



## SAFEGUARDING POLICY

# Medic Now

## Safeguarding policy

### Policy statement

Medic Now is committed to protecting all children and vulnerable adults. We have a shared responsibility to ensure that all children, young people and vulnerable adults receiving our service have a right to be protected from harm.

This policy is to provide guidance to the agency workers on the following in relation to safeguarding duties:

- Internal Referral Process
- Safeguarding Referrals/Alerts
- Alerting signs of Abuse
- Responding to Disclosure
- The Safeguarding Process

Adherence to this policy is mandatory for all employees, agency workers and volunteers. Agency workers will be supported by specialised training programmes at induction and via regular refresher training up-dates, thereafter. Failure to adhere to this policy may result in disciplinary action being taken.

A full copy of this policy is distributed and promoted to all workers.

This policy is reviewed periodically and amended in accordance with any changes to legislation/guidance.

Medic Now supports the main principle of The Care Act 2014 Care Act factsheets - GOV.UK ([www.gov.uk](http://www.gov.uk)) and Children Act 1989, the Children Act 2004 and the Children and Social Work Act 2017 Links to legislation, regulations and statutory guidance - GOV.UK ([www.gov.uk](http://www.gov.uk))

All children and adults have the right to be safe and well-looked after. We have a legal duty to act if there is a suspicion of harm or risk of harm. We will follow the interagency guidelines for reporting adult and child protection concerns.

Medic Now is committed to fulfil our safeguarding duty. We share a responsibility to ensure that all adults and children under our care have the right to be protected from harm. Medic Now will work in partnership with local agencies such as social workers, health services and the police in order to protect vulnerable adults and children.

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### Policy scope

This policy applies to anyone working on behalf of Medic Now, including agency staff, recruitment team, management team and board members.

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### Children

We recognise that the welfare of the child is paramount regardless of age, disability, gender, race, religion. Some children will be additionally vulnerable because of other medical and non-acute history. Medic Now will work with partnership with local agencies such as children's social work, health services and the police to protect children.

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### Vulnerable/protected adults

A protected adult is any person aged 16 or over who is or may be in need of care by reason of disability, mental disorder, illness or physical or mental infirmity. It should be noted that the definition of a protected adult means that this can be a transient category for some individuals. Medic Now will work in partnership with local agencies such as safeguarding adult boards, health services and the police to protect vulnerable adults.

### Recruitment and vetting process

Medic Now follows Safer Recruitment procedures to ensure that we only place suitable staff into the services that look after children and young adults. We will never place anyone in a regulated activity that has been barred from doing so.

- Employment checks and referencing- to check candidates' clinical competency and relevant experience
- Disclosure and Barring Service (DBS) check to assess agency staff potential criminal history. This includes a self disclosure form and a client driven risk assessment of any convictions or cautions
- Professional registration and qualifications check- any Fitness to Practice investigations will be managed accordingly
- Right to work and identity check to confirm the candidate eligibility to work in the UK
- Induction and orientation including any relevant level of child protection/adult protection training
- Health check to ensure that the agency worker is fit to work and does not pose the risk to vulnerable patients

### Safeguarding children

#### Disclosure

It can be very difficult for children and young people to speak out about harm or abuse they experience. There are various ways that children and young people may disclose abuse. Sometimes only partial disclosure is made and frequently many years after the abuse has taken place.

- Directly – making specific verbal statements about what's happened to them
- Indirectly – making ambiguous verbal statements which suggest something is wrong
- Behaviourally – displaying behaviour that signals something is wrong (this may or may not be deliberate)
- Non-verbally – writing letters, drawing pictures or trying to communicate in other ways

#### Spotting the signs of abuse in a child

Child abuse happens when a person – adult or child – harms a child. It can be physical, sexual or emotional, but can also involve a lack of love, care and attention. Neglect can be just as damaging to a child as physical or sexual abuse.

Children may be abused by:

- Family members
- Friends
- People working or volunteering in organisational or community settings
- People they know
- Strangers

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[NSPCC](#) lists the following types of abuse

- Bullying and cyberbullying
- Child sexual exploitation (CSE)
- Child trafficking and modern slavery
- Criminal exploitation and gangs
- Domestic abuse
- Emotional abuse
- Female genital mutilation
- Grooming
- Neglect
- Online abuse
- Physical abuse
- Sexual abuse

### Signs of abuse

- Unexplained changes in behaviour or personality
- Becoming withdrawn
- Seeming anxious
- Becoming uncharacteristically aggressive
- Lacks social skills and has few friends, if any
- Poor bond or relationship with a parent
- Knowledge of adult issues inappropriate for their age
- Running away or going missing
- Always choosing to wear clothes which cover their body

### Responding to disclosure of abuse:

- Listen carefully and avoid commenting
- Let them know they have done the right thing by telling you
- Tell them it is not their fault
- Say that you will take them seriously
- Don't talk to the alleged abuser
- Explain what you will do next
- Don't delay reporting the abuse

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## Safeguarding adults

### Spotting the signs of abuse in a protected adult

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent. It may also occur through deliberate targeting or grooming of vulnerable people and may be carried out by individuals or groups of individuals.

