Family Nursing & Home Care

Safeguarding Policy

Adults and Children

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Document Profile

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Version control / changes made

Date	Version	Summary of changes made	Author
August 2021	2	Previous policy transferred to new template Content reviewed and updated to reflect following changes: MASH now known as Children and Families Hub Key philosophy is 'Making Safeguarding Personal' Categories of Adult Abuse expanded to include Domestic Abuse, FGM, Modern Slavery, Hate and Mate Crime	Jenny Querns/Mo de Gruchy

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1. INTRODUCTION

1.1 Rationale

Safeguarding is an overarching term that incorporates all activities that protect children, young people and adults from harm, abuse, neglect and exploitation.

Safeguarding is everyone's business and in its broadest terms, abuse can happen to anyone, anywhere, and responsibility for dealing with it lies with us all as members of the public, volunteers and professionals.

Making Safeguarding Personal (MSP) is the philosophy that now underpins multi-agency adult safeguarding in Jersey.

MSP means that safeguarding:

(SPB 2021)

Family Nursing & Home Care (FNHC) recognises the need to protect those members of the community who are unable to protect themselves against significant harm and exploitation.

The aim of this policy is to provide consistent evidence based approaches to safeguarding children, young people and adults at risk of harm or abuse across FNHC in all of its services.

This policy sets out the requirements for FNHC to discharge its appropriate accountability for safeguarding children, young people and adults at risk of harm or abuse and is in keeping with the requirements of the Jersey Care Commission Standards for Home Care (JCC 2019).

This policy should be read alongside the Jersey Safeguarding Partnership Board's (SPB) Memorandum of Understanding (MOU) (SPB 2019b). The MOU, signed by partnership agencies including FNHC, establishes how organizations should work with the SPB and details commitments and safeguarding standards.

1.2 Scope

This policy applies to all employees and workers of FNHC, including the committee of managers, secondees into and out of the organisation, volunteers, students, honorary appointments, trainees, contractors, temporary workers, those working on the bank or agency contractors.

For ease of reference all employees and workers who fall under these groups will be uniformly referred to as "staff" in this document.

1.3 Role and Responsibilities

Chief Executive Officer

The Chief Executive Officer is responsible for:

- ensuring that safeguarding is an organisational priority
- allocating resources for senior clinical leadership including those with responsibility and expertise in safeguarding
- making safeguarding a strategic priority
- leading on an appropriate response to issues that may attract media interest

Director of Governance, Regulation and Care

The Director of Governance, Regulation and Care is responsible for:

- ensuring that systems and processes are in place to safeguard children, young people and adults at risk of harm
- ensuring that training is made available for staff
- monitoring training compliance
- monitoring trends in safeguarding

Safeguarding Lead Nurse for Adults and Children

The Safeguarding Lead Nurse for Children and Adults is responsible for:

- promoting excellence in practice
- leading good professional safeguarding practice
- providing advice and supervision to staff within the service
- acting as a role model for best practice and demonstrating core values essential to safeguarding
- maintaining in-depth knowledge of children's health and development, what constitutes abuse and neglect and of the systems and processes which need to be in place for the safeguarding and promotion of the welfare of children, young people and adults at risk of harm
- ensuring that FNHC follow the commitment to support all staff to maintain training and awareness in line with Intercollegiate recommendations (RCN 2018 & 2019).
- Working in partnership with the SPB, the island wide named nurses and Designated Island Leads.
- notifying the Jersey Care Commission (JCC) of any safeguarding referrals

Operational Leads, Team Leaders and Specialist Nurses

Operational Leads, Team Leads and Specialist Nurses are responsible for:

- promoting excellence in practice through working in partnership with the Safeguarding Lead for Adults and Children
- as the Registered Manager, notifying the Jersey Care Commission of any safeguarding referrals
- understanding the safeguarding policy and the commitment of FNHC to ensure all staff are supported to maintain training and awareness
- ensuring that their staff have access to this policy
- conducting regular staff appraisal which reviews the training requirements of each role and assesses if changes to the duties of the role have taken place which warrant a new and different level of safeguarding responsibility
- enabling staff to follow the safeguarding policy
- releasing staff to attend the appropriate training required to meet the recommendations of the Intercollegiate Guidance (RCN 2018 & 2019)

All Staff

All staff are responsible for:

- identifying signs of abuse/possible abuse
- protecting children, young people and adults at risk from harm through following organisational safeguarding policy and procedures
- notifying their Operational Lead/Safeguarding Lead Professional of concern, suspicion or evidence of abuse/neglect/exploitation and notify of safeguarding referral made within 48 hours of doing so
- undertaking supervision as appropriate to their role
- attending the training which meets the recommendations of the RCN Intercollegiate guidance as set out in FNHC training policy and in partnership with the SPB, ensuring that they have the required competencies to recognise child/adult maltreatment as appropriate to their role
- ensuring that they never prevent nor persuade any person from raising concerns, suspicions or presenting evidence
- recording all factual information accurately following local policy as set by the SPB and as per NMC/HCPC Codes of Practice
- following this policy in line with the multi-agency procedures found on line via the SPB

2. POLICY

2.1 Key Principles

Family Nursing & Home Care are committed to:

- ✓ ensuring that the voice of a vulnerable child, young person or adult at risk of harm or abuse will be listened to, heard and responded to
- ✓ ensuring systems and services are in place which provide support for vulnerable children, young people and adults where “nothing is done to them without them”.
- ✓ enabling staff to identify families at risk of poor outcomes through access to training, support and specialist safeguarding advice.
- ✓ providing support at the earliest opportunity, working together with other agencies, sharing information proportionally, and making timely referrals to relevant agencies to secure the best outcomes
- ✓ developing services which can respond effectively to families with challenging and complex need
- ✓ working restoratively and in a trauma-informed way which strengthens a child, young person, family’s or adult’s resilience and ability to problem solve
- ✓ working to the six recommended principles of Making Safeguarding Personal
- ✓ following a “Think Child, Think Parent, Think Family “approach
- ✓ following the paramountcy principle , and best interests of the child as central to practice
- ✓ using professional judgement and curiosity
- ✓ putting the child, young person or vulnerable adult’s needs first so that the right solution can be found to meet their identified need
- ✓ using an outcomes based focus to enable a child, young person, family or adult to achieve their aspirations, goals and priorities
- ✓ providing a process for staff to escalate concerns following professional difference/escalation process,
- ✓ providing a process for staff to work together with complex cases which may be stuck or have drift through single or multi-agency safeguarding restorative supervision

2.2 Legislative Framework

Responsibilities for safeguarding are enshrined in legislation. Some duties apply only to children, some apply only to adults, and some apply to both. The fundamental differences between the legislative framework for safeguarding for children and for adults stem from who can make decisions.

Jersey lacks legislation in some areas and where this occurs it will follow best practice guidance and take this into account (also see Appendix 1 & 2)

Key pieces of legislation and statutory guidance are:

- ✓ Care Act (2014) (followed as best practice in Jersey)
- ✓ HM Government ‘Working Together to Safeguard Children’ (2018)
- ✓ ‘Think Local Act Personal’: Next steps for transforming adult social care (2016)

- ✓ Children's Act 2014 (followed as best practice in Jersey)
- ✓ United Nations Convention on the Rights of the Child (UNCRC 1990)
- ✓ Nursing and Midwifery Council Code 2018
- ✓ 'Think Child, Think Parent, Think Family' (SCIE 2011)

- ✓ Capacity and Self Determination (Jersey) Law 2016
- ✓ Mental Health (Jersey) Law 2016
- ✓ Regulation of Care (Jersey) Law 2014
- ✓ Sexual Offences (Jersey) Law 2018
- ✓ Children's (Jersey) Law 2002
- ✓ Human Rights (Jersey) Law 2018
- ✓ Government of Jersey 'Children and Young People's Plan 2019-23

2.2.1 Children and Young People at Risk of Harm

The decision-making power relating to children lies with those who have parental responsibility for the child as set out in the Jersey Children's Law 2002 (the 'Law').

As a child grows in maturity and understanding, the Law gives the child a greater say in decisions. Once a child understands fully the choice to be made and its consequences, the child's view prevails (NSPCC 2020) at least as regard to consent, though on occasions the courts have been prepared to override a capable child's refusal for life-saving treatment.

Some children are in need because they are suffering, or likely to suffer, significant harm. The Law introduced the concept of Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of children. It gives statutory agencies, such as the Children's Service and the Police, a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm. Part 4 of the Law enshrines the concept of Significant Harm.

The criteria, including the level of need, for when a child is referred to Children's Services for assessment under the Law includes:

- ✓ Article 42 Safeguarding
- ✓ Article 24 Care Proceedings
- ✓ Article 17 Duty to accommodate a child

There is no statutory provision for a Child in Need in Jersey. This is currently under review as part of a new programme of legislation, namely the Children's Legislation Transformation Programme.

There are no absolute criteria on which to rely when judging what constitutes Significant Harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment. Sometimes, a single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.

Children or young people who live in families and social circumstances where their health and development is neglected over time, suffer the corrosiveness of long-term neglect, which will involve emotional harm and can include physical or sexual abuse that causes impairment to the extent of constituting significant harm.

Sometimes 'significant harm' refers to harm caused by one child to another (which may be a single event or a range of ill treatment), which is generally referred to as 'peer on peer abuse'.

To deliver effective support for children and families, there is a shared understanding and language of the needs of the child and family. This facilitates working effectively together to make a real difference.

The Continuum of Children's Needs (SPB 2019a) supports and gives guidance to all who work with children, young people and families in Jersey. It sets out the levels of children's needs - Universal, Early Help, Child in Need of Support and Child in Need of Protection and helps to inform 'professional conversations'.

2.2.2 Adults at Risk of Harm

Adults have a legal right to make their own decisions, even if they are unwise, as long as they have capacity to make that decision and are free from coercion or undue influence. Living a life that is free from harm or abuse is a fundamental human right for every person and an essential requirement for health and well-being.

In the UK, the Care Act 2014 created a single law for adult care and support, this requires local authorities to make enquiries, or to ask others to make enquiries where they reasonably suspect that an adult in their area with care and support needs is at risk of abuse or neglect. The purpose of the enquiry is to establish what, if any, action is required in relation to the case.

In Jersey the SPB Safeguarding Adults Procedure applies to any adult aged 18 or over who:

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

The procedure applies equally to those adults with care and support needs regardless of whether those needs are being met, regardless of whether the adult lacks capacity or not, and regardless of setting.

Many factors may increase the risk of abuse or make a person less able to protect himself or herself:

- ✓ Not having the mental capacity to make decisions about their own safety including fluctuating mental capacity associated with mental illness and other conditions.
- ✓ Communication difficulties
- ✓ Physical dependency - being dependent on other people for personal care and daily life activities/being cared for in a care setting
- ✓ Previous experience of abuse as an adult or in childhood and low self-esteem
- ✓ Not receiving the right amount or kind of care
- ✓ Stigma and discrimination
- ✓ Isolation and social exclusion
- ✓ Lack of access to information and support
- ✓ Being the focus of anti-social behaviour

An adult at risk may therefore be a person who is elderly and physically disabled due to ill health or cognitive impairment, has a learning disability; has a physical disability and / or a sensory impairment; has mental health needs including dementia or a personality disorder; has a long-term illness / condition; misuses substances or alcohol; is unable to demonstrate the capacity to make a decision and is in need of care and support; this list is not exhaustive.

