



**GENEVA HEALTH INTERNATIONAL (UK) LTD.**

**VULNERABLE CHILDREN  
PROTECTION  
POLICY & GUIDANCE**

## **AIM OF THIS POLICY**

The aim of this policy is to protect vulnerable children from harm and assisting our healthcare professionals to recognise the signs of abuse when it is suspected. This guidance is for all Healthcare professionals working for Geneva Health whether working directly with children and young people or with professionals whose lives or jobs impact children.

- Clarifying the roles and responsibilities for staff and all healthcare professionals working with Geneva Health International and together, contribute to the prevention of abuse of vulnerable children and young people through raising awareness.
- Outline practice and procedures for all parties within the scope of the policy.
- Providing a clear framework for action when abuse is suspected.

This guidance is based on the Royal College of Nursing's recommendations for safe practice and the protection of vulnerable young people.

The purpose of this document is help our Nursing staff and domiciliary care workers in identifying the warning signs of abuse and how to find further information for support and advise within Geneva Health and the varying Health Authorities that you as a Geneva employee will be working through. Nurses and domiciliary workers are well placed to identify these risk factors that will be identified and discussed in this policy.

There are a few cases that have come to light in recent years that have highlighted the importance of child safety; and also in these particular cases where governance and governmental action has been taken when in such cases as children fell victim to sustained abuse. Such a victim and reported case was that of Victoria Climbié, who was unfortunately 8 years old when she died after being victim to sustained abuse. These cases are by no means unique but very often fall down to a few of the same concerns i.e.

- Poor communication and information sharing between regulating authorities and professionals
- Inadequate training and support
- Failure to listen to children
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## **IDENTIFYING A VULNERABLE CHILD OR YOUNG PERSON**

“Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or an institutional or community setting; by those known to them or, more rarely, by a stranger.”

(HM Government (2006) *Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children*. London: the Stationary Office.)

These are factors, which may indicate that a child could be vulnerable i.e.

- Children with language difficulties or physical disabilities can be more vulnerable than those who can communicate their distress more clearly.
- Family and social factors i.e. poverty, homelessness, domestic violence, drug or alcohol abuse and mental health problems.
- Looked after children (i.e. foster or in social care settings) or those who are in the criminal justice settings

## **SIGNS OF HARM**

It is important that we recognise the possible signs of harm which may pose a potential risk to child safety. These may manifest or present themselves in the following manner:

### **Neglect**

Neglect is the persistent failure to meet the child's basic physical and/or psychological needs and is likely to result in impairment of the child's development.

Neglect may occur as early as pregnancy as a result of maternal substance abuse i.e. alcoholism or drug misuse and abuse.

Once a child is born neglect may involve a parent or carer failing to:

- Provide adequate shelter, food and clothing;
- Ensure adequate supervision
- Ensure adequate access to appropriate medical care or treatment.

### **Physical Abuse**

Physical abuse may involve hitting, shaking, scalding, burning, suffocating or otherwise causing physical harm to a child. This could also include a parent or carer deliberately inducing illness or symptoms in a child.

### **Emotional abuse**

Emotional abuse is the persistent emotional maltreatment of a child which may affect their development. This may involve:

- Conveying to a child that they are unloved, worthless, and inadequate or are only valuable as they meet the needs of the other person.
- Age or developmentally inappropriate age or developmental related expectations of children
- Seeing or hearing of the ill treatment of others
- Serious bullying causing the child to feel they are in danger, or feel frightened or the exploitation or corruption of children
- Some level of emotional abuse is present in all types of maltreatment of children although it may also occur on its own.

### **Sexual Abuse**

Sexual abuse involves forcing or enticing a child to partake in sexual activities whether or not the child is aware of what is happening. The activities may involve physical contact including penetrative or non penetrative activities. i.e. rape, oral sex or buggery as well as involving children in watching sexual acts, the production of images or encouraging the child to behave in sexually inappropriate ways.

## **IDENTIFYING THE SIGNS OF CHILD ABUSE**

All staff in a need to be aware of the potential signs of child abuse. Listed below are some common indicators of abuse and neglect:

- Physical signs such as hand- slap marks, bruising in unusual places, bite marks, and bruised eyes;
- Poor physical care and inadequate hygiene, inappropriate dress or failure to seek appropriate health care
- Unrealistic parental expectations and over protection of a child
- A child's behaviour may also indicate that they have been abused. For example if they show fear of certain adults when they approach them, display aggressive behaviour and deliberate self-harm and substance abuse
- The adult consistently provide inconsistent stories relating to the nature and occurrence of injuries
- The child may have repeatedly attended a health care organisation with different types of injuries over a short period of time presented in a variety of health care settings
- It is important to note that there is no one definitive sign, symptom of injury however a series of seemingly minor events can be as damaging as one event.

#### **YOUR ROLE, RIGHTS AND RESPONSIBILITIES**

As a health care practitioner you have a duty of care to all patients. In this instance if a nurse or healthcare professional has direct or indirect contact with children you must be able to identify children and young people who may be vulnerable or at risk of harm or abuse and following the correct protocols and procedures, act accordingly.

