

BUDDIES COMMUNITY CARE LTD.

Safeguarding Policy (ADULTS AND CHILDREN)

**BUDDIES Safeguarding Lead: James Pay (07999 16 17 18).
Local Safeguarding Team: 01202 123 334 (BCP) or 01202 738 256**

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1. Introduction

BUDDIES aim in implementing this policy is to ensure that staff members understand their responsibilities in relation to safeguarding and the prevention of any form of abuse of any client, thus enabling them so to live in a safe and non-threatening environment, free of any abuse.

To achieve this aim, it is essential that all staff are fully aware of what constitutes abuse so they can identify abuse by being further aware of what to look for. Staff must also be fully aware of how to report concerns, recognise the importance of doing so immediately and understand the procedures through which to do this. This policy provides the information staff will need to fulfil their duties and obligations to best safeguard BUDDIES clients.

All staff have a responsibility to be vigilant with regard to the indicators of abuse and BUDDIES proactively encourages a culture of raising all concerns, irrelevant of whether these result in being reportable safeguarding events. Staff members can be assured that they will not be penalised for reporting the possibility of abuse provided this is done without malice.

The relevant local authority safeguarding policy is recognised in all of our services and will be referred to in conjunction with this policy.

Emergency services support is to be sought if risk is imminent to a person or if an individual assessing is unsure of the risk to a person.

If a member of staff suspects a potential safeguarding issue has been committed against an adult, it is their responsibility to liaise with the Safeguarding Lead/Line Manager immediately.

A referral **MUST** be made immediately to the local authority safeguarding team based on where the adult at risk is located.

BUDDIES Local Authority Safeguarding Team details are as above.

However, BUDDIES accepts clients from multiple local authority jurisdictions and as a referral **MUST** be made immediately to the local authority safeguarding team based on where the adult at risk is located, the NHS Safeguarding app will be used to achieve this. Information on downloading the app can be found here [NHS England » NHS England Safeguarding app](#).

2. Policy Statement

BUDDIES has a legal responsibility to safeguard adults from abuse, harm or neglect (including self-neglect) and to act positively in reporting concerns.

BUDDIES will take all reasonable steps to prevent harm, to protect people and to respond appropriately when harm does occur.

3. Scope

This policy and the procedures apply to all staff, including workers and independent sub-contractors.

BUDDIES are required to have a Safeguarding Lead responsible for guiding and supporting staff when dealing with the safeguarding of adults.

Safeguarding Lead: JAMES DANIEL PAY

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4. Procedures

As a part of our commitment, BUDDIES will adhere to the 6 key principles of safeguarding outlined in the Care Act 2014:

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability

Empowerment

Empowerment is the principle that adults should be in control of their lives and that consent should be obtained when considering decisions and actions that are designed to protect them.

The purpose of safeguarding is to enable people to live a life free from abuse and neglect. It is, therefore, vital that if an individual has mental capacity and is able to make their own decisions that they maintain control of their life and that professionals support their decision-making throughout the process. This includes:

- Working towards the outcomes the individual wants and needs
- Listening to the individual and ensuring their voice is heard
- Taking actions with an individual's consent, unless there is a clear justification for acting contrary to their wishes, such as for reasons of public interest or a lack of mental capacity
- Ensuring the individual receives support to participate in all decisions about them (e.g., with the support of friends/family/advocacy, personal assistants, translators etc.) and due regard is given to issues of accessibility and equality and diversity
- Enabling individuals to make informed decisions (e.g., sharing assessments of risk, sharing information on available support options to reduce those risks and providing support to weigh up risks and solutions)
- Respecting the choices and decisions that individuals make
- Allowing individuals to change their mind if their views or circumstances change or simply, if they just change their mind

In the event that an individual is without the mental capacity to make a particular decision for themselves, a Best Interests Meeting should take place and a decision should be made in the best interest of the individual and within the framework of the Mental Capacity Act 2005 and Code of Practice. The individual should continue to be fully involved if possible, in the decision-making process and any decisions made must recognise their wishes, feelings, beliefs and values and ensure that they are appropriately represented.

Protection

Safeguarding Adults procedures provide a framework by which adults can be supported to safeguard themselves from abuse, or are supported and protected, where they are unable, for reasons of mental capacity, to make decisions about their own safety.

Assessments of mental capacity and best interest decisions, in relation to those without mental capacity, must always be within the legal framework of the Mental Capacity Act and Code of Practice. Protection encompasses each and every person's duty of care and/or moral responsibility to act upon suspicions of abuse, within the

context of this procedure, and ensure that adults at risk as citizens receive the protection afforded them in law.

Prevention

Prevention of abuse is the primary goal, and members of the public, agencies, service providers, individual employees or volunteers and communities all have a role in preventing abuse from occurring. Prevention involves promoting awareness and understanding and supporting people to safeguard themselves from the risk of abuse. This includes helping people to identify and make informed decisions about risks and develop forward plans that keep them safe.

Prevention also refers to the actions of organisations to ensure they have systems in place that minimise the risk of abuse. Prevention is associated with a broad range of responsibilities and initiatives, each associated with making safeguarding adults a core responsibility within the context of providing high quality services.

Proportionality

The principle of proportionality relates to the responsibility to ensure that responses to safeguarding concerns are proportional to assessed risk and the nature of the allegation/concern. Proportionate decisions need to take into account the principles of empowerment and protection.

This principle of proportionality is also encompassed within the Mental Capacity Act; where an individual lacks mental capacity to make a particular decision, decisions must be made in the individual's 'best interests'. This includes the responsibility to consider if the outcomes can be achieved in a way that is 'less restrictive of the person's rights and freedoms.

Partnership

Partnership means working together to prevent and respond effectively to incidents or concerns of abuse, to support the adult at risk in making informed decisions about identified risks of harm and helping them to access sources of support that keep them safe.

Partnership also includes working with relatives, friends, unpaid carers or other representatives, such as advocates as partners, as appropriate, to achieve positive

outcomes for the adult at risk. Partnership also means working cooperatively with other agencies to prevent, investigate and end abuse. Statutory, private, voluntary and specialist or mainstream services and their representatives should be considered partners within this procedure.

Accountability

The principle of accountability involves transparency and decision making that can be accounted for. This involves each individual and Company fulfilling their duty of care, making informed defensible decisions, with clear lines of accountability. It involves companies, staff (and volunteers) understanding what is expected of them, recognising and acting upon their responsibilities to each other, and accepting collective responsibility for safeguarding arrangements.

To meet our commitment, we will:

- Ensure that everyone that works with us, for us or on our behalf is familiar with this policy and has access to the required documents
- Monitor the implementation of this policy and take any steps that are required to improve our practices
- Ensure that effective procedures are in place for responding to complaints, concerns and allegations of suspected or actual abuse
- Ensure that there are appropriate risk assessments in place
- Ensure safe recruitment procedures including ID Checks, references and DBS checks are followed for every position we recruit to
- All individuals that work for us now or in the future, in any capacity, will be trained to Level 1 in Safeguarding, with clinical staff being trained to Level 2 and the Safeguarding Lead being trained to Level 3.

5. Types of abuse

Abuse is the violation of an individual's human and civil rights. Abuse can be self-inflicted or inflicted by another person or persons. In the context of safeguarding, it is used to refer to any knowing, intentional or negligent act by another that causes harm or a serious risk of harm to another. The Care Act recognises ten categories of abuse experienced by adults as follows, although it is important to also recognise that cyber bullying, forced marriage, mate crime and radicalisation can also apply to adults.

Physical abuse

Use of physical force or mistreatment of one person by another, which may or may not result in actual physical injury; physical injuries which have no satisfactory explanation or where there is a definite knowledge or reasonable suspicion that the injury was inflicted with intent, or through lack of care, by the person having custody, charge or care of that person. This could include:

- Hitting
- Slapping
- Pushing
- Rough Handling
- Exposure to heat or cold temperatures
- Forced feeding
- Denial of treatment
- Restraint
- Misuse of medication
- Not being assisted to the toilet when needing to go
- Or other inappropriate sanctions

Possible indicators of physical abuse include:

- History of unexplained falls or minor injuries
- Unexplained bruising in well protected areas, on the soft parts of the body or clustered as from repeated striking
- Unexplained burns in an unusual location or of an unusual type
- Unexplained fractures to any part of the body that may be at various stages in the healing process
- Unexplained lacerations or abrasions
- Slap, kick, pinch or finger marks
- Injuries/bruises found at different stages of healing or such that it is difficult to suggest an accidental cause
- Injury shape similar to an object
- Untreated medical problems
- Weight loss due to malnutrition or dehydration; complaints of hunger
- Appearing to be over medicated

Sexual Abuse

Any behaviour which is unwanted or takes place without consent or understanding. Sexual abuse can take many forms and may include:

- Non-contact sexual activity
- Pornographic photography
- Indecent exposure
- Stalking
- Grooming
- Harassment
- Unwanted teasing or innuendo
- Unwanted touching
- Penetration of the human body with fingers, penis or objects

Possible indicators of sexual abuse could include:

- A change in usual behaviour for no apparent or obvious reason
- Sudden onset of confusion, wetting or soiling
- Withdrawal, choosing to spend the majority of time alone
- Overt sexual behaviour/language by the vulnerable person
- Self-inflicted injury
- Disturbed sleep pattern and poor concentration
- Difficulty in walking or sitting
- Torn, stained and/or bloody underclothes
- Love bites
- Pain or itching, bruising or bleeding in the genital area
- Sexually transmitted urinary tract/vaginal infections
- Bruising to the thighs and upper arms
- Frequent infections
- Severe upset or agitation when being bathed/dressed/undressed medically

Psychological/emotional abuse

Psychological or emotional abuse is behaviour that is psychologically harmful or inflicts mental distress.

