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CHILDREN SAFEGUARDING & CHILD PROTECTION

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SAFEGUARDING CHILDREN AND CHILD PROTECTION POLICY

AIMS

The Aim of this policy is to ensure that the Nursing Direct, as a care provider, will support its staff including Agency Workers to understand the importance of safeguarding children and young people, strictly complying with the relevant legislations that protect vulnerable children and young people whilst delivering care and support services. The key is to prevent all forms of abuse where possible with safeguarding processes that Nursing Direct has in place that all staff including Agency Workers should follow to protect and support children at risk.

1. PURPOSE

- 1.1 The purpose of this policy is to protect any children or young people who receive services from Nursing Direct or may come in to contact with Nursing Direct during service delivery. It also includes the children or the related children of adults who are receiving services from Nursing Direct.
- 1.2 This policy focuses on two key elements, and these are:
 - Safeguarding Children - What we do to prevent harm.
 - Child Protection - The way in which we respond to harm
- 1.3 Nursing Direct will ensure that appropriate action is taken when a young person, up to the age of 18 years, is suspected of either being abused or at risk from parents, guardians, carers, adult visitors, gangs, groups, online connections, other responsible adults, or other young people.
- 1.4 Nursing Direct recognises that the safeguarding and protection of children and young people is paramount and has priority over all other interests. Nursing Direct recognise that everyone working with children or young people have a responsibility for keeping them safe and have a statutory duty to ensure that robust procedures are in place.
- 1.5 This policy refers to all children and young people up to 18 years of age (including the unborn).
- 1.6 To support Nursing Direct in meeting the following Key Lines of Enquiry and Quality Statements: Responsive, Safe, and well led through;
 - Ensuring that the people's concerns and complaints listened and responded to and used to improve the quality of care.
 - Ensuring that Nursing Direct has systems, processes and practices that keep people safe and safeguarded from abuse.
 - Ensuring that Nursing Direct assess the risks to people and their safety is monitored and managed so they are supported to stay safe whilst their freedom is respected.
 - Ensuring that Nursing Direct continuously learn, improve, innovate, and ensure sustainability.
 - Ensuring that Nursing Direct work in partnership with other agencies.
- 1.7 To meet the legal requirements of the regulated activities that Nursing Direct is registered to provide:
 - Children and Social Work Act 2017
 - Children and Families Act 2014
 - The Police Act 1997
 - The Sexual Offences Act 2003
 - United Nations Convention Rights of the Child 1989
 - Modern Slavery Act 2015
 - Adoption and Children's Act 2002
 - Domestic Abuse Act 2021
 - Borders, Citizenship, and Immigration Act 2009
 - Children and Young Persons Act 1933
 - Female Genital Mutilation Act 2003
 - Chronically Sick and Disabled Persons Act (CSDPA) 1970
 - The Young Carers' (Need Assessment) Regulations 2015
 - Counter- Terrorism and Security Act 2015
 - Counter-Terrorism and Border Security Act 2019
 - Serious Crime Act 2015
 - The Care Act 2014
 - Children Act 1989
 - Children Act 2004
 - Equality Act 2010
 - Human Rights Act 1998
 - Public Interest Disclosure Act 1998
 - Safeguarding Vulnerable Groups Act 2006
 - Data Protection Act 2018
 - UK GDPR
 - Digital Economy Act 2017

2. SCOPE

- 2.1 The following roles and service users may be affected by this policy:
 - All staff including Agency Workers, volunteers, students, work experience Trainees, Apprentices
 - Registered Manager/Safeguarding Lead

- Senior management including Directors, Care Managers, relevant staff including Agency Workers and care consultants/coordinators
- Contractors and anyone working on behalf of Nursing Direct
- Service Users including children and young people

2.2 The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authorities
- NHS ICB/CCG
- General Public

3. OBJECTIVES

3.1 The objective of Nursing Direct is to have a coordinated approach to child protection and safeguarding.

3.2 Nursing Direct will ensure that they adhere to the policies and procedures published by the Local Safeguarding Partners, when required.