A child's protection is paramount in every respect regardless of whether you feel sympathy for the parent or carer. You must always act of the child's behalf and voice your concerns. This means that you must first know how to identify the children who are at risk and know where to seek advice and support.

Responsibilities of Geneva Health International are:

- To ensure staff/healthcare professionals are aware of the Child Protection Policy and are adequately trained.
- To notify the appropriate authorities if abuse is identified or suspected.
- To support and where possible secure the safety of individuals and ensure that all referrals to services and authorities have full information in relation to identified risk and vulnerability.
- Staff to promote the principles and good practice to all healthcare professionals.
- To CRB check all healthcare professionals that have access to or work with children

**The responsibilities of healthcare professionals working for Geneva Health International are:**

- To be familiar with the Child Protection Policy and procedures.

- To take appropriate action in line with the policies of Geneva Health International.
- To declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct as per our policy disclosure.

### **Support for those who report abuse**

All those making a complaint or allegation or expressing concern, whether they are staff, service users, carers or members of the general public should be reassured that:

They will be taken seriously and their comments will be treated confidentially, however, their concerns may be shared if they or others are at significant risk. In such instance our clients/service users will be given immediate protection from the risk of reprisals or intimidation and if staff, they will be given support and afforded protection if necessary in line with the Public Interest Disclosure Act 1998. we also guarantee that all documentation will be protected through Caldicott principle and data protection adherence.

### **GOOD PRACTICE**

- Our recruitment procedures and policies of healthcare professionals includes:
- Enhanced CRB Disclosure checks during the selection process.
- ISA checks will be cross references with the POCA exclusion lists
- Occupational Health checks.
- Ensure that applicant's mandatory training is up-to-date.
- References obtained and identities confirmed.
- Risk assessment of role.
- Completion of a Geneva Health International application forms, which includes information that all staff has a duty to declare any existing or subsequent convictions.

### **Training**

Training/Induction includes familiarisation with all Geneva Health International policies and procedures and the Safeguarding Children –Basic Awareness in Protection of Vulnerable children section of the Staff Handbook.

### **Record Keeping**

Written record of any concerns, if any will be kept on file. This confidential information will be stored securely and appropriately, and will be kept for as long as deemed necessary, in line with Data Protection principles.

All incidents should be discussed in supervision with line manager. Records kept should only include:

- Contacts made.
- Referrals made, including date, time, reasons and referral agency.
- Geneva Health International may have specific projects that need to keep more detailed records, and these will be identified by the Team Leader and made known to the team.

## **Planning**

Healthcare professionals should inform the nominated independent person within Geneva Health International as soon as possible to discuss our responsibilities to report and liaise directly with the Local Safeguarding Children's Board for the local Health Authority.

The independent person for Geneva Health International (UK) Limited is:

Henrietta Caslon RGN  
Compliance Consultant

Contact details are:

Telephone number: 020 7061 1949

Email: [henriettac@genevahealth.co.uk](mailto:henriettac@genevahealth.co.uk)

## **WHAT TO DO**

Any member of staff who suspects abuse or notice any of the following signs must immediately make their concerns known to Geneva Health International. Action should also be taken if it is felt that colleagues are not following the Geneva Health International Safeguarding of Children Policy and guidelines. All allegations or suspicions are to be treated seriously.

The following guidelines should be adhered to:

- Write down the details of the incident.
- Pass this report to your line manager/Compliance Consultant or a senior manager at the earliest opportunity.
- The line manager/Compliance Consultant or a senior manager should then take appropriate action to ensure the safety of the child and any other person(s) who may be at risk and then proceed with investigating the allegation.
- If the matter relates to poor practice, procedures relating to misconduct should be followed. If the matter relates to abuse the matter should be referred to Social Services who may involve the Police, and the employee must be suspended pending the outcome of an investigation into the allegations (carried out by social services).

Geneva Health International acknowledges that this is an extremely sensitive issue for staff and assures all staff and persons working on its behalf that it will fully support and protect anyone, who in good faith, reports a concern that a colleague is, or may be, abusing vulnerable child.

## **What information to record**

In all situations, including those in which the cause for concern arises from a disclosure made in confidence, it is vitally important to record the details of an allegation or reported incident, regardless of whether or not the concerns are shared with a statutory agency.

As far as possible an accurate note should be made of:

- Observations and discussions as they happen
- Record your own judgements, actions and decisions
- Details and outcomes of health care contacts
- Use a body map to identify specific anatomical marks or injuries

- The date and time of the incident and disclosure, chronologically recorded
- The parties who were/may be involved
- What was said and done by whom
- Any further action taken by Geneva Health International to investigate the matter.
- Any further action e.g. the suspension of a worker
- Where relevant, reasons why there was no referral to a statutory agency.
- The full name of the person(s) reporting and to whom reported.

The report should be stored securely and shared only with those who need to know. **All referrals made to Social Services or the Police, should be confirmed in writing and followed up with a copy of the incident report within 24hrs. Social Services should acknowledge your written referral within one working day of receiving it so if you have not heard back within 3 working days, contact Social Services again.**

You should also record the Social Services member of staff to whom concerns were passed and the date and time of the call and subsequent letters sent.

