

**EAST LONDON NHS
FOUNDATION TRUST
SAFEGUARDING
INDUCTION BOOKLET
(Level 1 and Level 2)**

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1.0 Introduction

Safeguarding Adults and Children is everybody's responsibility.

As a healthcare provider, this requirement is part of the NHS Contract, and statutory obligations under the [Care Act 2014](#), The [Counterterrorism and Security Act 2015](#), The [Children Act 1989](#) and The [Children Act 2004](#). Our specific safeguarding responsibilities are detailed within statutory guidance including The [Care and Support Statutory Guidance \(2025\)](#) and [Working Together to Safeguard Children \(2023\)](#).

East London NHS 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 any identified concerns with 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.

Training plays a key part in educating, raising awareness, and improving the knowledge, skills, and competency of staff. The Trust believes in delivering safeguarding training from the start to ensure all staff are inclusive, respectful, and caring when working with service users, and their families and carers.

This booklet is provided to all new staff. All staff are mapped to one of 3 levels of mandatory safeguarding children and adults training. By reading and understanding this booklet, staff who only require L1 will be compliant with their mandatory training.

Staff requiring L2 or L3 will need to undertake further training. Please see your individual ELFT Learning Academy (ELA) profile for further information regarding how to complete this. Some of the information, and many of the themes below are included in greater detail within the L2 and L3 training packages however have been included to ensure that all staff have a consistent knowledge base.

By reading this booklet, staff will be aware of:

- The definitions and categories of abuse for safeguarding children and adults.
- How to recognise the potential indicators of adult and child abuse, harm and neglect and the potential impact of these.
- The relationship between a parent/carers physical and mental health on the developmental and wellbeing of a child.
- What action you should take if you have concerns that a child or vulnerable adult is being harmed, including how to address the immediate safety of the person and put in a place a protection plan.
- The relevant legislation and statutory guidance which underpins safeguarding children and adults.
- The right for advocacy in safeguarding.
- Where to seek support and guidance for safeguarding allegations concerning members of staff.

- How to access safeguarding children and adult advice from the corporate safeguarding team.

1.1 Managing your own feelings

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

Sometimes, exposure to others' traumas can also lead to vicarious trauma and empathy overload. This can bring to the surface personal issues, particularly if you are experiencing or have experienced trauma yourself.

Your personal needs are as important as those of the families you work with and ELFT has a policy to support staff. If you are currently living with abuse or are affected by the issues discussed in this booklet, you may find it helpful to talk over these issues with your manager, 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.

You can also seek support from:

[The Employee Assistance Programme](#): This support includes a 24-hour helpline: 0800 030 4302

[Trauma Research UK](#): 01706 599351

[NHS Inform Helpline](#): 0800 22 44 88

1.2 Think Family Approach

A 'Think Family' approach is required to support practitioners identify the wider family needs which extend beyond the individual they are supporting.

ELFT promotes a '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.

Holistic assessment 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).

In relation to children, ['Think child, Think parent, Think family: a guide to parental mental health and child welfare \(SCIE 2011\)](#) identifies what needs to change and makes recommendations to improve service planning and delivery, and ultimately to improve outcomes for families.

1.3 Safeguarding Structure / Leads

Within ELFT, The Chief Nurse and the Director of Nursing have the overall responsibility for Safeguarding.

ELFT has a Corporate Safeguarding Team led by The Associate Director for Safeguarding who has the operational responsibility for delivering the statutory safeguarding needs of the organisation.

ELFT has Named Doctors for Safeguarding Children and Adults, and each directorate has dedicated Named Professionals for both Safeguarding Children and Adults who can provide expert advice, support and training around safeguarding concerns.

Please refer to the Safeguarding Team Intranet pages for further information about safeguarding children and adults, specific borough information, and the directorate/borough specific Named Professionals contact details:

Safeguarding Adults

Safeguarding Children

Other important contacts:

Safeguarding Adult Team (London)	elft.safeguardingadults@nhs.net
Safeguarding Adult Team (Pan Bedfordshire)	elft.sovabl@nhs.net
Children Team Generic Pan team	elft.safeguardingchildrenteam@nhs.net
Trust MCA	elft.mentalcapacity@nhs.net
Freedom to Speak Up Guardian	elft.freedomtospeakup@nhs.net Tel: 07436 027 388

2.0 Adult Safeguarding

2.1 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, 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.

2.2 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.

2.3 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 2014 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

2.4 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

2.5 Types of Adult Abuse

TYPE OF ABUSE	DESCRIPTION OR SUPPORTING GUIDANCE
<p>Discriminatory abuse</p>	<p>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.</p> <p>Hate Crime is defined by the police 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.</p> <p>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.</p>
<p>Domestic abuse</p>	<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:</p> <p>(a) A and B are each aged 16 or over and are ‘personally connected’ to each other, and</p> <p>(b) the behaviour is abusive.</p> <p>Behaviour is ‘abusive’ if it consists of any of the following:</p> <ol style="list-style-type: none"> a) physical or sexual abuse b) violent or threatening behaviour c) controlling or coercive behaviour d) economic abuse e) psychological, emotional or other abuse

It does not matter whether the behaviour consists of a single incident or a course of conduct.

