



Florence

Safeguarding Vulnerable Groups

Northern Ireland – Policy and Procedures

Policy Lead	Mayvelyn Talag Registered Manager NI
Authors	Florence Governance Team
Ratified	Florence Leadership Team 19th January 2024
Policy Number	FNI13
Version Number	1.0
Date of issue	21st January 2024
Date to be reviewed	21st January 2025
The controlled version of this document is stored on the Policy Portal on Notion. Not controlled once printed	

Table of Contents

[Table of Contents](#)

- [1. Introduction](#)
- [2. Policy Statement](#)
- [3. Scope](#)
- [4. Definitions, Roles and Responsibilities](#)
- [5. Procedures](#)
- [6. Informing Children and Vulnerable Persons of Their Rights](#)
- [7. Identifying Potential Abuse](#)
- [8. Safeguards & Arrangements to Ensure That Staff are Aware](#)
- [9. Confidentiality & Record Keeping](#)
- [10. Reporting & Response to Suspected, Alleged or Confirmed Cases of Abuse](#)
- [11. Monitoring and Compliance](#)
- [12. Related Policies and Procedures](#)
- [13. Policy Changes/Version History](#)
- [14. Appendix 1 - Policy Definitions](#)



1. Introduction

Florence is dedicated to prioritising the safety and well-being of vulnerable groups, encompassing patients, young people, children, colleagues, and customers with whom our staff, contractors, and healthcare workers interact. This commitment is reflected in our comprehensive Safeguarding Vulnerable Groups Policy, which outlines stringent safeguards to protect these individuals. Aligned with relevant legislation and guidance, such as the Rehabilitation of Offenders Act 1974, the Safeguarding Vulnerable Groups Act 2006, and the Equality Act 2010, our policy not only establishes practices but also outlines reporting procedures for employees and contractors who suspect any form of abuse. With a zero-tolerance approach to abuse and neglect, we conduct thorough background checks, provide ongoing training, and foster a culture where concerns are promptly addressed. This policy, applicable to all employees and workers, underscores our mission to ensure a secure environment and foster confidence among patients, families, and caregivers.

2. Policy Statement

- Florence is committed to ensuring the safety and security of vulnerable groups with whom its staff, contractors and healthcare workers come into contact and as such we have in place stringent safeguards to protect the patients, young people, children, colleagues and customers with whom we work.
- This policy also covers the practices and reporting procedures for our employees, contractors and temporary workers should they suspect that any form of abuse is taking place.

This policy is drawn all relevant legislation and guidance including:

- Rehabilitation of Offenders Act 1974.
- National Health Service & Community Care Act 1990.
- The Police Act 1997.
- Human Rights Act 2000.
- The Protection of Children and Vulnerable Adults (Northern Ireland) Order 2003.



- Domestic Violence, Crime and Victims Act 2004.
- Mental Capacity Act 2005 and Deprivation of Liberty Standards.
- Safeguarding Vulnerable Groups Act 2006.
- The Safeguarding Vulnerable Groups (Northern Ireland) Order 2007.
- Mental Health Act 2007.
- Equality Act 2010.
- The Care Act 2014.
- Department of Health Safeguarding Adults, Children and Young People
- Adult Safeguarding: Prevention and Protection in Partnership, Social Services and Public Safety (2015).
- RQIA Adult Safeguarding Operational Procedures (2016).
- Department of Health Co-operating to Safeguard Children and Young People in Northern Ireland (2017).
- Safeguarding Board for Northern Ireland Procedures Manual.

It is also based on advice and guidance taken from relevant regulatory agencies including the RQIA, Social Services and Public Safety (DHSSPS), the Nursing & Midwifery Council.

The company's aim is to provide a service that enables all patients to feel happy and secure and to allow parents, families, carers and other relevant parties to feel confident that the people providing the services are trustworthy, responsible and will do everything they can to keep the vulnerable person/child safe from harm by ensuring:

- We conduct an enhanced Access NI check for every employee and healthcare worker taking part in a regulated activity. This check must be carried out before the employee or temporary nurse/midwife commences any regulated activity. Candidates will not be allowed to participate in regulated activity without a valid enhanced AccessNI check.



