow if there are any safeguarding concerns.

Use the electronic Safeguarding form found the Clinical SharePoint sites to record and notify the DSO of a safeguarding concern.


Concern Identified
Record details: via electronic reporting form or if not available on paper
Preserve any evidence
Avoid leading questions or asking too much.
If appropriate inform the individual you will be sharing your concerns with the DSO
Is the individual in immediate danger?
Yes
No
Contact DSO if possible
Contact Police Tel: 999
Is the patient safe to leave?
Inform DSO
Yes
No
Give advice about contacting police or relevant safeguarding agency
Keep individual safe
Contact DSO
Contact DSO
Discuss concerns with DSO who will offer advice and support on appropriate actions
Possible actions:
No action
Refer to relevant safeguarding team (Child or Adult) or GP
Police if crime has been committed
Follow organisations disciplinary proceedings if allegation refers to a member of staff/student/volunteer
If the person causing the harm is also an adult at risk, arrange an employee to attend their needs.
DSO will log all details on central database and act as point of contact for further follow-up
Case closed
Continue monitoring and involvement

5.a Concerns about a child or adult at risk using imaging services

It is standard practice for all female patients of child-bearing age (defined as between 10 and 55 years old), to be asked by the radiographer before undergoing imaging investigations, if they are or if there is a chance of being pregnant.

In instances where the female is considered a child, or vulnerable it is standard practice to ask age appropriate questions to determine whether they may be pregnant or are pregnant. This is done where possible away from parents or guardians.

In the situation of female children (and females who are vulnerable adults), if it is determined that the individual maybe or is pregnant, then safeguarding procedures may need to be followed. The radiographer will first seek advice from the DSO regarding appropriate action(s) to be taken. If the DSO is unavailable then the radiographer will make a decision as to the action(s) to take at the time and will then ensure that the DSO is informed as soon as possible of the situation, so that the details can be recorded and also determine if any further action(s) are required.

6. Safe Recruitment

The HSU is committed to ensuring all members of staff, students and volunteers are recruited in a fair and non-discriminatory way, whilst at the same time ensuring that candidates are appropriate for the role.

STAFF
For all employment posts at the HSU there is a requirement for two character references to be provided and verified before an applicant can commence employment. For posts that involve regular and unsupervised contact with children or vulnerable adults and the role falls within The Exceptions Order to the Rehabilitation of Offenders Act (ROA) 1974 a Disclosure and Barring Service (DBS) check is made.

For full details of the HSU recruitment and DBS policies, please refer to the University College SIP.

Staff are also required to inform the HSU immediately if cautioned by Police or receive a conviction or that another aspect of their personal life may impact on their professional role and duties. Staff, including visiting staff must also sign an annual declaration confirming that there are no changes in their personal life that may affect their professional role. The HSU will seek reassurance from visiting staff members by requesting copies of their main employers recruitment policies, DBS policies and safeguarding policies including training documentation and reassurances that all staff may come to the HSU have been recruited following the procedures of these policies.

STUDENTS
Before commencing their chosen degree programme students if applicable undergo a DBS check if they are a UK national or are required to supply a similar type document if an overseas student from their country of residence. Each student's documentation is reviewed and where a conviction exists, a risk assessment will be undertaken to determine if the applicant is appropriate to commence the course.

Prior to the students clinical placement if applicable a further DBS check will be performed, at this point a DBS check will be performed for both UK national students and overseas students; as by this point an overseas student will have been a resident of the UK for at least 3 years. Each student's documentation is reviewed and where a conviction exists, a risk assessment will be undertaken to determine if the applicant is appropriate to commence clinical placement.

All students are also required to inform the University College immediately if cautioned by Police or receive a conviction or that another aspect of their personal life may impact on their professional role and duties. All students must also sign an annual declaration confirming that there are no changes in their personal life that may affect their professional role.

Post graduate students on courses that involve clinical placements within the HSU clinics will also need to sign an annual declaration confirming that there are no changes in their personal life that may affect their professional role and will also be asked to provide evidence that they have undergone DBS checks with their main employer and safeguarding training.

VOLUNTEERS

The HSU does not regularly recruit or use volunteers who are involved on a 1-1 basis with children and vulnerable adults. In the unusual situation that this does happen, volunteers will be required to provide two character references and undergo a DBS check before their volunteering commences if they have a clinical role.

Volunteers are also required to inform the HSU immediately if cautioned by Police or receive a conviction or that another aspect of their personal life may impact on their professional role and duties. Volunteers must also sign an annual declaration confirming that there are no changes in their personal life that may affect their professional role.

Volunteers who are required to undergo DBS will also be subject to a DBS check every three years.