2.3 Definitions of Abuse

2.3.1 Children and Young People (<18 years old)

Type of Abuse	Definition
Physical	A form of abuse, which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
Emotional	The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual	Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Adult males do not solely perpetrate sexual abuse. Women can also commit acts of sexual abuse, as can other children.
Neglect	The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy because of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: • provide adequate food, clothing and shelter (including exclusion from home or abandonment); • protect a child from physical and emotional harm or danger; • ensure adequate supervision (including the use of inadequate care-givers) • ensure access to appropriate medical care or treatment It may also include neglect of, or unresponsiveness to, a child's basic emotional needs social and educational needs

2.3.2 Adults (18 years old and over)

Type of Abuse	Definition
Physical	A form of abuse which may involve assault, rough handling, being hit, or injured on purpose, pushing, pinching, misusing medication, poisoning, burning or scalding, inappropriate sanctions, and exposure to excessive heat or cold, unappropriated use of restraint or physical interventions and/or deprivation of liberty and restraining someone inappropriately.
Psychological/ Emotional	This is behaviour that has a harmful effect on the person's emotional health and development or any form of mental cruelty that results in, mental distress, the denial of basic human and civil rights such as self-expression, privacy and dignity; negating the right of the adult at risk to make choices and undermining their self-esteem; isolation and over-dependence that has a harmful effect on the person's emotional health, development or wellbeing; bullying, verbal attacks; intimidation, threats, humiliation, extortion, racial, verbal or psychological abuse

Sexual	Direct or indirect involvement in adult at risk in sexual activity or relationships that they do not want or consent to, they cannot understand and lack the mental capacity to be able to give consent; they have been coerced into because the other person is in a position of trust, power or authority or they are required to watch sexual activity which is not a choice or consented, involvement in a sexual activity which is unwanted or not understood, unwanted sexual attention
Neglect or Acts of Omission	Behaviour that can lead to neglect includes ignoring medical or physical needs, failing to allow access to appropriate health, social care and educational services, and withholding the necessities of life such as medication, adequate nutrition, hydration and heating, not providing food, clothing, attention or care. Withholding of aids or equipment (continence, walking, hearing, glasses), putting someone at risk of infection. Neglect can be intentional or unintentional Intentional neglect is wilfully failing to provide care, wilfully preventing an adult at risk from getting the care they need; or being reckless about the consequences of the person not getting the care they need. Unintentional neglect is a carer failing to meet the needs of the adult at risk because they do not understand the needs of the individual, they may not know about services that are available or because their own needs prevent them from being able to give the care, the person needs. It may also occur if the individuals are unaware or do not understand the possible effects of the lack of action on the adult at risk.
Self-Neglect	Self-neglect is the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the individual and potentially to their neighbours and the community. It includes a lack of self-care, neglect of personal hygiene, nutrition, hydration and/or health, thereby endangering safety and wellbeing, and/or lack of care of one's environment – squalor and hoarding, and/or refusal of services that would mitigate risk of harm.
Financial or Material	This is the use of a person's property, assets, income, funds or any resources without their informed consent or authorisation. It includes:- • Theft or misuse of money • Fraud • Exploitation • Undue pressure in connection with property or personal possessions and includes any pressure in connection with wills, property or inheritance • The misuse of misappropriation of property, possessions or benefits • Or the misuse of an enduring power of attorney or lasting power of attorney.

Institutional	Institutional abuse is the mistreatment, abuse or neglect of an adult at risk by a regime or individuals within settings and services that adults at risk live in or use, that violate a person's dignity, resulting in lack of respect for their human rights. Institutional abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affects the whole setting and denies, restricts or curtails the dignity, privacy, choice independence or fulfilment of adults at risk.
Discriminatory	Discriminatory abuse exists when values, beliefs or culture result in misuse of power that denies opportunity to some groups or individuals and this results in harm, treating people differently or worse than you would want to be treated because they are older, more frail, confused or otherwise vulnerable. Psychological abuse that is racist, sexist or linked to a person's sexuality, disability, religion, ethnic origin, gender, culture or age. Exploitation of a person at risk for recruitment or radicalisation into terrorist related activity. Radicalisation of 'vulnerable' persons.
Domestic Abuse	Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. Domestic abuse can take many forms: • Physical • Emotional • Sexual • Financial • Honour Based Violence • Forced Marriage • Stalking and Harassment
Female Genital Mutilation (FGM)	FGM is a collective term for procedures which include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences. The procedure is typically performed on girls aged between 4 and 13, but in some cases it is performed on young women before marriage or pregnancy. FGM usually happens to girls whose mothers/grandmothers or extended family have had FGM or if their father comes from a practising community. Therefore if you become aware of FGM in adults, you should 'think family' and consider whether there are risks to any female children in the family.

