

# **EAST LONDON FOUNDATION TRUST SAFEGUARDING CHILDREN AND ADULTS INDUCTION**

**(Level 1 and Level 2)**

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# **1 Introduction**

Safeguarding Adults and Children remains everyone's responsibility. As a healthcare provider this requirement is part of the NHS Contract and statutory obligations under the Care Act 2014, The Counter-Terrorism and Security Act 2015, The Children Act 1989 and The Children Act 2004, and also within statutory guidance including The Care and Statutory Guidance for Adults 2015, and Working Together to Safeguard Children 2023.

East London Foundation Trust (ELFT) is rated by the Care Quality Commission (CQC) as an 'outstanding' trust and takes its safeguarding responsibility seriously. The trust believes that all staff should be aware of their role to identify signs and symptoms of harm, neglect or abuse and report and share it with the relevant partners in a timely manner. Safeguarding is about preventing abuse and neglect, as well as promoting good practice for responding to concerns on a multi-agency basis.

The trust strongly advocates the Think Family approach and considers the whole family approach to address and identify issues like domestic abuse, mental ill health, drug and alcohol issues etc. which impacts upon families individual family members living experience.

Training plays a key part in educating, raising awareness and improving the skills of members of staff. The trust believes in delivering safeguarding training right at the start to ensure members of staff are inclusive, respectful and caring when delivering their responsibilities towards service users and their carers. Many of the themes below are discussed in more depth as part of the level 3 training packages.

## Think Family approach

ELFT promotes the 'Think Family' strategy to ensure co-ordinated thinking and delivery of services to safeguard children, young people, adults and their families /carers. This strategy recognises the broad and diverse range of safeguarding responsibilities and arrangements within the trust and to whom they are delivered.

'Think child, Think parent, Think family' (SCIE 2012) identifies what needs to change and makes recommendations to improve service planning and delivery, and ultimately to improve outcomes for families.

This pack is provided to all new staff and serves as a refresher for non-clinical staff. Reading and understanding this document will ensure that all staff are compliant with their level 1 and level 2 training.

This document supports your understanding of:

- Safeguarding children and adults
- Categories of abuse for adults and children
- The relationship between a parent/carers physical and mental health on the developmental and wellbeing of a child or young person
- The potential impact of abuse on an adult, child or young person
- What action/s you should take if you have concerns that a child and vulnerable adult are being harmed.

If anything in this document raises any issues for you, please see the later section entitled 'Managing your own feelings and Support for staff' for further guidance.

## 2.1 Corporate Leads

ELFT has a Corporate Safeguarding team with Named Professionals assigned to each directorate. The Chief Nurse and the Director of Nursing have the overall responsibility for Safeguarding.

The Director for Safeguarding has the operational responsibility for delivering the statutory safeguarding needs of the organisation.

Name and Role
<b>Claire McKenna</b> Interim Chief Nurse, Executive Lead for Safeguarding <a href="mailto:Claire.McKenna3@nhs.net">Claire.McKenna3@nhs.net</a>
<b>Eileen Bryant</b> Director of Nursing, Operational Lead for Safeguarding <a href="mailto:eileen.bryant@nhs.net">eileen.bryant@nhs.net</a>
<b>Dinh Padicala</b> Associate Director for Safeguarding & Domestic Abuse <a href="mailto:dinh.padicala@nhs.net">dinh.padicala@nhs.net</a>
<b>James Thomas</b> Lead Professional for Safeguarding Adults <a href="mailto:james.thomas44@nhs.net">james.thomas44@nhs.net</a>
<b>Clarissa Wye</b> Lead Professional for Safeguarding Children <a href="mailto:c.wye@nhs.net">c.wye@nhs.net</a>
<b>Dr Angharad Ruttley</b> Named Doctor For Safeguarding Adults <a href="mailto:a.ruttley@nhs.net">a.ruttley@nhs.net</a>
<b>Dr Phil Baker</b> Named Doctor for Safeguarding Children (Adult Mental Health Services) <a href="mailto:philipbaker@nhs.net">philipbaker@nhs.net</a>
<b>Dr Sobia Naz</b> Named Doctor for Safeguarding Children (CAMHS) <a href="mailto:sobia.naz@nhs.net">sobia.naz@nhs.net</a>
<b>Dr Sveta Alladi</b> Named Doctor for Safeguarding Children (Community Paediatric and Children In Care) <a href="mailto:sveta.alladi@nhs.net">sveta.alladi@nhs.net</a>

### **3.1 Named Professionals for Adult Safeguarding:**

The Named Professionals provide expert advice, support and training around safeguarding concerns.

<b>Name and Role</b>	<b>Telephone number</b>	<b>Email</b>
<b>James Thomas</b> Lead Professional for Safeguarding Adults across the trust and provides support for Tower Hamlets.	07464510372/ 020 8121 5355	<a href="mailto:james.thomas44@nhs.net">james.thomas44@nhs.net</a>
<b>Emma Crivellari</b> Named Professional for Safeguarding Adults for Newham	07500122478/ 020 8121 5357	<a href="mailto:emmacrivellari@nhs.net">emmacrivellari@nhs.net</a>
<b>Tony Alston</b> Named Professional for Safeguarding Adults for Beds and Central Beds (Tue and Wed only)	07920075744/ 01234 31044	<a href="mailto:tony.alston@nhs.net">tony.alston@nhs.net</a>
<b>Suzann Jenkinson</b> Named Professional for Safeguarding Adults for Beds and Central Beds	07775002926/ 01234 31044	<a href="mailto:suzaan.jenkinson@nhs.net">suzaan.jenkinson@nhs.net</a>
<b>Dermott Flynn</b> Named Professional for Safeguarding Adults for Luton	07775027164/ 01525 638554	<a href="mailto:dermott.flynn@nhs.net">dermott.flynn@nhs.net</a>
<b>Cheneka Murray</b> Named Professional for Safeguarding Adults for Forensics, City and Hackney	07435733991/ 020 8121 5357	<a href="mailto:cheneka.murray@nhs.net">cheneka.murray@nhs.net</a>
<b>Abongile Mlinjana (Abo)</b> Named Professional for Safeguarding Adults for Bedford CMHT, Bedfordshire Learning Disabilities & Tower Hamlets CHS	07342 064 413/ 01234 316716	<a href="mailto:abongile.mlinjana@nhs.net">abongile.mlinjana@nhs.net</a>