'Economic abuse' means any behaviour that has a substantial adverse effect on B's ability to:

- a) acquire, use or maintain money or other property, or
- b) obtain goods or services.

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).

Two people are 'personally connected' to each other if any of the following applies:

- they are, or have been, married to each other
- they are, or have been, civil partners of each other
- they have agreed to marry one another (whether or not the agreement has been terminated)
- they have entered into a civil partnership agreement (whether or not the agreement has been terminated)
- they are, or have been, in an intimate personal relationship with each other
- they each have, or there has been a time when they each have had, a parental relationship in relation to the same child
- they are relatives.

Forced Marriage 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 Antisocial Behaviour, Crime and Policing Act 2014 made it a criminal offence to force someone to marry.

Honour-based abuse has or may have been committed when families feel that dishonour has been brought to

	<p>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>
<p>Physical abuse</p>	<p>Assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.</p> <p>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 keypads to prevent people from going where they want from a closed environment.</p> <p>Female genital mutilation (FGM) 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>
<p>Financial or material abuse</p>	<p>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</p>

	<p>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.</p> <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"> • Using the property to deal, store or take drugs • Using the property to sex work • Taking over the property as a place for them to live • Taking over the property to financially abuse the tenant • The most common form of cuckooing is where drug dealers take over a person's home and use it to store or distribute drugs. <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>
<p>Self Neglect</p>	<p>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.</p>

	<p>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.</p>
<p>Modern Slavery</p>	<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"> • Forced to work - through mental or physical threat • Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse • Dehumanised, treated as a commodity or bought and sold as 'property' • Physically constrained or has restrictions placed on his/her freedom of movement <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> <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"> • sex trafficking: working as prostitutes, in pornography, phone sex lines, internet chat rooms, escort agencies • forced labour: working for low pay, or no pay, in poor conditions with threats of punishment • servants: working at their employer's home for low pay, or no pay, where they're often abused and can't leave • forced marriage • forced crime: begging, pickpocketing, selling drugs, bag snatching • organ harvesting trafficking people to sell their organs for transplant • 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.
Neglect and acts of omission	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.
Organisational abuse	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.'
Psychological abuse	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.
Radicalisation	<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</p>

	<p>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>
<p>Sexual abuse</p>	<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> <p>Sexual exploitation 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</p>

	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.
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2.6 What to do if you are worried about adult abuse

Discuss your concerns with your Manager/Service Manager.

- Contact the Corporate Adult Safeguarding Team for advice if required.
- 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

2.7 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, 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.

2.8 Borough Specific Information and Services

[Bedford Borough Council](#)

[Central Bedfordshire Council](#)

[London Borough of Hackney](#)

[London Borough of Newham](#)

[London Borough of Tower Hamlets](#)

[Luton Borough Council](#)

3.0 Safeguarding Children

3.1 What is Safeguarding Children?

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.

3.2 Who is classed as a child?

Children Act 1989 and 2004 legislation includes:

- Anyone who has not yet reached their 18th birthday
- Unborn children during pregnancy

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.

3.3 Categories of Child Abuse

There are 4 categories of abuse. In many cases, children are subjected to a combination of types of abuse e.g. neglect and emotional abuse.

<p>Physical Abuse</p>	<p>A form of abuse which may involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating, or otherwise causing physical harm to a child.</p> <p>Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.</p>
<p>Emotional Abuse</p>	<p>The persistent emotional maltreatment of a child so as to cause severe and persistent adverse effects on the child's emotional development.</p> <p>It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.</p> <p>It may include not giving the child opportunities to express their views, deliberately silencing them, or making fun of what they say or how they communicate.</p> <p>It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.</p> <p>It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.</p> <p>Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone</p>
<p>Neglect</p>	<p>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.</p> <p>Neglect may occur during pregnancy as a result of maternal substance abuse.</p> <p>Once a child is born, neglect may involve a parent or carer failing to:</p> <ul style="list-style-type: none"> • provide adequate food, clothing, and shelter (including exclusion from home or abandonment) • protect a child from physical and emotional harm or danger

	<ul style="list-style-type: none"> • ensure adequate supervision (including the use of inadequate caregivers) • ensure access to appropriate medical care or treatment • provide suitable education <p>It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>
Sexual Abuse	<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>The activities 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 of clothing.</p> <p>They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse.</p> <p>Sexual abuse can take place online, and technology can be used to facilitate offline abuse.</p> <p>Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.</p>

3.4 Subject specific information

The below links provide further information and guidance relating to subject specific safeguarding children issues. This information is provided from the London Safeguarding Children Procedures (LSCP 2025). For staff working in Pan Bedfordshire, please refer to the [Central Bedfordshire and Luton Safeguarding Children Partnership Procedures](#) for further guidance.