- We do not engage an employee, contractor or temporary worker to take part in regulated activity if they are on any of the barred list
- That if we dismiss or remove an employee or a temporary worker because they have harmed a vulnerable person or child, or we would have done so if they had not left, we will inform the RQIA and AccessNI.
- Employees and temporary nurses are trained to understand the diverse types of abuse, the indicators for each of these and the procedures to follow in the event that they suspect such abuse is taking place.
- We consistently update training to reflect statutory guidance and good practice guidance including where and how to report any concerns relating to suspected abuse or neglect.
- Where a patient, family member, friend or neighbour makes repeated allegations, each one is treated without prejudice and risk assessed. If appropriate, action is taken to protect staff and others from unfounded allegations.
- We assist participating authorities in meeting their obligations by reporting suspected risks or actual abuse or neglect where appropriate to the authority itself, the relevant regulatory body, AccessNI, and the Police if a criminal offence may have occurred within 24 hours of becoming aware of the situation.

We have a zero-tolerance approach to dealing with abuse and neglect. Definitions are provided in Appendix 1.

3. Scope

- It is the duty of all employees, contractors and temporary workers to comply with this policy. All employees, contractors and temporary workers are made fully aware of this policy and of their duties and responsibilities under the above legislation as part of the company's induction programme and mandatory safeguarding training.



- If a staff member is to be deployed in Northern Ireland, they must follow guidance from Safeguarding Adults, Children and Young People Department of Health, Adult Safeguarding: Prevention and Protection in Partnership, Social Services and Public Safety (2015) and Department of Health Co-operating to Safeguard Children and Young People in Northern Ireland (2017). They will be provided with separate resources at registration in addition to pre-deployment Mandatory Training regarding these topics.
- This policy applies to all vulnerable persons and children regardless of sex; race (including colour, nationality, ethnic or national origin); religion or belief; age; disability; marital status and civil partnership; sexual orientation; gender reassignment; pregnancy and maternity.

4. Definitions, Roles and Responsibilities

CEO (Chief Executive Officer) The CEO is ultimately responsible for the overall management and direction of the company. The CEO has the ultimate responsibility for setting the tone and culture for the organisation, ensuring that all employees understand the policy's importance, and overseeing its implementation.

Central Team - All direct employees of Florence that are not care professionals working through the Florence platform

Service User - a person who uses health and/or social care services. Sometimes known as a "patient", "client" or "person in care".

Care Professionals - Anyone on the Florence platform that carries out work on behalf of Florence in other organisations, for example registered nurses and care assistants.

Employees - everyone employed by Florence directly and indirectly, including care professionals using the platform and the central team.

Regulation and Quality Improvement Authority (RQIA) - is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.



Registered Manager is responsible for ensuring that this policy meets the needs of regulators in Northern Ireland.

Adult Safeguarding Champion is responsible for setting out the Adult Safeguarding: Prevention and Protection in Partnership (Department of Health & Department of Justice 2015), the policy for adult safeguarding in Northern Ireland.

- All employees have a responsibility to accept their personal involvement in applying it and must be familiar with the policy and ensure that it is followed by both themselves and employees and temporary workers for whom they have a responsibility.
- Disciplinary action may be taken against any employee who acts in breach of this policy. Disciplinary action may include summary dismissal in the case of a serious breach of this policy or repeated breaches. In other cases, it may include a warning, oral or written. Such action will be taken in accordance with the Company's disciplinary procedure. For temporary workers on contract for services, the assignment may be terminated immediately, and the temporary worker may not be offered further work until the outcome of the enquiry has been completed.
- Breaches of this policy may also result in the employee responsible being held personally liable if legal action is taken in relation to safeguarding issues.

5. Procedures

When recruiting staff or temporary workers to take part in regulated activities involving vulnerable persons and/or children, we will ensure that the following:

- Interviews are conducted by trained staff who have received guidance in relation to current legislation and best practice pertaining to the



recruitment and placement of candidates who are to take part in regulated activity.

- The candidate's personal identity will be verified by checking an original form of recent photographic identification.
- Registrations will be checked with the relevant regulatory body and qualifications and training relevant to the role being recruited will be verified by checking original certificates and validating these for authenticity with the awarding body.
- A thorough biographical interview will take place to establish the candidate's employment history and identify any gaps in employment.
- A minimum of 2 written employment references will be obtained covering a minimum of the most recent 3 years employment (including the current or most recent employer) and verification will be sought for any gaps in candidate's employment history of over 3 months duration.
- An AccessNI and barring check will be undertaken prior to commencement assignment. Rechecks will be undertaken annually for longer-term assignments. Nurses will not be allowed to participate in a regulated activity without a valid enhanced AccessNI check being in place.
- All nurses will be checked against the adults and children's' barred lists to confirm that they are not barred from participating in regulated activity.
- Candidates will be required to complete an application form which includes a declaration stating that there is no reason why they should be considered unsuitable to work with children or vulnerable persons (including past disclosing disciplinary action, convictions, cautions, bind-overs, or pending cases) and that they have not been barred from carrying out regulated activity.



