Government of JERSEY

Health and Community Services

Safeguarding Children, Young People and Adults at Risk Policy

June 2022

DOCUMENT PROFILE

Document Registration	HSS-PP-CG-0654-01
Document Type	Policy
Title	Children, Young People and Adults at Risk Safeguarding Policy
Author	Patricia Marius, Designated, Nurse Children and Adults Safeguarding
Publication Date	June 2022
Target Audience	All HCS Staff, including Bank, Agency, Volunteers and Contractual Workers
Circulation List	HCS MyStates
Description	Children, Young People and Adults at Risk Safeguarding Policy. This document has merged the Children Safeguarding Policy and Adults Safeguarding Policy (2008) and supersedes all previous safeguarding policies
Linked Policies and Legislation	(SPB) Multi-Agency Adults Policy and Procedures Manual (SPB) Multi-Agency Managing Allegations Framework for Adults Policies Managing Allegations Framework, Working Together to Safeguard Children 2018 SPB Information Sharing Protocol Safe Recruitment Policy Multi Agency Pre-Birth Protocol for Unborn babies, Resolving Professional Difference's / Escalation Policy Children (Jersey) Law 2002 Care Act 2014 United Nations Convention of the Rights of Children 2014 Human Rights (Jersey) Law 2000 Sexual Offences (Jersey) Law 2018 Data Protection (Jersey) Law 2018
Approval Forum	Policy and Procedure Ratification Group
Review Date	3 years from approval and review in line with changes
Contact Details	Health Safeguarding Team +44 (0) 1534 445442 HealthSafeguardingTeam@health.gov.je

CONTENTS LIST:

1. INTRODUCTION

1.1. Health and Community Services (HCS) places safeguarding as one of its highest priorities and promotes a culture that ensures children, young people and adults at risk are effectively safeguarded and core values embedded. For HCS to fulfil its duties they must gain assurances that there are high quality services and safeguarding processes in place. This will be reflected in the governance arrangements to support the commitment to safeguard children, young people, and adults at risk.

1.2. Central to this is listening to children, young people, and adults, taking into account their wishes and feelings, both in individual decisions and in the development of services. This policy will provide a framework that ensures we have safe and robust systems in place and provides guidance to support all staff working within HCS. The policy applies to all HCS staff including:

- clinical
- non-clinical
- volunteers
- bank
- agency
- locums

Whether they work with children, young people or with adults and regardless of whether they have direct or indirect contact whilst at work and outside of work.

1.3. Adopting a Think Family approach strengthens safeguarding and recognises the importance of involving the whole family when delivering care and support. Jersey recognises the Think Family approach as a reminder that when there are concerns about possible abuse or neglect, there is a need to co-ordinate responses for the whole family and the diverse needs, which includes culture, race, ethnicity, religion, and sexuality. This approach is important in helping to understand the unique circumstances of a child or adult at risk and the strengths and resources within the family. This is especially important to those experiencing multiple or complex problems to ensure services and partner agencies are co-ordinated to maximise their effectiveness.

1.4. Safeguarding is not a choice. We have a responsibility and a duty to share information and escalate concerns appropriately at the point of concern or contact.

2. PURPOSE

2.1. The policy aims to ensure that no acts of omission put a service user at risk and robust systems are in place to safeguard and promote the welfare of children, young people, and adults from risk of harm.

2.2. All members of staff and volunteers should comply with, as well as understand their role and responsibilities for safeguarding. It is intended for use by all staff in recognition that everyone shares responsibility irrespective of their job role.

2.3. Concerns may be raised / reported by:

- A direct disclosure by the child, young person, or adult
- A concern raised by staff, volunteers, others using the service, a carer, or a member of the public
- An observation of the behaviour of the child, young person and adult at risk or the behaviour of another person(s)

3. SCOPE

3.1. This policy applies to all staff including temporary, voluntary, contracted or self-employed staff, students, bank / agency staff. Very Important working for HCS. It ensures no act or omission by staff or services puts any service users at risk.

3.2. For ease of reference, all employees and workers who fall under the above groups will be referred to as 'staff.'

3.3. All staff, whatever the setting, have a key role in preventing abuse or neglect occurring and acting when concerns arise. Findings from Serious Case Reviews have stated that if professionals or other staff had acted upon their concerns or sought more information, then death or serious harm might have been prevented.

4. EQUALITY AND DIVERSITY

4.1. Throughout this policy due regard has been given to the need to eliminate discrimination of all forms, harassment, and victimisation to advance equality of opportunity and to foster good relations between people who share relevant protected characteristics as stated within the Government of Jersey Equality and Diversity Policy, Human Rights (Jersey) Law 2000 and the United Nations Convention on the Rights of the Child.

4.2. This policy will not discriminate, either directly or indirectly, on the grounds of the nine protected characteristics of:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion and belief
- sex
- sexual orientation

5. CORPORATE GOVERNANCE

5.1. Director General

The Director General has overall responsibility to HCS to ensure compliance to legal statutory and best practice guidance requirements in relation to safeguarding children, young people, and adults. The Director General delegates operational responsibility for safeguarding children, young people, and adults at risk to the Chief Nurse.

5.2. Chief Nurse

The Chief Nurse ensures a clear line of accountability exists within the organisation for work on safeguarding and promoting the welfare of children, young people, and adults at risk in line with the Safeguarding Partnership Board (SPB) and a commitment to cooperate with the SPB and standards set in the Memorandum of Understanding.

5.3. Designated Doctor and Designated Nurse

The Designated Doctor Safeguarding Children and Designated Nurse Safeguarding Children and Adult's roles are strategic leaders providing expert clinical advice to HCS. They are responsible for leading on the provision of high quality, safe, effective, and professional safeguarding of children, young people, and adults at risk.

5.4. Paediatrician for Child Deaths

The role of the Paediatrician for Child Deaths is to ensure that relevant professionals i.e. The Viscount, Police and Children's Services are informed of the death of all children and to co-ordinate the professionals involved before and / or after a child dies unexpectedly. The Safeguarding Partnership Board (SPB) is responsible for ensuring a review of each death of a child or young person under 18 and normally resident in Jersey is undertaken by a Child Death Overview Panel.

5.5. Named Nurses / Named Doctor / Safeguarding Advisors

The Named Nurse for Children, Named Nurse for Adults and the Named Doctor have a key role in promoting good professional practice, providing expertise advice for staff, and ensuring safeguarding training and supervision is in place. They work closely with the Designated Doctor and Designated Nurse, Safeguarding Advisors, and other safeguarding partners.

5.6. Safeguarding Adults Team Manager

The Safeguarding Manager holds responsibility for the Safeguarding Adults Teams and is the Adults Workforce Designated Officer for managing allegations about people in positions of trust.

5.7. Lead Nurses and Ward Managers

Lead Nurses and Ward Managers are responsible for:

- Ensuring staff adhere to this policy
- Ensuring alleged patient / victim is made safe and protected whilst in HCS care
- Managing any immediate protection issues
- Ensuring safeguarding concerns are referred to Single Point of Referral (SPOR) / Children and Families Hub (CFH)
- Ensuring that the requirements of Making Safeguarding Personal (MSP) are met

6. HUMAN RESOURCES

6.1. The Human Resources Department is responsible for:

- Ensuring Job Descriptions include a statement regarding safeguarding children, young people, and adults at risk
- Determining the level of DBS check required for the role and carrying out safe recruitment and ensuring all checks are carried out
- Ensuring allegations against staff regarding the welfare of children, young people and adults at risk, at work or in personal life are addressed
- Ensuring all HR policies incorporate safeguarding children, young people and adults at risk requirements where necessary

7. CHILDREN

7.1. Abuse

7.1.1. Child abuse is when a child is intentionally harmed by an adult or another child. It can happen over a period of time but can also be a one-off action. It can be physical, sexual, or emotional and it can happen in person or online. It can also be a lack of love, care, and attention, this is neglect. (NSPCC).

7.1.2. Abuse may be:

- A single act or repeated acts
- An opportunistic act or a form of serial abusing where the perpetrator seeks out and “grooms” individuals
- An act of neglect or a failure to act
- Multiple in form (many situations involve more than one type of abuse)
- Deliberate or the result of negligence or ignorance

7.2. Safeguarding Children

7.2.1. Working Together to Safeguard Children 2018 identifies that everyone who comes into contact with children and families has a role to play. Whilst unborn children are not included in the legal definition of children, intervention is incorporated within safeguarding children practice ensuring their future wellbeing is paramount.

7.2.2. Working Together to Safeguard Children defines safeguarding and promoting the welfare of children as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes. (HM Government, 2018)

This will provide for optimum life chances and for positive transition to adulthood.

7.3. Child Protection

7.3.1. This is part of safeguarding and promoting welfare and refers to the activity which is undertaken to protect children who are suffering or are likely to suffer significant harm. Harm means ill treatment or the impairment of health and development. It is judged to be significant or not in relation to the health and development of a similar child. Children (Jersey) Law 2002. Child Protection is an important part of safeguarding.

7.4. Children and Young People

7.4.1. For the purpose of this policy, the term ‘children’ applies to all children and young people under the age of 18. It includes children and young people who are Looked After under the care of the Minister and applies to unborn babies.

7.4.2. In some circumstances agencies and individuals can anticipate the likelihood of significant harm with regards to an unborn child e.g., where it is known there is domestic abuse, parental substance misuse or mental ill health. These concerns should be addressed as early as possible before the birth so that a full assessment can be undertaken, and support offered.

7.4.3. Even if a child has turned 16 years of age and is:

- living independently
- married
- in further education
- a member of the armed services
- in hospital, custody or the secure estate for children and young people

His or her status or entitlement to services or protection are not affected.

