

SAFEGUARDING POLICY

Principles

The main aim of this Policy is to make sure we (Korus Ultrasound) report safeguarding concerns about children,

young people, adults and vulnerable adults at risk to the Designated Safeguarding Lead (DSL), and from them

onwards to relevant safeguarding partner agencies.

This policy is designed to support staff in raising any concerns with the DSL.

We follow a safe recruitment practice in order to minimise risks of safeguarding incidents occurring within our places

or work by ensuring that an Enhanced DBS check is completed and references are sought.

We operate under a simple framework described as ' Say so mething if you see something' – Ensuring that all staff

understand that it is everyone's responsibility to report anything that they view as being a safeguarding risk to others.

What is Safeguarding?

The term safeguarding is used to define actions taken to protect vulnerable groups from harm. This harm might come from adults or other children and, as someone working closely with vulnerable groups, it's important you understand what safeguarding is and why it's important.

“Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. It is fundamental to creating high-quality health and social care.”

(<http://www.cqc.org.uk/content/safeguarding-people>.)

Definitions

A vulnerable adult is defined as a person who, for any reason, may be unable to take care of themselves or protect themselves against significant harm or exploitation. Safeguarding vulnerable adults involves reducing or preventing the risk of significant harm from neglect or abuse.

This does not only refer to adults who lack capacity. Adults with full capacity can still be considered vulnerable if they are unable to take care of themselves or protect themselves from significant harm.

The term 'an adult at risk' is any person who is aged 18 years or over and at risk of abuse, harm or neglect because of their needs for care and/or support and are unable to safeguard themselves. This is regardless of whether their need for care is being met or not. This could include any adult receiving any medical care or

treatment, living in a residential setting, those with mental health issues, physical, sensory or learning disabilities, medical conditions, dementia, brain injury, those who are elderly and frail and those who are family carers.

When safeguarding a vulnerable adult you:

- Ensure they can live in safety, free from abuse and neglect.
- Empower them by encouraging them to make their own decisions and provide informed consent.
- Prevent the risk of abuse or neglect, and stop it from occurring.
- Promote their well-being and take their views, wishes, feelings and beliefs into account.

Safeguarding Children

Legally, a child is defined as anyone under the age of 18. Therefore, safeguarding children is about protecting all those under 18 from harm.

When safeguarding a child you:

- Protect them from abuse, maltreatment and exploitation.
- Prevent anything from harming their health or development.
- Ensure they can grow up under safe and effective care.
- Take action to ensure they have the best outcomes in life.

Part of the safeguarding process is identifying and protecting children suffering from, or likely to suffer from, significant harm. While Korus does not directly deal with children it is not impossible for children to be discussed by others or for children to be brought into our clinic settings by their parents or carers. While extremely rare staff do need to consider risks to children as well as adults.

All children are covered by child protection and safeguarding guidance and legislation.

Key definitions

An abuser: Anyone could be an abuser including the following: (This is not an exhaustive list.)

- Relative
- Friend or neighbour
- Another service user or patient
- Professional or volunteer worker
- Stranger who takes advantage of the person's vulnerability
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LADO: A Local Authority Designated Officer (LADO) is a statutory role within a authority's children's services responsible for coordinating the response to concerns or allegations that someone working with children may have caused or could cause them harm. They are the person who should be notified when it has been alleged

that a professional (this includes Korus staff) or a volunteer who works with children has behaved in a way that has: • harmed a child, • or may have harmed a child. • or possibly committed a criminal offence against or related to a child.

MASH (Multi-Agency Safeguarding Hub): The multi-agency safeguarding hub (MASH) is a single point of contact for all professionals to report safeguarding concerns. The police, local authorities and other agencies who manage safeguarding are co-located and are better able to work together to identify risks to children, gather data about the needs of children and make decisions in their best interest.

Types of Abuse

Abuse and neglect can take many forms. Organisations and individuals should not be constrained in their view

of what constitutes abuse, neglect or harm and should always consider the circumstances on a person centred basis.

Below are examples of lesser known types of abuse of which we need to be aware.

Female Genital Mutilation (FGM)

FGM is when a female's genitals are deliberately altered or removed for non-medical reasons. It's also known as 'female circumcision' or 'cutting', but has many other names.