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Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. Harm should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment that are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health and the impairment of physical, emotional, social or behavioural development.

[The Care and Support Statutory Guidance](#), lists the following types of abuse in adults

- Physical abuse
- Domestic violence or abuse
- Sexual abuse
- Psychological or emotional abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational or institutional abuse
- Neglect or acts of omission
- Self-neglect

### Signs of Abuse

Agency workers may be made aware of the possibility that harm may be occurring in one of the following ways:

- The protected person may inform the agency worker that something has happened
- The agency worker may observe physical or behavioural indicators of the protected person which may cause them to be concerned about the possibility of harm taking place
- Another person (another carer, child or family member) may inform the agency worker of their concerns regarding possible or actual harm
- The agency worker may themselves observe the behaviour or practice of another person which may cause concern regarding possible or actual harm

### Key Principles of Adult Safeguarding

First introduced by the Department of Health in 2011, but now embedded in the Care Act, these six principles apply to all health and care settings.

1. Empowerment - people being supported and encouraged to make their own decisions and 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 through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
6. Accountability - Accountability and transparency in safeguarding practice

### Reporting concerns

It is the responsibility of the agency worker to understand the local policies and pathways for reporting abuse. If an agency worker suspects abuse, it is essential that any concerns are raised promptly and in line with local policies.

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### Reporting to managers in placement

When abuse takes place, it needs to be dealt with swiftly and proportionately to the issue. Therefore, any disclosure or suspicion of abuse should be reported to the staff member's line manager on the ward as soon as possible. Where the perpetrator is a member of staff or a manager, Medic Now will invoke the [Disciplinary](#) and [Whistleblowing](#) policies alongside this procedure. If a disclosure of abuse is made by a service user, care should be taken to explain to them the procedure that will be followed and they should be told that it may not be possible to maintain confidentiality.

Workers on placement need to make a report to the line manager. Workers may also want to report the abuse to Medic Now's Clinical Advisory Team at [CASupport@yourworld.com](mailto:CASupport@yourworld.com) who will follow up all abuse concerns.

All communications are stored in Medic Now's complaints system. This communication between Trust/Safeguarding Team/Local Authority/Police and agency staff will be followed up in writing.

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### Responding to concerns of allegations

Depending on the situation, managing an allegation of abuse may involve:

- A police investigation of a possible criminal offence
- Enquiries and assessment by local authorities about whether a service user needs protection or is in need of services
- Consideration by the employer of disciplinary action against the individual

In situations where there is a concern about a Medic Now worker being a subject of allegations in relation to child and/or adult protection issues, the case will be investigated by our Clinical Advisory Team alongside any local authority and Trust. In such scenarios, the worker may not be privy to all the details of the allegations or investigation details. If an agency worker resigns from their post or refuses to cooperate with the investigation process, this must not prevent an allegation being followed up.

Medic Now have a legal duty to report agency worker to the relevant disclosure and barring agency as well as the relevant Professional Registration Body.

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### Confidentiality and information sharing

When responding to abuse or harm, it is essential to ensure that information shared with relevant authorities, is done in a confidential and tactful manner.

If a child/adult is suffering or at risk of suffering significant harm, you can share information with appropriate agencies or professionals without the child's/adult's consent.

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### Mandatory reporting

Female genital mutilation (FGM) - It is illegal to carry out FGM in the UK. It is also a criminal offence for UK nationals or permanent UK residents to perform FGM overseas or take their child abroad to have FGM carried out.