6. Informing Children and Vulnerable Persons of Their Rights

Where our services are provided on client premises e.g. a Care Home, we will operate according to the policies and procedures of that institution/organisation and it is expected that the child/vulnerable person will have been informed of their rights by that institution/organisation and that the institution/organisation will provide independent support and advice to the person concerned.

7. Identifying Potential Abuse

Abuse is the violation of an individual's human rights and can take the form of a single act or repeated acts and includes maltreatment by inflicting harm or failing to prevent harm.

The main types of abuse relating to vulnerable persons includes:

- Physical.
- Domestic.
- Sexual.
- Emotional/psychological.
- Financial.
- Modern slavery.
- Discriminatory.
- Organisational.
- Neglect or acts of omission.
- Self-neglect.

All nurses are expected to look out for the common symptoms or indicators associated with the different types of abuse and neglect. Typical signs for each of the above include:

Physical Abuse



The signs of this are often evident but can be hidden by both the victim and the abuser. Any unexplained injuries should always be fully investigated. Evidence to look out for includes:

- Cuts, lacerations, puncture wounds, open wounds, bruises, welts, discoloration, black eyes, burns, bone fractures, broken bones, and skull fractures.
- Untreated injuries in various stages of healing or not properly treated.
- Poor skin condition or poor skin hygiene.
- Dehydration and/or malnourished without illness-related cause.
- Loss of weight.
- Soiled clothing or bed.
- Broken glasses/frames, physical signs of being subjected to punishment, or signs of being restrained.
- Inappropriate use of medication, overdosing or under-dosing.
- A vulnerable person or child telling you they have been hit, slapped, kicked, or mistreated.
- Physical harm may also be caused when a parent or carer fabricates the symptoms of or deliberately induces illness in a child.

Sexual Abuse

Very often the behaviour of a vulnerable person or child, even if they are confused, will tell you that something is wrong. Even with dementia, people can often make their feelings known to you if you take the time to listen, observe and take notice. It is the capacity to believe that sexual abuse is possible, (without automatically seeing it everywhere), that will increase the potential to detect and respond to it when it happens. Some of the physical signs to watch for are:

- Bruises around the breasts or genital area.
- Unexplained STDs.
- Unexplained vaginal or anal bleeding.



- Difficulty in walking or standing.
- Marked changes in behaviour.
- Torn, stained, or bloody underclothing.
- A vulnerable person or child telling you they have been sexually assaulted or raped.

If you suspect sexual abuse, do NOT wash the body or clothing. Do NOT let time drift by while you think about your course of action. Inform this immediately to the nurse in charge of the shift and they will refer the matter to the Local Authority Social Services Department and the Police as they are the experts and will have the skills, knowledge and equipment to respond appropriately and sensitively.

Emotional/Psychological Abuse

This can have a profound impact on an individual's mental health. They can feel trapped, threatened, humiliated, used or a combination of all these. Most signs therefore relate to someone's mental state, and changes in behaviour such as:

- Helplessness.
- Hesitation to talk openly.
- Implausible stories.
- Confusion or disorientation.
- Anger without apparent cause.
- Sudden change in behaviour.
- Emotionally upset or agitated.
- Unusual behaviour (sucking, biting, or rocking).
- Unexplained fear.
- Denial of a situation.
- Extremely withdrawn and non-communicative or non-responsive.
- A person telling you they are being verbally or emotionally abused.



Neglect

This will often be manifested in the physical, social or health circumstances of the person. Examples may include:

- Dirt, faecal or urine smell, or other health and safety hazards in a person's living environment.
- Rashes, sores, or lice.
- Inadequate clothing.
- Malnourishment or dehydration.
- Untreated medical conditions.
- Poor personal hygiene.
- Evidence of the withholding of medication or over-medication of the person.
- Evidence of a lack of assistance with eating and drinking.
- Unsanitary and unclean conditions.