Modern Slavery	Modern slavery refers to the offences of human trafficking, slavery, servitude, and forced or compulsory labour. Victims of modern slavery are exploited in a range of ways. Both adults and children can be trafficked for the purposes of exploitation, with sexual exploitation, labour exploitation or criminal exploitation being the most common types reported in the UK. Other types also exist, including domestic servitude. Organ harvesting has also been reported, although no confirmed cases have occurred in the UK These crimes also include facilitating a person's travel with the intention of exploiting them soon after. Although human trafficking often involves an international cross-border element, it is also possible to be a victim of modern slavery within your own communities. It is also possible to be a victim even if consent has been given to be moved. Children cannot give consent to being exploited therefore the element of coercion or deception does not need to be present to prove an offence.
Hate and Mate Crime	Hate and mate crime involves acts of violence or hostility directed at people because of who they are, or who someone thinks they are. Hate crimes happen because of prejudice or hostility based on a person's disability, race, religion, sexual orientation or transgender identity. Mate crime is a form of crime in which a perpetrator befriends a vulnerable person with the intention of exploiting them financially, physically or sexually. Mate crime happens when someone 'makes friends' with a person and goes on to abuse or exploit that relationship. The founding intention of the relationship, from the point of view of the perpetrator, is likely to be criminal. The relationship is likely to be of some duration and, if unchecked, may lead to a pattern of repeated and worsening abuse. People with learning disabilities may be situationally vulnerable to mate crimes. They may be living very isolated lives but, like everyone, need friends. This need is easily exploited. In addition, many people with learning disabilities haven't had the usual opportunities to become 'streetwise' when growing up. Incidents can therefore be more likely to take place when they are in the community, on public transport or using services without support.

2.4 Safe Recruitment

FNHC recruitment processes will identify, deter and reject people who are a risk to children and adults. Prior to employment and specific to their job role, new employees of FNHC are required to undergo a Disclosure and Barring Service (DBS) record check and additional vetting checks to confirm suitability. Further DBS checks of all relevant current employees are required at least every three years.

There may also be a requirement to carry out a further DBS check if an employee is changing job roles, for example from working solely with the care of adults to working with the care of children or young people.

The Home Care Standards state that employees “must not have any contact with people receiving care or support or have access to their personal information or data prior to completion of (DBS) checks” (JCC 2019).

2.5 Training

All health care staff must have the competencies to recognise safeguarding concerns and to take effective action appropriate to their role and it is the duty of FNHC to facilitate access to training and education. This enables the organisation to fulfil its aim to protect children, young people and adults at risk of harm and neglect.

Safeguarding competencies are the set of abilities that enable staff to effectively safeguard, protect and promote the welfare of their clients. Different staff groups require different levels of competence depending on their role and degree of contact with children, families and adults at risk of harm.

FNHC sets expectations that all staff will meet the competencies as outlined in the Royal College of Nursing (RCN) Intercollegiate Guidance documents (RCN 2018 & 2019).There are five levels of competence; all staff across FNHC should be competent in one of the five levels, which meets their role specific needs.

FNHC ensures staff have access to safeguarding training via multi-agency training available through the SPB and HCS. All staff should become familiar with the programme of content and access relevant to programmes commensurate with their level of practice, as set out in FNHC's training profiles.

FNHC provides safeguarding training at induction, in-house training as required and as outcome to specific learning as recommended from Serious Incidents, Serious Case Review or Rapid Reviews. Attendance at safeguarding restorative supervision, involvement in working parties, and internal and external learning events can be collated towards staff's yearly training requirements.

Staff personal development plans and evidence of safeguarding training will be captured at individual personal reviews where reflective diaries can be used for revalidation.

2.6 Safeguarding Restorative Supervision (SRS)

SRS is made available to staff on a one to one, consultative or group supervision basis. Staff will be invited to sign supervision agreements, which set out the expectations of their supervisee and of their own responsibilities as supervisors Staff have a responsibility to ensure they have booked supervision, as appropriate to their role on a quarterly, group or consultative basis. Attendance at supervision will be captured towards safeguarding training, and is provided by suitably qualified safeguarding supervisors in FNHC, as per FNHC Safeguarding Restorative Supervision Policy.

2.7 Managing Allegations against Staff

It is essential that any allegation of abuse made against FNHC staff; is dealt with fairly, quickly and consistently, in a way that provides effective protection and at the same time supports the person who is subject of the allegation (SPB 2018; SPB 2020).

FNHC is responsible for responding to allegations about any person working for them in a position of trust with adults with care and support needs and will undertake all necessary action in line with their internal process and agreed timescales. This must include referring immediately to the Jersey Designated Officer (JDO)/Adult Workforce Designated Officer (AWDO) for managing allegations.

The JDO/AWDO will:

- Screen the referral and completing an initial risk assessment
- Be involved in the management and oversight of individual cases
- Provide advice and guidance on managing allegations to employers and voluntary organisations
- Liaise with Police and other agencies, where necessary
- Monitor the progress of cases to ensure they are dealt with as quickly as possible, using a consistent, thorough and fair process
- Ensure data collection
- Complete the closure form

2.8 Data Protection

The Data Protection (Jersey) Law 2018 contains ‘safeguarding of children and individuals at risk’ as a processing condition that allows practitioners to share information. This includes allowing practitioners to share information without consent where:

- it is not possible to gain consent
- it cannot be reasonably expected that a practitioner gains consent
- if to gain consent would place a child or individual at risk

The Data Protection Act 2018 and GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children or individuals safe. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children or adults at risk of harm.

3. PROCEDURES

3.1 Adult and Child Protection Procedures

There are occasions when there is a belief or a concern that a child, young person or adult at risk has suffered significant harm or is likely to suffer significant harm.

On these occasions, staff should discuss the case with their line manager or the FNHC Lead Nurse for Safeguarding Adults and Children, unless their level of competence enables them to refer without the need for discussion.

If following referral the child, young person, family or adult does not meet the threshold for statutory intervention with social work services, the steps taken to safeguard them, the advice sought, analysis and decision making should be recorded in their records. This should also state the reason for the planned package of care for the client.

Staff should book SRS with their safeguarding supervisor, in cases where they either plan to or have made a safeguarding referral.
It is within the SRS space that reflection, analysis and understanding can be conducted, where referrals can be reviewed and discussed in a safe space.