- Threats
- Bribes
- Coercion
- Ridicule
- Humiliation
- Provoking fear
- Intimidation
- Negating choices, wishes or self-esteem
- Causing isolation or overdependence

Possible indicators of psychological or emotional abuse include:

- Ambivalence about carer
- Fearfulness expressed in the eyes; avoids looking at the carer, flinching on approach
- Deference
- Overtly affectionate behaviour to alleged perpetrator
- Insomnia/sleep deprivation or need for excessive sleep
- Change in appetite
- Unusual weight gain/loss
- Tearfulness
- Unexplained paranoia
- Low self-esteem
- Excessive fears
- Confusion
- Agitation

Financial abuse

Actual or attempted theft fraud or burglary. Misappropriation or misuse of money, property, benefits, material goods or other asset transactions which the person did not or could not consent to or which were invalidated by intimidation coercion or deception – this could include:

- Withdrawal of benefits
- Wills
- Property inheritance
- Withholding of money due to the person
- Exploitation
- Embezzlement

Possible indicators of financial abuse include:

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Individual lacks belongings or services, which they can clearly afford
- Lack of receptiveness to any necessary assistance requiring expenditure, when finances are not a problem (although the natural thriftiness of some people should be borne in mind)
- Extraordinary interest by family members and other people in the vulnerable person's assets
- Power of Attorney obtained when the vulnerable adults are not able to understand the purpose of the document they are signing

- Recent change of deeds or title of property
- Carer only asks questions of the worker about the individual's financial affairs and does not appear to be concerned about the physical or emotional care of the person
- The person who manages the financial affairs is evasive or uncooperative
- A reluctance or refusal to take up care assessed as being needed
- A high level of expenditure without evidence of the individual benefiting
- The purchase of items which the individual does not require
- Personal items going missing from the home
- Unreasonable and/or inappropriate gifts

Institutional/organisational abuse

Organisational or institutionalised abuse can occur in any organisation when the routines in use force individuals to sacrifice their own needs, wishes or preferred lifestyle to the needs of the institution or service provider.

Abuse may be a source or risk from an individual or by a group of staff/team members/embroiled in the accepted custom, subculture and practice of the institution or service. It involves the collective failure of an organisation to provide safe appropriate services and includes failure to ensure necessary preventative or protective measures are in place. Possible indicators of institutional or organisational abuse include:

- May be reflected in an enforced schedule of activities
- Limiting of personal freedom
- Control of personal finances
- A lack of adequate clothing
- Poor personal hygiene
- A lack of stimulating activities
- A low quality diet
- Anything which treats the individual as not being entitled to a 'NORMAL' life

Institutions may include residential and nursing homes, hospitals, day centres, sheltered housing schemes and group or supported housing projects. It should be noted that all organisations and services, whatever their setting, can have institutional practices which can cause harm to vulnerable adults.

The distinction between abuse in institutions and poor care standards is not easily made and judgements about whether an event or situation is abusive should be made with advice from appropriate professionals and regulatory bodies.

Neglect

Can be both physical and emotional. Neglect occurs when a person deliberately withholds or fails to provide, appropriate and adequate care and support which is required by another person. It may be through a lack of knowledge or awareness, or through failure to take reasonable action given the information and facts available to them at the time.

Neglect of a Duty of Care or the breakdown of a care package may also give rise to safeguarding issues, for example where a care provider is unable/unwilling to meet the assessed needs. Possible indicators of neglect include:

- Poor condition of accommodation
- Inadequate heating and/or lighting
- Poor physical condition of person (e.g., ulcers, pressure sores etc.)
- Individual's clothing in poor condition (e.g., unclean, wet, etc.)
- Malnutrition
- Failure to give prescribed medication or appropriate medical care
- Failure to ensure appropriate privacy and dignity
- Inconsistent or reluctant contact with health and social agencies
- Refusal of access to callers/visitors

Wilful neglect and ill-Treatment

Wilful neglect means the deliberate failure to do something that was a duty, often with an element of recklessness. It does not require any proof of any particular harm or distress or proof of the risk of harm.

Ill-treatment involves deliberate conduct which ill-treats a person who lacks mental capacity to make the relevant decisions, whether or not it causes any harm to them. Ill-treatment also involves a guilty mind, with the abuser having an appreciation that he or she was inexcusably or recklessly ill-treating the person.

Most indicators of the other types of abuse may also indicate wilful neglect or ill-treatment so these two offences should always be considered with each allegation.

Self-neglect

Self-neglect is failing to care for one's personal hygiene, health or surroundings in such a way that causes, or is likely to cause significant physical, mental or emotional

harm or substantial damage to or loss of assets. Self-neglect differs from the other forms of abuse because it does not involve a perpetrator. Self-neglect can happen as a result of an individual's choice of lifestyle, or the person may have a mental health condition, such as depression, poor physical health, cognitive difficulties or misuse substances. Possible indicators of self-neglect include:

- Living in grossly unsanitary conditions that could endanger health and wellbeing
- Grossly inadequate self-grooming or personal care
- Inappropriate or inadequate clothing
- Maintaining an untreated illness, disease or injury or lacking eyeglasses, dentures, hearing aids etc.
- Being malnourished or dehydrated to such an extent that, without intervention, the individual's physical or mental health is likely to be severely impaired
- Creating hazardous living conditions that will likely cause serious harm to the individual or others or cause substantial damage to or loss of assets, such as severe hoarding, improper wiring, infestation and lack of indoor plumbing or heating
- Managing one's assets in a manner that is likely to cause substantial damage to or loss of assets

Domestic Abuse

Domestic abuse is the abuse of one person within an intimate or family relationship. It can be the repeated, random or habitual use of intimidation to control, coerce or threaten a person. The abuse can encompass, but is not limited to physical, emotional, psychological, financial, sexual, honour-based violence, female genital mutilation or forced marriage.

Domestic abuse can also involve the abuse of a person at risk. Safeguarding procedures only apply in this instance where the person:

- has needs for care and support and
- is experiencing, or at risk of, abuse or neglect and
- as a result of those care and support needs is unable to protect themselves from abuse or neglect or the risk of abuse or neglect.

Possible indicators of domestic abuse include:

- Intense or irrational jealousy or possessiveness expressed by the partner or reported by the person at risk
- Reluctance to speak or disagree in the presence of their partner.

- Often accompanied by an “overprotective” partner, preventing professionals obtaining the accurate picture of what is happening
- History of depression, anxiety, self-harm, or suicide attempts
- History of alcohol or drug abuse
- Appearance of low self-esteem

Honour-based violence

Honour Based Violence (HBV) is a crime of incident which has or may have been committed to protect or defend the honour of a family or community. It is a collection of practices used to control behaviour within families or other social groups, to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when a relative has shamed their family and/or community by breaking their honour code. Possible indicators of honour-based violence include:

- Seeming under the control and influence of others and relying on others to communicate on their behalf
- Often accompanied by an “overprotective” partner or family member, preventing professionals obtaining the accurate picture of what is happening
- Reluctance to speak or disagree in the presence of their partner or family member
- Isolation from the community
- History of depression, anxiety, self-harm or suicide attempts
- History of alcohol or drug abuse
- Appearance of low self-esteem

Female Genital-Mutilation

Female Genital Mutilation (FGM) is sometimes referred to as female circumcision. It refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. This practice is illegal in the UK. Possible indicators of Female Genital-Mutilation include:

- Genital scarring
- Frequent Urinary Tract or Pelvic Infection
- Difficulty in passing urine
- Impaired sexual function
- Complications in pregnancy and/or childbirth
- Post-Traumatic Stress Disorder, flash backs or anxiety

Modern Slavery

Modern Slavery encompasses human trafficking, domestic servitude and forced labour. 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. Possible indicators of Modern Slavery include:

- Marked isolation from the community
- Seeming under the control and influence of others and relying on others to communicate on their behalf
- Restricted freedom of movement
- Unusual travel times
- Unfamiliarity with the local neighbourhood
- Signs of other forms of abuse, such as looking malnourished, unkempt or withdrawn
- Few or no personal effects
- No identification documents
- Fear of law enforcement

Discriminatory Abuse and Hate Crime

Discriminatory abuse is abuse targeted at a perceived vulnerability or based on prejudice including racism or sexism, or based on a person's impairment, origin, colour, disability, age, illness, sexual orientation or gender.