## ***Safeguarding Children Team***

<b>Name and Role</b>	<b>Telephone number</b>	<b>Email</b>
<b>Clarissa Wye</b> Lead Professional for Safeguarding Children and Bedford	07891 865 051	<a href="mailto:c.wye@nhs.net">c.wye@nhs.net</a>
<b>Gurinder Lall</b> Named Professional for Safeguarding Children for Tower Hamlets	0208 121 5356 07908 194436	<a href="mailto:gurinder.lall@nhs.net">gurinder.lall@nhs.net</a>
<b>Maura Hubbard</b> Named Professional for Safeguarding Children for Newham	0208 121 5359 07867 177 225	<a href="mailto:maura.hubbard@nhs.net">maura.hubbard@nhs.net</a>
<b>Catherine Jordan</b> Named Professional for Safeguarding Children for Luton	07733 124587	<a href="mailto:catherine.jordan2@nhs.net">catherine.jordan2@nhs.net</a>
<b>Karen Patchett</b> Named Professional for Safeguarding Children for Central Bedfordshire	07436 027740	<a href="mailto:karen.patchett@nhs.net">karen.patchett@nhs.net</a>
<b>Bev Heredge</b> Named Professional for Safeguarding Children for City & Hackney	0772 123 7802	<a href="mailto:bev.heredge@nhs.net">bev.heredge@nhs.net</a>

## ***Other important contacts within the trust***

<b>Adult Team Generic London team</b>		<a href="mailto:elft.safeguardingadults@nhs.net">elft.safeguardingadults@nhs.net</a>
<b>Adult Team Generic Pan Bedfordshire team</b>		<a href="mailto:elft.sovabl@nhs.net">elft.sovabl@nhs.net</a>
<b>Children Team Generic Pan team</b>		<a href="mailto:elft.safeguardingchildrenteam@nhs.net">elft.safeguardingchildrenteam@nhs.net</a>
<b>Trust MCA</b>		<a href="mailto:elft.mentalcapacity@nhs.net">elft.mentalcapacity@nhs.net</a>
<b>Anita Hynes</b> Interim Freedom to Speak Up Guardian	0207 655 4048 07436027388	<a href="mailto:anita.hynes@nhs.net">anita.hynes@nhs.net</a>

## 4.1 Learning Outcomes

- Able to recognise potential indicators of adult and children abuse, harm and neglect;
- Able to address the immediate safety of the person and put in a protection plan;
- Aware of the right for advocacy in Safeguarding;
- Aware of where to seek support and guidance in response to safeguarding allegations concerning members of staff;
- Aware of safeguarding supervision arrangements and support network;
- To know what action to take if you have concerns, including to whom you should report your concerns and from whom to seek advice;
- To have a basic knowledge of the relevant legislation.

## Adult Safeguarding

### 5.1 What is Adult Safeguarding?

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the **risks** and **experience** of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. We must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances. The practice of adult safeguarding is about working alongside adults to solve problems, to challenge discrimination, to give the same right of access to protection that all citizens can claim and to enjoy the same quality of life.

The aims of adult safeguarding are to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- Stop abuse or neglect wherever possible;
- Safeguard adult/s in a way that supports them in making choices and having control about how they want to live;
- Promote an approach that concentrates on improving life for the adult/s concerned;
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult;
- Address the causes of abuse or neglect.



## **6.1 Who is an adult at risk?**

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 need/s for care or support, and are unable to safeguard themselves. This may also include adults who have care and support needs as a carer.

Safeguarding duties apply to an adult who:

- Has a need for care and support (whether or not the local authority is involved in meeting those needs)
- Is experiencing, or at risk of, abuse or neglect
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse.

## **7.1 Safeguarding Adults Legislation**

The primary legislation for safeguarding adults is:

- The Care Act 2014
- Mental Capacity Act 2005
- Human Rights Act 1998

**The Care Act requires that each local authority must:**

- Make enquires, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect, and if so, by whom;
- Set up a Safeguarding Adults Board (SAB) to help and safeguard adults and bring together partner organisations including ELFT.

There are six principles that underpin adult safeguarding and apply to all sectors and settings. The principles should inform the ways in which professionals engage with people at risk of abuse, harm or neglect.

**Empowerment** - People being supported and encouraged to make their own decisions and informed consent.

**Prevention** - It is better to take action before harm occurs.

**Proportionality** - The least intrusive response appropriate to the risk presented.

**Protection** - Support and representation for those in greatest need.

**Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

**Accountability** - Accountability and transparency in safeguarding practice

## **8.1 Who abuses adults?**

- People who behave abusively come from all walks of life.
- **ANYONE** who has **POWER** over others can abuse adults. This can be a social or health care professional, a paid or unpaid carer, a family member, stranger or friend.

Abuse can happen at home, in a residential or nursing home, in a hospital, at work or on the street

## **9.1 Types of Abuse?**

TYPE OF ABUSE	DESCRIPTION OR SUPPORTING GUIDANCE
<b>Disability Hate Crime</b>	The Criminal Justice System defines a disability hate crime as any criminal offence, which is perceived, by the victim or any other person, to be motivated by hostility or prejudice based on a person's disability or perceived disability. The Police monitor five strands of hate crime, Disability; Race; Religion; Sexual orientation; Transgender.
<b>Discriminatory abuse</b>	Discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse.