For the majority of vulnerable families their needs can be met through:

- ✓ a single agency involvement
- ✓ Early Help Process (children and young people)
- ✓ Multi-Agency Team Meeting or referral to Children and Families Hub/Single Point of Referral (SPOR)
- ✓ sign posting to supportive agencies (see 3.6 and 3.7 and Appendix 5)

Details of referrals also need to be captured on EMIS by following the process as detailed in Appendix 3 (Children) and Appendix 4 (Adults)

The outcome of the referral should be recorded. If the referrer is not satisfied with the outcome, they should follow the FNHC Resolving Professional Differences/Escalation Policy and also discuss the case at an SRS session.

3.2 Dealing with Disclosure and Confidentiality

An allegation by the person who reports that they have been abused must be listened to and heard whatever form their attempts to communicate takes. The member of staff concerned must listen and on no account should suggestions be made to an alternative explanation for their worries.

A written and dated record should be made of the allegations at the time and signed by the member of staff to whom the allegation was made. Members of staff should make it clear to the person, who has confided in them that, in some circumstances they may be bound to pass on what they have been told.

3.3 Information Sharing

It is important that clients remain confident that their personal information is kept safe and secure and that staff maintain the privacy rights of the individual, whilst sharing information to deliver better services.

It is important that staff can share information appropriately as part of their day-to-day practice and do so confidently.

The seven Golden Rules for information sharing are:-

- ✓ The Data Protection (Jersey) Law 2018 is not a barrier to sharing information
- ✓ Keep a record of your decision and reasons for it. Record what you have shared with whom and for what purpose
- ✓ Be open and honest with the person (and/or their family where appropriate) at the outset about, why, what, how and with whom information will, or could be shared and seek their agreement unless it is unsafe or inappropriate to do so
- ✓ Seek advice if you are in doubt, without disclosing the identity of the person where possible
- ✓ Share with consent where appropriate, and where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent, if your judgement, that lack of consent can be overridden in public interest. You will need to base your judgement on the facts of the case
- ✓ Consider safety and well-being of the person and the others who may be affected by their actions
- ✓ Only share information that is necessary, proportionate, relevant, accurate, timely and secure.

3.4 Managing Safeguarding Concerns

All staff working with children, young persons or adults at risk of harm should be alert to the risks which individual abusers or potential abusers may pose to the person at risk and to themselves. Staff need to take into account the needs of supportive agencies and their own need to gather and analyse information as part of an assessment and their responsibilities if the person is in immediate danger

When dealing with a child, young person or adult at risk, the first response taken on discovering an incident has occurred or when concerns are raised is critical to any subsequent enquiry and to outcomes. In some cases, the course of action is very clear, for example where a person has been subjected to a physical assault and needs immediate medical treatment for injuries, or there is an allegation/suspicion of a crime.

The timing of an enquiry to the Children and Families Hub or Adult Safeguarding should reflect the level of perceived risk of harm. In the event of being unable to seek advice in a timely manner about a safeguarding matter or where a delay would put the person at further risk of harm a referral should be forwarded to the appropriate safeguarding service, without waiting.

3.4.1 Dealing with Urgent Situations

In urgent circumstances, formal enquiry to the Children and Families Hub and/or the Safeguarding Adults Team must not delay the need for urgent medical treatment, nor the need to call the Police and/or the emergency services. In urgent situations, to raise a concern about the immediate safety or welfare, call the States of Jersey Police on 612612 or 999 in an emergency.

In all cases:

- ✓ seek medical attention where there is a possibility that an injury may have occurred, even where there are no visible signs
- ✓ preserve evidence (see 3.5)
- ✓ aim to prevent further harm
- ✓ reassure the child or young person, the family and/or the adult at risk of harm
- ✓ aim to prevent intimidation by any person allegedly causing harm
- ✓ obtain only sufficient information to be able to tell the police, the medical personnel or management what is believed to have happened, when and where If an alleged/suspected crime is to be reported:
- ✓ contact the police: 999 for an emergency (e.g. rape, serious physical or sexual assault, robbery) and 612612 for non-emergency incidents/allegations (e.g. a crime where a safeguarding issue is not alleged/suspected)
- ✓ DO NOT ask questions of any person allegedly causing harm
- ✓ Follow the referral process for children, young people or adults at risk of harm after this point.

3.5 Preserving Evidence

If the alleged perpetrator is in the same location, keep them separate to the alleged victim.

If a physical or sexual assault is known or suspected to have happened, in order to preserve evidence please ensure the person does not wash.

If a sexual assault is suspected or known to have happened, ensure that the person does not have anything to eat or drink until agreed by the police unless this is contrary to medical advice.

Ensure that the person does not change their clothes unless essential for the person's wellbeing. If this is necessary, put each item in a separate bag.

Nothing should be touched which may be a source of evidence unless it is vital to do so to safeguard the victim or prevent further crime. No one should tidy or remove anything from the location.

The number of people entering the location or having contact with the alleged victim should be minimised. Try not to allow the same person to deal with both the victim and the person alleged to have caused the harm (to prevent cross contamination). If the same person has had contact with both, record this for the police.

If there are any witnesses, record their details and give these to the police.

Secure any timekeeping sheets for duty staff to prevent them being tampered with and secure medical and care records for the adult at risk to prevent them being tampered with.

3.6 Where a child is considered at risk of significant harm

3.6.1 Risk is immediate

- Follow the guidance as set out in 3.4.1 Urgent Situations and 3.5 Preserving Evidence.

- Contact the Children and Families Hub (CFH) on 01534 519000 Monday to Thursday 0830 to 1700 hrs Friday 0830 to 1630hrs. Outside of these hours contact the Duty Social Worker on 01534 442000 or contact the Police Public Protection Unit on 01534 612240.