Hate Crime can be one-off or multiple *criminal* offences that are perceived, by the person at risk or any other person, to be motivated by hostility or prejudice based on a person's vulnerability or perceived vulnerability. They can manifest as the other types of abuse, including physical, sexual, financial, neglect and psychological abuse. Examples can include:

- Hate mail
- Verbal or physical abuse
- Criminal damage to property
- Target of distraction burglary, bogus officials or unrequested building/household services

Possible indicators of discriminatory abuse and/or hate crime are the same as those outlined above for other types of abuse.

Mate Crime

Mate Crime is the premeditated exploitation, abuse or theft from people with a Learning Disability, by those they consider as their friends. However, it also applies to older adults, for example, those with a mental health problem or sensory impairment.

It can encompass other types of abuse, such as physical, psychological, sexual or financial. Examples can include being physically harmed for the amusement of others, having benefits or food stolen or being coerced into crime or prostitution. Possible indicators of mate crime include:

- As with indicators for other types of abuse (e.g., physical, sexual, psychological or financial).
- Subservient behaviour and constant seeking approval of so called “friends”.

Radicalisation

Radicalisation is the process by which a person comes to support terrorism and forms of extremism leading to terrorism. Radicalisation is not officially classed as a type of abuse; however, it is important to include it to raise awareness.

Key vulnerabilities such as Learning Disabilities, Mental Health problems or autism can increase an individual’s susceptibility towards radicalisation and to be influenced by extremism (Home Office, 2011). Possible indicators of radicalisation include:

- Changing style of dress or personal appearance to fit in with a group.
- Day to day behaviour increasingly centred around an extremist ideology, group or cause.
- Attempts to recruit others to the group/cause/ideology.
- Condoning or supporting violence towards others.
- Plotting or conspiring with others.
- Using insulting or derogatory names or labels for another group.
- Expressing attitudes that justify offending on behalf of the group, cause or ideology.

6. 3-Stage Test

Under section 42 of The Care Act 2014, safeguarding duties apply to an adult who meets the following three stage test:

1. Has needs for care and support (whether or not the local authority is meeting any of those needs) and

2. s experiencing, or at risk of, abuse or neglect and

3. As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

An adult who meets these criteria is referred to as “an adult at risk”. Safeguarding duties also apply to family carers experiencing intentional or unintentional harm from the adult they are supporting or from professionals and organisations that they are in contact with.

7. Adults at Risk

Safeguarding adults means:

- Protecting the rights of adults to live in safety, free from abuse and neglect
- Working together to prevent and stop both the risks and experience of abuse or neglect
- Making sure that the adult’s wellbeing is promoted including, keeping them at the centre of any decision and taking full account of their views, wishes, feelings and beliefs
- Recognising that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances and therefore, of any potential risks to their safety or wellbeing.

If you suspect an adult is at risk of abuse

Where an individual is believed to be at risk of abuse, or if an individual discloses or discusses potential abuse with you, it should be recognised that the individual may be describing abuse, albeit not explicitly. You must stay calm and show empathy, reassuring them that the information is being treated seriously. Following the identification of a safeguarding concern, staff are responsible for:

- Assessing the situation and determining whether emergency intervention is required
- Ensuring the safety and wellbeing of the individual
- Establishing the individual’s views and wishes on the safeguarding issue
- Maintaining evidence and clear documentation
- Reporting the incident(s)/risk(s) to the Safeguarding Lead
- Remaining calm and not showing any shock or disbelief
- Listening carefully and with understanding, by acknowledging regret and concern over what has happened

- Informing the individual that information will be shared and why.

It is essential to ensure that the individual at risk of abuse remains at the centre and involved in the safeguarding process, accounting for the views wishes, feelings and beliefs and individuals should be offered to have a family member, friend or advocate, if appropriate and desired, to be present during any discussions on safeguarding.

Staff will have been considered to have reasonably met their duty of care when:

- All reasonable steps have been taken
- Reliable assessment methods have been used
- Information has been collated and thoroughly evaluated
- Decisions have been recorded, communicated and thoroughly evaluated
- Policies and procedures have been followed
- Actions are proactive and facts are confirmed.

Any assessment of any safeguarding concern should be holistic and thorough, considering the individual's emotional, social, psychological and physical presentation as well as the identified clinical need. When discussing/assessing a safeguarding issue with an individual:

- Be open and honest and do not promise to keep a secret
- Seek consent to share information if the individual has capacity and if this does not place you, them or others at an increased risk
- Share information without consent if it is in the public interest to prevent a crime or protect others from harm
- Make a clear and concise referral
- Do not delay unnecessarily
- Concerns about a colleague should be raised through the Whistleblowing Policy.

Be aware of the possibility of forensic evidence if the disclosure refers to a recent incident. If there is a possibility that forensic evidence exists, preserve the evidence. Do not clean it up.

Safeguarding Referrals

All safeguarding concerns must be immediately raised to the Safeguarding Lead who will review and consider whether a safeguarding referral is appropriate. Where there is any doubt, the Safeguarding Lead should discuss this further with suitable colleagues before making a decision.

Before making a safeguarding referral, the Safeguarding Lead should ensure the client fits the statutory criteria for an adult at risk (as defined under the 3-Stage Test section of this Policy) and assess their mental capacity to consent to the referral (see BUDDIES Mental Capacity Act and DoLS Policy for further information). If a client lacks capacity to make a decision about a safeguarding referral, it is acceptable to refer them in their 'best interests'. An individual of capacity has the right to refuse consent, in this situation the risk of doing so must be fully explained.

Additionally, if the client refuses consent for a safeguarding referral the Safeguarding Lead must consider whether there is an overriding public interest that outweighs individual client confidentiality, for example, other people could be at risk, a possible crime has been committed or there is a risk to the health and safety of others.

Where the adult at risk criteria does not apply, a client with capacity refuses consent and there is no overriding public interest disclosure a safeguarding referral may not be appropriate. In these instances, the Safeguarding Lead and treating staff should consider any other actions required to support the needs of the adult or other actions, such as complaints processes, training needs or regulatory action if appropriate.

Please see the flow chart in **Appendix 1** for further information.

8. Information Sharing

Information sharing between organisations is essential to safeguard adults at risk of abuse, neglect and exploitation. In this context 'organisations' mean not only statutory organisations but also voluntary and independent sector organisations, housing authorities, the police and Crown Prosecution Service, and organisations which provide advocacy and support.

Decisions about what information is shared and with whom will be taken on a case-by-case basis by the Registered Manager in consultation with the Data Protection Officer/Lead and the Caldicott Guardian in line with BUDDIES Confidentiality and Information Governance and Record Keeping Policies.

A record must be kept of all decisions made in relation to information sharing, whether the information is shared or not. If a decision has been made to share information, a record must be kept of what was shared, with whom and for what purpose. Any information disclosed should be:

- Clear regarding the nature of the problem and purpose of sharing information
- Based on fact, not assumption

- Restricted to those with a legitimate need to know
- Relevant to specific incidents
- Strictly limited to the needs of the situation at that time and
- Recorded in writing with reasons stated.

9. Radicalisation and the Prevent strategy

Under Section 26 of the Counter-Terrorism Security Act 2015, healthcare professionals have a duty to have 'due regard to the need to prevent people from being drawn into terrorism'. The Prevent strategy aims to reduce the threat of terrorism by preventing people from becoming terrorists or supporting terrorism and has three strategic objectives:

- Respond to the 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.

BUDDIES will ensure that all staff understand and can comply with this duty through the implementation of mandatory prevention of radicalisation training. Staff will be expected to demonstrate:

- That they know what measures are available to prevent people from becoming drawn into terrorism
- How to challenge the extremist ideology associated with terrorism
- How to obtain support for individuals who may be being exploited by radicalising influences.

As a part of this strategy, staff are also responsible for being:

- Aware of their professional responsibilities in relation to the safeguarding of adults
- Familiar with BUDDIES protocols, policies and procedures
- Aware of who to contact to discuss any safeguarding concerns
- Aware of the processes and support available following raising a concern
- Aware of the current patient practice for confidentiality (see the Confidentiality Policy for further information).