<b>Domestic abuse</b>	<p>The Domestic Abuse Act 2021 defines domestic abuse as:</p> <p>‘Behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if— (a) A and B are each aged 16 or over and are “personally connected” to each other, and (b) the behaviour is abusive. (3) Behaviour is “abusive” if it consists of any of the following—</p> <ul style="list-style-type: none"> <li>a) physical or sexual abuse;</li> <li>b) violent or threatening behaviour;</li> <li>c) controlling or coercive behaviour;</li> <li>d) economic abuse (see subsection (4));</li> <li>e) psychological, emotional or other abuse; and it does not matter whether the behaviour consists of a single incident or a course of conduct.</li> </ul> <p>(4) “Economic abuse” means any behaviour that has a substantial adverse effect on B’s ability to —</p> <ul style="list-style-type: none"> <li>a) acquire, use or maintain money or other property, or</li> <li>b) obtain goods or services.</li> </ul> <p>(5) For the purposes of this Act, A’s behaviour may be behaviour “towards” B despite the fact that it consists of conduct directed at another person (for example, B’s child).’</p>
	<p>Two people “personally connected” to each other if any of the following applies —</p> <ul style="list-style-type: none"> <li>• they are, or have been, married to each other;</li> <li>• they are, or have been, civil partners of each other;</li> <li>• they have agreed to marry one another (whether or not the agreement has been terminated);</li> <li>• they have entered into a civil partnership agreement (whether or not the agreement has been terminated);</li> <li>• they are, or have been, in an intimate personal relationship with each other;</li> <li>• they each have, or there has been a time when they each have had, a parental relationship in relation to the same child</li> <li>• they are relatives.</li> </ul>
<b>Female genital mutilation (FGM)</b>	<p>Involves procedures that intentionally alter or injure female genital organs for non-medical reasons. The procedure has no health benefits for girls and women. The Female Genital Mutilation Act (2003) makes it illegal to practise FGM in the UK or to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in another country.</p>

<b>Financial or material abuse</b>	Theft, fraud, internet scamming, postal and doorstep scams, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits are all forms of financial abuse and are more often than not targeted at adults at risk. The adult at risk can be persuaded to part with large sums of money and in some cases their life savings. These instances should always be reported to the local police service and local authority Trading Standards Services for investigation. Financial abuse can have serious effects including loss of income and independence and harm to health, including mental health. Where the abuse is perpetrated by someone who has the authority to manage an adult's money, the relevant body should be informed, e.g. the Office of the Public Guardian for deputies and attorneys and DWP for appointees.
<b>Forced marriage</b>	Is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. In a situation where there is concern that an adult is being forced into a marriage they do not or cannot consent to, there will be an overlap between action taken under the forced marriage provisions and the adult safeguarding process. The police must always be contacted in such cases as urgent action may need to be taken. The Anti-social Behaviour, Crime and Policing Act 2014 made it a criminal offence to force someone to marry.
<b>Hate Crime</b>	The police define Hate Crime as 'any incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability'. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence. In addition, it includes incidents that do not constitute a criminal offence.
<b>Hoarding</b>	Compulsive hoarding behaviour has been associated with health risks, impaired functioning, economic burden, and adverse effects on friends and family members. When clinically significant enough to impair functioning, hoarding can prevent typical uses of space, enough so that it can limit activities such as cooking, cleaning, moving through the house and sleeping. It could also potentially put the adult and others at risk of causing fires.

<b>Honour-based abuse</b>	<p>It has or may have been committed when families feel that dishonour has been brought to them. Women are predominantly (but not exclusively) the victims and the violence is often committed with a degree of collusion from family members and/or the community. Some of these victims will contact the police or other organisations. However, many others are so isolated and controlled that they are unable to seek help.</p> <p>Adult safeguarding concerns that may indicate honour-based violence include domestic violence, concerns about forced marriage, enforced house arrest and missing person's reports. If an adult safeguarding concern is raised, and there is a suspicion that the adult is the victim of honour-based violence, referring to the police must always be considered as they have the necessary expertise to manage the risk.</p>
<b>Human trafficking</b>	<p>Human Trafficking is the recruitment, transportation, transfer, harbouring or receipt of people through force, fraud or deception, with the aim of exploiting them for profit. The traffickers often use violence or fraudulent employment agencies and fake promises of education and job opportunities to trick and coerce their victims. The most common types of trafficking are:</p> <ul style="list-style-type: none"> <li>• sex trafficking: working as prostitutes, in pornography, phone sex lines, internet chat rooms, escort agencies;</li> <li>• forced labour: working for low pay, or no pay, in poor conditions with threats of punishment;</li> <li>• servants: working at their employer's home for low pay, or no pay, where they're often abused and can't leave;</li> <li>• forced marriage;</li> <li>• forced crime: begging, pick-pocketing, selling drugs, bag snatching;</li> <li>• organ harvesting: trafficking people to sell their organs for transplant;</li> <li>• child trafficking: young people are tricked into travelling to the UK by thinking they will go to school or get jobs here and are made to work in restaurants, steal or help with chores. Sometimes they are forced to work in the sex industry.</li> </ul>
<b>Mate Crime and Cuckooing</b>	<p>A 'mate crime' as defined by the Safety Net Project is 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.' Mate Crime is carried out by someone the adult knows and often happens in private. In recent years there have been a number of Safeguarding Adult Reviews relating to people with a learning disability who were murdered or seriously harmed by people who purported to be their friend.</p>