- This should be followed by completing an online CFH Practitioners Request Form using this link CFH Mosaic Portal Request for Support (appendix 6) available via the Children and Families Hub Homepage.

- The FNHC Lead Nurse for Safeguarding Adults and Children must be notified of this request

- An appropriate senior manager must notify the JCC as required by the Standards for Home Care

3.6.2 Risk is not immediate

- Complete an online CFH Practitioners Request Form using this link CFH Mosaic Portal Request for Support (appendix 6) available via the Children and Families Hub Homepage.

- The FNHC Lead Nurse for Safeguarding Adults and Children and the relevant Operational Lead must be notified of this request via email

- An appropriate senior manager must notify the JCC as required by the Standards for Home Care

3.7 Where an adult is considered at risk of significant harm

3.7.1 Risk is immediate

- Follow the guidance as set out in 3.4.1 Urgent Situations and 3.5 Preserving Evidence.

- During office hours call the Adult Social Services Single Point of Referral (SPOR) on 01534 444440 or contact the Police Public Protection Unit on 01534 612240. Out of hours advice can be sought from the FNHC on-call manager who can direct staff to take appropriate action.

- This should be followed by completing a Raising a Safeguarding Concern (Adults) Form available via this link Safeguarding Adults Raising Concerns Form (appendix 7). The completed form should be forwarded to SPOR with a copy to the FNHC Lead Nurse for Safeguarding Adults and Children and the relevant Operational Lead

- An appropriate senior manager must notify the JCC as required by the Standards for Home Care

3.7.2 Risk is not immediate

- Complete a Raising a Safeguarding Concern (Adults) Form available via this link Safeguarding Adults Raising Concerns Form (appendix 7). The completed form should be forwarded to SPOR with a copy to the FNHC Lead Nurse for Safeguarding Adults and Children.

- An appropriate senior manager must notify the JCC as required by the Standards for Home Care

3.8 How to complete an Adult Safeguarding or CFH Enquiry

- Identify your concerns clearly, what you are concerned about and what evidence you have for your concern, if there is urgent action required to protect the adult or child at risk and or any other siblings or relatives in the home

- Name; Age; Date of Birth; Address; Ethnicity; Family Composition; current location

- With a child, if possible identify who has parental responsibility

- The person's GP; a child's health visitor/school nurse if known; the nursery or school they attend.

- Any other agencies involved in their care

- Any significant medical history

- The feelings and wishes of the child, young person or adult for whom the enquiry applies

Basic record keeping principles to follow when completing any enquiry form:

- keep to the point and state the facts – what you saw, heard, did
- abbreviations should be avoided
- the purpose for including information needs to be clear
- the information on the form should flow and avoid repetition
- include facts on the cause of concern but also evidence to support it
- referrals should never include assumptions
- agencies should not comment on other agencies practice, merely state their engagement if known

3.9 Consent

Wherever possible consent should be sought to disclose information to other agencies. FNHC routinely seek consent and advise parents on their first contact that all information shared is confidential except where a child may be considered to be at risk of harm.

However even though this is an agreed position all staff must make parents/guardians aware of any referral of a safeguarding nature, unless to do so may put the person or themselves at further risk of harm (seek advice if necessary on this point).

The ability for a young person to make their own decisions about their own care and treatment and rights to confidentiality may be based upon Gillick competence or the Fraser Guidelines. It is however good practice to seek consent from competent children and to encourage competent children to involve their families or carers when consenting to share information.

3.10 Capacity and Self Determination

As an organisation who provides care and support to antenatal women, children, young people and adults, FNHC has in place capacity guidance relevant to the needs of the staff employed within the organisation.

Capacity is the concept, which refers to an individual having the ability to make a specific decision at the time it needs to be made.

The five core principles of the Capacity and Self-Determination Law (CSDL) (SofJ 2018) are:

1) All Adults (16 +) are assumed to have capacity unless it is established that they lack capacity. A person aged 16 + is assumed capable of making their own decisions
2) A person is not to be treated as unable to make a decision unless all practicable steps to support them to do so have been taken without success
3) A person is not to be treated as unable to make a decision merely because they make an unwise decision
4) An act done, or decision made, under the Law for or on behalf of a person who lacks capacity must be done, or made, in their best interests
5) Before an act is done, or a decision made which is restrictive of a person's rights and freedom of action, regard must be had to whether the purpose for which it is needed can be achieved as effectively in a less restrictive way.

The Mental Health (Jersey) Law 2016 covers and empowers children aged 16 and 17; once18 the young person is an adult. When issues about a child's upbringing, or their money or property are considered by a court, statute makes it clear that "the child's welfare shall be the courts' paramount consideration, known widely as the "paramountcy principle".

3.11 Advocacy

At the start of the assessment process, or at any later point, the ability of the adult or child to understand and engage in the enquiry must be assessed and recorded.

If it appears that a person has care and support needs, then a judgement must be made as to whether that person has 'substantial difficulty' in being involved and if there is not, an appropriate individual to support them.

The CSDL makes provision for an Independent Capacity Advocate (ICA) service that provides safeguards for people who lack capacity to make certain decisions at the time they need to be made if they have nobody else who is willing and appropriate to represent them in working out their best interests.

These specific decisions are:

- change of long-term accommodation
- serious medical treatment
- requesting authorisation of a significant restriction on liberty

Relevant professionals supporting a person in the circumstances detailed above should request an ICA at the earliest opportunity, preferably as soon as they are aware that a decision will need to be made.