3.3 Nursing Direct will ensure that the voice of the child is heard and that a child-centred approach is taken.

4. POLICY

4.1 Statement of Intent

Nursing Direct recognises the vulnerability of children and believes that it is always unacceptable for children to experience abuse of any kind. It wholly supports the principle that the welfare of children is paramount and accepts the United Nations Declaration of the Rights of the Child.

Nursing Direct understands that children can be under threat, and/or abused by parents/family, other children and young people, carers, all staff including Agency Workers, and others and that everyone who works with children has a responsibility for keeping them safe.

Nursing Direct will ensure that it works in partnership with other agencies, children, and their families so that they receive the right help, at the right time and with everyone who comes into contact with them, understanding that they all have a role to play in identifying concerns, sharing information, and taking prompt action.

Additionally, Nursing Direct believes that all children, regardless of ethnicity, gender, culture, sexual orientation, disability, faith, or religious belief, have a right to equal protection from all types of harm or abuse.

4.2 Nursing Direct recognises that deaf and disabled children and those with complex health needs are at increased risk of abuse. Furthermore, it understands that some children have increased vulnerability because of the impact of previous experiences, their level of dependency, their communication needs, or other issues; and that threats can take a variety of different forms including sexual, physical, and emotional abuse, neglect, exploitation by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation, and the influences of extremism leading to radicalisation.

All necessary steps will be taken to ensure that the rights of all children are respected and that opportunities for abuse to occur are minimised.

4.3 Nursing Direct will seek to keep children and young people safe by:

- Empowering children, listening, respecting, and responding in a compassionate but effective way
- Ensuring a child-centred approach to service planning and delivery and keeping the child in focus when making decisions about their lives
- Ensuring that all staff including Agency Workers read and understand this policy.
- Providing safeguarding children including child protection training to all staff including Agency Workers to enable them to recognise signs of abuse and follow appropriate procedures when dealing with child protection concerns.
- Adopting safe recruitment, selection, and vetting procedures for all staff including Agency Workers.
- Sharing information about safeguarding children, child protection and good practice with parents, all staff including Agency Workers, and relevant agencies
- Requiring all staff including Agency Workers to follow the reporting and recording procedures in every case of suspected abuse or disclosed abuse.
- Ensuring that all staff including Agency Workers with responsibility for, or contact with children, will be provided with appropriate policies, guidance, training, and support to enable them to implement this policy.
- Providing effective management and support systems for all staff including Agency Workers so that they know who to contact within Nursing Direct in the event of safeguarding children and/or child protection concerns arising.
- Ensuring that policy and practice remains current and up to date.
- Working within the relevant Local Safeguarding Partners' guidance and procedures

4.4 Information Sharing and Confidentiality

Good communication is essential for any organisation. In Nursing Direct, every effort will be made to assure individuals that, should they have concerns, they will be listened to and taken seriously. It is the responsibility of the management of Nursing Direct to ensure that information is available to, and exchanged between, all those involved in this organisation and its activities.

Children and young people have a right to information, especially any information that could make life better and safer for them. Nursing Direct will act to ensure that they have information about how, and with whom, they can share their concerns, complaints, and anxieties.

When sharing information, all staff including Agency Workers will be sensitive to the level of understanding and maturity, as well as to the level of responsibility of the people with whom they are sharing.

Nursing Direct understand that some information is confidential and will only be shared on a strictly need-to-know basis. Nursing Direct will ensure that all staff including Agency Workers follow the guidelines:

https://assets.publishing.service.gov.uk/media/66320b06c084007696fca731/Info_sharing_advice_content_May_2024.pdf

Nursing Direct will ensure that all staff including Agency Workers understand that the UK General Data Protection Regulation (UK GDPR), Data Protection Act 2018 and human rights legislation are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.

4.5 **Safe Recruitment**

Nursing Direct adopt a consistent and thorough process of safe recruitment through their Safer recruitment Assessment (SRA) process which is in place in order to ensure that those recruited are suitable. This includes ensuring that safe recruitment and selection procedures are adopted which deter, reject, or identify people who might abuse children or are otherwise unsuitable to work with them. Nursing Direct will not subcontract to any organisation which has not been part of a safe recruitment process.