7.5. Children Looked After

7.5.1. Children and young people who are in care are children who are in the care of the Minister. They are children and young people who have been removed from their own families for their own protection under a Care Order or voluntary accommodation at the request of, or agreement with parents or carers.

7.6. Private Fostering

7.6.1. A private fostering arrangement is essentially one that is made without the involvement of an authority. A private fostered child is a child under the age of 16 years

(under 18 if they have a disability) who is cared for and provided with accommodation for a period which has exceeded, or which is intended to exceed 28 days by a person other than:

- A parent of the child
- A person who is not a parent of the child but who has parental responsibility for the child; or
- A relative of the child, such as a grandparent, uncle, aunt, (whether by full blood, half blood or by marriage or civil partnership) sibling or stepparent

7.6.2. All staff should notify the CFH of a private fostering arrangement that comes to their attention, where they are not satisfied that the arrangement has been or will be notified. As much detail as possible should be obtained including details of person with parental responsibility.

7.6.3. It is the duty of Children's Services to satisfy itself that the welfare of the children who are privately fostered are being satisfactorily safeguarded. Children's Services must also arrange to visit privately fostered children at regular intervals. Children should be given the contact details of the social worker who will be visiting them while they are being privately fostered. Further information can be obtained in Private Fostering, Part 8 of the Children (Jersey) Law 2002.

8. JERSEY'S CHILDREN FIRST

8.1. Jersey's Children First is a standard practice framework adopted across agencies, services, and settings in the public, community, and voluntary sectors across Jersey. It is designed for all those working with children and young people from pre-birth to 19 with emerging or known additional or complex needs / disabilities, including Looked After Children and those in need of protection.

8.2. It has additional responsibilities for young people who have been in the care of the Government of Jersey (GoJ) and young people in transition to adult services. The approach reflects the rights of children as expressed in the United Nations Convention of the Rights of the Child and builds on the principles set out in the Jersey legislation.

8.3. The Children's Plan has four outcomes, that all children in Jersey:

1. grow up safely
2. live healthy lives
3. learn and achieve
4. are valued and involved

8.4. Services and agencies working with children, young people and families are committed to improving outcomes for them, in particular those who are most vulnerable.

9. CATEGORIES OF CHILD ABUSE

9.1. The four categories of abuse are defined as:

1. Physical abuse
2. Emotional abuse
3. Neglect
4. Sexual abuse

9.2. Physical abuse

9.2.1. Physical abuse is when someone hurts or harms a child or young person on purpose. It includes:

- hitting with hands or objects
- slapping
- punching
- kicking
- shaking
- throwing
- poisoning
- burning
- scalding
- biting
- scratching
- breaking bones
- drowning

9.2.2. Physical abuse is any way of intentionally causing physical harm to a child or young person. It also includes making up the symptoms of an illness or causing a child to become unwell.

9.3. Emotional abuse

9.3.1. Emotional abuse is any type of abuse that involves the continual emotional mistreatment of a child. It is sometimes called psychological abuse. Emotional abuse can involve deliberately trying to scare, humiliate, isolate, or ignore a child.

9.3.2. Emotional abuse is often a part of other kinds of abuse, which mean it can be difficult to spot the signs or tell the difference, though it can also happen on its own. There may not be any obvious physical signs of emotional abuse or neglect. A child may not tell anyone what is happening until they reach crisis point. That is why it can be difficult to tell if they are being emotionally abused.

9.3.3. Emotional abuse includes:

- Humiliating or constantly criticising a child
- Threatening, shouting at a child, or calling names
- Making the child the subject to jokes or using sarcasm to hurt a child
- Blaming and scapegoating
- Making a child perform degrading acts
- Not recognising a child’s own individuality or trying to control their lives

- Pushing a child too far and not recognising their limitations
- Exposing a child to upsetting events or situations, like domestic abuse or drug taking
- Failing to promote a child's social development
- Not allowing them to have friends
- Persistently ignoring them
- Being absent
- Manipulating a child
- Never saying anything kind, expressing positive feelings or congratulating a child on successes
- Never showing any emotions in interactions with a child, also known as emotional neglect

9.4. Neglect

9.4.1. Neglect is the ongoing failure to meet a child's basic needs and the most common form of child abuse. A child might be left hungry or dirty, or without proper clothing, shelter, supervision, or health care, resulting in not being bought to appointments. How to Manage Missed Appointments For Under 18's. This can put children and young people in danger. And it can also have long term effects on their physical and mental wellbeing.

9.4.2. The 4 types of Neglect:

1. **Physical Neglect**: A child's basic needs, such as food, clothing, and shelter are not met or they are not properly supervised or kept safe.

2. **Educational Neglect**: A parent does not ensure their child is given an education.

3. **Emotional Neglect**: A child does not get the nurture and stimulation they need. This could be through ignoring, humiliating, intimidating, or isolating them.

4. **Medical Neglect**: A child is not given proper health care. This includes dental care and refusing or ignoring medical recommendations.

9.5. Sexual abuse

9.5.1. When a child or young person is sexually abused, they are forced or tricked into sexual activities. They might not understand that what is happening is abuse or that it is wrong. They might be afraid to tell someone. Sexual abuse can happen anywhere, and it can happen in person or online. It is never a child's fault that they were sexually abused. It is important to make sure children know this.

9.5.2. There are two types of sexual abuse:
1. Contact abuse.
2. Non-contact abuse.

9.5.3. Contact abuse is where an abuser makes physical contact with a child. This includes:

- Sexual touching of any part of a child's body, whether they are clothed or not
- Using a body part or object to rape or penetrate a child
- Forcing a child to take part in sexual activities
- Making a child undress or touch someone else

Other forms of abuse include:

9.6. Child Exploitation

9.6.1. Child Exploitation (CE) is a form of sexual abuse that involves the manipulation and / or coercion of young people under the age of 18 into criminal or sexual activity.

9.6.2. The key factor that distinguishes cases of child sexual exploitation from other forms of child sexual abuse is the presence of some form of exchange, for the victim and / or perpetrator or facilitator.

9.6.3. Many children and young people do not realise they are victims, what grooming is or that what has happened is abuse. When groomers have established trust, they will exploit the relationship by trying to isolate the child or young person from friends and family and make them dependent on them. This can lead to other forms of abuse including criminal exploitation.

9.6.4. Children and young people may be reluctant to disclose offences or seek support, often due to stigma, prejudice, embarrassment, or the fear that they will not be believed. They may see themselves as able to protect themselves. This could take place online, through peer groups and street gangs, in religious environments and by those in positions of authority including celebrities. The common theme in all cases is the imbalance of power and control exerted on young people by the exploiter / perpetrator.

9.6.5. Boys and young men's sexual exploitation can often be overlooked with their behaviours more likely to be criminalised and them being viewed as perpetrators. Focus tends to be on offending or drug and alcohol use. Boys and young men may be less likely to, or find it more difficult, to disclose. Behaviours that may be likely to be recognised as evidence of risk for a girl or young woman may be interpreted as a young man experimenting with their sexuality or demonstrating sexually harmful behaviours to others.

9.6.6. Risk indicators have been developed to try to aid identification of CE. These commonly include factors such as:

- Unexplained money or gifts
- Going missing (for short or long periods)
- Being distressed or withdrawn on return
- Disengaging from existing social networks
- Secrecy around new associations
- Additional mobile phones or concerning use of technology
- Sexual health problems
- Disclosure of rape / sexual assault (and reluctance to report)
- Changes in temperament / emotional wellbeing

- Drug or alcohol misuse which may increase the risk of being recruited for county lines
- Secretiveness
- Unexplained physical injuries

9.7. Harmful Sexual Behaviours (HSB)

9.7.1. Harmful sexual behaviour (HSB) is developmentally inappropriate sexual behaviour displayed by children and young people, which is harmful and abusive to themselves and others. It is important to place any child's sexual behaviour within a developmental context and recognise the key differences at varying stages of development.

9.7.2. Some key findings

- There is some crossover between online and offline HSB and between child sexual exploitation and HSB
- HSB is most commonly identified in adolescent boys, but girls and younger children can also exhibit HSB
- A significant proportion of children who display HSB have a learning disability
- The majority of children who display HSB have themselves experienced trauma, including abuse or neglect
- The majority of children and young people displaying HSB do not become sexual offenders as adults
- Young people who display HSB often experience other emotional, behavioural and peer related difficulties

9.7.3. Possible signs

- Using sexualised language such as adult slang to talk about sex
- Sexualised behaviour such as sexting or sharing and sending sexual images using mobile or online technology
- Viewing pornography that is inappropriate for age and development

9.8. Online Abuse

9.8.1. Online child abuse takes many forms and can include sexual exploitation, grooming and communicating with children for a sexual purpose. Children and young people may expose themselves to danger, either knowingly or unknowingly when using the internet and other technologies. Some young people may find themselves in situations which are inappropriate or possibly illegal through social media sites, including cyber-bullying, which includes grooming for financial gain, threats or sexual favours leading to blackmail. Young people who send naked or inappropriate photographs of themselves or "sexting" to other people are actually sending child images and therefore committing a criminal offence.

9.9. Perplexing Presentation (PP) / Fabricated or Induced Illness (FII) in children

9.9.1. FII is a clinical situation in which a child is, or is likely to be, harmed due to parent / s behaviour and action, carried out to convince doctors that the child's state of physical and / or mental health and neurodevelopment is impaired (or more impaired than is actually the case). FII results in physical and emotional abuse and neglect, as a result of parental actions, behaviours, or beliefs and from doctor's responses to these. The parent

does not necessarily intend to deceive, and their motivations may not be initially evident. Staff need to be alert to potential signs and the risk posed to children and young people. Information should be shared as soon as concerns are identified for a co-ordinated multidisciplinary approach.