WORKING WITH OTHER ORGANISATIONS

At times the HSU works closely with other organisations and members of staff and students from these organisations spend time at the HSU working with vulnerable people (i.e. Bournemouth University (BU) Midwifery course). In these circumstances the HSU will seek reassurance from these organisations that they have taken all reasonable steps to ensure that their staff and students are appropriate to undertake the roles expected at the HSU. This will be done by requesting copies of the organisations recruitment policies, DBS policies and safeguarding policies including training documentation and reassurances that all staff and students that may come to the HSU have been recruited following the procedures of these policies.

The DSO will keep a record of all this documentation on a central record and will ensure that annually the organisations are contacted to ensure that the documentation is still up-to-date. The DSO will also request further documentation and reassurances when deemed appropriate based on changes in legislation and guidance. This will be reported to the CGG every 6 months.

7. Management and Supervision of staff, volunteers and students

All staff, volunteers and students may discuss any concerns or ask questions regarding their role in safeguarding children and vulnerable adults at any time with the DSO. This can be arranged by contacting the individual through the contact details at the beginning of this document.

Volunteers and observers (i.e. work experience observers) must not be left on their own with children and vulnerable adults.

In the case of observers being classed as children themselves, they should avoid being left on their own either with a patient of the HSU or with staff, volunteers or students.

8. Training of staff, volunteers and students

All clinical staff (including reception and administration staff), volunteers and students must undergo safeguarding training to at least Level 2 both in regards to children and vulnerable adults, as described in the Safeguarding for children and young people: roles and competences for health care staff intercollegiate document 2019 (RCN). Training relating to Female Genital Mutilation (FGM) and the Prevent Strategy will also be included for all.

This training may take many forms, including lectures, workshops and online teaching.

For students this training will take place prior to commencing their clinical placement.

For staff and volunteers this will take place as part of their induction training to the HSU and then at least every three years, but may be sooner in circumstances where changes in legislation and/or guidance change significantly.

9. Allegations against staff, volunteers and students of the HSU

A concern regarding a member of staff, student or volunteer of the HSU can be raised by anybody including a member of the public (including patients), another staff member, student or volunteer of the HSU.

When a concern is raised the person who is notified of the concern has a duty to first ensure the child or vulnerable adult is safe and then must notify the DSO (in cases where a concern has been raised against the DSO the Chief Operations Officer (COO) should be notified).

All details of the concern/incident should be recorded using the electronic Safeguarding forms unless an electronic device is not available, in those circumstance record details on paper and secure safely.

When a concern is raised and the DSO has been notified the following procedures should be followed:

- **If it is clear that harm has occurred or likely to occur, contact the Police and/or Child social services/Adult safeguarding team**
- If it is not clear whether harm occurred or likely to, it still may be appropriate to contact the Police and/or Child social services/Adult safeguarding team for advice.
- In any circumstance an internal investigation must take place.
    - This will follow the HSU Staff Disciplinary Procedure, if related to staff members.
    - The volunteer Disciplinary Procedure, if related to volunteers.
    - The Student Fitness to Practice regulations, if related to a student.
- Whilst the investigation is carried out the individual may be placed on restrictive duties or suspended.
- The DSO will keep a record of all investigations and outcomes.

10. Recording and managing confidential information

Details of any concern should be recorded on the electronic Safeguarding Form. If an electronic device is not available at the time, record details on paper and safely secure until passed to the DSO who will then ensure its safe storage.

All details of safeguarding concerns will be stored securely, following the guidance from the HSU Data Protection Officer and local data protection policies. If a concern about a child or adult at risk needs to be passed to other agencies then in some circumstances the rights to that individuals confidentiality may be broken.

11. Distributing and reviewing policies and procedures

This policy and its supporting documents will be distributed to all members of staff, students and volunteers of the HSU. It will also be included in the HSU SIP and Moodle. Copies will also be displayed in key areas of the college, such as the clinic staff rooms. Copies will also be available in patient waiting areas for stakeholders to see and on the University College's website.

Staff will be trained on safeguarding practices including the college's policy.

The policy will be reviewed at least once every three years and will be confirmed by the Senior Management Group (SMG). When appropriate, stakeholders will be consulted in its review.

12. Responsibilities of management committees.

The SMG will review this policy every three years. With the help of the DSO, they will ensure that staff, students and volunteers adopt the principles of the policy into their everyday practice. The SMG will ensure that all staff receive regular training to recognise the signs and symptoms of abuse and ensure all other policies are consistent with the practices of safeguarding.