Nursing Direct will ensure that the level of DBS check required will be applied through the Registration and Compliance Team and ensure that clearance is obtained before staff including Agency Workers are cleared to work. As an agency which engages in 'regulated activity,' Nursing Direct has a responsibility to refer concerns to the Disclosure and Barring Service in accordance with the Safeguarding Vulnerable Groups Act 2006. Managers must report concerns to the Local Authorities, ICB's/ CCG's, other service providers of Safeguarding Partners and Child Protection Teams.

4.6 **Allegations Against Management**

Nursing Direct will act appropriately towards allegations against people in positions of trust and will follow procedure relating to the LADO (Local Authority Designated Officer).

4.7 **Best Practice**

Nursing Direct will adhere to HM Government's 'Working Together to Safeguard Children (2018)' and the relevant changes of "Working Together to Safeguard Children (2023)" and will follow, within the scope of its role and responsibilities, national guidance and advice arranged through Department of Health and Social Care namely: NICE guidance NG76 and CG89 in addition to other best practice documents cited in this policy and procedure.

4.8 **Accountabilities and Responsibilities**

Individual staff including Agency Workers of Nursing Direct have a responsibility to report and record any concerns, not to make decisions as to whether abuse has or has not occurred. An investigation into child abuse can only be undertaken by the Local Safeguarding Partners. Doing nothing is not an option. If we at Nursing Direct come to know or suspect that a child is being abused, Nursing Direct will do something about it and ensure that our work is properly recorded.

The Leadership Team at Nursing Direct will:

- Be responsible for the effectiveness of this policy and related procedures and for ensuring that sufficient resources are available to support its implementation.
- Appoint a nominated individual to ensure that this policy is agreed, implemented, and reviewed by the clinical governance team.
- Delegate responsibility for ensuring that this policy is integrated into the working structure of Nursing Direct and reviewed in line with changes to legislation or guidance.
- Appoint a designated Safeguarding Lead to undertake a lead role for safeguarding, including being involved in Serious Case Reviews with Local Safeguarding Partners and agreeing action plans for shortfalls or improvements in process.
- The Safeguarding Lead and/or the designated manager will review concerns identified, standardise process and learning and report to the committee responsible for reviewing safeguarding incidents, ensuring that the CQC is informed.

The Registered Manager and/ or Safeguarding Lead will:

- Ensure that any safeguarding concerns are recorded within the Radar Incident Reporting software system.
- Ensure that relevant management and senior management are notified.
- Ensure that the relevant external agencies are notified in a timely manner.
- Ensure that relevant management and senior management are notified of the outcome of any safeguarding meetings not attended by the designated manager. Ensure that they remain up to date on child protection processes in their own locality.
- Notify the CQC in line with CQC notification reporting requirements.
- Contact DBS in line with statutory reporting requirements

All managers are responsible for:

- Ensuring that all staff including Agency Workers are aware of their responsibilities in accordance with this policy and associated documents.
- Monitoring compliance with this policy within their area of responsibility
- Providing support to all staff including Agency Workers involved in any children welfare incidents.
- Ensuring that all staff including Agency Workers complete approved safeguarding training.
- Ensuring that the services provided are compliant with Nursing Direct safeguarding and child protection processes as well as Local Authorities, CCGs, and other service provider processes.
- Notifying the Registered Manager of any safeguarding concerns
- Notifying the Registered Manager of the outcome of any safeguarding meetings not attended by the Registered Manager

5. **PROCEDURE**

5.1 **Safeguarding Children and Child Protection in Settings that Provide Services to Adults**

Nursing Direct understands that whilst delivering services, all staff including Agency Workers may come in contact with children. This could be in a variety of circumstances, including but not limited to:

- Visitors to the Nursing Direct Head Office are children, including grandchildren, their own children, friends, and others.
- Visitors to the service users' home are children, including grandchildren, own children, friends, and others.