Changes to an individual's behaviour indicative of potential radicalisation should be assessed for their reliability and significance by considering any:

- Parental/family reports of unusual changes in behaviour, friendships or actions and requests for assistance
- Client/staff accessing extremist material online
- use of extremist or hate terms to exclude others or incite violence.

If staff are concerned that an at-risk individual is being exploited, they should raise their concern with the Registered Manager and/or the Safeguarding Lead who will then consider referral to the relevant Local Authority or Regional Prevent Coordinator. Factors that can contribute toward an individual's vulnerability and subsequent risk of radicalisation include:

- Identity crisis: radicalisers can exploit adolescents/at-risk adults who may feel uncomfortable with their place in society and disconnected from their family and/or heritage by providing a sense of purpose or feelings of belonging
- Personal crisis: can result in a sense of isolation, making an individual vulnerable to radicalisation
- Personal circumstances: individuals who feel their aspirations are likely to be undermined may translate into a generalised rejection of civic life and an adoption of violence as a symbolic act
- Criminality: where an at-risk individual becomes involved in a group that engages in criminal activity are more likely to be drawn into terrorist related activity
- Grievances: the following may play an important part in the early indoctrination of at-risk individuals:
 - A misconception and/or rejection of UK foreign policy
 - Distrust of western media reporting
 - Perceptions that UK government policy is discriminatory (e.g., counter-terrorist legislation).
- Other factors:
 - Ideology and politics
 - Provocation and anger (grievance)
 - Need for protection
 - Seeking excitement and action
 - Fascination with violence, weapons and uniforms
 - Youth rebellion
 - Seeking family and father substitutes
 - Seeking friends and community
 - Seeking status and identity.

10. Staff Conduct

BUDDIES will not tolerate any staff member, worker or other person engaged to support or provide services to, or on behalf of BUDDIES to have:

- behaved in a way that has harmed, or may harm, an at-risk adult
- possibly committed a criminal offence against, or related to, an at-risk adult
- behaved towards an at-risk adult in a manner that may indicate they are unsuitable to work in a position of trust.

Any staff member identified to behave in such a way as to indicate one or more of the above statements, either within their work or as a consequence of actions within their personal life, may be subject to disciplinary action. Identification of such incidents can come from various different sources. BUDDIES will take prompt action to investigate any allegations made and will take any actions necessary to protect individuals and those that work with us, for us, and on our behalf.

Resultant actions can/may include a staff member being suspended and possibly dismissed. All allegations will be reported to the CQC without delay, as is required. Where the allegation is made against a healthcare professional we will liaise with and report to the relevant professional body.

Additionally, BUDDIES has a duty to refer staff to the Disclosure and Barring Service (DBS) if they have:

- a) Satisfied the harm test, i.e., that the Company believes that the staff member may:
 - harm a child or vulnerable adult
 - cause a child or vulnerable adult to be harmed
 - put a child or vulnerable adult at risk of harm
 - attempt to harm a child or vulnerable adult or incite another to harm a child or vulnerable adult.
- b) Received a caution or conviction for a relevant offence.

A relevant offence for the purposes of referrals to the DBS is an automatic inclusion offence as set out in the Safeguarding Vulnerable Groups Act 2006 (Prescribed Criteria and Miscellaneous Provisions) Regulations 2009 and the Safeguarding Vulnerable Groups.

Broadly speaking these offences include all sexual offences, all offences involving children, most prostitution offences and murder. If you are unsure, contact the HR Department for guidance.

If the above conditions have been met and the Registered Manager will conclude that the investigation conducted shows that the staff member(s) concerned has a case to answer, a referral must be made to the DBS.

11. Notifications

The Safeguarding Lead is responsible for notifying the CQC, as soon as reasonably possible, of abuse or allegations of abuse concerning a person using the service if any of the following applies:

- the person is affected by abuse
- they are affected by alleged abuse
- the person is an abuser
- they are an alleged abuser.

Not all referrals made to the local authority need to be notified to CQC. The Company is only required to notify CQC of safeguarding incidents where the allegation of abuse is linked to the Company's provision of care.

12. Staff Training

All staff and third parties working or volunteering with BUDDIES will be required to undertake an induction that includes mandatory training on the safeguarding of adults as well as the Prevent Strategy for radicalisation.

This will then need to be updated at least every 3 years.

13. Monitoring

The Senior Leadership Team will receive regular reports from the appointed Safeguarding Lead to include the following content where applicable:

- Numbers of staff attending and completing training
- Numbers of safeguarding referrals made to the local authority and CQC
- Lessons learned and changes effected because of safeguarding issues.

14. Related Policies

- Confidentiality Policy
- Consent Policy
- EDHR Policy
- Information Governance and Record Keeping Policy
- Mental Capacity Act and DoLS Policy
- Recruitment Policy
- Training and Induction Policy
- Whistleblowing Policy

15. Legislation and Guidance

Relevant Legislation

- Care Act 2014
- Equality Act 2010
- Mental Capacity Act 2005
- Modern Slavery Act 2015
- Public Interest Disclosure Act 1998

Guidance

- Ann Craft Trust: <https://www.anncrafttrust.org/resources/a-guide-to-safeguarding-adults/>
- Care Quality Commission: https://www.cqc.org.uk/sites/default/files/20150710_CQC_New_Safeguarding_Statement.pdf
- Gov.uk: www.gov.uk/government/publications/safeguarding-adults-the-role-of-health-services
- Home Office: Revised Prevent duty guidance: for England and Wales 2019: <https://www.gov.uk/government/publications/prevent-duty-guidance/revised-prevent-duty-guidance-for-england-and-wales>
- NHS England: <https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf>
- NHS England: Safeguarding Adults [Layout 1 \(england.nhs.uk\)](http://www.england.nhs.uk)

NICE Guidance: <https://www.nice.org.uk/guidance/health-and-social-care-delivery/safeguarding>

Social Care Institute for Excellence: <https://www.scie.org.uk/care-providers/coronavirus-covid-19/safeguarding-adults>

End of Policy Statement

This policy will be reviewed regularly to ensure it remains compliant with current legislation, regulatory standards, and best practice guidance.

The policy is subject to **annual review**, or sooner if there are:

- Changes to relevant legislation or regulation
- Guidance updates from the CQC or other regulatory bodies
- Changes in organisational structure or service provision
- Findings from internal audits or quality assurance processes
- Feedback from staff, service users, or stakeholders

All staff are responsible for ensuring they are familiar with this policy and apply it consistently in their roles. Updates will be communicated to all relevant personnel, and training will be provided as necessary.

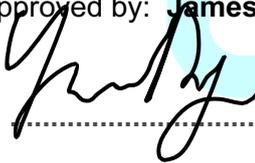
Policy Review and Version Control

Version Date Issued Reviewed By Next Review Due Changes Made (Summary)

1.0	07/10/2025	James Pay	07/10/2026	Initial version issued
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Approval:

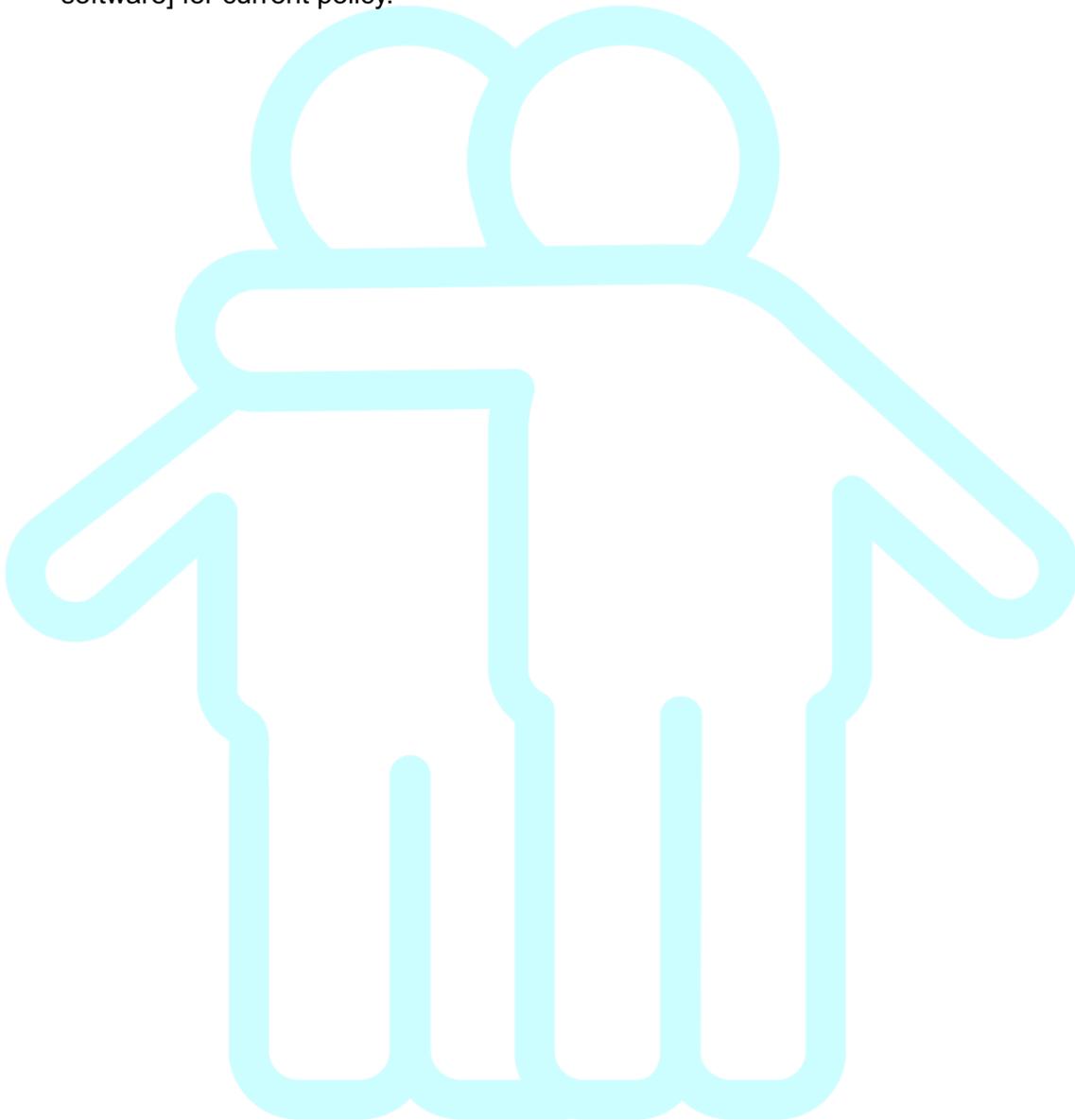
Policy approved by: **James Daniel Pay - Registered Manager**