9.9.2. Signs to look out for include but not exhaustive are

- Exaggerating, distorting, or lying about their child's symptoms, medical history, tests, or diagnosis
- Falsifying documents by parents / carer
- Illness may be induced by the parent / care giver (e.g., poisoning, suffocation, withholding food or medication) potentially or actually threatening the child's health or life
- Infecting their child's wounds or injecting the child with dirt or faeces
- Not treating or mistreating genuine conditions so they get worse
- The child has limited / interrupted school attendance and education
- The child's normal daily life activities are limited as the child assumes a sick role
- The child is socially isolated

10. SAFEGUARDING YOUNG PEOPLE INTO ADULTHOOD

10.1. Contextual Safeguarding

10.1.1. It is important to recognise that abuse and / or neglect takes place in a wide range of contexts for both children and adults, including radicalisation and trafficking. Adults and children can be vulnerable to abuse due to their circumstances. During adolescence, the nature of risk faced by young people and the way they experience these risks often differs from earlier childhood, as do their needs.

10.1.2. Contextual Safeguarding recognises extra-familial risk (harm which occurs outside of the home). Agencies need to work together in partnership to reduce risk. Children Looked After may have increased vulnerability to abuse as they have already entered the care system following neglect and / or abuse which may increase their vulnerability.

10.1.3. Young people may be vulnerable to abuse or exploitation from outside their families that renders them vulnerable. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and / or online.

10.1.4. Understanding the context in which abuse can occur highlights the need for staff to be aware of a range of indicators and vulnerabilities. Some individuals are identified as vulnerable to extremist ideologies or being drawn into terrorism. The potential harmful effects of these areas should also be considered. (Firmin, C. 2019).

10.2. Transitional Safeguarding

10.2.1. The transition to adulthood is a particularly challenging and vulnerable time. Transitioning from children's to adult services can be a complex process, spanning a range of agencies and specialisms.

10.2.2. Children subject to existing safeguarding arrangements or complex or ongoing health needs must not be placed at risk during transition to adult services. This requires joined up working at an early stage. Plans should be in place and shared as appropriate, to ensure a smooth transition from children's to adult services.

10.2.3. Remember, harm and its effects do not abruptly end at 18.

10.3 Domestic abuse and children

10.3.1. Domestic abuse is a significant safeguarding and child protection issue. Agencies recognise the issue of children living with domestic abuse / violence as a matter of concern.

10.3.2. A large number of children on child protection plans live in households where domestic abuse occurs. The impact of domestic abuse on an individual child will vary according to the child's resilience and the strengths and weaknesses of their circumstances, as well as a range of factors in respect of the abuse.

10.3.3. Three key imperatives of any intervention with children living with domestic abuse are

1. To protect the child / children.
2. To empower the non-abusive parent to protect herself / himself and her / his child / children.
3. To hold an abusive partner accountable for their violence and provide them with the opportunities to change.

10.3.4. Where it is known that child / children are living with domestic abuse, it is important to assess the risk of harm, discuss your concerns and refer to the CFH. (See Appendix 1).

11. SAFEGUARDING ADULTS

11.1. Whilst we do not have any specific legislation for adult safeguarding in Jersey, we follow best practice as described in The UK Care Act 2014. The key principles of safeguarding are set out within the Jersey Multi-Agency Adult Safeguarding Policy and Procedures Manual. Adult safeguarding means protecting a person's right to be free from abuse and neglect ensuring good outcomes. An adult at risk is anyone who has reached the age of 18 or over and has the following needs:

- Has care and support needs (irrespective of whether such needs are being formally met)
- Is experiencing, or is at risk of, abuse or neglect
- Is unable to protect themselves because of their care and support needs

11.2. Abuse of an adult at risk:

- Is a misuse of power, trust, respect, control and / or authority
- May consist of a single act or repeated acts affecting more than one person
- May occur as a result of a failure to undertake action or appropriate care tasks

11.3. Adults who may be considered at risk include those who:

- Are frail due to ill health, physical disability, or cognitive impairment
- Have a learning disability
- Have a physical disability and/or a sensory impairment
- Have mental health needs including dementia or a personality disorder
- Have a long-term illness / condition
- Misuse substances or alcohol
- Are a carer for a family member/friend and so may be at risk because of a caring role
- Are unable to demonstrate capacity to make a relevant decision and needs care and support
- Are isolated
- Are unable to protect themselves against harm or exploitation

11.4. Consideration must also be given to Protected Characteristics

12. PRINCIPLES - ADULTS

12.1. Adult safeguarding is everyone's business and to ensure consistency in how adults at risk are safeguarded from abuse or neglect it is essential we work in partnership. The Jersey Multi-agency Policy and Procedures are based on the principles of Making Safeguarding Personal. Jersey Multi-Agency Adult Safeguarding Policy and Procedures Manual sets out six principles for safeguarding adults. The principles represent best practice and provide a foundation for achieving good outcomes.

12.2. **The principles are as follows:**

1. **Empowerment:** Being supported and encouraged to make their own decisions and give informed consent.

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

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

4. **Protection:** Support and representation for those in greatest need.

5. **Partnership:** Local solutions with services working with their communities. Communities having a part to play in preventing, detecting, and reporting neglect and abuse.

6. **Accountability:** Accountability and transparency in delivering safeguarding.

(See Appendix 2 for Categories of abuse for adults).

13. MAKING SAFEGUARDING PERSONAL (MSP)

13.1. MSP indicates the shift in the culture of safeguarding adults. We must involve the adult experiencing or at risk of abuse or neglect in decisions about their safeguarding. (Local Government Association, 2019).

13.2. The Jersey Multi-Agency Adult Safeguarding Policy and Procedures recommends MSP. Wherever possible, gaining consent for referrals and listening to and recording the views of patients and those involved in their care.

13.3. People live complex lives, staff should work with the adult by having conversations about how a response in a safeguarding situation enhances involvement, choice and control as well as improving quality of life, wellbeing, and safety.

13.4. MSP seeks to provide:

- A personalised approach that enables safeguarding to be done *with,* and not *to* people
- Practice that focuses on achieving meaningful improvement to people's circumstances rather than just on ‘investigation' and ‘conclusion'
- An approach that utilises staff skills rather than just ‘putting people through a process’
- An approach that enables staff, families, teams and the SPB to know what difference has been made

13.5. Radicalisation

13.5.1. Staff may meet and treat people who are vulnerable to radicalisation. This includes adults and children. Anyone can become susceptible to radicalisation to an extreme ideology when vulnerabilities are present.

13.5.2. Radicalisation is a process by which an individual or group adopts increasingly extreme political, social, or religious ideals and aspirations that reject or undermine the status quo or undermine contemporary ideas and expressions of freedom of choice.

13.5.3. ‘Prevent’ is the UK’s counter terrorism strategy, The Counter Terrorism Act (2015) aims to stop people becoming terrorists or supporting terrorism. Prevent, requires healthcare organisations to work with partner organisations to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals who may be at greater risk of radicalisation and making safety a shared endeavour. (Home Office, 2015).

13.5.4. Prevent applies in Jersey. One of the main elements of Prevent is to reduce the threat of children and young people of being exposed to violent extremism. Where there are signs that someone has been or is being drawn into terrorism, staff should have an awareness of how to interpret the signs correctly, the support that is available and be confident in referring the child, young person, or adult at risk for further support.

13.5.5. If staff become aware that anyone within HCS, or that a service user has concerns of radicalisation or terrorism, they should refer their concerns. Staff should contact Jersey police on +44 (00 1534 612612.

13.5.6. If there is immediate risk of harm staff should call 999 or +44 (0) 1534 612612 for advice from the police.

14. CONSENT, CAPACITY AND DECISION MAKING

14.1 In Jersey, valid consent has three elements:

1. It is based on the person being given the relevant information about benefits, risks, alternatives or not going ahead with the intervention.

2. It is given voluntarily and freely, without pressure or undue influence being exerted on the person either to accept or refuse the intervention.

3. It is given by a person with capacity to consent or refuse consent to the intervention in question.

14.2. Capacity means a person has the ability to make a decision at the time it needs to be made. Establishing that a person can make a decision is part of the consent process. The decision can be about any matter, but regarding safeguarding, this might be a referral or intervention.

14.3. The Capacity and Self-Determination (Jersey) Law 2016 starting point is that a person must be assumed to have capacity. This means a person, aged 16 and over, is legally able to make all decisions about interventions, care, and treatment for themselves.

14.4. A person is deemed able to make their own decision in Jersey if they can:
- Understand the information given to them about the decision
- Retain that information just for long enough to make the decision
- Use the information or weigh it up in making the decision
- Communicate their decision by any means

14.5. The law also tells practitioners they must take 'practicable steps' to support the person in the decision-making process. This means we must make adjustment to the information given and communication to ensure it is as accessible as possible and tailored to give the person the best chance of making the decision for themselves.

14.6. Capacity is a legal issue not a medical issue. The only way that decision-making can be questioned is by showing that the person 'lacks capacity' to make the particular decision at the time it needed to be made.

14.7. The law says, 'a person lacks capacity in relation to a matter if at the material time the person is unable to make his or her own decision in relation to the matter because he or she suffers from an impairment or a disturbance in the functioning of his or her mind or brain.' To say that someone lacks capacity there must be evidence that the person is unable to make the decision as a direct result of the identified impairment. Establishing a lack of capacity allows a ‘best interest’ decision to be made on behalf of the person.

14.8. Practitioners must be familiar with the Capacity and Self-Determination Law - Code of Practice when using the capacity law.