- Children who live with a Service User
- Other children in the community

As such, Nursing Direct understands its responsibility to ensure that all staff including Agency Workers are sign-posted to the Local Authority procedure as well as the contents of this policy.

5.2 Local Procedures

All staff including Agency Workers working with children, will need to familiarise themselves with the local child safeguarding policies, procedures, and guidelines. Nursing Direct will ensure that all staff including Agency Workers within Nursing Direct are aware of the relevant local child protection policies.

Nursing Direct will identify a member of staff including Agency Workers responsible for safeguarding.

5.3 Recognising Children who May Need Early Help

Nursing Direct will ensure that all staff including Agency Workers understand that they must be alert to the potential need for early help as stated in 'Working Together to Safeguard Children' (2020) for a child who:

- Is disabled and has specific additional needs
- Has special educational needs (whether or not they have a statutory Education, Health, and Care Plan)
- Is a young carer
- Is bereaved
- Is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- Is frequently missing/goes missing from care or from home.
- Is suffering from mental ill health
- Has a parent or carer in custody
- Is missing education, or persistently absent from school, or not in receipt of full-time education
- Has experienced multiple suspensions and is at risk of, or has been permanently excluded
- Is at risk of modern slavery, trafficking, or exploitation.
- Is at risk of being radicalised or exploited.
- Is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse.
- Is misusing drugs or alcohol themselves.
- Has returned home to their family from care
- Is a privately fostered child

Additionally, all staff including Agency Workers must be aware of any new or emerging threats which include online abuse, grooming, sexual exploitation, and radicalisation as well as having the ability to identify symptoms and triggers of abuse or neglect.

5.4 Safeguarding Children with Physical and or Learning Disabilities

Research suggests that children with disabilities are at increased risk of abuse, and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect. A child could be considered to be disabled if they have significant problems with communication, comprehension, vision, hearing, or physical functioning. A failure to recognise disabled children's human rights can lead to abusive situations and practices. Organisational culture and 'custom and practice' can contribute to institutional abuse or harm.

- Nursing Direct will not underestimate how poor practice can become pervasive in influencing others to behave inappropriately.
- Nursing Direct will ensure that its services will readily seek feedback from Service Users, their families and any other professional which will be reviewed, to mitigate risks and working in line with industry best practice.

Particular attention will be paid to promoting a high level of awareness of the risks of harm, to high standards of practice, and to strengthening the ability of children and families to help themselves.

- Make it common practice to enable disabled children to make their wishes and feelings known in respect of their care and treatment.
- Ensure that disabled children receive appropriate care for their personal, health and social needs.
- Make sure that all disabled children and their families are guided as to how to raise concerns of abuse or safeguarding and whom they can communicate their concerns to, within their Service User Guide
- Recognise and utilise key sources of support, including friends and family members where appropriate.
- Ensure that there is an explicit commitment to disabled children's safety and welfare, as outlined in Service User Care Plans and Risk Assessments.
- Provide the safe support services that families want, and a culture of openness and joint working with parents and all staff including Agency Workers
- Where a child is unable to tell someone of the abuse, they may convey anxiety or distress in some other way, e.g., behaviour or symptoms, and staff including Agency Worker must be alert to this.
- Under new legislation, children are victims in their own right.

5.5 Responding When a Child Discloses Abuse

Keep the following considerations in mind when talking to children who is disclosing abuse:

- Help the child feel comfortable.
- Reassure the child that it is not their fault. Let them know that they have not done anything wrong.
- Do not react with shock, anger, disgust. Be calm.
- Do not force a child to talk. Give the child time. Let them talk to you at their own pace.
- Do not force a child to show injuries.
- Use terms and language that the child can understand.
- Do not 'interview' the child.
- Ask appropriate questions.
- Do not ask 'why' questions.
- Do not teach the child new terms or words. This is important in relation to the court and law.

- Find out what the child wants from you.
- Be honest with the child.
- Confirm the child's feelings. Be supportive.
- Remember that the safety of the child is most important. Keep in mind that a child might be further abused if they report that they have spoken to someone about the abuse. If you feel that the child is in danger, you must act immediately.