Signed:  (MANAGER)

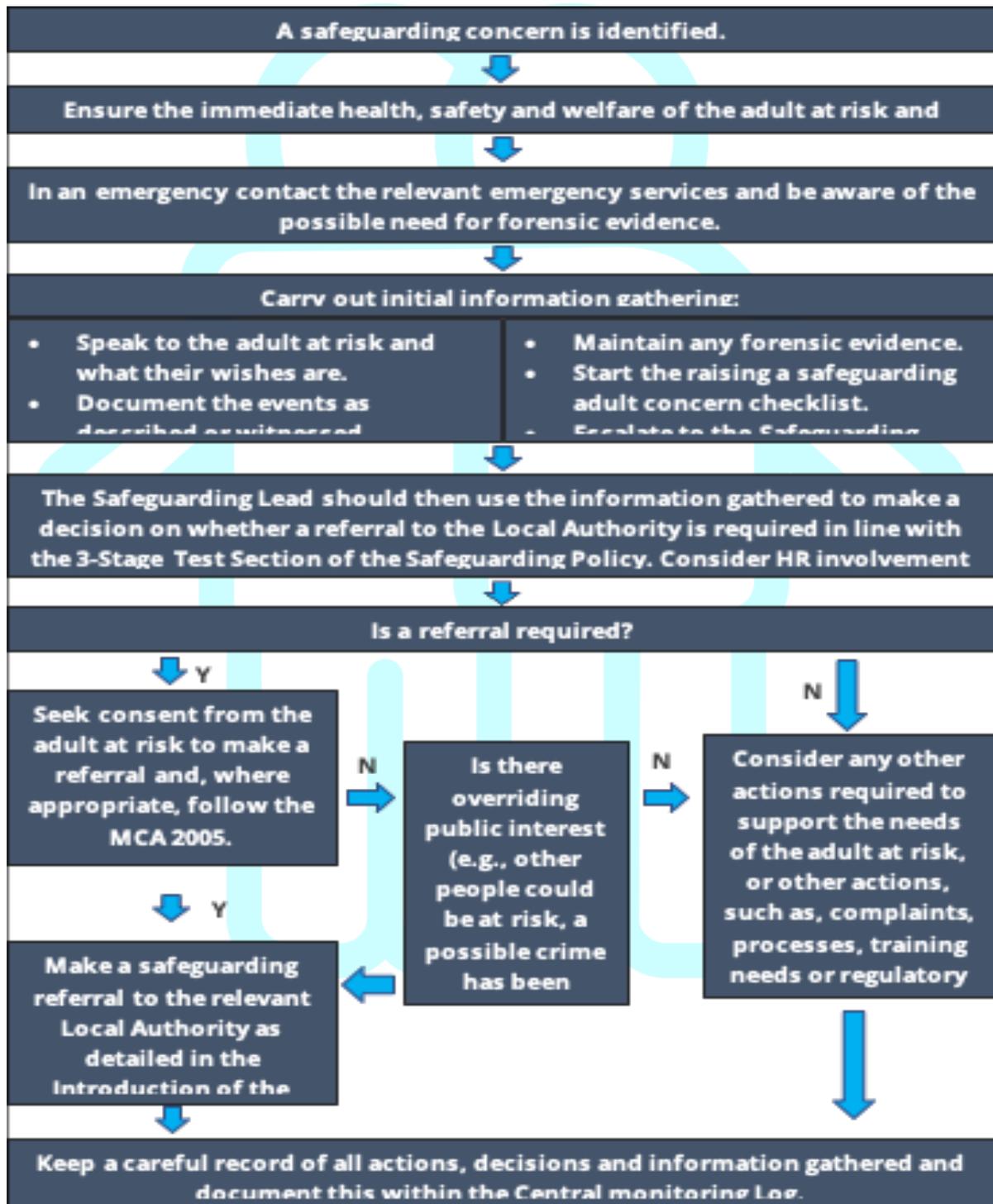
Date: **7/10/2025**

Document Control:

- This document is a controlled policy. Once printed or downloaded, it becomes an uncontrolled copy and may not reflect the latest version. Please refer to the master version stored on the [policy management system / office file / care management software] for current policy.