15. LEARNING DISABILITY

15.1. Safeguarding is a crucial aspect of any learning disability service but there is a fine line between keeping someone safe and giving them freedom to live their life as they choose. This is a key aspect of practice for professionals in this specialty. (Jenkins and Davies, 2011).

15.2. National Institute for Health and Care Excellence (NICE) requires balancing of competing demands of autonomy against the dependency and exploitation that can occur within the learning disability population (Dixon and Robb, 2015). People with learning disabilities are also at increased risk of situational vulnerabilities such as hate / mate crimes and can easily become exploited.

15.3. Adults with learning disabilities may need advocacy as part of the safeguarding process to ensure their views are communicated. Staff need to ensure clients have access to advocacy when they lack capacity. All staff are influential within this as they have the most contact with service users. It is crucial they report concerns and abuse to their Line Manager, Health Safeguarding Team, or Referral to Safeguarding Adult Team.

16. WHAT TO DO IF YOU HAVE A CONCERN

16.1. Staff should discuss concerns with their managers, appropriate colleagues or the Health Safeguarding Team to consider whether to make a referral. For child and young person referrals go to the CFH using Children and Families Hub Request for Support form and for adult referrals go to SPOR using Adult Safeguarding Concern Form. Staff should seek to gain consent prior to making referrals. Consent can be overridden if there are child protection concerns. If there is a serious risk to life or if a crime has been committed call 999.

16.2. Do not seek to gain consent if this will put a child or young person at further risk of harm. Consent should be obtained for all adult referrals unless the adult is unable to consent or seeking consent will put the adult at increased risk. (See Appendices 3 and 4 for referral flow charts.)

17. DISCLOSURE OF NON-RECENT / HISTORIC CHILD ABUSE

17.1. Adult service users or staff may disclose to you that they were abused in childhood. Being listened to and believed can be a relief even though talking about the abuse can be painful and upsetting.

17.2. Things to consider:

- If the person named in the disclosure is still alive:
  - they may have continued to abuse, often into older age
  - They may be working in a position of trust
- If they are deceased, they may be linked to other abusers who may still pose a risk to children

17.3. Staff may need to consider how to take this forward to support the person who made the disclosure and to act on any current safeguarding issues. You can talk this through with the Health Safeguarding Team at any stage.

17.4. Anyone affected by non-recent child abuse can contact:

- Sexual Assault Referral Centre (SARC) on 01534 888222
- Health Safeguarding Team on 01534 445442
- Safeguarding Adults Team on 01534 444440
- People Hub on 01534 448230 who can support with referral to Occupational Health or Wellbeing support

18. LEGISLATIVE FRAMEWORK

18.1. HCS's responsibility for Safeguarding Children, Young People and Adults at risk is informed by legislation and national guidance. This policy should be read in conjunction with the following HCS and Safeguarding Partnership Board policies and procedures

- Children's (Jersey) Law (2002) (recently updated and in Draft)
- Human Rights (Jersey) Law (2000)
- Working Together to Safeguard Children (2018)
- Care Act (2014) UK
- United Nations Convention of the Rights of Children (2014)
- Capacity and Self Determination Law (2016)
- Mental Health (Jersey) Law (2016)
- Data Protection (Jersey) Law 2018

19. SAFEGUARDING PARTNERSHIP BOARD (SPB)

19.1. The Safeguarding Partnership Board's role is to co-ordinate work locally which safeguards children, young people, and adults. The Board has a multi-agency function to ensure that signatory organisations have a clear understanding of their safeguarding responsibilities and to make a commitment to work with the Board. The SPB will monitor and challenge the effectiveness of Jersey's safeguarding arrangements.

20. HEALTH SAFEGUARDING TEAM

20.1. The Health Safeguarding Team are responsible for:

- Training staff to the right level of training based on their job role
- Being accessible to staff for advice, guidance, and support
- Providing safeguarding supervision
- Reviewing and updating policies and procedures related to safeguarding.
- Providing safeguarding assurance reports
- Working with Children and adults social care to contribute to allegations of abuse and attending meetings as appropriate
- Attending and contributing to SPB children and adult subgroups and partnership working

- Contributing to Serious Case Reviews, Rapid Reviews, Domestic Homicide Reviews and Learning Reviews
- Participating in audits
- Developing relevant training, and dissemination of Serious Case Review recommendations
- Involvement with Human Resources on safeguarding matters including allegations against staff

21. SAFEGUARDING ADULTS TEAM (SAT)

21.1. In Jersey, the Safeguarding Adults Team are the lead agency for safeguarding adults and are located within the adult social care group in HCS. The Team is responsible for administering the multi-agency safeguarding adult's policy. This is similar to the role of the local authority in regards section 42 enquiries as part of the Care Act (2014).

21.2. The SAT are responsible for:

- Overseeing all safeguarding enquires and provide the support that the "enquiry officer" needs to undertake this work, ensuring that appropriate restorative work is considered
- Providing consultation and advice on potential safeguarding concerns
- Overseeing any large-scale abuse enquiries or allegations of institutional abuse
- Quality assuring all enquiries to ensure that the 6 key principles of safeguarding are both evidenced and embraced. This includes ensuring that MSP principles are followed
- Overseeing the Managing Allegations Policy for adults
- Providing statistics to the Safeguarding Partnership Board and highlighting trends and areas of particular concern to the Board. (See Appendix 5 for role of SAT)

22. ALL STAFF

22.1. All staff have a responsibility to:

- Recognise abuse or neglect of children, young people and adults at risk and escalate these concerns appropriately and timely
- Discuss concerns with their Line Manager or a member of the Health Safeguarding Team
- Ensure they actively listen to children, young people, and adults at risk, considering their views and keep them informed of planned actions and outcomes
- Be aware of parental issues such as drug and alcohol misuse, domestic abuse, and mental ill health, including adults who have care responsibilities for adults with care and support needs
- Be alert to the potential need for Early Help intervention particularly where there is disability or specific additional needs; special educational needs, young carers, young people showing signs of engaging in risky behaviours, anti-social or criminal behaviour
- Be responsible for ensuring they are up to date with the appropriate level of safeguarding training

- Be alert to the potential indicators of abuse or neglect of children, young people and adults at risk, including the unborn child and know how to act on those concerns
- Be aware of the increased vulnerabilities of adults at risk who are experiencing alcohol or substance issue, domestic abuse, mental health problems unmet support needs learning difficulties and diversity concerns
- Be familiar with and know where to access this policy and other relevant policies and procedures
- Act upon safeguarding concerns, making the appropriate referrals to Children and Family Hub for unborn babies, children and young people and to Safeguarding Adults Team for adults at risk who will be responsible for assessing the referral
- Understand the Safeguarding Partnership Board Information Sharing Protocol and Caldicott Principles

23. INFORMATION SHARING

23.1. Sharing information at the right time to the right people is fundamental to good safeguarding practice. Sharing information is important to ensure children, young people and adults at risk are protected from abuse and neglect. Often, it is only when information from a number of agencies have been shared and risk assessed that it becomes clear there are concerns or that a child, young person, or adult at risk needs protection or requires services.

23.2. The law does not prevent the sharing of sensitive, personal information within organisations. If the information is confidential, but there is a safeguarding concern, sharing it may be justified. Data Protection (Jersey) Law 2018 enables the lawful sharing of information. Staff should ensure they are familiar with the SPB Information Sharing Protocol and undertake mandatory information governance training. This will clarify the type of information appropriate to share.

23.3. Staff should seek to gain consent to share information as early as possible to help identify, assess, and respond to risk or concerns. Staff should also be aware that there may be situations where seeking consent to share may put a child, young person, or adult at increased risk of harm and therefore should use their professional judgement. It is important to keep a balance between the need to maintain confidentiality and the need to share information to protect others. Decisions to share information must always be based on professional judgement about the safety and well-being of the child, young person, or adult at risk and in accordance with legal, ethical, and professional obligations and following the Caldicott Principles (HCS 1, 2021).

23.4. Information sharing should always be necessary, proportionate, relevant, accurate, timely and secure. Staff must not allow fears about sharing information to get in the way of promoting welfare and safety. Any decisions made to share or not to share must be clearly documented in the records.

24. PROFESSIONAL BOUNDARIES

24.1. Maintaining professional boundaries is central to providing safe and quality care for patients. It ensures personal and organisational reputation is maintained, professional standards are upheld, and statutory requirements are met. Staff should be aware that this responsibility extends to conduct on social media and in the use of communication devices such as mobile phones and tablets, (Government of Jersey, 2019).

25. RESOLVING PROFESSIONAL DIFFERENCES / ESCALATION POLICY

25.1. In most circumstances there is mutual agreement between professionals as to the application of thresholds when working together to safeguard children, young people, and adults at risk. However, when there are professional concerns or differences over another professional's decisions, actions, or lack of actions in relation to a referral, an enquiry or assessment / intervention the repercussions can be extremely serious for the child, young person or adult concerned.

25.2. When communicating differences, professionals should always remain respectful of each other, and this should be evidenced in both their direct and written communication and throughout the escalation process.

25.3. Where a member of staff identifies a concern, they have responsibilities for communicating their concerns with their Line Managers or Health Safeguarding Team for advice and support (Jersey Safeguarding Partnership Board, 2020).

26. RECORD KEEPING

26.1. All concerns, incidents and decisions should be recorded in the child, young person or adult electronic records or paper records in a clear and factual way as soon as possible after the event. Record keeping must comply with individual Professional Codes of Conduct and HCS Record Keeping and Documentation Policies.

26.2. Staff must document when they have discussed specific cases with their line manager or the Named Nurses for Safeguarding / Named Doctor in the records. If there are specific actions, these should also be documented including outcomes, wishes and feelings of the child, young person, and adult at risk.