5.6 Reporting Concerns

- If the child requires immediate medical attention call an ambulance and inform Nursing Direct that there is a child protection concern
- Call 999 if in immediate danger.
- Report incidents/concerns to the relevant manager who will advise you to complete a report form. Refer to the Accident and Incident Reporting Policy and Procedure.
- Report to the Local Authorities, CCGs, and other service providers Child Social Care Team

It is important to remember that safeguarding is everyone's responsibility, and a working culture within Nursing Direct must be promoted where staff including Agency Workers are able to raise concerns without fear or follow the Whistleblowing Policy when necessary.

5.7 Management of Allegations Against People in Positions of Trust

Nursing Direct, when working with children and families, must have clear policies for dealing with allegations against people who work with children. Nursing Direct will make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint. An allegation may relate to a person who works with children who has:

- Behaved in a way that has harmed a child or may have harmed a child.
- Possibly committed a criminal offence against or related to a child.
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children If an allegation arises it will:
- Be reported immediately to a Senior Manager within Nursing Direct
- Be addressed as quickly as possible with a consistent and fair and thorough investigation. Where it appears that a criminal offence may have been committed, the Police will be contacted immediately by the appropriate Senior Manager.
- Local Authorities (through LADO- Local Authority designated officer), CCG's and other service providers or Children's Social Care Team must be informed within one working day of all allegations that come to the attention of Nursing Direct or that are made to the Police regarding staff including Agency Worker or someone in a position of trust working with, or on behalf of, or who is known to Nursing Direct who may have caused harm to a child. It is the responsibility of the Registered Manager to ensure that the Local Authorities, CCGs, and other service providers' Children's Social Care Team is notified.

5.8 Referral to DBS

If Nursing Direct removes staff including Agency Worker from work in regulated activity with children (or would have, had the person not left first) because the person poses a risk of harm to children, it must make a referral to the Disclosure and Barring Service to consider whether to add the individual to the barred list. Where an individual is a registered practitioner such as a Registered Nurse, they will also be referred to their Registered Body, such as the Nursing and Midwifery Council, irrespective of whether they were working as a registered practitioner for Nursing Direct.

5.9 Child Sexual Exploitation (CSE)

As a result of nationwide cases CSE has become a national priority for health and social care. All staff including Agency Workers have a significant contribution to make in identifying children at risk of sexual exploitation.

Where there are concerns about the welfare of a child, Nursing Direct will:

- Remember the child or young person's welfare is of paramount importance.
- Make sure the all staff including Agency Worker are alert to the signs of Child Sexual Exploitation
- All staff including Agency Worker will seek immediate advice from their manager, and Nursing Direct will refer to Children's Social Care or the Police if there is a suspicion that a child is at risk of harm or is in immediate danger.
- Information must be shared on a need-to-know basis.

5.10 Domestic Violence and Abuse

There is a strong link between domestic abuse and all types of significant harm to children. Witnessing domestic violence is a form of emotional abuse to a child/young person which may result in long-lasting implications for their future wellbeing.

All staff including Agency Workers must follow local child protection reporting procedures if they are concerned that a child is witnessing domestic violence, is at risk of being harmed or is being harmed as a result of domestic violence or abuse.

5.11 Forced Marriage and Honour-Based Abuse/Violence

Children and young people can be subjected to domestic abuse perpetrated in order to force them into marriage or to 'punish' them for 'bringing dishonour on the family'. Whilst honour-based violence can culminate in the death of the victim, this is not always the case. Children may be subjected, over a long period, to a variety of different abusive and controlling behaviours ranging in severity.

The abuse is often carried out by several members of a family including mothers and female relatives/community members and may, therefore, increase the child's sense of powerlessness and be harder for professionals to identify and respond to. No religion condones honour-based abuse. Cultural beliefs are not reason enough to excuse criminal behaviour and the violation of human rights as an individual. Forced marriages of children must be regarded as a child protection issue. Nursing Direct must not contact the parents in this situation and must make a referral direct to the Safeguarding Team and follow local reporting procedures.