16. APPENDIX 1- Raising a Concern Flow chart.

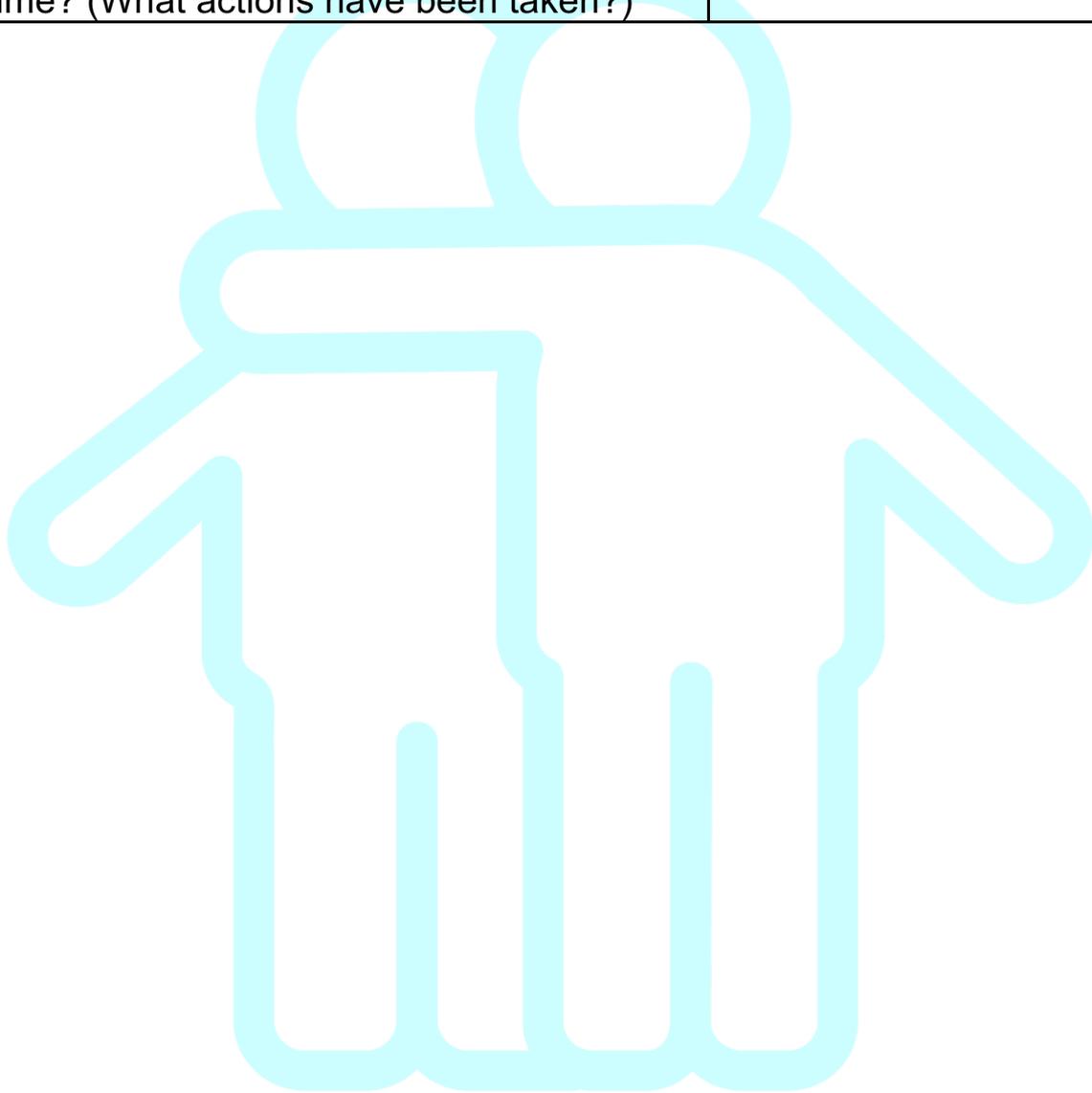


17. Appendix 2 - Raising a Safeguarding Adult Concern Checklist:

This checklist is to assist you to have the right information when you are raising a safeguarding concern. We know that it is often a stressful conversation and you may forget vital information when you make a referral. Do not worry if you do not have all the information below. Concerns will always be considered when the information is not available.

Name of alerting person (You can remain anonymous)	
Contact details of alerting person	
Relationship to Victim	
Organisation of alerting person	
Name (of adult at risk)	
Address of Adult	
Address, if different, of place of alleged abuse	
Contact details of adult at risk	
Details of Category of Vulnerability (Older, frail, Mental Health, Learning Difficulties etc.)	
Date of Birth or Age	
Gender	
Ethnicity	
Religion	
Capacity and understanding	
Communication needs (sensory loss, language, other)	
Name of Alleged Perpetrator	
Address of Alleged Perpetrator	
Date of Birth of Alleged Perpetrator	
Details of Referral - You need to consider the following so that the person taking the referral decision can gain adequate information	
Nature of abuse/incident	
When did it happen?	
Where did it happen?	

Was anyone else involved?	
Was the incident witnessed?	
Have you had previous concerns regarding this person? If so what?	
Does the adult at risk of abuse or neglect know you are making this referral?	
What does the person want to happen?	
Have you done anything to assist the adult at risk at this time? (What actions have been taken?)	



BUDDIES COMMUNITY CARE LTD.

Safeguarding Policy (CHILDREN)

**BUDDIES Safeguarding Lead: James Pay (07838 089 064).
Local Safeguarding Team: 01202 123 334 (BCP) or 01202 738 256
(Out of Hours)
NSPCC:0208 487 7000**

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Introduction

Child safeguarding is everyone's responsibility. BUDDIES is committed to ensuring individual rights are protected and promoted through eliminating all forms of abuse, without discrimination.

Children may be vulnerable to neglect and abuse or exploitation from within their family and from individuals they come across in their day-to-day lives. A child centred approach is fundamental to safeguarding and promoting the welfare of every child. A child centred approach means keeping focused when making decisions about their lives and working in partnership with them and their families. All practitioners should follow the principles of the Children Acts 1989 and 2004 that state that the welfare of children is paramount and that they are best looked after within their families, with their parents playing a full part in their lives (unless compulsory intervention in family life is necessary).

Emergency services should be called immediately if there is an imminent risk to a child, or if an individual is unsure of the risk to a child.

The relevant local authority safeguarding policy is recognised in all of our services and will be referred to in conjunction with this policy.

If a member of staff suspects a potential safeguarding issue has been committed against a child, it is their responsibility to liaise with the Safeguarding Lead/Line Manager immediately.

A referral MUST be made immediately to the local authority safeguarding team based on where the child is located.

However, BUDDIES accepts clients from multiple local authority jurisdictions and as a referral MUST be made immediately to the local authority safeguarding team based on where the child is located, the NHS Safeguarding app will be used to achieve this. Information on downloading the app can be found here [NHS England » NHS England Safeguarding app](#).

Policy Statement

BUDDIES is committed to ensuring individual rights are protected and promoted through eliminating all forms of abuse without discrimination. This includes:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes.

Scope

This policy and the procedures apply to all staff, including workers and independent sub-contractors.

BUDDIES are required to have a Safeguarding Lead responsible for guiding and supporting all staff when dealing with safeguarding children.

Safeguarding Lead: JAMES DANIEL PAY

Contact Number: 07 8 999 16 17 18

Procedures

As a part of our commitment BUDDIES will:

- Prevent and stop abuse or neglect wherever possible
- Protect, maintain and uphold the human rights of children and young persons at risk
- Eliminate discrimination
- Take steps to deal with suspected abuse, bullying or exploitation of any kind whenever or wherever it may be found
- Provide support, training and protection for everyone.

To meet our commitment, we will:

- Ensure that everyone that works with us, for us or on our behalf is familiar with this policy and procedures and has access to these documents
- Monitor the implementation of this policy and procedures and take any steps that are required to improve our practices
- Ensure that effective procedures are in place for responding to complaints, concerns and allegations of suspected or actual abuse
- Ensure that there are appropriate risk assessments in place
- Ensure safe recruitment procedures including ID Checks, references and DBS checks are followed for every position we recruit
- All individuals that work for us now or in the future, in any capacity, will be trained to Level 1 in Safeguarding, with clinical staff being trained to Level 2 and the Safeguarding Lead being trained to Level 3.

Children with Disabilities

Any child with a disability is by definition a 'child in need' under Section 17 of the Children Act 1989. The Disability Discrimination Act 2005 (DDA) and the Equality Act 2010 define a disabled person as someone who has "a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities".

The Equality Act 2010 makes it unlawful to discriminate against a disabled person in relation to the provision of services. This includes making a service more difficult for a disabled person to access or providing them with a different standard of service.

Research suggests that children with a disability may be generally more vulnerable to significant harm through physical, sexual, emotional abuse and/or neglect than children who do not have a disability. Disabled children may be especially vulnerable to abuse for several reasons (e.g., they may be at increased likelihood of being socially isolated with fewer outside contacts than non-disabled children). Where there are concerns

about the welfare of a disabled child, they should be acted upon in the same way as with any other child.

Types of abuse

Abuse is the violation of an individual's human and civil rights. Abuse can be self-inflicted or inflicted by another person or persons. In the context of safeguarding, it is used to refer to any knowing, intentional or negligent act by another that causes harm or a serious risk of harm to another. Types of abuse include:

- Physical abuse that includes the deliberate hurting of a child who may present with:
 - Frequent injuries
 - Unexplained or unusual fractures or broken bones
 - Unexplained:
 - Bruises or cuts
 - Burns or scalds
 - Bite marks.
- Emotional abuse that includes persistent emotional maltreatment for which indicators include:
 - 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 (e.g., name-calling or making negative comparisons).
- Sexual abuse, including physical and non-contact activities. Indicators may include:
 - Displays of knowledge or interest in sexual acts inappropriate to age
 - Use of sexual language or have sexual knowledge unexpected in their age
 - Asking others to behave sexually or play sexual games

- Physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy.
- Sexual exploitation for money, power or status. Indicators may include:
 - Unexplained gifts or new possessions
 - Children who associate with other young people known to be involved in exploitation
 - Older boyfriends or girlfriends
 - Sexually transmitted infections or pregnancy
 - Changes in emotional wellbeing
 - Misuse of drugs and/or alcohol
 - Go missing for periods of time and/or regularly return home late
 - Regularly miss school or education, or do not take part in education.
- Neglect is a pattern of failing to provide for a child's basic needs and may include the following indicators:
 - Homes that are dirty or unsafe
 - Left hungry and dirty
 - Inadequate clothing
 - Living in dangerous conditions (i.e., in the presence of drugs, alcohol or violence)
 - Angry, aggressive or self-harming behaviours
 - Failure to receive basic healthcare
 - Parents who fail to seek medical treatment when their children are ill or injured.

Contextual Safeguarding

This is an approach to understanding and responding to young people's experiences of significant harm beyond their families. Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.

As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including exploitation by criminal gangs and organised crime groups, such as county lines, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation. Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered.

Practitioners working with children and their families should consider whether wider environmental factors are present in a child's life and are a threat to their safety and/or welfare. Children who may be alleged perpetrators should also be assessed to understand the impact of contextual issues on their safety and welfare.