The ICA will:

- be independent of the person making the decision
- provide support for the person who lacks capacity
- represent and support the person without capacity in discussions to work out whether the proposed decision is in the person's best interests
- raise questions or challenge decisions which appear not to be in the best interests of the person

4. CONSULTATION PROCESS

Name	Title	Date
Jenny Querns	Safeguarding Lead Nurse FNHC	12/08/2021 31/08/2021
Mo de Gruchy	Quality Performance and Development Nurse	12/08/2021
Judy Foglia	Director of Governance Regulation and Care	03/09/2021
Tia Hall	Operational Lead Adult DN Services	03/09/2021
Michelle Cumming	Operational Lead Child and Family Services	03/09/2021
Clare Stewart	Operational Lead Out of Hospital Services	03/09/2021
Teri O'Connor	Home Care Manager	03/09/2021
Justine Bell	Education and Performance Development Nurse	03/09/2021

Elspeth Snowie	Clinical Effectiveness Facilitator	03/09/2021
Claire White	Head of Quality, Governance and Care	03/09/2021

5. IMPLEMENTATION PLAN

Action	Responsible Person	Planned timeline
Email to all staff	Secretary/Administration Assistant (Quality and Governance Team)	
Policy to be placed on organisation's Procedural Document Library	Secretary/Administration Assistant (Quality and Governance Team)	
Forms/templates to be uploaded to Central Filing	Head of Information Governance and Systems	

6. MONITORING COMPLIANCE

Audits of relevant training records and safeguarding referrals/enquiries can be used to monitor compliance. Analysis of any related incidents reported via the Assure risk management system can be used to identify any common themes/areas of concern.

7. EQUALITY IMPACT STATEMENT

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display. The organisation is committed to promoting a culture founded on these values.

Always:

- ✓ Putting patients first
- ✓ Keeping people safe
- ✓ Have courage and commitment to do the right thing
- ✓ Be accountable, take responsibility and own your actions
- ✓ Listen actively
- ✓ Check for understanding when you communicate
- ✓ Be respectful and treat people with dignity
- ✓ Work as a team

This policy should be read and implemented with the Organisational Values in mind at all times.

8. GLOSSARY OF TERMS

None

9. REFERENCES

HM Government (2018) *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children.* Available at Working Together to Safeguard Children 2018 (publishing.service.gov.uk). Last accessed 24th August 2021

Jersey Care Commission (2019) *Care Standards: Home Care.* Available at JCC-Care-Standards-Home-Care-2019-v1..pdf (carecommission.je). Last accessed 25th August 2021

NSPCC (2020) *Gillick Competency and Fraser Guidelines.* Available at Gillick competence and Fraser guidelines | NSPCC Learning. Last accessed 27th August 2021

Royal College of Nursing (2018) *Adult Safeguarding: Roles and Competencies for Health Care Staff.* Available at PDF-007069 (1).pdf. Last accessed 24th August 2021.

Royal College of Nursing (2019) *Safeguarding Children and Young People: Roles and Competencies for Health Care Staff.* Available at 007-366.pdf

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.* Available at MANAGING ALLEGATIONS FRAMEWORK Arrangements for managing allegations against people who work with children or those who are in a position of trust (safeguarding.je). Last accessed 25th August 2021

Safeguarding Partnership Board (2019a) *Continuum of Need: Guidance and advice to all who work with children and young people who appear to need extra help, support and/or protection.* Available at Continuum-of-Need-Final-2020.pdf (safeguarding.je). Last accessed 24th August 2021

Safeguarding Partnership Board (2019b) *Memorandum of Understanding 2019/2020 Co-operation with the Safeguarding Partnership Boards for the purpose of safeguarding children and adults in Jersey*. Available at 2019-SPB-MOU-v13-FINAL-with-amendment.pdf (safeguarding.je). Last accessed 24th August 2021

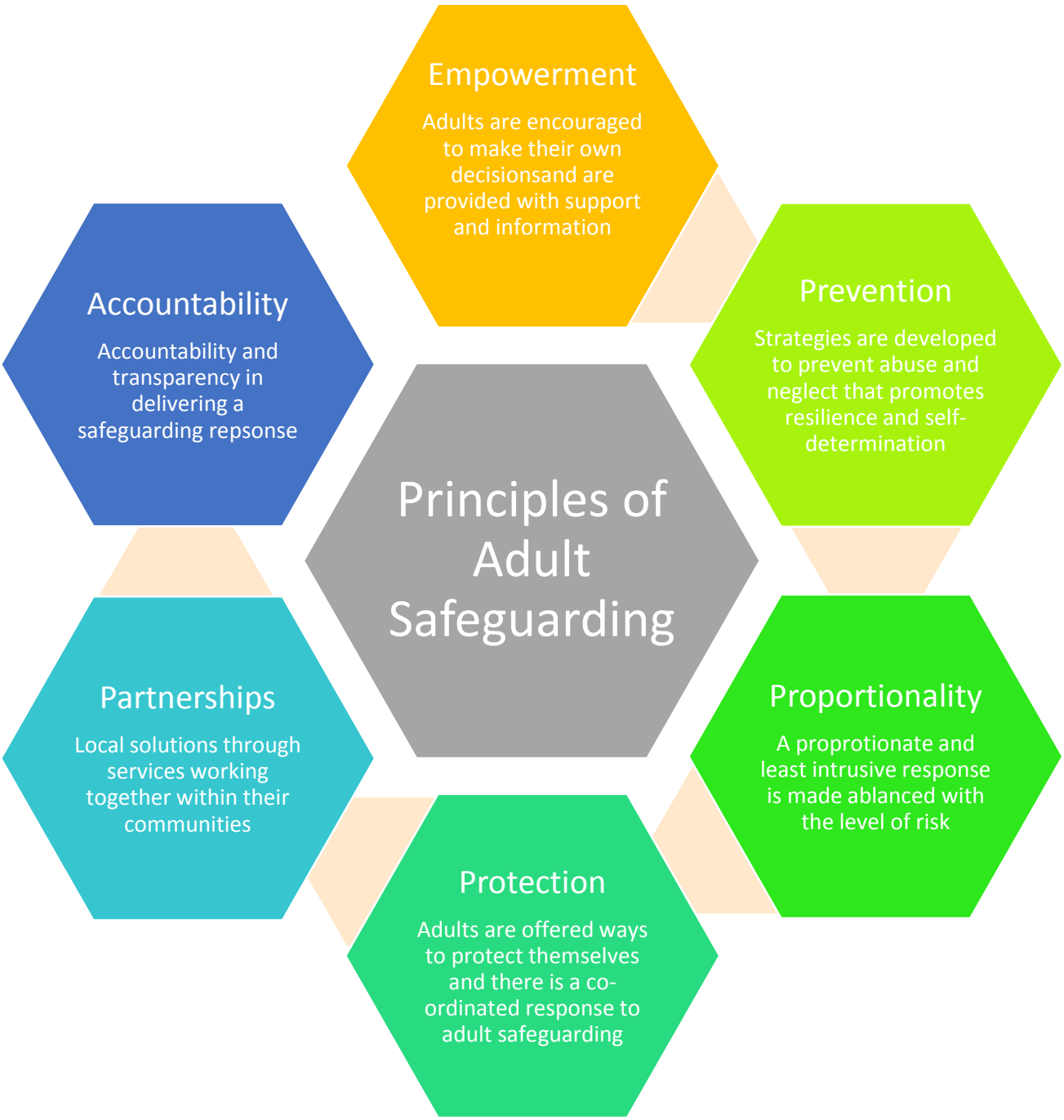
Safeguarding Partnership Board (2020) *Multi-agency Framework for Managing Allegations in respect of People working with Adults in a Position of Trust.* Available at 2020416-Multi-agency-Managing-Allegations-Framework-FINAL-with-table-of-content-upadate.pdf (safeguarding.je). Last accessed 25th August 2021