If staff including Agency Workers Know Someone is at Risk

If all staff including Agency Workers know someone who has been taken abroad to be forced into marriage, they should contact the Forced Marriage Unit (FMU) and give as many details as possible, for example:

- Where the person has gone
- When they were due back
- When they last heard from them

The FMU will contact the relevant Embassy. If the person is a British National, the Embassy will try to contact the person and help them get back to the UK, if that is what they want.

5.12 **Female Genital Mutilation (FGM)**

FGM is an illegal practice which affects a girl's genital area, and which can impact on their emotional or physical wellbeing. FGM is a criminal offence and carries a maximum penalty of 14 years imprisonment.

- If staff including Agency Workers are aware of any Service User who has had FGM or of any female children who are at risk of FGM, they must discuss this with management who will in turn report their concern to the Local Authorities, CCGs, and other service providers Safeguarding Team
- If there is an immediate risk the police must be contacted

5.13 **Confidentiality**

Nursing Direct will ensure that all staff, including agency workers supporting service users—whether children or young people—have completed the required training on information sharing. Additionally, all staff and agency workers will have read and understood the Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents, and Carers (2023). They will also recognise that UK GDPR is not a barrier to appropriately sharing information when safeguarding concerns arise.

In relation to Safeguarding Children, Human Rights Law, Data Protection Act 2018 and the UK GDPR do not limit justified information sharing for the purposes of keeping children and young people safe and these pieces of legislations must not be a barrier to sharing information.

Nursing Direct will follow the relevant guidance which sets out the process and principles for sharing information both internally and externally with other partner organisations and the 7 Golden Rules for information sharing.

Nursing Direct through its mandatory training matrix, further ensure that all staff including Agency Workers who have access to confidential information of their service users who are children, are aware of their responsibilities in complying with the laws in sharing of confidential information as child protection and safeguarding involves sensitive information that directly affects the welfare of children.

Nursing Direct has strict data protection processes and procedures in place under its Data Protection and Confidentiality Policy (including Information Sharing).

5.14 **Whistleblowing**

Safeguarding children is complex and can frequently be under review. It is important to remember that safeguarding is everyone's responsibility, and a working culture within Nursing Direct must be promoted where all staff including Agency Workers are able to raise concerns without fear or follow the Whistleblowing Policy when necessary.

5.15 **Training**

Safeguarding Children should be included within the mandatory induction training and reviewed annually by Nursing Direct compliance team, offering opportunities for refresher or advance training in line with the Training and Development Policy. The training includes familiarisation with child protection responsibilities and the procedures to be followed should anyone have any concerns about a child's safety or welfare. Training will be delivered to the level specified in the 'Safeguarding children and young people: roles and Competencies for Health Care Employees Intercollegiate Document' and be in line with any contractual requirements.

5.16 **Consent**

Where Nursing Direct needs to share special category personal data, Nursing Direct will be aware that the UK GDPR and Data Protection Act 2018 includes 'safeguarding of children and individuals at risk' as a condition that allows practitioners to share information without consent. Information can be shared legally without consent if Nursing Direct is unable to or cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child and/or service user at risk.

6. **DEFINITIONS**

6.1 **All staff including Agency Workers**

6.1.1 **Staff**

Denotes the employees of Nursing Direct Healthcare Limited.

6.1.2 **Agency Workers**

Refers to individuals who are contracted with Nursdoc Limited or another employment business as an Agency Worker (temporary worker) provided to Nursing Direct Healthcare Limited to perform care services under the direction of Nursing Direct.

6.2 **Nursing Direct**

Nursing Direct, also known as Nursing Direct Healthcare Limited, is the entity regulated by the CQC (Care Quality Commission) and responsible for the care service provision, contracted to provide homecare services to service users in their homes, in placements, essential healthcare facilities and in the community.

6.3 **Nursdoc Limited**

As the sister company to Nursing Direct Healthcare Limited, Nursdoc Limited acts as an employment business, specialising in providing staffing solutions to the healthcare sector.

6.4 **CQC (Care Quality Commission)**

CQC throughout this policy, the term "CQC" refers to the Care Quality Commission (CQC) which is the independent regulator of health and social care in England.