<u>Adolescent to Parent Violence and Abuse (APVA)</u>
<u>Animal Abuse and Links to Abuse of Children and Vulnerable Adults</u>
<u>Begging</u>
<u>Bruising</u>
<u>Bullying</u>
<u>A Child Focused Approach to Safeguarding</u>
<u>Child Protection Plans</u>
<u>Circumcision</u>
<u>Dangerous Dogs and Safeguarding Children</u>
<u>Disabilities</u>
<u>Domestic Abuse</u>

<u>Extremist Ideology</u>
<u>Fabricated or Induced Illness/Perplexing Presentations</u>
<u>Female Genital Mutilation (FGM)</u>
<u>Fire Setting</u>
<u>Forced Marriage of a Child</u>
<u>Gang Activity / Serious Youth Violence</u>
<u>Harmful Behaviour</u>
<u>Historical Abuse</u>
<u>Home Alone</u>
<u>'Honour' Based Abuse</u>
<u>Information and Communication Technology (ICT) based Forms of Abuse</u>
<u>Learning Disability (Parenting Capacity)</u>
<u>Mental Illness (Parenting Capacity)</u>
<u>Missing Families</u>
<u>Missing from Care, Home or Education</u>
<u>Neglect</u>
<u>Not Attending School</u>
<u>Parents who Misuse Substances</u>
<u>Psychiatric Ward Visits</u>
<u>Resistant Families</u>
<u>Safer Sleeping Guidance</u>
<u>Self-Harm and Suicidal Behaviour</u>
<u>Sexual Abuse</u>
<u>Sexual Exploitation</u>
<u>Sexually Active Children</u>
<u>Spiritual, Cultural and Religious Beliefs</u>
<u>Supervision</u>
<u>Surrogacy</u>
<u>Teenage Parents</u>
<u>Trafficked and Exploited Children</u>
<u>Young Carers</u>

3.5 Safeguarding Children Legislation and Statutory Guidance

- 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

3.6 The Four levels of Need

Level 1: No additional needs

These are children with no additional needs; all their health and developmental needs will be met by universal services. *These are children who consistently receive child focused care giving from their parents or carers.* The majority of children living in each local authority area require support from universal services alone.

Level 2: Early Help

These are children with additional needs, who may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known or not being met. *These children may be subject to adult focused care giving.*

This is the threshold for a multi-agency early help assessment to begin. These are children who require a lead professional for a co-ordinated approach to the provision of additional services such as family support services, parenting programmes and children's centres. These will be provided within universal or targeted services provision and do not include services from children's social care.

Level 3: Children with complex multiple needs

These children require specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled. They may require longer term intervention from specialist services. In some cases, these children's needs may be secondary to the adults needs. This is the threshold for an assessment led by children's social care under Section 17, Children Act 1989 although the assessments and services required may come from a range of provision outside of children's social care.

Level 4: Children in acute need

These children are suffering or are likely to suffer significant harm. This is the threshold for child protection. These children are likely to have already experienced adverse effects and to be suffering from poor outcomes. Their needs may not be considered by their parents. This level also includes Level 4 health services which are very specialised services in residential, day patient or outpatient settings for children and adolescents with severe and /or complex health problems. This is likely to mean that they may be referred to children's social care under section 20, 47 or 31 of the Children Act 1989.

This would also include those children remanded into custody and statutory youth offending services.

3.7 What to do if you are worried about a child

Discuss your concerns with your Manager/Service Manager.

- Contact the Corporate Safeguarding Children Team for advice if required.
- Discuss your concerns with the child and or parent/carer if appropriate and safe to do so.
- Contact the Police if the child is in immediate danger.
- Follow the steps in Sect.3.8 regarding referrals for further support.
- Complete a safeguarding children referral to Children's Social Care if a child is identified to be at risk and an InPhase report.

Doing nothing is not an option

3.8 Making a Referral for Early Help or to Children Social Care

Practitioners can assess the relevant referral forms (Early Help/Child In Need/ Child Protection) for their local borough areas from the [Safeguarding Children Intranet Page](#).

For referrals to Children's Social Care, practitioners must follow up within 72 working hours of submitting the referral to ascertain the outcome and document this on RIO.

If the outcome is disproportionate to the concerns/risk raised, the practitioner must first escalate their concerns following the respective Local Authority's escalation process with support from their line manager. Where required, the Named Professionals for Safeguarding Children can provide support on request.

Our Local Borough specific escalation process can be found on the [Safeguarding Children Intranet Page](#)

3.9 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 in the relevant Local Authority area
- The Police on 999 (emergency) or 101 (non-emergency)
- NSPCC Child Protection Helpline:

Tel: 0800 800 5000

Email: help@nspcc.org.uk

Text: 88858

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

4.0 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 Trusts Policy for the [Management of Safeguarding Allegations Concerning People in a Position of Trust](#)

4.1 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 October 2025, the government announced it would implement the Liberty Protection Safeguards (LPS) to replace the Deprivation of Liberty Safeguards (DoLS). The Government has announced plans to launch a consultation in the first half of 2026.

4.2 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.

4.3 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)

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.

4.4 Record Keeping

When identifying any safeguarding adult and or children risk, all ELFT staff must ensure are in line with the Trusts [Clinical 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.