27. PHOTOGRAPHY

27.1. All images taken of patients on any HCS site becomes a part of the patient's record irrespective of who has taken the photograph or what device it has been taken on. Each image must be downloaded onto the appropriate Vendor Neutral Archive (VNA). It is not permitted for any member of staff to keep personal collections of patient recordings.

27.2. Reproduction copies of recordings may be provided to clinicians for teaching material providing sufficient consent has been sought. Any unauthorised photography is

potentially a criminal act breaching the Data Protection (Jersey) Law 2018 and the Human Rights (Jersey) Law 2000.

27.3. The patient has the legal right to expect that their photographs and recordings are treated in accordance with the Data Protection (Jersey) Law 2018 and the Caldicott Principles and that they will be always managed securely.

27.4. The patient also has a legal right of access and therefore photographs must be stored appropriately and be always accessible.

28. DUTY OF CANDOUR

28.1. The duty of candour requires all HCS staff to be open and transparent with people when things go wrong. Good safeguarding practice requires openness, transparency, and trust. There is a legal duty of candour to "act in open and transparent way with relevant persons in relation to care and treatment provided to service users," (HCS 1, 2020).

29. MANAGING YOUR OWN FEELINGS

29.1. Abuse towards children, young people and adults can be very distressing and disturbing. You may feel shocked, upset, or angry. If you know the person involved, you may find it difficult to accept this has happened. However, it is important to manage your feelings so that you can respond appropriately.

29.2. You may find it helpful to talk to your line manager, a friend, colleague, or a member of the Health Safeguarding Team so that it is clear where responsibility sits and what contribution you can reasonably be expected to make. HCS offers support which includes counselling, wellbeing support. (HCS 2, 2020).

30. MANAGING ALLEGATIONS

30.1. HCS follows processes for dealing with allegations relating to staff conduct towards children, young people, and adults at risk or other behaviours which indicates they pose a risk to children, young people and adults at risk due to inappropriate or concerning behaviours or relationships. See also Jersey Safeguarding Partnership Arrangements for managing allegations against people who work with children or those who are in a position of trust and Multi-agency Framework for Managing Allegations in respect of People working with Adults in a Position of Trust.

30.2. Managing allegations against people who are in a position of trust applies to a wide range of agencies that provide services or provide staff or volunteers to work or care for children, young people, and adults.

30.3. They also apply in cases where allegations indicate someone is unsuitable to continue to work or volunteer with children, young people, and adults at risk in his / her present position or in any capacity. If a member of staff suspects that a child, young person, or adult is at risk of harm or abuse, they should notify their line manager, seek

advice from the Health Safeguarding Team. You can also get advice from the CFH and Safeguarding Adults Team and follow the Managing Allegations Policies. The policy should be read in conjunction with relevant policies within HCS. Human Resources will be responsible for ensuring processes are followed including the Government of Jersey Disciplinary Policy.

31. WHISTLEBLOWING

31.1. A culture of open practice underpins effective safeguarding within HCS. The Government of Jersey Whistleblowing Policy contributes by supporting a culture where issues can be raised safely and addressed. Sharing a concern can be the first step in helping HCS identify problems and improve practice. The purpose and aim of whistleblowing are to remind all staff of their duty to report serious concerns. Staff should feel confident about raising concerns at an early stage and have clear guidance on how to raise serious concerns.

31.2. The earlier you raise your concern, the easier it is to take action. You should normally raise concerns formally or informally with your immediate line manager unless the concern involves them. Where the concerns are more serious you can raise the concern with the Director General. You can raise your concerns via the 24 / 7 / 365 Speak Up line call free phone 0800 069 8007 or via the Government of Jersey's Ethics Point.

32. SAFER RECRUITMENT

32.1. Government of Jersey's recruitment policy adheres to the principles of safer recruitment. Safeguarding statements are clear in job descriptions and prior to commencing employment. Recruiting managers seek guidance from Human Resources to determine the level of Disclosure and Barring Service (DBS) check required for the role. Managers must ensure clearance is obtained before the applicant commences employment. A minimum of two references and Disclosure and Barring Scheme (DBS) are required, including the most recent employment, checking ID and professional qualifications and employment history. (Government of Jersey, 2017).

32.2. Anyone convicted or cautioned for certain serious offences, subject to the consideration of representations where permitted, will be barred from working in regulated activity with children, young people and/or vulnerable adults.

33. SAFEGUARDING REVIEWS

33.1. Reviews are carried out where there is concern that partner agencies could have worked more effectively to protect a child, young person, or adult. These take place when a child, young person or adult has died, or is seriously injured, and abuse or neglect is thought to be involved. If an adult is killed as a result of domestic abuse, then a Domestic Homicide Review will be carried out. (Jersey safeguarding Partnership Board, 2015).

33.2. Review processes look at lessons that can be learned and good practice. It provides an opportunity to look at the quality of services and to have a clear analysis of what happened and why, what can help prevent similar incidents from happening in the future and how services can be improved.

34. SAFEGUARDING SUPERVISION

34.1. Building and sustaining an emotional resilient workforce supports staff who engage in emotionally demanding work with children and families. This contributes to poor job satisfaction, emotional exhaustion and stress, which are all linked to high staff turnover.

34.2. All staff who work regularly with children, young people and adults at risk are responsible for ensuring they access ongoing safeguarding supervision. Supervision supports, assures, and develops knowledge, skills and values of an individual worker and provides accountability for decision-making. High quality supervision is the cornerstone of effective working with all children, young people, and adults. HCS staff should access safeguarding supervision on a regular basis.

35. TRAINING

35.1. Compliance with training is closely monitored. HCS will ensure staff are trained to be alert to potential signs and indicators of abuse and neglect and be able to respond appropriately in addressing concerns. All staff, non-clinical and clinical, are required to complete the safeguarding children, young people and adults at risk Level 1 Induction and role specific safeguarding training at Level 2 and Level 3.

35.2. The intercollegiate documents for children, Children Looked After and adults detail what training and competences are expected of all staff, dependent on job role. (Royal College of Nursing 2019, 2018 and 2020). Staff can access the Safeguarding training page on HCS MyStates for training dates, Training Matrix, and safeguarding training passport.

36. MONITORING AND EFFECTIVENESS

36.1. This policy is mandatory. The Health Safeguarding Team is responsible for the monitoring, revision and updating of this policy. The Named Nurses will act on behalf of the Chief Nurse in this respect and will update the Chief Nurse on its implementation. This policy will be monitored regularly regarding its implications for equality and diversity.

37. DEVELOPMENT AND CONSULTATION PROCESS

37.1. Consultation Schedule

Name and Title of Individual	Date Consulted	2nd Date Consulted
Peter Green, Designated Doctor Children	18/12/20	28/02/22
Rose Naylor, Chief Nurse	18/12/20	28/02/22
Sarah Whitmarsh, Named Nurse Adults Safeguarding		28/02/22
Juliet Le Breuilly, Named Nurse Safeguarding children		28/02/22
Dana Scott, Interim Head of Midwifery and Associate Chief Nurse		28/02/22
Robert Gardner, Head of Learning Disability	18/12/20	28/02/22
Andy Weir, Director of Mental Health		28/02/22
Victoria Morel, Information Governance		28/02/22
Isabel Watson, Associate Managing Director Adult Social Care Mental Health	22/01/21	28/02/22
Michelle West, Director Health and Community Services	22/02/21	28/02/22
Muktanshu Patil, AMD Consultant Paediatrician and Neonatologist		28/02/22
Mary Munns, Manager Safeguarding Adult's Team	04/03/21	28/02/22
Paul Rendell, Principle Social Worker	04/03/21	28/02/22
Steve Graham, Associate Director of People	18/12/20	28/02/22
Toby Farlan, Capacity and Self Determination Law Lead	17/08/20	28/02/22
Mark Owers, Director of Safeguarding and Care, Children, Young People, Education and Skills	18/12/20	28/02/22
Pamela Le Sueur, Quality and Safety Manager		28/02/22
Dr Cheryl Power, Head of Culture, Engagement and Wellbeing		28/02/22
Jessie Marshall, Acting Associate Chief Nurse		28/02/22
Claire Thompson, Acting Executive Director of Clinical Services		28/02/22
Geoff White, Associate Chief Nurse Professional Practice		28/02/22
Tarina Le Duc, Quality and Safety Manager	18/12/20	28/02/22
Wendy Neville, Safeguarding Advisor Adults		28/02/22
Andy Weir, Director of Mental Health		28/02/22
Becky Brawley, Team Manager, Mental Health		28/02/22
Toby Farlan, Capacity and Self Determination Lead		28/02/22
Patrick Armstrong, Senior Executive lead		28/02/22
Anuschka Muller, Director of Innovation and Improvement		28/02/22
Valter Fernandes – Lead Nurse Medical Services		28/02/22
Sandra Keogh-Bootland, Senior Clinical Audit and Effectiveness Officer		
Claire Sambridge – Lead Nurse Surgical Services		28/02/22
Jenna Mackay – Acting Lead Nurse Medical Services		28/02/22
Alex Watt, Lead Nurse Children's Services		28/02/22
Jan Auffret, Lead Nurse Maternity Services		28/02/22
Olivia Card, Lead Nurse Mental Health Services		28/02/22
Simon Chapman, AMD, Consultant		28/02/22