Version:	1
Approved by:	CGG
Ratified by:	
Originator/Author:	Daniel Heritage – Designated Clinical Safeguarding Officer
Policy Owner	Daniel Heritage – Designated Clinical Safeguarding Officer
Reference source:	Referenced within policy
Date approved:	XXX
Effective from:	XXX
Review date:	XXX
Target:	All staff, students and volunteers
Policy location:	Staff Information Portal, HSU Clinic website
Equality Analysis:	No direct impact.

13. Appendix 1 – Female Genital Mutilation Information Sheet

Key facts

- Female genital mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons.
- The procedure has no health benefits for girls and women.
- Procedures can cause severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths.
- More than 200 million girls and women alive today have been cut in 30 countries in Africa, the Middle East and Asia where FGM is concentrated.
- FGM is mostly carried out on young girls between infancy and age 15.
- FGM is a violation of the human rights of girls and women.

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

The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. In many settings, health care providers perform FGM due to the erroneous belief that the procedure is safer when medicalised. WHO strongly urges health professionals not to perform such procedures.

FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death. Female genital mutilation is classified into 4 major types.

No health benefits, only harm

FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies. Generally speaking, risks increase with increasing severity of the procedure.

Immediate complications can include:

- severe pain
- excessive bleeding (haemorrhage)
- genital tissue swelling
- fever
- infections e.g., tetanus
- urinary problems
- wound healing problems
- injury to surrounding genital tissue
- shock
- death.

Long-term consequences can include:

- urinary problems (painful urination, urinary tract infections);
- vaginal problems (discharge, itching, bacterial vaginosis and other infections);
- menstrual problems (painful menstruations, difficulty in passing menstrual blood, etc.);
- scar tissue and keloid;
- sexual problems (pain during intercourse, decreased satisfaction, etc.);

- increased risk of childbirth complications (difficult delivery, excessive bleeding, caesarean section, need to resuscitate the baby, etc.) and newborn deaths;
- need for later surgeries: for example, the FGM procedure that seals or narrows a vaginal opening (type 3) needs to be cut open later to allow for sexual intercourse and childbirth (deinfibulation). Sometimes genital tissue is stitched again several times, including after childbirth, hence the woman goes through repeated opening and closing procedures, further increasing both immediate and long-term risks;
- psychological problems (depression, anxiety, post-traumatic stress disorder, low self-esteem, etc.).

Who is at risk?

Procedures are mostly carried out on young girls sometime between infancy and adolescence, and occasionally on adult women. More than 3 million girls are estimated to be at risk for FGM annually.

More than 200 million girls and women alive today have been cut in 30 countries in Africa, the Middle East and Asia where FGM is concentrated.

The practice is most common in the western, eastern, and north-eastern regions of Africa, in some countries the Middle East and Asia, as well as among migrants from these areas. FGM is therefore a global concern.

Signs that someone is at risk of FGM or has undergone FGM

- Older visitor coming to see the family
- Discussion/reference to FGM
- Child discloses to you they are to undergo FGM
- A long holiday abroad is planned
- Parental statement regarding FGM
- Difficulty walking, sitting or standing
- Spending longer than normal in toilet due to difficulties urinating
- Lengthy absence from school due to bladder and menstrual problems
- Prolonged repeated absences from school
- Noticeable behaviour changes

15. Appendix 2 – Prevent Strategy Information sheet

The Prevent Strategy is part of the UK Governments Counter-terrorism strategy (CONTEST). Its aim is to reduce the threat to the UK from terrorism by stopping people becoming terrorist or supporting terrorism. We have a duty to report concerns about children, young people and vulnerable adults who may be at risk of radicalisation.

The Prevent strategy has three specific strategic objectives:

- Respond to ideological challenge of terrorism and the threat we face from those who promote it
- Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support
- Work with sectors and institutions where there are risks of radicalisation that we need to address.

Extremism is defined in the Prevent strategy as "vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for death or members of our armed forces".

Healthcare professionals will meet and treat people who may be vulnerable to being drawn into terrorism. Being drawn into terrorism includes not just violent extremism but also non-violent extremism which can create an atmosphere conducive to terrorism and can popularise views which terrorists exploit.

Signs that someone may be at risk of radicalisation include:

- Experiencing a life changing event
- Feelings of grievance and injustice
- A susceptibility to being influenced or controlled
- "Them & Us thinking"
- An individual who becomes fixed on one topic
- An individual closed to discussion/debate
- Unhealthy use of the internet
- An individual who uses new phrases

Remember these alone could all be quite normal behaviours and may not in themselves mean that someone is becoming radicalised. Any action taken must be proportionate. It is advised that you take the following three steps:

- Notice – be aware of the signs and be on the lookout for them
- Check – check with someone else whether you think your concerns are well founded most often this should be the Designated Safeguarding Officer (DSO)
- Share – Share your concerns with appropriate people/agencies i.e. local Channel programme