<b>Cuckooing</b>	<p>Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation. It takes the name from cuckoos who take over the nests of other birds. There are different types of cuckooing:</p> <ul style="list-style-type: none"> <li>• Using the property to deal, store or take drugs</li> <li>• Using the property to sex work</li> <li>• Taking over the property as a place for them to live</li> <li>• Taking over the property to financially abuse the tenant</li> <li>• The most common form of cuckooing is where drug dealers take over a person's home and use it to store or distribute drugs.</li> </ul>
<b>Modern slavery</b>	<p>Modern slavery is defined as the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. It is a crime under the Modern Slavery Act 2015 and includes holding a person in a position of slavery, servitude forced or compulsory labour, or facilitating their travel with the intention of exploiting them soon after.</p> <p>There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist. Someone is in slavery if they are:</p> <ul style="list-style-type: none"> <li>• Forced to work - through mental or physical threat;</li> <li>• Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse;</li> <li>• Dehumanised, treated as a commodity or bought and sold as 'property';</li> <li>• Physically constrained or has restrictions placed on his/her freedom of movement.</li> </ul> <p>Modern slavery takes various forms and affects people of all ages, gender and races. Adults who are enslaved are not always subject to human trafficking. Recent court cases have found homeless adults, promised paid work opportunities enslaved and forced to work and live in dehumanised conditions, and adults with a learning difficulty restricted in their movements and threatened to hand over their finances and work for no gains.</p>
<b>Neglect and acts of omission</b>	<p>Ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.</p>

<b>Organisational abuse</b>	Is the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights.'
<b>Physical abuse</b>	Assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
<b>Psychological abuse</b>	Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
<b>Radicalisation</b>	<p>Radicalisation is the process of a person legitimising support for, or use of, terrorist violence. Most people who commit terrorism offences do so of their own agency and dedication to an ideological cause.</p> <p>There is no single profile of a radicalised person, nor is there a single pathway or 'conveyor belt' to being radicalised. There are many factors which can, either alone or combined, lead someone to subscribe to terrorist or terrorism-supporting ideology. These factors often include exposure to radicalising influences, real and perceived grievances – often created or exacerbated through grievance narratives espoused by extremists – and a person's own susceptibility.</p> <p>A person's susceptibility to radicalisation may be linked to their vulnerability. A person can be vulnerable if they need special care, support or protection because of age, disability, risk of abuse or neglect. A person's vulnerabilities may be relevant to their susceptibility to radicalisation and to the early intervention approach that is required to divert them away from radicalisation.</p> <p>In other cases, vulnerabilities may not be present or relevant to the early intervention approach required. Not all people susceptible to radicalisation will be vulnerable, and there are other circumstances, needs or other underlying factors that may make a person susceptible to radicalisation but do not constitute a vulnerability.</p>

<b>Restraint</b>	Unlawful or inappropriate use of restraint or physical interventions. In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where an adult's freedom of movement is restricted, whether they are resisting or not. Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something, or does not do something they want to do, for example, the use of key pads to prevent people from going where they want from a closed environment.
<b>Self-Neglect</b>	Self-neglect is a behavioural condition in which an individual neglects to attend to their basic needs such as personal hygiene, or tending appropriately to any medical conditions, or keeping their environment safe to carry out what is seen as usual activities of daily living. It can occur as a result of mental health issues, personality disorders, substance abuse, dementia, advancing age, social isolation, and cognitive impairment or through personal choice. It can be triggered by trauma and significant life events.
<b>Sexual abuse</b>	Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
<b>Sexual exploitation</b>	<p>Involves exploitative situations, contexts and relationships where adults at risk (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. It affects men as well as women. People who are sexually exploited do not always perceive that they are being exploited.</p> <p>In all cases those exploiting the adult have power over them by virtue of their age, gender, intellect, physical strength, and/or economic or other resources. There is a distinct inequality in the relationship. Signs to look out for are not being able to speak to the adult alone, observation of the adult seeking approval from the exploiter to respond and the person exploiting the adult answering for them and making decisions without consulting them.</p>



## **10.1 What to do if you are worried about abuse?**

Discuss your concerns with your manager/Service manager.

- Contact the Corporate Adult Safeguarding Team for advice if required (see section 3.0 for more information.)
- Discuss your concerns with the Service User if appropriate and obtain consent if appropriate and safe.
- Contact the Police if the abuse is a crime or an emergency or of there is a vital public interest in reporting.
- Ensure that a Safeguarding Plan is put in place immediately to support the service user.
- Consider advocacy if the service user is unfriended or has substantial difficulty.
- Use an interpreter if the service user has difficulty communicating or understanding English.
- Complete an adult safeguarding alert to Adult Social Care.
- Complete a safeguarding children referral to Children's Social Care if a child is identified to be at risk.
- **Doing nothing is not an option**

## **11.1 Responsibilities of staff in Adult Safeguarding process**

- Raise your safeguarding alert and send it to the local authority where the abuse or neglect is alleged to have occurred.
- The local authority will screen the concern and make the decision to start adult safeguarding procedures or not.
- A safeguarding enquiry is a multi-agency process where professionals from other agencies such as Health, Social Care, Police, Fire Service etc. attend depending on the nature of the enquiry.
- The service user normally attends any meetings as part of the enquiry and their views, including risks and desired outcomes, are ascertained during the enquiry by an enquiry officer.
- All staff members have a professional duty to engage and support the safeguarding enquiry process.
- In certain cases the member of staff may be asked to attend the safeguarding meeting/s or interviewed as a witness.
- Staff may be asked to attend the Court of Protection, Coroner's court, Human Resources enquiries, Serious Incident reviews etc in connection with the concern raised.

## Other agencies and useful links for more advice about Adult Safeguarding

### Borough Specific Information and Services

- [London Borough of Hackney](#)
- [London Borough of Newham](#)
- [Bedford Borough Council](#)
- [London Borough of Tower Hamlets](#)
- [Luton Borough Council](#)
- [Central Bedfordshire Council](#)

### **Children Safeguarding**

Staff may want to contact the Safeguarding Children Team for support around issues including:

- Risk assessments and information sharing
- Decisions about referrals to Children's Social Care
- Impact on abuse such as domestic abuse, parental substance misuse and parental mental health on children lived experience and parenting capacity
- Risks relating to suicide plans or delusional beliefs involving children
- Disclosures by adult service users of non-recent childhood abuse
- Concerns regarding unborn children and pregnant women
- Any worries for the individual child safety and potential harm
- Professional disagreement on case management, agency conflict

Please note the above is not a comprehensive list – staff can contact the team if they have any concerns at all relating to children, no matter how small they think it may be. The team will be happy to help and will be able to signpost to other services if required.