Adrian Noon, AMD Consultant		28/02/22
Kenny McNeil, RCN Convener		28/02/22
Lee Turner		28/02/22
Fiona Hall, Chaplain		28/02/22
Andy Buttimer, GoJ Prison, Head of Healthcare		28/02/22
Darren Bowering, Head of Children's Health, and Well Being (CYPES (Children and Young People Education Services))	04/03/21	28/02/22
Samantha North, Quality and Practice Assurance		28/02/22
Sonia Ferreira, Quality and Practice Assurance		28/02/22
Michelle Roach, Head of Finance Business Partnering HCS		28/02/22
Jennie Pasternak, Lead Social Worker (Mental Health)	04/03/21	28/02/22
Rachel McBride, General Manager - Therapies	04/03/21	28/02/22
Clare Ryder, Lead Nurse Community Mental Health	04/03/21	28/02/22
Val Howard, General Manager	04/03/21	28/02/22
Miguel Garcia-Alcaraz, Consultant	04/03/21	28/02/22
Jake Bowley, Consultant Clinical Psychologist	04/03/21	28/02/22
Dennis Pimblott, Mental Health Improvement Lead	04/03/21	28/02/22
Dr David Lawrenson, Consultant Paediatrician		04/04/22
Dr Owen Hughes, Consultant Paediatrician and Neonatologist		04/04/22
Dr Catherine Howden, Paediatrics, Staff Grade		04/04/22
Dr Nicola Charles, Acting Consultant and Clinical Lead		04/04/22

Name of Committee/Group	**Date of Committee / Group meeting**
Safeguarding Assurance Committee	14/03/22
Policy and Procedure Ratifying Group	05/07/22

38. REFERENCE DOCUMENTS

Dixon, J and Robb, M. (2015). *Working with Women with a Learning Disability Experiencing Domestic Abuse: How Social Workers Can Negotiate Competing Definitions of Risk. British Journal of Social Work*. 10.1093/bjsw/bcu149

Firmin, C. (2019) *Contextual Safeguarding: Re-writing the rules of Child protection*. Ted Talk, YouTube [Online video] https://www.youtube.com/watch?v=bCFZQcaIgDM [Accessed April 2022]

Government of Jersey, (2017). *Safe recruitment: For work with vulnerable people including children.* [MyStates] https://soj/_layouts/15/WopiFrame2.aspx?sourcedoc=/SiteCollectionDocuments/20170317%20Safe%20Recruitment%20v1.1.pdf&action=default [Accessed April 2022]

Government of Jersey, (2018). *Equality and Diversity Policy* [MyStates] https://soj/DocsForms/Documents/HR/Recruitment%20and%20selection/Policies/P%20Equalities%20and%20Diversity%20Policy%2020150902%20SH.pdf#search=equality%20and%20diversity [Accessed April 2022]

Government of Jersey, (2000). *Human Rights (Jersey) Law 2000* [Online] Jersey Legal Information Board https://www.jerseylaw.je/laws/current/Pages/15.350.aspx [Accessed April 2022]

Government of Jersey, (2002). *Children (Jersey) Law 2002*. [Online] Jersey Legal Information Board https://www.jerseylaw.je/laws/current/Pages/12.200.aspx [Accessed April 2022]

Government of Jersey, (2018). *Data Protection (Jersey) Law 2018* [Online] Jersey Legal Information Board https://www.jerseylaw.je/laws/enacted/Pages/L-03-2018.aspx [Accessed April 2022]

Government of Jersey, (2019). *Disciplinary Policy*. [MyStates] https://soj/Management/People/Performance/Pages/DiscPol.aspx [Accessed April 2022]

Government of Jersey, (2019). *Social Media Policy [*MyStates] https://soj/DocsForms/Documents/HR/20170519%20Social%20Media%20Policy%20v1.0%20FIN2.pdf#search=social%20media%20policy [Accessed April 2022]

Government of Jersey, (2021). *Whistleblowing policy.* [MyStates] https://soj/_layouts/15/WopiFrame2.aspx?sourcedoc=/SiteCollectionDocuments/20170317%20Safe%20Recruitment%20v1.1.pdf&action=default [Accessed April 2022]

Health and Community Services 1 (2020). *Duty of Candour Policy & Procedure.* [MyStates] https://soj/depts/HSS/Registered%20Documents/P%20Duty%20of%20Candour%20(being%20open)%20Policy.pdf#search=Duty%20of%20Candour%20Policy%20%26%20Procedure [Accessed April 2022]

Health and Community Services 2 (2020). *Wellbeing support.* [HCS MyStates] https://soj/depts/HSS/Pages/WellbeingSupportHCS.aspx [Accessed April 2022]

Health and Community Services 1 (2021) *Confidentiality and the Caldicott Principles.* [HCS MyStates] https://soj/depts/HSS/ClinicalSupportGovernance/InformationGovernanceHSSD/Pages/ConfidentialityandtheCaldicottPrinciples.aspx [Accessed April 2022]

Health and Community Services 2 (2021) How to Manage Missed Appointments For Under 18s [HCS MyStates] https://soj/depts/HSS/_layouts/15/WopiFrame2.aspx?sourcedoc=/depts/HSS/Registered%20Documents/P%20How%20to%20Manage%20Missed%20Appointments%20For%20Under%2018%27s.pdf&action=default [Accessed June 2022]

HM Government, (2014). *The Care Act 2014*. [Online] https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted [Accessed April 2022]
Home Office, (2015). *Prevent Duty Guidance*. [Available online] https://www.gov.uk/government/publications/prevent-duty-guidance [Accessed April 2022]

Jenkins, R and Davies, R, (2011) *Safeguarding people with learning disabilities. Learning Disability Practice.* 14. 33-40. 10.7748/ldp2011.02.14.1.33.c8326.

Jersey Safeguarding Partnership Board, (2015). *Safeguarding Partnership Board Serious Case Review Procedures*. [Online] https://safeguarding.je/wp-content/uploads/2016/12/2016-10-11-joint-SCR-procedures-FINAL-REVIEWED.pdf [Accessed April 2022]

Jersey Safeguarding Partnership Board, (2018). *Managing allegations Framework: Arrangements for managing allegations against people who work with children or those who are in a position of trust.* [Online] https://safeguarding.je/wp-content/uploads/2021/11/Managing-Allegations-Framework-2018-02-13-EXISTING-CHAPTER.pdf [Accessed April 2022]

Jersey Safeguarding Partnership Board (2019) *Information Sharing Protocol between Safeguarding Partnership Board members and their organisations*. [Available online] https://safeguarding.je/wp-content/uploads/2019/09/Information-Sharing-Protocol-2019.pdf [Accessed April 2022]

Jersey Safeguarding Partnership Board, (2020). *Multi-agency Framework for Managing Allegations in respect of People working with Adults in a Position of Trust.* [Online] https://safeguarding.je/wp-content/uploads/2020/08/2020416-Multi-agency-Managing-Allegations-Framework-FINAL-with-table-of-content-upadate.pdf [Accessed April 2022]

Jersey safeguarding Partnership Board, (2020). *Resolving Professional Differences / Escalation Policy.* [Available online] https://safeguarding.je/wp-content/uploads/2021/02/20210126-V5-Resolving-Professional-Differences-Escalation-Policy-FINAL-Operational.pdf [Accessed April 2022]

Jersey Safeguarding Partnership Board, (Date unknown). *The Safeguarding Partnership Board Website* [Available online] https://safeguarding.je/ [Accessed April 2022]

Jersey Safeguarding Partnership Board, (Date unknown). *Jersey Multi-agency Adult Safeguarding Policy and Procedures Manual* [available online] https://www.proceduresonline.com/jersey/adults/index.htm [Accessed April 2022]

Local Government Association, (2019). *Making Safeguarding Personal, Myths and realities about Making Safeguarding Personal.* [Available online] https://www.local.gov.uk/publications/myths-and-realities-about-making-safeguarding-personal [Accessed April 2022]

Royal College of Nursing, (2019). Safeguarding *Children and Young People: Roles and Competencies for Healthcare Staff* [Online] https://www.rcn.org.uk/professional-development/publications/pub-007366?_sm_au_=iVVVQ0W5qQrFkbnMT8Wv4Ktp2fQ8J [Accessed April 2022]

Royal College of Nursing, (2020). *Looked After Children: Roles and Competencies of Healthcare Staff* [Online] https://www.rcn.org.uk/professional-development/publications/rcn-looked-after-children-roles-and-competencies-of-healthcare-staff-uk-pub-009486 [Accessed April 2022]

United Nations, (1989). *The United Nations Convention on the Rights of the Child.* [Online] UNICEF, [Available at] https://downloads.unicef.org.uk/wp-content/uploads/2016/08/unicef-convention-rights-child-uncrc.pdf [Accessed April 2022]

39. RELEVANT GUIDANCE AND RESOURCES

Children and Families Hub*. Find help and support for children, young people and families in Jersey.* [Online] Government of Jersey https://www.gov.je/caring/childrenandfamilieshub/Pages/ChildrenAndFamiliesHubHomepage.aspx [Accessed April 2022]

Children and Families Hub Request for Support

Department of Health, (2016). Female Genital Mutilation Risk and Management [Online] https://safeguarding.je/wp-content/uploads/2019/04/DOH-Female-Genital-Mutilation-Risk-and-Safeguarding-2016.pdf [Accessed April 2022]

Dewberry House, (2019). *Child Sexual Abuse (CSA) Pathway*. [Online] CSA-Pathway.pdf (safeguarding.je)

Government of Jersey, (2016). Capacity and Self-Determination (Jersey) Law 2016 [Online] Jersey Legal Information Board https://www.jerseylaw.je/laws/enacted/Pages/L-30-2016.aspx [Accessed April 2022]

Government of Jersey, (2019). *Children and Young Peoples Plan 2019-2023* [Online] https://safeguarding.je/wp-content/uploads/2019/03/Childrens-Plan-Plan-on-a-Page.pdf [Accessed April 2022]