Interventions should focus on addressing these wider environmental factors, which are likely to be a threat to the safety and welfare of a number of different children who may or may not be known to local authority children's social care. Assessments of children in such cases should consider the individual needs and vulnerabilities of each child. They should look at the parental capacity to support the child, including helping the parents and carers to understand any risks and support them to keep children safe and assess potential risk to the child.

Child sexual exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact, it can also occur through the use of technology. Child sexual exploitation takes different forms from a seemingly 'consensual' relationship where sex is exchanged for attention, affection, accommodation or gifts, to serious organised crime and child trafficking. Child sexual exploitation involves differing degrees of abusive activities, including coercion, intimidation or enticement, unwanted pressure from peers to have sex, sexual bullying (including cyber bullying) and grooming for sexual activity.

Children missing from care, home or education

Children running away and going missing from care, home and education is a key safeguarding issue. Current research findings estimate that approximately 25% of children and young people that go missing are at risk of serious harm.

There are particular concerns about the links between children running away and the risks of sexual exploitation. Looked After Children missing from their placements are vulnerable to sexual and other exploitation, especially children in residential care.

Children who go missing or run away from home or care may be in serious danger and are vulnerable to crime, sexual exploitation or abduction, as well as radicalisation. Healthcare professionals have a key role in identifying and reporting children who may be missing from care, home and school.

Missing children access a number of services provided by a range of health providers, including, Urgent Care Units, Emergency Departments, Genito-Urinary Medicine Clinics (GUM) and Community Sexual Health Services.

Health professionals should understand the vulnerabilities and risks associated with children that go missing. Staff should be aware of their professional responsibilities and the responses undertaken by the multi-agency partnership.

Child criminal exploitation and county lines

As set out in the Serious Violence Strategy (2018) published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence, the victim may have been criminally exploited even if the activity appears consensual.

Child criminal exploitation does not always involve physical contact, it can also occur through the use of technology. County Lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'.

They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons. Potentially a child involved with a gang or with serious violence could be both a victim and a perpetrator.

This requires professionals to assess and support his/her welfare and well-being needs at the same time as assessing and responding in a criminal justice capacity. Professionals should always take what the child tells them seriously. If a professional is concerned that a child is at risk of harm as a victim or a perpetrator of serious youth violence, gang-related or not, the professional should wherever possible, consult with their line manager or the Safeguarding Children Team and make an immediate referral to Children's Social Care.

So-called honour-based abuse

Honour based abuse is the term used to describe incidents of violence, including murder ("honour killings") that have been committed in the belief that those actions will protect or defend the honour of the family and/or community. Such violence/abuse can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their

honour code. The victims of such incidents are predominantly women, perceived to have behaved immorally and deemed to have breached the honour code of a family and/or community, causing shame. For young victims it is a form of child abuse and a serious abuse of human rights.

It can be distinguished from other forms of violence/abuse, as it is often committed with some degree of approval and/or collusion from family and/or community members. Women, men and younger members of the family can all be involved in the abuse. The Metropolitan Police definition of so-called honour-based violence is 'a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community. This type of violence and abuse includes physical, emotional, financial and sexual abuse of the victims. Professionals should respond in a similar way to cases of honour violence as with domestic abuse and forced marriage (i.e., in facilitating disclosure, developing individual safety plans, ensuring the child's safety by according them confidentiality in relation to the rest of the family).

Forced marriage

A forced marriage is one where either or both parties do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used against them.

Forced marriage, as distinct from a consensual 'arranged' one, is a marriage conducted without the full consent of both parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds.

It is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights. In 2004, the UK Government's definition of domestic abuse was extended to include acts perpetrated by extended family members, as well as intimate partners. The pressure that is put on people to marry against their will may be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (e.g., when someone is made to feel that they are bringing shame on their family). Financial abuse (taking away a person's wages or not giving them any money) may also be a

factor. If an individual does not consent or lacks capacity to consent to marriage, that marriage must be viewed as a forced marriage whatever the reason for it taking place. Capacity to consent can be assessed and tested but is time-and-decision specific. Professionals should respond in a similar way to forced marriage as with domestic violence and honour-based violence (i.e., in facilitating disclosure, developing individual safety plans, ensuring the child's safety by according them confidentiality in relation to the rest of the family, completing individual risk assessments, etc.).

Female genital mutilation

Female genital mutilation (FGM) is a collective term for procedures, which include the removal of part or all of the external female genitalia for cultural or other nontherapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life.

The procedure is typically performed on girls aged between 4 and 13, but in some cases, it is performed on new-born infants or on young women before marriage or pregnancy. FGM is practised in at least 29 countries across Africa, parts of the Middle East and Southeast Asia.

FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. It is estimated that 60,000 girls under 15 are at risk of FGM in the UK, and 137,000 women and girls in the UK have already been subjected to it.

Child protection procedures should be followed when there are concerns that a girl is at risk of, or is already the victim of, FGM. It comprises all procedures that involve partial or total removal of the external genitalia or other injury to the female genital organs for cultural or non-therapeutic reasons.

The practice is medically unnecessary and is linked to a number of forms of physical and psychological distress. There are also mandatory reporting procedures in place for health professionals in relation to FGM.

The duty to report applies in specific situations:

- A health professional is informed by a girl under 18 that an act of FGM has been carried out on her or
- A health professional observes physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.

Trafficking and Modern Slavery

The United Nations (Article 3 paragraph A of the Protocol to Prevent, Suppress and Punish Trafficking in Persons) defines Trafficking in Persons as the “recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs”.

Most children are trafficked and exploited for financial gain. Some trafficking is by organised gangs, in other cases individual adults trafficked children to the UK for their own personal gain. Exploitation includes children being used for sex work, domestic servitude, sweatshop and restaurant work, drug dealing and credit card fraud, begging or pickpocketing, benefit fraud, drug mules or decoys for adult drug traffickers, forced marriage, trade in human organs, and, in some cases, ritual killings. There are a number of circumstances that could indicate a child may have been trafficked to the UK and may still be controlled by the traffickers or receiving adults.

The National Referral Mechanism is a process set up by the Government to identify and support all victims of modern slavery following the implementation of the Modern Slavery Act, the mechanism through which the Modern Slavery and Human Trafficking Unit (MSHTU) collects data about victims. This information aims to help build a clearer picture about

the scope of human trafficking in the UK.
<https://www.ecpat.org.uk/national-referral-mechanism>

If you Suspect a Child is at Risk of Abuse

Where a child is believed to be at risk of abuse is encountered or if they disclose or discuss potential abuse with you, it should be recognised that they may be describing abuse, albeit not explicitly. As a part of the initial assessment, you should try to establish the basic facts and question any unusual behaviours, speaking to the child alone if appropriate. If there is concern that a child is being abused or if they report abuse and/or neglect you should:

- listen
- take their allegation seriously
- reassure them that action will be taken to keep them safe.

The Safeguarding Lead must be informed immediately of any safeguarding concerns and further action will depend upon the circumstances of the case, the seriousness of the child's allegation and the local multi-agency safeguarding arrangements in place. If the child is in immediate danger or is at risk of harm a referral should be made to children's social care and/or the police.

The child should be kept informed of any action being taken, but, although it is important to maintain confidentiality, no promises should be made to keep the information a secret as this may need to be shared for their protection. It is then the role of social workers and/or the police to investigate cases and make a judgement on whether there should be a statutory intervention and/or a criminal investigation. If following this, there are then further signs of abuse and neglect, this should be reported and referred again. Following referral to a social worker a response should be received within one working day to confirm what further action may be needed.

Any safeguarding decisions should form a child centred approach, with the aim of keeping the child in focus and, where possible, working in partnership with them and their families.

Advice and assistance can also be sought from the NSPCC helpline: 0800 800 5000.

Children Exposed to Extreme Ideology

Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs.

Extremism goes beyond terrorism and includes people who target the vulnerable, including the young by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society.

Children and young people can be radicalised in different ways:

- They can be groomed either online or in person by people seeking to draw them into extremist activity. Older children or young people might be radicalised over the internet or through the influence of their peer network – in this instance their parents might not know about this or feel powerless to stop their child's radicalisation.
- They can be groomed by family members who hold harmful, extreme beliefs, including parents/carers and siblings who live with the child and/or person(s) who live outside the family home but have an influence over the child's life.
- They can be exposed to violent, anti-social, extremist imagery, rhetoric and writings which can lead to the development of a distorted world view in which extremist ideology seems reasonable. In this way they are not being individually targeted but are the victims of propaganda which seeks to radicalise.

A common feature of radicalisation is that the child or young person does not recognise the exploitative nature of what is happening and does not see themselves as a victim of grooming or exploitation. The harm children and young people can experience ranges from a child adopting or complying with extreme views which limits their social interaction and full engagement with their education, to young children being taken to war zones and older children being groomed for involvement in violence.