In considering neglect it is also important to recognise that there are occasions when someone will choose a particular lifestyle that is considered by others to be poor. There is a difference between a chosen pattern of behaviour and neglect by others that causes deterioration in a person's circumstances and condition. It should also be remembered that neglect can be intentional or passive (i.e. where the 'perpetrator' is doing his/her best but cannot provide the level of care and support that is needed). From the perspective of the 'victim' the impact is the same, and they experience abuse. Where abuse is intentional it is likely that the following signs will be apparent as the abuser may:

- Try to prevent the person from speaking for themselves or seeing others without them being present.
- Display attitudes of indifference or anger toward the person, or the obvious absence of assistance.
- Blame the person (e.g. accusation that incontinence is a deliberate act).



- Display aggressive behaviour (threats, insults, harassment) toward the person.
- Have a previous history of abuse of others.
- Display inappropriate affection toward the vulnerable person/child.
- Display flirtatious behaviour, or coyness, etc that might be possible indicators of inappropriate sexual relationships.
- Create social isolation of the family, or isolation or restriction of activity of the person.
- Create conflicting accounts of incidents by family, supporters, or the person.
- Display inappropriate or unwarranted defensiveness.

Financial Abuse

The signs of financial abuse may include:

- Signatures on cheques etc that do not resemble the person's signature or signed when the person cannot write.
- Sudden changes in bank accounts, including unexplained withdrawals of large sums of money by a person accompanying the older person.
- The inclusion of additional names on an older person's bank account.
- Abrupt changes to, or the sudden establishment of, wills.
- The sudden appearance of previously uninvolved relatives claiming their rights to a person's affairs or possessions.
- The unexplained sudden transfer of assets to a family member or someone outside the family.
- Numerous unpaid bills, or overdue rent, when someone else is supposed to be paying the bills.
- Unusual concern by someone that an excessive amount of money is being expended on the person's care.



- Lack of amenities, such as TV, personal grooming items, appropriate clothing, that the person should be able to afford.
- The unexplained disappearance of funds or valuable possessions such as art, silver or jewellery.
- Deliberate isolation of a person from friends and family, resulting in one particular individual having total control.

Discrimination

Bullying, racism and other types of discrimination are forms of abuse. Like other kinds of abuse, they can harm a person physically and emotionally.

Modern Slavery

Slavery is called a hidden crime because it can be difficult to identify a victim. Some common signs include where the person:

- Is fearful, anxious, depressed, submissive, tense, or nervous/paranoid.
- Exhibits unusually fearful or anxious behaviour.
- Appears withdrawn/struggles to interact.
- Avoids eye contact.
- Is reluctant to seek help.
- Lacks health care/dental care.
- Appears malnourished.
- Shows signs of physical and/or sexual abuse, physical restraint, confinement, or torture.
- Is not allowed to travel on their own.
- Seems under the control of others (including money/documentation).
- Has few or no personal possessions.
- Is not allowed or able to speak for themselves (a third party may insist on being present and/or translating).



8. Safeguards & Arrangements to Ensure That Staff are Aware

We expect the employees and healthcare workers to follow all the instructions, guidance, policies and procedures provided by the participating authority. Induction training will also be provided to all employees and temporary workers engaged to undertake regulated activity with Children/Vulnerable Persons including but not limited to:

- Training in relation to safeguarding and handling of reporting of alleged or suspected abuse/harmful behaviour.
- Risk management to prevent abuse/harmful behaviour.
- Actions to be taken in the event of alleged or suspected abuse.
- The company's Complaints and Escalation process.
- The company's Whistleblowing policy.
- Current legislation and best practice.
- All employees, contractors and temporary workers will be appropriately supervised.

9. Confidentiality & Record Keeping

In most cases, confidentiality will mean that information relating to alleged or suspected abuse is only passed onto others with the consent of the individual concerned, however it should be recognised that in order to protect Children and Vulnerable Persons it may be necessary on occasion to share information that might normally be regarded as confidential in order to investigate an alleged or suspected offence, particularly if the individual/individuals are in serious danger or are incapable of making an informed decision.

All staff, contractors and temporary workers will receive training in this area prior to commencing the job/their first assignment.