## **12.1 What is Children Safeguarding?**

Safeguarding is the action that is taken to promote the welfare of children and protect them from harm.

Safeguarding means:

- protecting children from abuse and maltreatment
- preventing harm to children's health or development
- ensuring children grow up with the provision of safe and effective care
- taking action to enable all children and young people to have the best outcomes.

Child protection is part of the safeguarding process. It focuses on protecting individual children identified as suffering or likely to suffer significant harm. This includes child protection procedures which detail how to respond to concerns about a child.

## **13.1 Key legislation and guidance for safeguarding children**

- UN Convention on the Rights of the Child (UNCRC)
- The Children Act 1989, 2004
- Children and Social Care Act 2017
- The Human Rights Act 1998
- The Sexual Offences Act 2003
- Female Genital Mutilation Act 2003
- Working Together to Safeguarding Children 2023

## **14.1 Categories of Abuse**

There are 4 types of abuse set out in statutory guidance. These are:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect.

In many cases, children are subjected to a combination of types of abuse e.g. neglect and emotional abuse.

## **15.1 Definitions:**

<b>Child</b>	<p>A child is defined as any person from birth who has not yet reached their 18th birthday (Children Act 1989, 2004; Working Together to Safeguard Children 2023). 'Children' therefore refers to 'children and young people' throughout this document.</p> <p>The fact that a child has reached 16 or 17 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 custody in the secure estate, does not change their status or entitlement to services or protection.</p>
<b>Voice of the child</b>	<p>The child's voice is a phrase used to describe the real involvement of children and young people. It means more than seeking their views, which could just mean the child saying what they want, rather than being really involved in what happens.</p>
<b>Child Protection</b>	<p>Child protection is one aspect of safeguarding children. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm as outlined in section 47 of the Children Act 1989. A child is at risk of significant harm as a result of maltreatment, abuse or neglect. This requires agencies to work together and share information.</p>
<b>Child in Need</b>	<p>Child in Need defined under the Children Act 1989 a child/ren who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.</p>
<b>Significant Harm</b>	<p>The Children Act 1989 introduced the concept of Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of children. There are four main categories of child abuse: physical, sexual, emotional and neglect. A key concept in adult safeguarding work is 'Significant Harm'. The impact of harm upon a person will be individual and will depend upon each person's circumstances and the severity, degree and the impact or effect of this harm upon that person.</p>

### Child Maltreatment

Child maltreatment is the abuse and neglect that occurs to children under 18 years of age, including the unborn child. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Witnessing domestic abuse – seeing or hearing the ill-treatment of another – is child abuse.

## **16.1 Types of Child Abuse**

### Physical Abuse

Physical child abuse is defined as any non –accident infliction of physical violence on a child by any person. It can be inflicted in many ways, including beating, shaking, burning, assault with implements, female genital mutilation, hitting, beating, kicking, biting, strangling, scalding, burning, poisoning, and suffocating. The intentional use of physical force against a child that results in harm for the child's health, survival, development, or dignity is considered physical abuse.

An injury should never be interpreted in isolation and must always be assessed in the context of the child's medical and social history, developmental stage and the explanation given. Female genital mutilation (FGM)

**FGM** is a procedure where the female genital organs are injured or changed and there is no medical reason for this. **FGM is a criminal offence**. It is a child abuse and a form of violence against women and girls. Cases should be dealt with as part of existing structures, policies and procedures on Child Protection and Adult Safeguarding. Staff must report any potential and actual FGM concerns to the police and children social care (within 24 hours).

**Perplexing Presentation (PP)/Fabricated or Induced Illness (FII) in children:** PP/FII is based on the parents underlying need for their child to be recognised and treated as ill or more unwell/more disabled than the child actually is (when the child has a verified disorder, as many of the children do).

### **Emotional Abuse**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

There might not be any obvious physical signs of emotional abuse or neglect. And a child might not tell anyone what's happening until they reach a "crisis point". A child who is being emotionally abused might not realise what's happening is wrong. Any they might blame themselves. If a child talks to you about emotional abuse it's important to:

- Listen carefully to what they're saying
- Let them know they've done the right thing by telling you
- Tell them it's not their fault
- Don't confront the alleged abuser
- Explain what you'll do next

Report what the child has told you as soon as possible

## Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect can be a lot of different things, which can make it hard to spot. There are different types of neglect:

- **Physical neglect** – A child's basic needs, such as food, clothing or shelter, are not met or they aren't properly supervised or kept safe
- **Education neglect** – a parent doesn't ensure the child is given an education
- **Emotional neglect** – a child doesn't get the nurture and stimulation they need. This could be through ignoring, humiliating, intimidating or isolating them
- **Medical neglect** – A child isn't given proper health care. This includes dental care and refusing or ignoring medical recommendations.

Neglect may occur during pregnancy as a result of maternal substance misuse, parental mental ill health or learning difficulties, or a cluster of such issues.