These procedures not only serve to protect Vulnerable Child but also protect the employees.

### **What if information is requested by another organisation**

The safety and well being of the Vulnerable child overrides considerations of confidentiality. However every effort should be made to ensure that confidentiality is maintained for all concerned both when the allegation is made and whilst it is being investigated.

Geneva Health International has a duty to share information with other agencies and authorities if requested in connection with an assessment of a Vulnerable Child or in connection with court proceedings. Although the Data Protection Act 1998, Human Rights Act 1998 or Child Protection Act would need to be considered and would normally override the need to keep the information confidential.

### **To ensure rigorous investigation, this policy will also be used in conjunction with:**

- Disciplinary Procedure, Grievance Procedure and Whistle Blowing Policy
- Data Protection Policy
- IT Acceptable Use Policy
- Equalities Policy
- Corporate Complaints procedure
- Harassment and Bullying Policy
- Health & Safety at Work guidance

### **SUMMARY**

In summary, the employee's primary responsibility is to protect the Vulnerable Child if they are at risk. Each employee has a duty to take action and employees should not have to cope alone.

### **Discussion, Consideration and Action**

In taking action, discussion and consideration should include ascertaining whether the situation might fall within the definitions of abuse outlined in this policy. The following should also be taken into account:

- Ascertain whether an advocate or appropriate adult might be necessary.
- Ascertain any immediate action required.
- Ascertain whether an investigation is necessary in accordance with internal personnel policies and procedures.

- Where abuse is suspected conclude that a referral be made to the appropriate agencies/authorities.
- Remember to have regard to your own safety. Leave the situation if it is not safe for you.
- Issues of confidentiality must be clarified early on. For example staff must make it clear that they will have to discuss the concerns with their supervisor.
- Note your concerns and any information given to you or witnessed by you.
- Report concerns to the appropriate line manager.
- Remember it is not necessary or advisable for you to seek evidence. By reporting the incident involving the Vulnerable Child and carefully logging any information given to you at this stage, you will lay the foundations for an effective formal investigation.
- Understand the need not to contaminate, or to preserve evidence if a crime may have been committed.

### **Referring**

The decision to refer or not to refer should be made by the Team leader, Senior Manager or the Chief Executive.

When considering the decision as to whether to refer elsewhere (e.g. to Police, Social Services, Local Safeguarding Children's Boards, Independent Safeguarding Authority (ISA) or Care Quality Commission) the following should be taken into account:

- Known indicators of abuse
- Definitions of abuse
- Level of risk to the child
- The seriousness of the abuse
- The effect of the abuse on the child
- Level of risk to others
- The effect of the abuse on others
- Whether a criminal offence has been committed
- Whether other statutory obligations have been breached
- Reporting the abuse or neglect as soon as possible
- The ability of others (e.g. Police, Social Services) to make a positive contribution to the situation

### **Who To Refer To or Report Concerns To**

Report to Geneva Health International in the first instance. However, contact the emergency services and the Police, if there is an emergency where delay may result in serious harm to the Vulnerable Child or if the abuse may constitute a crime.

- Local Safeguarding Children's Boards
- Social Services
- Registration bodies
- Care Quality Commission
- Emergency Social Services where there are issues relating to standards and regulations in care homes and domiciliary care agencies.
- Hospital Trusts/Primary Care Trusts where there is a complaint of abuse by a member of staff.

- The Police, if there is an emergency where delay may result in serious harm to the vulnerable adult or if the abuse may constitute a crime

In situations of immediate danger, take urgent action by calling the relevant emergency services (e.g. Police, ambulance, GP).

### **Information required when referring**

Information, if known, which will be required when you make a referral or report your concerns:

- Details of alleged victim – name, address, age, gender, ethnic background including principle language spoken, details of any disability
- Details of GP and any known medication
- If appropriate advise agency on preferred/advised method or environment when approaching the alleged victim or perpetrator.

### **Also, any relevant information, for example:**

- Reasons for concerns and therefore this referral.
- Details of how these concerns came to light.
- Specific information relating to these concerns.
- Details of any arrangements, which have already been made for the protection of the Vulnerable Child, or any immediate action taken.
- Details of anyone else to whom this referral has also been made.
- Details of the alleged perpetrator.
- Details of abuse and information about suspicions.
- Details of any other background information.
- An impression of how serious the situation might be.
- Details of any other professional involved.
- Details of carers and any significant family members, neighbours, friends etc.

Information passed on must be relevant, necessary and up-to-date and confirm in writing information given verbally.

### **Dos and Don'ts**

- Staff member should:
  - Stay Calm
  - Listen patiently
  - Reassure the child they are doing the right thing by telling you.
  - Explain what you are going to do
  - Report to relevant Manager
  - Write a factual account of what you have seen or happened, immediately.

### **Staff member not:**

- Appear shocked, horrified, disgusted or angry
- Press the child or young person for details (unless requested to do so)
- Make comments or judgements other than to show concern

- Promise to keep secrets
- Confront the abuser
- Risk contaminating evidence

### Guidance Flow Chart