10. Reporting & Response to Suspected, Alleged or Confirmed Cases of Abuse

It is important to make a written record of what you have seen, been told or have concerns about (as soon as possible on the same day). This report should include:

- The name and address of the adult at risk
- The nature of the harm
- The date and time when the disclosure was made, or when you were told about/witnessed the incidents.
- Who was involved, any other witnesses including service users and other staff.
- Exactly what happened or what were you told, in the person's own words keeping it factual and not interpreting what you saw or were told.
- The views and wishes of the vulnerable person.
- The appearance and behaviour of the vulnerable person and/or the person making the disclosure.
- Any injuries observed.
- Any actions and decisions to this point.
- Any other relevant information, e.g. previous incidents that have caused you concern.

This information will assist the client and/or regulatory bodies when conducting their investigations into suspected, alleged or actual abuse. We will retain written records including the initial allegations, evidence, investigations and the outcome.

Please note that you should always follow the Safeguarding Policy where you are placed to work and if you are unsure where to find this, please contact the nurse in charge of the shift. Any employee, temporary worker, family member, carer,



healthcare professional or any other individual with concerns about possible abuse should report the matter to the nurse in charge of the shift. Where it is suspected that such abuse may be caused by another staff member, then reporting the matter will be done in accordance with the Client's Whistleblowing Policy.

We expect our employees and temporary nurses to take all possible steps to cooperate with investigations by any statutory bodies such as the participating authority, RQIA, NMC, AccessNI and the Police if involved.

If you do not believe that the nurse in charge of the shift has dealt with the matter properly, you can take it further by making a protected disclosure to the RQIA by telephone, email or letter using the following contact details:

- Telephone: (028) 9051 7500
- Email: info@rqia.org.uk
- Address: Regulation and Quality Improvement Authority (RQIA), Victoria House, Cromac Avenue, Belfast, BT72JA.
- Website: www.rqia.org.uk.

The RQIA's Reporting Procedure is:

- If you provide the RQIA with information anonymously, they will be unable to invite you to discuss your concerns, nevertheless, they will still act on the information provided. If you disclose your identity and contact details, but provide this information in confidence, the RQIA will respect your request for anonymity as far as possible, however, this may not be possible in every circumstance, as they may have to share information with a third party that could require the identification of the source.

You can also report the matter to another prescribed body including the [Adult Protection Gateway Service](#) or [Gateway Service Team \(children\)](#), NMC or to the



appropriate Police Service of Northern Ireland. We expect our employees and temporary nurses to take all possible steps to cooperate with investigations by any such statutory bodies.

If the situation is an emergency and a vulnerable person or child is in immediate danger, you should call for assistance immediately . Thereafter you should give any necessary first aid required and contact appropriate emergency services if necessary. If the abuser remains present and poses a threat to you, you are not expected to put yourself at risk.

11. Monitoring and Compliance

This policy will be reviewed regularly or yearly and may be altered from time to time in light of legislative changes or other prevailing circumstances.

12. Related Policies and Procedures

- Equality and Diversity Policy and Procedures

13. Policy Changes/Version History

Date	Reviewed changes
02/09/24	Registered manager name change



14. Appendix 1 - Policy Definitions

Definitions

ADULT AT RISK OF HARM

- A person aged 18 or over whose exposure to harm through abuse, exploitation or neglect may be increased by their:
 - Personal characteristics AND/OR
 - Life circumstances
- Personal characteristics may include (but are not limited to):
 - Age
 - Disability
 - Special educational needs
 - Illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain.
- Life circumstances may include, but are not limited to isolation, socio-economic factors and environmental living conditions.
- An adult in need of protection is a person aged 18 or over whose exposure to harm through abuse, exploitation or neglect may be increased by their:
 - Personal characteristics AND/OR
 - Life circumstances AND
 - Who is unable to protect their own wellbeing, property, assets, rights or other interests, AND
 - Where the action or inaction of another person or persons is causing, or is likely to cause him/her to be harmed.

CHILDREN

- A child is a person under the age of 18.

HARM

- The impact on the victim of abuse, exploitation or neglect.
- The result of any action whether by commission or omission, deliberate, or as the result of a lack of knowledge or awareness which may result in the impairment of physical, intellectual, emotional or mental health or wellbeing.
- The full impact of harm is not always clear from the outset, or event at the time it is first reported.



- Consideration must be given not only to the immediate impact of harm and risk to the victim, but also the potential longer term impact and the risk of future harm. Harmful conduct may constitute a criminal offence or professional misconduct.