A child who is being neglected might not realise what's happening is wrong. And they might even blame themselves. If a child talks to you about neglect it's important to:

- Listen carefully to what they're saying
- Let them know they've done the right thing by telling you
- Tell them it's not their fault
- Say you'll take them seriously
- Don't confront the alleged abuser
- Explain what you'll do next
  
- Report what the child has told you to appropriate agency such as children social care and or police

<b>Sexual Abuse</b>	<p>Child sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.</p> <p>There are two types of sexual abuse – contact and non-contact abuse. And sexual abuse can happen in person or online.</p> <p>Adult males do not solely perpetrate child sexual abuse; it can also be adult females and other children or young people. It is also important to note that the child may not be aware that they are a victim of being sexually assaulted.</p> <p>By law (Sexual Offences Act, 2003), children under the age of 13 years old cannot consent for sex. If staff are aware that a child under the age of 13 has had sex, it is classed as rape and must be reported to the police.</p>
<b>Contextual Safeguarding</b>	<p>Contextual safeguarding is an approach to understanding, and responding to, young people’s experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people’s experiences of extra-familial abuse can undermine parent child relationships.</p>
<b>Harmful Practice</b>	<p>Harmful Practices is an umbrella term regarding ‘Honour Based Violence’ (HBV), Stalking, Trafficking, FGM, Breast ironing, Spirit Possession, and other forms of domestic abuse.</p>
<b>Exploitation</b>	<p>Exploitation refers to any exploitation of a person of any age. Exploitation may include sexual, criminal, online, modern slavery and gang exploitation, unless specifically stated. In order to provide a forward-thinking approach, this policy understands that children and adults with care and support needs are among the most vulnerable in society, however, acknowledges that all people can be at risk of exploitation given the right circumstances.</p>
<b>County lines</b>	<p>County lines is the term used to describe the approach taken by gangs originating from large urban areas, who travel to locations elsewhere such as county or coastal towns to sell class A drugs.</p> <p>Gangs typically recruit and exploit children and vulnerable young people to courier drugs and cash. Typically, users ask for drugs via a mobile phone line used by the gang. Couriers travel between the gang’s urban base and the county or coastal locations on a regular basis to collect cash and deliver drugs.</p>



<b>Modern Slavery/Trafficking</b>	There is no typical victim. They can be men, women or children but it is normally more prevalent among the most vulnerable, minorities or socially excluded groups. Many believe they are escaping poverty, limited opportunities at home, a lack of education, unstable social and political conditions or war. But their slave masters are usually out to make financial gain. Sexual exploitation is the most common form of modern slavery reported in the UK, followed by labour exploitation, forced criminal exploitation and domestic servitude.
<b>Trio of vulnerabilities</b>	Trio of vulnerabilities is made of three components: Parental Mental Ill Health, Substance/Alcohol Misuse and Domestic Violence. These issues often co-exist, particularly in families where significant harm to children and or vulnerable adults has occurred. Using specific assessment tools such as CAF, DASH-Risk (Domestic Abuse, Stalking and 'Honoured Based Violence') could help to identify such concerns.
<b>Parental/Carer/Individual Mental Health</b>	<p>While many parents and parents to be with mental health problems can manage their condition and minimise its impact on their children or unborn babies. Practitioners should consider the likelihood and severity replace of the impact of an adult's parental mental health on the individual.</p> <p>Services will risk assess the situation and take action to protect the individual as appropriate either through statutory involvement, for example: Local Authority, or other support such as Early Help, voluntary specialist sector.</p>
<b>Parental/Carer/Individual Mental Health</b>	While many parents and parents to be with mental health problems can manage their condition and minimise its impact on their children or unborn babies. Practitioners should consider the likelihood and severity replace of the impact of an adult's parental mental health on the individual. Services will risk assess the situation and take action to protect the individual as appropriate either through statutory involvement, for example: Local Authority, or other support such as Early Help, voluntary specialist sector.
<b>Parental substance/alcohol misused</b>	Parental substance/alcohol misused is the long term misused of drugs and/or alcohol by a parent or carer. Parents and carers who misuse substances/alcohol can have chaotic, unpredictable lifestyles and may struggle to recognise and meet their children's needs. This may result in their children/individual being at risk of harm. Services must risk assess the situation and take action to protect the individual as appropriate either through statutory involvement, for example: Local Authority, or other support such as Early Help and voluntary specialist sector.

<b>Domestic Violence</b>	<p>Domestic abuse is any type of controlling, coercive, threatening behaviour, violence or abuse between people who are, or who have been in a relationship, regardless of gender or sexuality. It can also happen between adults who are related to one another.</p> <p>Domestic abuse always has an impact on children. Being exposed to domestic abuse in childhood is child abuse. Children and young people may experience domestic abuse both directly and indirectly.</p>
<b><i>Parental learning disabilities</i></b>	<p>Parental Learning Disability does not necessarily have an adverse impact on a child's developmental needs. A 'Think Family' approach and holistic needs and risk assessment must be completed, including capturing the 'Voice of the Child' (VOC).</p> <p>If safeguarding concerns are suspected professionals have a statutory duty take appropriate action and escalate concerns to ensure the individual is supported and protected from abuse, harm and neglect.</p>
<b>Radicalisation</b>	<p>Radicalisation is the process of a person legitimising support for, or use of, terrorist violence. Most people who commit terrorism offences do so of their own agency and dedication to an ideological cause.</p> <p>All ELFT staff should recognise Prevent as part of the Trust's safeguarding responsibilities for safeguarding vulnerable people from any form of exploitation, and the possible risk to a vulnerable individual of any age from extremism.</p> <p>Children can be exposed to different views and receive information from various sources. Some of these views may be considered radical or extreme.</p>
<b>Harmful Practice</b>	<p>Harmful Practices is an umbrella term regarding 'Honour Based Violence' (HBV), Stalking, Trafficking, FGM, Breast ironing, Spirit Possession, and other forms of domestic abuse.</p>

**Think family**

A Think Family is an approach to help practitioners identifying the wider family needs which extend beyond the individual they are supporting. A holistic assessment can help to create a more robust response which adds to better care delivery outcomes, patient experience and encourages collaborative working with the family and other services (NHS England).

All agencies working with children and their families should consider the role of fathers and men in the households, both in assessments and when providing services. Evidence suggests fathers and male figures are often absent in recording, assessments, and care plans. The status and the role of males and new partners in the same household should be understood in terms of their potential for protection and nurturing, as well as any adverse effect they may have on the safety of the child and the mother (HM Gov).

**Professional Curiosity:**

When having any contact with the individual, remember:

- Stop – Did you notice something not quite right?
- Assess – Using the right tools & guidance to identify risks
- Feel – Maintain professional curiosity
- Explore – Have a conversation
- Refer – Make a safeguarding referral - NHS England.