Hackett, S. (2014). *Children and young people with harmful sexual behaviours, London Research in practice* [Online] Research in Practice https://tce.researchinpractice.org.uk/wp-content/uploads/2020/05/children_and_young_people_with_harmful_sexual_behaviours_research_review_2014.pdf?_sm_au_=iVV4SwMJSqvRsr7RT8Wv4Ktp2fQ8J [Accessed April 2022]

Health and Community services, Family Nursing & Home Care (2020). *Multi Agency Pre-Birth Protocol for Unborn Babies.* [Online] https://gateway.zscloud.net/auD?origurl=https%3A%2F%2Fsafeguarding%2eje%2fwp%2dcontent%2fuploads%2f2020%2f08%2fRatified%2dPre%2dBirth%2dDocument%2edocx&wexps=1&_ordtok=0mk3WV3L4PJMHtM5MNnmk2MsHs [Accessed April 2022]

Home Office, (date unknown). *Prevent E-Learning* [Online] https://www.elearning.prevent.homeoffice.gov.uk/edu/screen1.html [Accessed April 2022]

HM Government, (2014). *Handling cases of Forced Marriage.* [Online] HM Government Multi-agency practice guidelines: Handling cases of Forced Marriage (safeguarding.je) [Accessed April 2022]

HM Government, (2015). *What to do if you are worried a child is being abused: Advice for practitioners* [Online] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf [Accessed April 2022]

HM Government (2018) *Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers*. [Online] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1062969/Information_sharing_advice_practitioners_safeguarding_services.pdf [Accessed April 2022]

HM Government, (2018). *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children.* [Online] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf [Accessed April 2022]

Jersey Safeguarding Partnership Board, (2018). *Multi Agency Guidance for Child Sexual Exploitation.* [Online] https://safeguarding.je/wp-content/uploads/2019/04/Multi-Agency-Guidance-Child-Sexual-Exploitation.pdf [Accessed April 2022]

Jersey Safeguarding Partnership Board, (2019). *Continuum of Needs.* [Online] https://safeguarding.je/wp-content/uploads/2020/01/Continuum-of-Need-Final-2020.pdf [Accessed April 2022]

Jersey Safeguarding Partnership Board, (2019) *Self-Neglect Policy.* [Online] https://safeguarding.je/wp-content/uploads/2019/10/Self-Neglect-Policy-FINAL-october-2019-v13.pdf [Accessed April 2022]

Jersey Safeguarding Partnership Board, (2020) *Domestic Abuse Guidance for Professionals.* [Online] Domestic-abuse-guidance-for-professionals-April-2020-1.pdf (safeguarding.je) [Accessed April 2022]

Local Government Association, (2014). *Making Safeguarding Personal: Guide 2014* [Online] https://www.local.gov.uk/sites/default/files/documents/Making%20Safeguarding%20Personal%20-%20Guide%202014.pdf [Accessed April 2022]

NICE guidance, (2016). *Transition from Children's to adult's services for young people using health or social care services* [Online] https://www.nice.org.uk/guidance/ng43?_sm_au_=iVVVQ0W5qQrFkbnMT8Wv4Ktp2fQ8J [Accessed April 2022]

NSPCC Learning, (2021). *Statistics briefing: harmful sexual behaviour*. [Online] https://learning.nspcc.org.uk/research-resources/statistics-briefings/harmful-sexual-behaviour-hsb [Accessed April 2022]

NSPCC, (2022). *What to do if you are have concerns about suspected or actual child abuse.* [Online] https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/what-if-suspect-abuse/ [Accessed April 2022]

Nursing and Midwifery Council, (2015). *The code.* [Online] NMC nmc-code.pdf [Accessed April 2022]

Royal College of Paediatrics and Child Health, (2022) *Perplexing Presentations (PP) / Fabricated or Induced Illness (FII) in children RCPCH guidance* [Online] https://childprotection.rcpch.ac.uk/resources/perplexing-presentations-and-fii/ [Accessed April 2022]

School of Social Sciences, Education and Social Work at Queen's University Belfast, (2016). *United Nations Conventions on the Rights of the Child*. [Online video] YouTube https://youtu.be/TFMqTDIYI2U [Accessed April 2022]

Social Care Institute for Excellence, (2011). *Think child, think parent, think family: a guide to parental mental health and child welfare.* [Online] https://www.scie.org.uk/publications/guides/guide30/ [Accessed April 2022]

UNCRC (United Nations Charter on the Rights of the Child). How We Protect Children's rights. [Online] UNICEF https://www.unicef.org.uk/wp-content/uploads/2019/10/UNCRC_summary-1_1.pdf [Accessed April 2022]

40. ACRONYMS

CE	Child Exploitation
CFH	Children & Family Hub
DBS	Disclosure and Barring Service
DHR	Domestic Homicide Review
FGM	Female Genital Mutilation
FII	Fabricated or Induced Illness
HCS	Health and Community Services
HSB	Harmful Sexual Behaviour
JDAS	Jersey Domestic Abuse Support Service
MSP	Making Safeguarding Personal
NICE	National Institute for Health and Care Excellence
NSPCC	National Society for Prevention of Cruelty to Children
PP	Perplexing Presentation
RR	Rapid Review
SARC	Sexual Assault Referral Centre
SAT	Safeguarding Adults Team
SCR	Serious Case Review
SPB	Safeguarding Partnership Board
SPOR	Single Point of Referral
UN	United Nations

41. IMPLEMENTATION PLAN

A summary of how this document will be implemented:

Action	Responsible Officer	Timeframe
Disseminate via Intranet/HCS Coms/Meetings, safeguarding newsletter	Patricia Marius, Designated Nurse Safeguarding Children and Adults Named Nurse Safeguarding Adults, Sarah Whitmarsh Named Nurse safeguarding Children, Juliet Le Breuilly	Immediately on ratification
Included in Safeguarding training	Health Safeguarding Team	Immediately
Discussed in safeguarding supervision	All Supervisors	Immediately
Safeguarding Induction	Health Safeguarding Team	Within 1-6 weeks of commencing employment

42. Appendices

Appendix 1: Domestic Abuse

Domestic abuse can happen to anyone regardless of gender, age, sexuality, disability, religion or culture. Remember, domestic abuse is unacceptable, and you have the right to live your life without fear. You are not alone, and you do not need to suffer in silence. Help is available for you.

Emotional or Psychological Abuse.
This can include:

- constant criticism and undermining and belittling comments
- humiliating or embarrassing you in public or in private
- making you feel like you are stupid or irrational
- lying to you
- isolation and controlling your actions
- checking up on you e.g., checking your phone, email, mail
- harassment
- threats to you, family, or your children
- blaming you for their behaviour
- intimidation

Verbal abuse.
This can include:

- continual criticism
- negative remarks
- derogatory sexualised or humiliating taunts in private or in public, from name calling through to foulmouthed abuse

Financial Abuse.
This includes:

- having to ask for money
- accounting for your spending
- obsessive control over finances
- suddenly being faced with huge debts you were unaware of

Physical Abuse.
This can include:

- pushing
- biting
- hitting
- punching
- slapping
- burning
- strangling
- kicking
- using a weapon
- throwing things

- murder

Sexual Abuse.
This can include:

- forced, coerced or unwanted sexual activity
- withholding affection to “punish” you
- being forced to perform acts you do not want to

Coercive behaviour.
An act, or a pattern of acts including:

- assault
- threats
- humiliation
- intimidation
- other abuse that is used to harm, punish, or frighten the victim

Controlling behaviour
A range of acts designed to make a person subordinate and / or dependent by

- isolating them from sources of support
- exploiting their resources and capacities for personal gain
- depriving them of the means needed for independence, resistance, and escape
- regulating their everyday behaviour

Appendix 2: Categories of Abuse – Adults

Physical abuse examples:

- assault
- hitting
- slapping
- bruising
- pushing
- misuse of medication
- unexplained falls
- untreated medical problems
- weight loss due to malnutrition and dehydration

Domestic abuse examples:

- psychological
- physical
- sexual
- financial
- emotional
- coercive and controlling behaviours
- honour' based violence

Sexual abuse examples:

- rape
- indecent exposure
- sexual harassment
- inappropriate looking or touching
- sexual teasing or innuendo
- sexual photography
- subjection to pornography or witnessing sexual acts
- indecent exposure
- sexual assault or sexual acts to which the adult has not consented or was pressured into consenting and pregnancy in a person unable to consent

Emotional / psychological abuse examples:

- threats of harm or abandonment
- deprivation of contact
- humiliation
- blaming
- controlling
- intimidation
- coercion
- harassment
- verbal abuse
- cyber bullying
- isolation - unreasonable and unjustified withdrawal of services or supportive networks

Financial or material abuse examples:

- theft
- fraud
- internet scamming inheritance,
- misuse or misappropriation of property, possessions, or benefits
- lack of affordable items the person at risk can afford
- coercion in relation to an adult's:
    - financial affairs or arrangements
    - wills
    - property
    - inheritance
    - financial transactions

Modern slavery examples:

- human trafficking
- forced labour
- domestic servitude

Discriminatory abuse examples:

- forms of harassment
- slurs or similar treatment because of:
    - race
    - gender
    - gender identity
    - age
    - disability
    - sexual orientation
    - religion

Organisational / institutional abuse examples:
Neglect and poor care practice within an institution or specific care setting such as a hospital or care home.