ABUSE

- A single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to another individual or violates their human or civil rights.
- The misuse of power and control that one person has over another. Abuse may be perpetrated by a wide range of people including those who are usually physically and/or emotionally close to the individual and on whom the individual may depend and trust.
- May include, but is not limited to, a partner, relative or other family member, a person entrusted to act on behalf of the adult in some aspect of their affairs, a service or care provider, a neighbour, a health or social care worker or professional, an employer, a volunteer or another service user. It may also be perpetrated by those who have no previous connection to the victim.

TYPES OF ABUSE

- Physical abuse: includes hitting, slapping, pushing, kicking, misuse of medical/chemical restraint or inappropriate sanctions.
- Sexual abuse: includes rape and sexual assault or sexual acts to which the child/vulnerable adult has not, or could not consent and/or was pressured into consenting.
- Psychological/emotional abuse: includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, verbal or racial abuse, forced marriage, isolation or withdrawal of services or supportive networks.
- Financial or material abuse: includes theft, fraud, exploitation; pressure in connection with wills, property, inheritance or financial transactions; or the misuses or misappropriation of property, possessions or benefits.
- Neglect and acts of omission: includes ignoring medical or physical care needs; failure to provide access to appropriate health, social care or educational services; the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- Institutional abuse: repeated instances of poor care of individuals or groups of individuals. It can be through neglect or poor professional practice as a result of structures, policies, processes and practices within an organisation. While this in no way condones the abusive practice on the part of individuals, it recognises the powerful influence that organisational culture has on individual behaviour.



RELATED DEFINITIONS

Here are related definitions which interface with Adult Safeguarding, each of which have their own associated adult protection processes in place.

Domestic Violence and Abuse can consist of threatening behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted on one person by another where they are or have been intimate partners or family members, irrespective of gender or sexual orientation. Domestic violence and abuse is essentially a pattern of behaviour which is characterised by the exercise of control and the misuse of power by one person over another. It is usually frequent and persistent. It can include violence by a son, daughter, mother, father, husband, wife, life partner or any other person who has a close relationship with the victim. It occurs right across society, regardless of age, gender, race, ethnic or religious group, sexual orientation, wealth, disability or geography.

Human Trafficking involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting. Victims of human trafficking can come from all walks of life; they can be male or female, children or adults, and they may come from migrant or indigenous communities.

Hate Crime is any incident which constitutes a criminal offence perceived by the victim or any other person as being motivated by prejudice, discrimination or hate towards a person's actual or perceived race, religious belief, sexual orientation, disability, political opinion or gender identity. Victims of domestic violence and abuse, sexual violence and abuse, human trafficking and hate crime are regarded as adults in need of protection.

There are specific strategies and mechanisms in place designed to meet the particular care and protection needs of these adults and to promote access to justice through the criminal justice system. It is essential that there is an interface between these existing justice led mechanisms and the HSC Trust adult protection arrangements described in national policies pertaining to safeguarding to ensure safety for those who may be victims.

CHILD IN NEED

Article 17 imposes a general duty on HSCTs to provide a range of services for children in need within their area and states a child shall be considered to be 'in need' if:



- he/she is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services;
- his/her health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or he is disabled.

‘Family’, in relation to such a child in need, includes any person who has parental responsibility for the child and any other person with whom he has been living.

In determining whether a child or young person is in need, consideration must be given to:

- what will happen to a child or young person’s development and health without services being provided; and
- the likely effect the services will have on the child or young person’s standard of health and development.

Article 18 of the Children Order requires HSCTs:

- To safeguard and promote the welfare of children within its area who are in need; and
- So far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of care appropriate to those children's needs. Fulfilling this duty is a key part of preventative safeguarding.

THE CONCEPTS OF HARM AND SIGNIFICANT HARM

- The Children Order defines ‘harm’ as ill-treatment or the impairment of health or development. The Order states that ‘ill-treatment’ includes sexual abuse, forms of ill-treatment which are physical and forms of ill-treatment which are not physical; ‘health’ means physical and / or mental health; and ‘development’ means physical, intellectual, emotional, social or behavioural development.
- There is no absolute definition of ‘significant harm’, as this will be assessed on a case by case basis. Article 50(3) of the Children Order states that



“where the question of whether harm suffered by a child is significant turns on the child's health or development, his health or development shall be compared with that which could reasonably be expected of a similar child”.