It is important to remember the individual sometimes may dress and/or act more mature/immature than their actual age. This includes a change of usual character. This may be due to their individual preference, cultural differences, gender identification, learning and developmental needs or any significant life events/abuse they may have experienced. The practitioner must always carefully assess and sensitively capture their voice according to their developmental, emotional and physical health needs.

<b>Young Carers</b>	<p>Where there are concerns relating to a young carer caring for an adult and/or significant others in the household, then a “Think Family approach” should be adopted. A risk assessment and a review of the family and their care needs, as a whole, must be undertaken in order to identify the appropriate level of support to the young person.</p> <p>If necessary, a referral to both adult and children’s social care must be completed. A referral to young carers or equivalent should be considered. If there are significant concerns to the young carer’s overall health and well-being than a referral to children social care must also be completed.</p>
<b>Adverse Childhood Experiences (ACEs)</b>	<p>ACEs are “highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person’s safety, security, trust or bodily integrity.</p>
<b>Children in Care</b>	<p>This term is used to describe any child who is in the care of the local authority or who is provided with accommodation by the local authority social services department for a continuous period of more than 24 hours. This covers children in respect of whom a compulsory care order or other court order has been made. It also refers to children accommodated voluntarily, including under an agreed series of short-term placements which may be called short breaks, family link placements or respite care, as well as those who are on remand.</p>
<b>Care leavers</b>	<p>Those children and young people formerly in care before the age of 18 years of age. Such care could be in foster care, residential care (mainly children’s homes), or other arrangements outside the immediate or extended family.</p>

<b>Private Fostering</b>	<p>Private fostering is an arrangement whereby a child under the age of 16 (or 18 if the child has a disability) is living with and cared for by a person for 28 days and the person is not the child's parent, a person who has Parental Responsibility for the child or a relative of the child. This definition is provided in S.66 Children Act 1989. In these situations, the Local Authority must be informed via a children's social care referral.</p>
<b>Consent</b>	<p>Young People aged 16 &amp; 17 years and/or Parental Consent If there is any indication that the young person or parent may lack mental capacity to consent, a mental capacity assessment must be carried out.</p> <p>If legal proceedings concerning someone aged 16-17 are being heard in Court, the Court of Protection may refer the decision to the Family Courts, or vice versa. Each decision will be considered individually.</p> <p>Children under the age of 16 can consent to their own treatment if they're believed to have enough competence and understanding to fully appreciate what's involved in their treatment. Gillick competency and Fraser guidelines help us all to balance children's rights and wishes with our responsibility to keep children safe from harm.</p> <p>It is also in place to ensure young people under 16 years could have access to contraceptive advice or treatment without parental consent. The Fraser guidelines refer to the guidelines apply specifically to contraceptive advice. The above have been more widely used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. This can include consent to different forms of treatment, therapy, medical investigations, and immunisations (this is not an exhaustive list).</p>

## **17.1 Referral to Children Social Care**

Practitioners can assess the relevant referral forms (Early Help/Child In Need/ Child Protection) via from their local borough areas (Click link to our intranet page).

It is the Trust and Local Safeguarding Boards' expectation that all practitioners must follow up with the Social Care within 72 working hours of submitting the referral, to ascertain the outcome which require to be clearly documented on the records. If the outcome is disproportionate to the concerns/risk you have raised, practitioner must escalate these concerns/risk using the local authority escalation process, with support from your line manager in the first instance. For some cases, Named and Designated Doctors and Nurses can provide additional escalation support on request. Visit the Trust Intranet Safeguarding page for the Local Safeguarding Boards procedures.

### **Further Information**

#### **London Boroughs – All**

London Child Protection Procedures, London Safeguarding Children Partnerships

<https://www.londoncp.co.uk/>

#### **Bedfordshire & Luton**

Pan Bedfordshire Child Protection Procedures

*Bedford Borough, Central Bedfordshire and Luton Safeguarding Children Partnerships*

<https://bedfordscb.proceduresonline.com/index.html>

All individual children social care and Local Safeguarding Children Partnership contacts are available via the [Trust intranet safeguarding page](#)

## **18.1 What to do if you are worried about a child outside of work?**

If, in your personal life, you suspect that a child or young person is being abused, you can contact:

- Children's Social Care services in the relevant Council (see the Council's website)
- The Police on 999 (emergency) or 101 (non-emergency)
- NSPCC Child Protection Helpline:

**Tel:** 0800 800 5000

**Email:** [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

**Text:** 88858

**Website:** <http://www.nspcc.org.uk/helpline>

## **Both Safeguarding Adult and Children Matters:**

When identifying any safeguarding adult and or children risk, all ELFT staff must ensure are in line with the Trust Record Keeping policy.

All records about the individual's condition should clearly state who reported the concerns, what was observed and by whom. Records of key discussions and safeguarding supervision notes about the individual's care should be kept within every organisation's main health record pertaining to the individual. A SMART plan should be in place to ensure that the individual does not come to further harm. A formal agreed consensus document or minutes of professionals' meetings shared across all participant organisations will avoid discrepancies in individual's recollection/recording across the multi-professional group and is preferable to individual entries in notes. These records should be factual and agreed by all parties present. Records must provide a clear statement of what has discussed with parents/families.

### ***19.1 Allegations against staff***

Despite all efforts to recruit safely there will be occasions when allegations are made of abuse by staff or volunteers against adults with care and support needs or towards children. Such allegations should be reported immediately to a senior manager within the trust.

Possible types of allegations:

- The allegation could be that the staff member has behaved in a way that has harmed an adult or child with care and support needs;
- Possibly committed a criminal offence against or related to an adult or child;
- Behaved towards an adult or child with care and support needs in a way that indicates they may pose a risk of harm.

For further guidance, please see the Trust's Management of Allegations against Staff Policy [Management of Allegations against Staff Policy](#).