6.5 **'Children'**

All children up to 18 years of age (including the unborn), regardless of nationality, culture, or religion. If the child has 'learning disabilities' or is a care leaver (Looked After Children), their needs may extend to their 21st birthday (Section 9 Children Act 2004). The term 'children' will be used throughout this policy to refer to children and young people.

6.6 Types of Abuse

Types of abuse are Physical abuse, Emotional or psychological abuse

- Sexual abuse and exploitation
- Neglect or acts of omission
- Criminal exploitation
- Domestic violence or abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational or institutional abuse
- Self-Neglect

Domestic Violence and Abuse

- The UK's cross-government definition of domestic abuse is:
Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This abuse can encompass but is not limited to:
 - Psychological
 - Physical
 - Sexual
 - Financial
 - Emotional
- Controlling behaviour is: A range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour
- Coercive behaviour is: An act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage

6.7 Special Category Personal Data

Under UK GDPR, special categories of personal data mean data revealing health, racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, etc.

6.8 UK GDPR

- The UK General Data Protection Regulation (GDPR) is the UK law on data protection and privacy for all individuals
- It is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the UK - See Information Commissioner's Office
- The GDPR forms part of the data protection regime in the UK, together with the Data Protection Act 2018 (DPA 2018)
- UK General Data Protection Regulation is the UK law on data protection and privacy for all individuals.

6.9 Child or Young Person

Under the Children Acts 1989 and 2004 respectively, a child (or young person) is anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital, in prison or in a Young Offenders Institution does not change his or her status or entitlement to services or protection under the Children Act 1989

6.10 Safeguarding

Safeguarding is a term which is broader than 'child protection' and relates to the action taken to promote the welfare of children and protect them from harm. Safeguarding is everyone's responsibility. Statutory guidance says that safeguarding means:

- 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.

6.11 Safeguarding Partners

The geographical footprint for the new arrangements is based on local authority areas. Every Local Authority, Integrated Care Board and Police Force must be covered by a local safeguarding arrangement.

Local Safeguarding Children Boards (LSCBs) are being replaced by "Safeguarding Partners." Under the new legislation, three safeguarding partners (Local Authorities, Chief Officers of Police, and Integrated Care Boards) must make arrangements to work together with relevant agencies (as they consider appropriate) to safeguard and protect the welfare of children in the area.

PiPoT

People who work with or care for children, including anyone who is an employee, volunteer, or student, paid or unpaid are known as People in a Position of Trust (PiPoT)

LADO

Every local authority has a statutory responsibility to have a Local Authority Designated Officer (LADO) who is responsible for coordinating the response to concerns that an adult who works with children may have caused them or could cause them harm


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

OUTSTANDING PRACTICE

To be 'outstanding' in this policy area you could provide evidence that:

- Nursing Direct recognize and acknowledge that the welfare of the child is paramount, with safeguarding being everyone's responsibility
- Whether Nursing Direct deliver children's services as one of its regulated activities or not it ensure that the staff (paid or unpaid) including Agency workers have received safeguarding children and child protection training and understand local reporting procedures.
- Nursing Direct will promote a culture where staff can freely raise concerns
- There is a relentlessly strong culture of continuous learning and improvement.
- There is a very effective and coordinated partnership working at both strategic and operational level. Comprehensive performance management and quality assurance systems ensure that accountabilities are firmly embedded, service effectiveness is well understood and areas for development and improvement are swiftly identified and progressed in relation to safeguarding.
- Nursing Direct has a robust procedure in place for undertaking a root cause analysis of all safety incidents and safeguarding, understanding lessons learnt and applying them so incidents do not arise again.
- Nursing Direct works in partnership with other external agencies to promote the welfare of the child and child protection.
- There is evidence that staff, including Agency Workers working with children have received supervision which gives them the opportunity to reflect on their practice and improve further.

COMPLETED DATE:	
SIGN OFF DATE:	
REVIEW DATE:	
SIGNED:	 Marc Stiff – Group Managing Director