### Whistleblowing

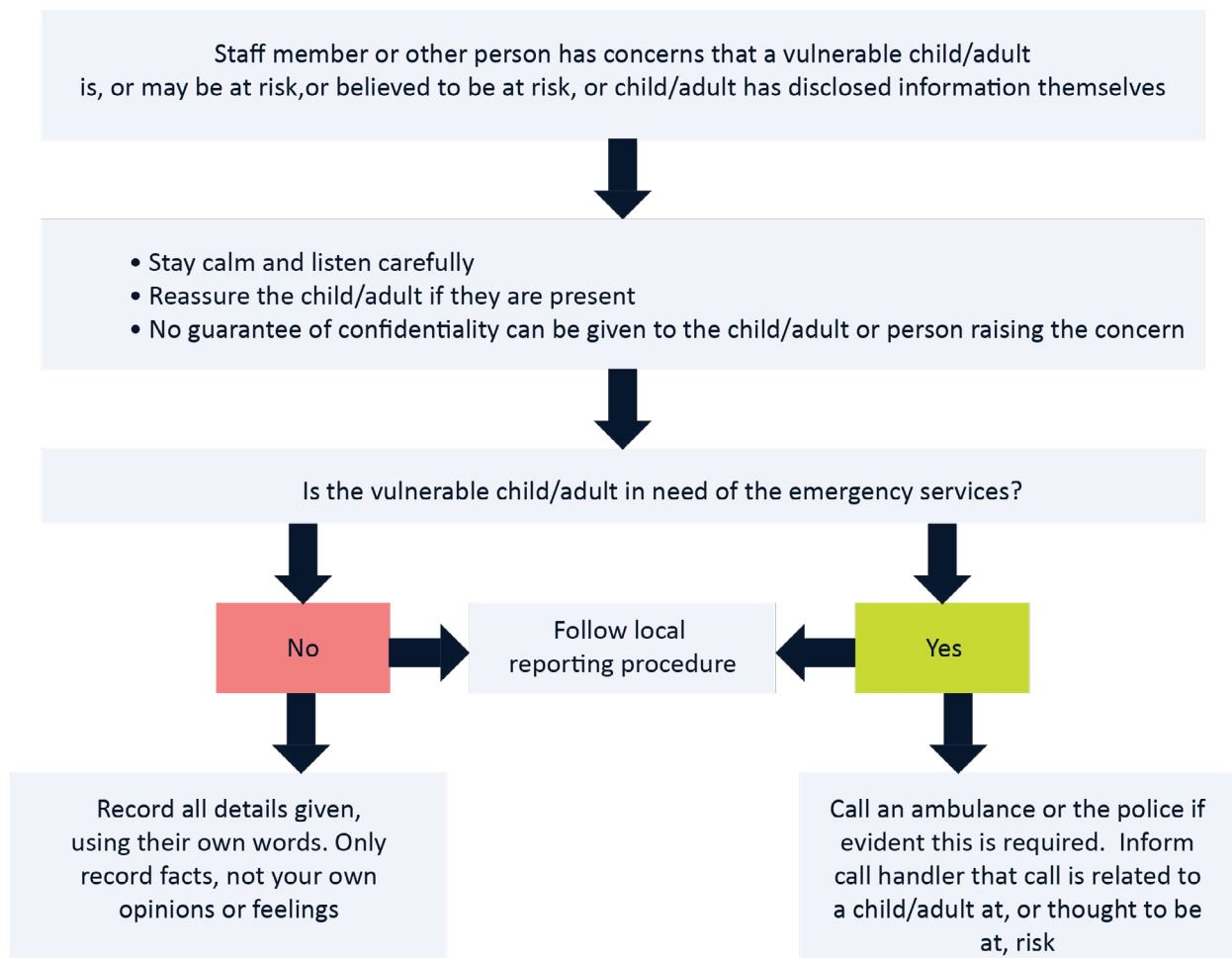
The Whistleblowing Advice Line offers free advice and support to professionals with concerns about how child/adult protection issues are being handled in their own or another organisation.

Contact the Child Whistleblowing Advice Line on: 0800 028 0285 E-mail: [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

Contact the Adult Whistleblowing Advice Line on: (020) 7404 6609 E-mail: [whistle@pcaw.co.uk](mailto:whistle@pcaw.co.uk) Website: [www.pcaw.co.uk](http://www.pcaw.co.uk)

Medic Now have a [Whistleblowing policy](#) which is available to all agency staff.

### Child/Adult Reporting Flow Chart



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### Useful contact details

Medic Now Clinical Advisory Team: [CASupport@yourworld.com](mailto:CASupport@yourworld.com)

Police emergency – 999, non-emergency 101

#### [NSPCC](#)

Phone: 0808 800 5000 (24-hour service)

If you're an adult and worried about a child, the NSPCC professional counsellors can give help, advice and support. They can give information about child sexual abuse and exploitation, including online abuse and explain how you can report a concern.

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### Additional information

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children and adults in England/Northern Ireland/Wales.

A summary of the key legislation and guidance is available from:

<https://www.nspcc.org.uk>

<https://www.scie.org.uk/care-act-2014/safeguarding-adults/>

<https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2016/04/1085-nhs-leaflet-accessible-copy.pdf>

<http://www.knowledge.scot.nhs.uk/home.aspx>

<https://online.hscni.net/>

<https://learning.nspcc.org.uk/training/health-sector-safeguarding-child-protection-courses>

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

<https://www.england.nhs.uk/safeguarding/about/>

<https://www.scie.org.uk/safeguarding/adults/>