## **20.1 Managing your own feelings**

Child abuse is distressing and disturbing. You may feel upset, shocked or angry. If you know the person involved, you may find it difficult to accept that it has happened. However, it is important to manage your own feelings so that you can respond appropriately.

You may find it helpful to talk over these issues with a colleague, friend or a Safeguarding Children Team member so that it is clear where responsibility sits and what contribution you can reasonably be expected to make. Awareness of child abuse can often remind adults of painful situations in their own past. If this applies to you, you may wish to seek help from colleagues or professionals in dealing with your feelings. Staff can seek support thorough the employee assistance programme or via HR (details below)

<https://www.elft.nhs.uk/intranet/news/employee-assistance-programme>

## **21.1 Information sharing**

Please read the below guidance regarding information sharing for practitioners providing safeguarding services to children, young people, parents and their carers:

[Information sharing advice for safeguarding practitioners - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/information-sharing-advice-for-safeguarding-practitioners)

Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals are shared appropriately.

Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case.

When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so.





## Appendices

### **A) Deprivation of Liberty Safeguards (DoLS)**

The Deprivation of Liberty Safeguards (DoLS), which apply only in England and Wales, are an amendment to the Mental Capacity Act 2005. The DoLS under the MCA allows restraint and restrictions that amount to a deprivation of liberty to be used in hospitals and care homes – but only if they are in a person’s best interests. To deprive a person of their liberty, care homes and hospitals must request standard authorisation from a local authority.

Article 5 of the European Convention on Human Rights states that everyone has the right to liberty and security of person and any act which deprives a person of their liberty must be authorised in law. The legal protection for people who are deprived of their liberty in a hospital or care home and who lack capacity to consent to this are set out in the Deprivation of Liberty Safeguards (2009) which form a later addition to the MCA. Separate procedures apply if a person is deprived of their liberty outside of these settings.

Staff should consult the MCA Code of Practice, the Deprivation of Liberty Safeguards Code of Practice, relevant trust policies and procedures for further information on the application of MCA/DOLS in practice. Alternatively staff should contact their local Mental Health Law team for further advice and guidance.

The Liberty Protection Safeguards (LPS) were intended to replace the Deprivation of Liberty Safeguards (DoLS). This was announced in a Mental Capacity (Amendment) Bill which passed into law in May 2019. Key features included starting at 16 years of age, and deprivations of liberty having to be authorised in advance by the ‘responsible body’. However, the Government announced on 5 April 2023 that it would delay the implementation of the Mental Capacity (Amendment) Act 2019 (i.e. LPS) until “beyond the life of this Parliament.” In effect, this means LPS is not going to come into force for the foreseeable future and it will for the next government following the next general election to decide the future of LPS.

## **B) Escalation of concerns**

All staff working with the trust should have the personal confidence, skills and knowledge to take immediate action when witnessing any form of abuse, neglect or harm. If staff members are concerned that action is not taken, they should consider escalation process and report the matter to their line manager, the trust Safeguarding Team or to the Freedom of Speak Up Guardian for support and guidance.

It is important to remember that escalation, like information sharing should be done in a timely manner to prevent and protect the service users from further abuse, neglect or harm. The trust encourages staff to report any such concerns to ensure prompt action and to build good practice within services.

If staff members are concerned about the safeguarding practice of a colleagues or managers within the service please report the matter to a Senior Manager or to the Associate Director of Adult Safeguarding for advice and support. Staff members can also refer to the Safeguarding Allegations Policy for further information.

## **C) Mandatory Safeguarding Children/ Adult Training**

Staff are mapped to the relevant level of safeguarding children/adult training according to their role when they join the Trust. The aim of the training is to help staff understand their roles and responsibilities in safeguarding children, young people and adults. There are three levels of safeguarding children training – Level 1, Level 2 and Level 3. The training will give staff a baseline awareness of ELFT policy, procedures and related issues regarding safeguarding children/adult relevant to their role and will draw upon relevant legislation, guidelines and policies.

Staff are required to undertake the appropriate level shortly after joining the Trust. If you were up to date with safeguarding children training in your previous post, please send evidence of completion to [elft.learningdevelopment.nhs.net](mailto:elft.learningdevelopment.nhs.net)

Staff should use the personal development planning and appraisal process to monitor access to mandatory training provided by the Trust or externally, and to identify any additional training needs. Please look at the details on the intranet Safeguarding Children training pages as well as your electronic Oracle Learning Management (OLM) records to ascertain which training you should book onto.

Level 3 courses are delivered for all staff in London, Bedfordshire and Luton. All staff are mapped individually according to their role.

Please use the table below to check the requirements for your role.

Level	Who	Frequency	First Time	3 Yearly Refresher
<b>Induction</b>	All staff	Once	Induction Pack	n/a
<b>Level 1</b>	Non-clinical staff	3 yearly	Induction Pack	e-Learning
<b>Level 2</b>	Non-clinical and clinical staff who, in their role, have contact (however small) with children, young people and/or parents/carers or adults who may pose a risk to children.	3 yearly	e- learning and induction pack	e-Learning
<b>Level 3</b>	All clinical staff <ul style="list-style-type: none"> <li>• working with children, young people and/or</li> <li>• their parents/carers and/or</li> <li>• any adult who could pose a risk to children and</li> <li>• who could potentially contribute to assessing, planning, intervening and/or parenting capacity (regardless of whether there has been previously identified child protection/safeguarding concerns or not)</li> </ul>	3 yearly	Virtual delivery – book on via ELA	Virtual delivery – book on via ELA. Staff can also access training provided by the local safeguarding children partnerships (12 hours over 3 years)

Full details of mandatory training requirements and courses can be found on the Trust's intranet training section. This includes in-house courses run by the Safeguarding Children's Team as well as links to free of charge multi-agency courses run by the Safeguarding Children Partnerships in Bedford, Central Bedfordshire, City & Hackney, Luton, Newham, and Tower Hamlets Boroughs.