Where there is concern that a girl/woman is at risk of FGM, the safeguarding lead should be informed immediately and a referral should be made to the local social care team. If she is in imminent danger, report to the police by calling 999 immediately.

If a woman discloses or it is suspected that she has already undergone FGM, the safeguarding lead should be

informed who will report to the local social care team.

PREVENT Policy

Terrorist-related activity is not a subject normally associated with the health service; however, the health sector is in a key position to support susceptible individuals who may be at risk of radicalisation.

The Prevent strategy focuses on three broad objectives:

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

Extremist activity is a sign someone is likely to have been radicalised (or is in the process of being radicalised), and so is at risk of engaging in or supporting terrorism.

Where healthcare workers encounter someone who may be in the process of being radicalised towards terrorism, it is vital that the individual is appropriately supported.

Prevent operates in a pre-criminal space, before any criminal activity has taken place. Prevent is about supporting and protecting those people that might be susceptible to radicalisation, ensuring that individuals are diverted away before the crime is committed.

Contact Information

All staff have a responsibility to recognise and report possible concerns about radicalisation. This responsibility

extends to reporting concerns about staff members as well.

Please follow the usual means of reporting safeguarding concerns within Korus.

To report concerns to the Police, call 101. If there is an emergency, call 999 or the Anti-Terrorism Hotline on 0800 789 321.

Seek advice or make a Prevent referral if

- You believe that someone may be at risk of radicalisation (either directly or online)
- You suspect someone is trying to radicalise a vulnerable person

If the Prevent Lead is unavailable or it is out of hours and you assess the concern cannot delay, please consider contacting the police and completing the Prevent National Referral Form.

Consent for referral is always preferred, but if you have any concerns about discussing with the person or their parent / carer, or referral increasing any risks please do not let this deter you from referring. You can discuss these concerns with your line manager and / or the Safeguarding/Prevent Lead/Police. Consent is not required at the point of referral if you deem this will increase risk. Please make the referral and the Safeguarding Team or Police will advise regarding consent once the initial information gathering by the Police has taken place and any risks have been assessed.

Modern slavery

The Modern Slavery Act 2015 encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. Trafficking is the movement of people by means such as force, fraud, coercion or deception with the aim of exploiting them. It is a form of Modern Slavery. People can be trafficked for many different forms of exploitation such as forced prostitution, forced labour, forced begging, forced criminality, forced marriage, domestic servitude and forced organ removal. Trafficking can occur within the UK as well as countries outside the UK.

Training

The following has been used as our reference point for setting the levels at which staff should be trained in safeguarding vulnerable adults. This has included local knowledge from trusts with whom we work.

Level 1: All staff working in health care settings. (relates to our administrative staff)

Level 2: All staff working in health care who have regular contact with patients, their families or carers, or the public.

Level 3: All staff working in health care who are working with adults who are engaged in assessing, planning, delivering care and/or evaluating the needs of adults where there are safeguarding concerns (as appropriate to

role). This includes commissioners.

Level 4: Specialist roles – named professionals, safeguarding leads (and equivalent roles directly advising staff on

safeguarding).

Level 1 and 2 training is undertaken through the e-learning for Health platform and forms part of the annual mandatory training for all staff.

Level 3 training is undertaken through the e-learning for Health platform and forms part of the annual mandatory training for all registered professionals.

Level 4 training is sourced separately and undertaken by the designated safeguarding lead.

Although our service does not work with children under 18, all clinical staff undertake level 2 safeguarding children training through our e-learning platform.

<https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-25-safeguarding-adults-risk>

Reporting concerns

Report concerns immediately and directly via the Korus staff portal incident logging system. Please ensure that there

is sufficient information to make a referral, chiefly the full identity of the people concerned, where they are residing,

their contact details and the nature and seriousness of the risk (please use the risk rating chart on the portal to help

calculate this). Whenever possible, follow this up with a phone call to the safeguarding lead or they may contact you

by a phone call on receipt of the incident. The safeguarding lead is also available to talk through any concerns you

may have and offer guidance in whether a concern should be reported.

The safeguarding lead will make the decision on whether the local MASH or CQC needs to be informed and may

consult with the CQC registered manager in order to make this decision.

Any reported safeguarding concerns will form part of the subsequent management meetings and governance reviews.

Contacts

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