Radicalisation and the Prevent Strategy

Under Section 26 of the Counter-Terrorism Security Act 2015, healthcare professionals have a duty to have 'due regard to the need to prevent people from being drawn into terrorism'. The Prevent strategy aims to reduce the threat of terrorism by preventing people from becoming terrorists or supporting terrorism and has three strategic objectives:

- respond to the 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.

BUDDIES will ensure that all staff understand and can comply with this duty through the implementation of mandatory prevention of radicalisation training. Staff will be expected to demonstrate:

- That they know what measures are available to prevent people from becoming drawn into terrorism
- How to challenge the extremist ideology associated with terrorism
- How to understand obtain support for people who may be being exploited by radicalising influences.

As a part of this strategy staff are also responsible for being:

- Aware of their professional responsibilities in relation to the safeguarding of adults and children
- Familiar with BUDDIES protocols, policies and procedures
- Aware of who to contact to discuss any safeguarding concerns
- Aware of the processes and support available following raising a concern
- Aware of the current patient practice for patient confidentiality (see the Patient Confidentiality Policy for further information).

Changes to an individual's behaviour indicative of potential radicalisation should be assessed for their reliability and significance by considering any:

- Parental/family reports of unusual changes in behaviour, friendships or actions and requests for assistance
- Patients/staff accessing extremist material online
- Use of extremist or hate terms to exclude others or incite violence.

If staff are concerned that a vulnerable child is being exploited, they should raise their concern with the Registered Manager and/or the Safeguarding Lead who will then consider referral to the relevant Local Authority or Regional Prevent Coordinator. Factors that can contribute toward an individual's vulnerability and subsequent risk of radicalisation include:

- Identity crisis: radicalisers can exploit adolescents/vulnerable children who may feel uncomfortable with their place in society and disconnected from their family and/or heritage by providing a sense of purpose or feelings of belonging.
- Personal crisis: can result in a sense of isolation, making a person vulnerable to radicalisation.
- Personal circumstances: individuals who feel their aspirations are likely to be undermined may translate into a generalised rejection of civic life and an adoption of violence as a symbolic act.

- **Criminality:** where a vulnerable individual becomes involved in a group that engages in criminal activity are more likely to be drawn into terrorist related activity.
- **Grievances:** the following may play an important part in the early indoctrination of vulnerable individuals:
 - A misconception and/or rejection of UK foreign policy
 - Distrust of western media reporting
 - Perceptions that UK government policy is discriminatory (e.g., counter-terrorist legislation).
- **Other factors:**
 - Ideology and politics
 - Provocation and anger (grievance)
 - Need for protection
 - Seeking excitement and action
 - Fascination with violence, weapons and uniforms
 - Youth rebellion
 - Seeking family and father substitutes
 - Seeking friends and community
 - Seeking status and identity.

Information Sharing

Effective sharing of information between professionals and local agencies is essential for safeguarding and promoting the welfare of children and young people. Early sharing of information is the key to providing effective early help where there are emerging problems.

At the other end of the continuum, sharing information can be essential to put in place effective child protection services. Serious Case Reviews (SCRs) have shown how poor information sharing has contributed to the deaths or serious injuries of children (Working Together to Safeguard Children, 2018).

Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children. To ensure effective safeguarding arrangements:

- No professional should assume that someone else will pass on information which they think may be critical to keeping a child safe.
- If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they should share the information with local authority children's social care.

Further information relating to information sharing can be found in the Information Governance and Confidentiality Policy. Where sharing concerns with parents could increase risks to a child, for example sexual abuse within the family when there is a danger of the parents silencing the child, staff should make the referral without informing the parents and record this in the care plan.

Children have a right to be told what is going on. They should not be given promises that cannot be kept. Their views and wishes should be taken into consideration, in accordance with their age and developmental status. Clients and children should be made aware that confidentiality can never be absolute, as staff have a duty to ensure they are protected from harm.

Safeguarding Remotely

The same principles of safeguarding apply whether services are being performed in person or remotely. However, staff should be aware that identifying children at risk of abuse may be more difficult in a remote environment. If there are any concerns as to the welfare of the child, consideration should be given as to whether the remote service is an appropriate approach in that situation. Any concerns should be referred to the Safeguarding Lead for advice and assistance.

Staff Conduct

BUDDIES will not tolerate any staff member, worker, or other person engaged to support or provide services to, or on our behalf to have:

- behaved in a way that has harmed, or may harm, a child or young person
- possibly committed a criminal offence against, or related to, a child or young person
- behaved towards a child or young person in a manner that may indicate they are unsuitable to work in a position of trust.

Any staff member identified to behave in such a way as to indicate one or more of the above statements, either within their work or as a consequence of actions within their personal life may be subject to disciplinary action. Identification of such incidents can come from various different sources. BUDDIES will take prompt action to investigate any allegations made and will take any actions necessary to protect our clients and those that work with us, for us and on our behalf. Resultant actions can/may include a member of staff being suspended, and possibly dismissed.

All allegations will be reported to the CQC without delay, as is required. Where the allegation is made against a healthcare professional we will liaise with and report to the relevant professional body.

Additionally, BUDDIES has a duty to refer staff to the Disclosure and Barring Service (DBS) if they have:

- a) Satisfied the harm test, i.e., that the Company believes that the staff member(s) may:
 - Harm a child or vulnerable adult
 - Cause a child or vulnerable adult to be harmed
 - Put a child or vulnerable adult at risk of harm
 - Attempt to harm a child or vulnerable adult; or incite another to harm a child or vulnerable adult.
- b) Received a caution or conviction for a relevant offence.

A relevant offence for the purposes of referrals to DBS is an automatic inclusion offence as set out in the Safeguarding Vulnerable Groups Act 2006 (Prescribed Criteria and Miscellaneous Provisions) Regulations 2009 and the Safeguarding Vulnerable Groups Act 2006. Broadly speaking these offences include all sexual offences, all offences involving children, most prostitution offences and murder. If you are unsure, contact the HR Department for guidance.

If the above conditions have been met and the Registered Manager will conclude that the investigation conducted shows that the staff member concerned has a case to answer, a referral must be referred to DBS.

Staff Training

All staff and third parties working or volunteering with BUDDIES will be required to undertake an induction that includes mandatory training on the safeguarding of children as well as the Prevent strategy for radicalisation.

This will then need to be updated at least every 3 years.

Monitoring

The Leadership Team will receive regular reports from the appointed Safeguarding Lead to include the following content where applicable:

- Numbers of staff attending and completing training
- Numbers of safeguarding referrals made to the local authority and CQC
- Lessons learned and changes effected as a result of safeguarding issues.

Related Policies

- Consent Policy
- Equality and Diversity Policy
- Information Governance and Record Keeping Policy
- Mental Capacity Act and DoLS Policy

- Recruitment Policy
- Training and Induction Policy
- Whistleblowing Policy

Legislation and Guidance

Relevant Legislation

- Children Act 1989
- Children Act 2004
- Counter Extremism Strategy
- Disability Discrimination Act 2005
- Equality Act 2010
- Mental Capacity Act 2005
- Public Interest Disclosure Act 1998
- Modern Slavery Act 2015

Guidance

- United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons
- Home Office: Revised Prevent duty guidance: for England and Wales 2019: <https://www.gov.uk/government/publications/prevent-duty-guidance/revised-prevent-duty-guidance-for-england-and-wales>
- Home Office Serious Violence Strategy (2018) published by the Home Office,
- NICE Guidance: <https://www.nice.org.uk/guidance/health-and-social-care-delivery/safeguarding>
- Care Quality Commission: https://www.cqc.org.uk/sites/default/files/20150710_CQC_New_Safeguarding_Statement.pdf
- HM Government: What to do if you're worried a child is being abused; advice for practitioners, 2015 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf
- Working Together to Safeguard Children, 2018

End of Policy Statement

This policy will be reviewed regularly to ensure it remains compliant with current legislation, regulatory standards, and best practice guidance.

The policy is subject to **annual review**, or sooner if there are:

- Changes to relevant legislation or regulation
- Guidance updates from the CQC or other regulatory bodies
- Changes in organisational structure or service provision
- Findings from internal audits or quality assurance processes
- Feedback from staff, service users, or stakeholders

All staff are responsible for ensuring they are familiar with this policy and apply it consistently in their roles. Updates will be communicated to all relevant personnel, and training will be provided as necessary.

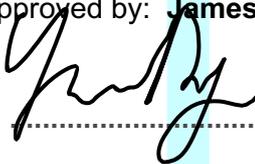
Policy Review and Version Control

Version Date Issued Reviewed By Next Review Due Changes Made (Summary)

1.0	07/10/2025	James Pay	07/10/2026	Initial version issued
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Approval:

Policy approved by: **James Daniel Pay - Registered Manager**

Signed:  (MANAGER)

Date: **7/10/2025**