Neglect and acts of omission examples:

- Ignoring:
    - medical
    - emotional
    - physical care needs
- Failure to provide access to appropriate:
    - healthcare, and support
    - educational services
- Withholding of the necessities of life such as:
    - medication
    - adequate nutrition
    - heating

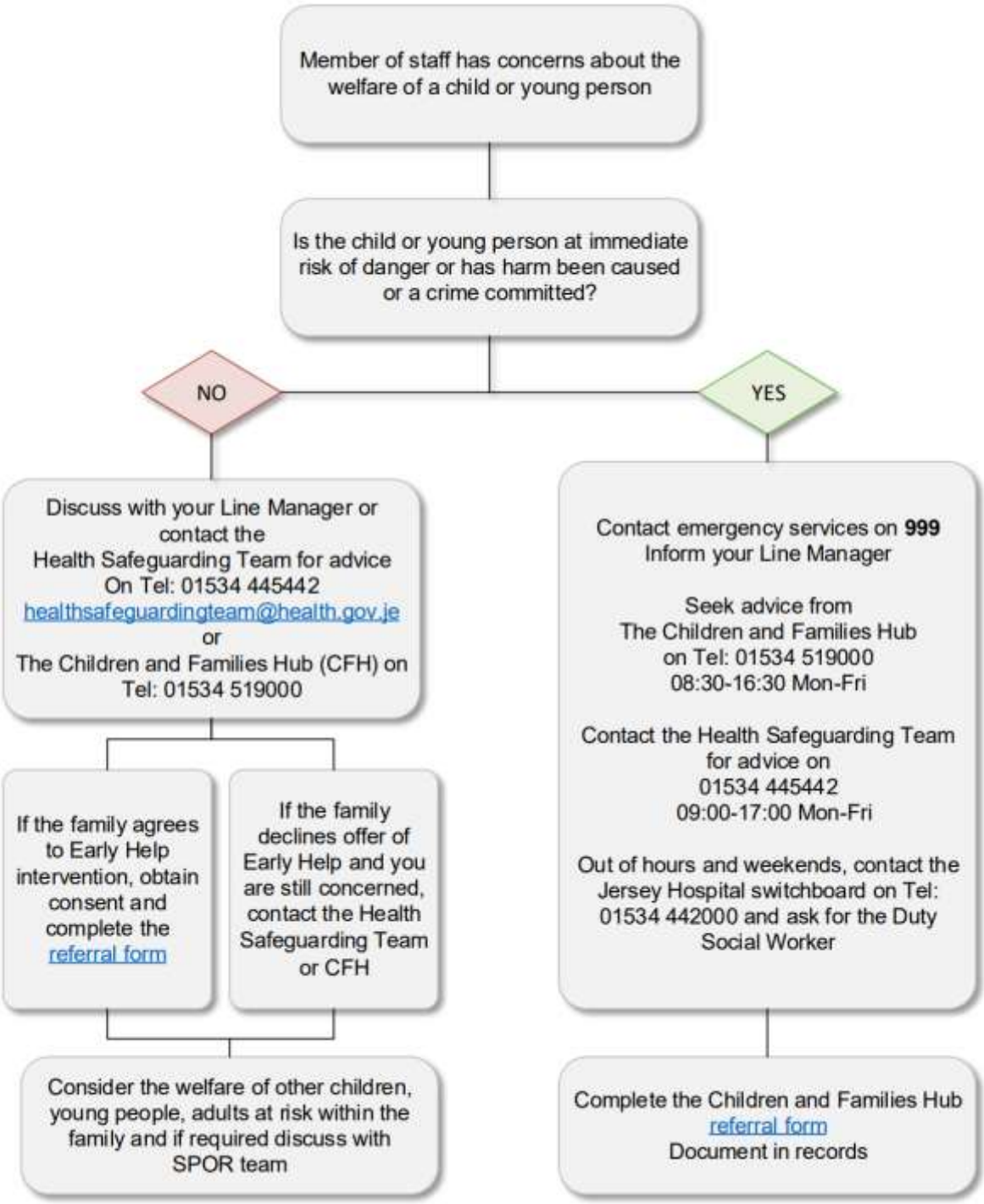
Self-neglect.
This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Female Genital Mutilation (FGM)
This is a form of physical abuse and violence against women and girls. FGM is a harmful cultural practice with serious health consequences for girls and women. It has long and short-term consequences and life-lasting physical and psychological trauma.

FGM is illegal in Jersey under the Sexual Offences (Jersey) Law (2018). The Law directs professionals in their duty to notify police of apparent female genital mutilation of a child.

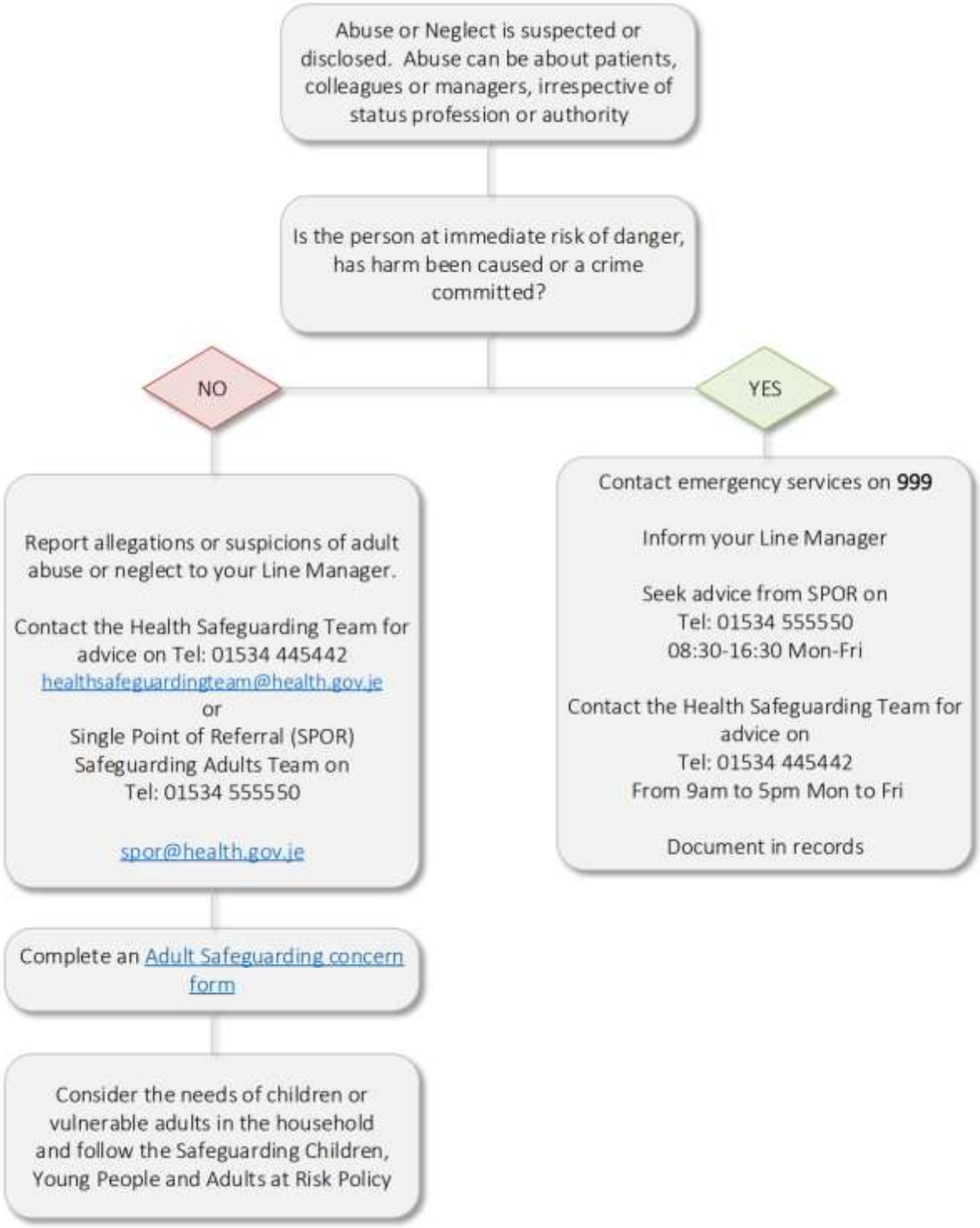
Hate and Mate Crime perpetrators befriend vulnerable people then go on to abuse and exploit them falsely represented as true friendship.

Appendix 3: Children and Young People Safeguarding Concerns Pathway



Remember Safeguarding Is Everybody's Business

Appendix 4: Adults at Risk Safeguarding Concerns Pathway



Remember Safeguarding Is Everybody's Business

Appendix 5: The role of the SAT

- In deciding how to help or advise, the first consideration for the SAT is whether these multi-agency policy and procedures are the best fit for the person in their particular situation. The SAT will research information held by HCS in relation to the people named in the concern and will share and receive information with/from other relevant partners to satisfy themselves that sufficient initial background checks have been established.

- The SAT may decide for example, that the concerns are not of a nature or degree that requires further progression under safeguarding arrangements. This is not to suggest that the issues raised are not important or of significance, but rather that they should be managed in a different or more proportionate way. In such circumstances, the SAT may request someone else to advise or provide alternative sources of support or ways of managing the concern (for example, by signposting to a social worker for a reassessment of needs, review, or to a specialist advisory service such as the Jersey Domestic Abuse Support Service (JDAS). The SAT work closely with the Health Safeguarding Team.

- Equally, the SAT may choose to undertake further background checks (or request others to do so) to establish more information about a person or situation. This provides an opportunity to gather additional information and defer a decision on what, if any, next steps may be required. It is important that timescales are attached to these activities to prevent unnecessary drift.

- From the information shared, the SAT, with other multi-agency colleagues, may decide that further activities, to meet the person's outcomes, may be best managed outside of safeguarding: this could be through ongoing case work, a timely reassessment of needs or changes to care and support provision (as an example).