- Where a HSCT suspects that a child is suffering, or likely to suffer significant harm, the HSCT has a duty under Article 66 of the Children Order to make enquiries, or cause enquiries to be made, to enable it to decide whether it should take any action to safeguard or promote the child's welfare. Section 6.3 provides further information on the determination of significant harm

CHILD IN NEED OF PROTECTION

- A child in need of protection is a child who is at risk of, or likely to suffer, significant harm which can be attributed to a person or persons or organisation, either by an act of commission or omission; or a child who has suffered or is suffering significant harm as defined in Article 50 of the Children Order.

Types of Abuse

Harm can be suffered by a child or young person by acts of abuse perpetrated upon them by others. Abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health, or if they live in a home where domestic abuse happens.

Abuse can also occur outside of the family environment. Evidence shows that babies and children with disabilities can be more vulnerable to suffering abuse.

Although the harm from the abuse might take a long time to be recognisable in the child or young person, professionals may be in a position to observe its indicators earlier, for example, in the way that a parent interacts with their child. Effective and ongoing information sharing is key between professionals.



Harm from abuse is not always straightforward to identify and a child or young person may experience more than one type of harm or significant harm. Harm can be caused by:

- Physical abuse;
- Sexual abuse;
- Emotional abuse;
- Neglect; and
- Exploitation.

Physical abuse – deliberately physically hurting a child. It might take a variety of different forms, including:

- Hitting
- Biting
- Pinching
- Shaking
- Throwing
- Poisoning
- Burning or scalding
- Drowning
- Suffocating a child

Sexual abuse – occurs when others use and exploit children sexually for their own gratification or gain or where the gratification of others. Sexual abuse may involve physical contact, including assault by penetration (for example, rape, or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways of grooming a child in preparation for abuse (including via e-technology).



Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children.

Emotional abuse – is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child’s emotional development. Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunities to express their views, deliberately silencing them, or ‘making fun’ of what they say or how they communicate. Emotional abuse may involve bullying – including online bullying through social networks, online games or mobile phones – by a child’s peers.

Neglect – is the failure to provide for a child’s basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter that is likely to result in the serious impairment of a child’s health or development. Children who are neglected often also suffer from other types of abuse.

Exploitation – is the intentional ill-treatment, manipulation or abuse of power and control over a child or young person; to take selfish or unfair advantage of a child or young person or situation, for personal gain. It may manifest itself in many forms such as child labour, slavery, servitude, engagement in criminal activity, begging, benefit or other financial fraud or child trafficking. It extends to the recruitment, transportation, transfer, harbouring or receipt of children for the purpose of exploitation. Exploitation can be sexual in nature.

REGULATED ACTIVITY

An individual is engaged in regulated activity if they are providing any of the following activities as part of their role:

- Healthcare.
- Personal care.
- Social work.



- Assistance with cash, bills or shopping.
- Assistance with the conduct of their own affairs.
- Conveying services.

In addition, regulated activity also includes where an individual is providing “unsupervised” teaching, training, supervision, caring for or supervision of vulnerable persons where these activities are undertaken frequently. Frequently is determined as:

- Once a month or more.
- Three or more days in any 30 day period.
- Overnight between the hours of 2am and 6am.

RELEVANT CONDUCT

Relevant conduct is an action or inaction that has harmed or placed a vulnerable person at risk of harm. Relevant conduct in relation to vulnerable persons is conduct which:

- Endangers a vulnerable person or child or is likely to harm them.
- If repeated against or in relation to a vulnerable person, would endanger them or would be likely to endanger them.
- Involves sexual material relating to children (including possession of such material).
- Involves sexually explicit images depicting violence against a person (including possession of such images), if it appears to DBS that the conduct is inappropriate.
- Is of a sexual nature involving a vulnerable person, if it appears to DBS that the conduct is inappropriate.

Specific examples of relevant conduct include:



- Psychological/emotional harm caused by an action or inaction that causes mental anguish.
- Financial harm usually associated with the misuse of money, valuables or property.
- Physical harm caused by any physical action or inaction that results in discomfort, pain or injury.
- Sexual harm such as coercion or force to take part in sexual acts.
- Neglect caused by failure to identify and/or meet care needs.
- Verbal harm which includes any remark or comment that causes distress.