Safeguarding Partnership Board (2021) *Jersey Multi-Agency Adult Safeguarding Policy and Procedures Manual.* Available at Contents (proceduresonline.com). Last accessed 26th August 2021

States of Jersey (2018) *Capacity and Self-Determination (Jersey) Law 2016: Code of Practice.* Available at id-capacity-and-self-determination-jersey-2016-code-of-practice.pdf (fnhc.org.je). Last accessed 31st August 2021

10. APPENDIX

Appendix 1 Principles of Adult Safeguarding (Care Act 2014)



Appendix 2 Child Safeguarding Assessment Framework (HM Government 2018)

Appendix 3 Process for recording Children & Families Hub Referral on EMIS

[EMIS Children & Families Hub Referral Process.pdf (gov.soj.)]

Children's Safeguarding Referrals - Outbound

It is important that referrals to safeguarding are captured within EMIS. The process is as follows

Children's Safeguarding Referrals

1. Referral need identified
2. Complete the Safeguarding Partnership form Children and Families Hub request for support form - Your details - one.gov.je
3. Upon completion, save a copy to your computer
4. Go to the child's EMIS care record
5. Click on the **referrals** section of the record
6. Click '**Add**' and choose '**Standard Outbound Referral' (A box will appear see fig 1 below)**
7. Complete the referral details
8. **Referral Source** – Your team/caseload i.e. School Nursing Universal
9. **Referral Target** – Children & Families Hub (if it is the first time you have made a referral to Children and Families Hub on EMIS you may need to search for the service. See fig 2, fig 3 & fig 4 below)
10. **Clinical Term** – Referral to safeguarding children team or type code (8Hkh)
11. **Urgency** – Choose the relevant one
12. **Referral mode** – Choose the relevant one
13. **Purpose** – choose Assessment
14. **Reason** – brief description
15. NHS, Transport and linked problem not relevant
16. Referral Letter – click '**none**' as you have already completed.
17. Click **'Ok'**

Fig 1.

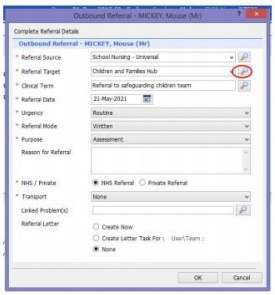


Fig 2. If the referral target you need does not appear in the drop down list, you can search for it by clicking the magnifying glass.

Fig 3

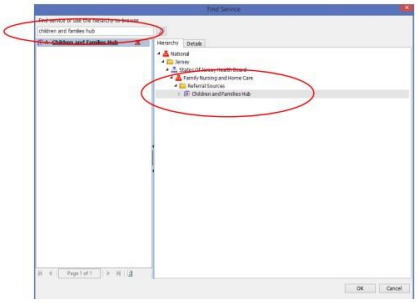


Fig 4

Fig 3. Type Children and Families Hub into the box indicated and click the magnifying glass.

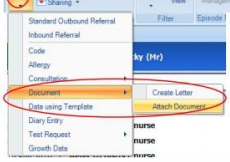
A list of all services matching the search criteria will appear below the search box.

Fig 4 .Make sure that you pick the correct Jersey based Children and Families Hub service (you will know if it is correct because it will appear under the Family Nursing & Home Care Organisation within the Referral Sources folder. Once you've selected the correct service click OK.

18. You will now need to add the completed referral form to EMIS
19. Click 'Add' top left hand corner (fig 5 below)
20. Select 'Attach Document' (see fig 6 below)
21. You will then be prompted to select the document you wish to attach. Find where it is saved on your computer and then once selected click 'ok'

Fig 5

Fig 6



22. An 'attach document' box will appear. Complete it as indicated in fig 7 below

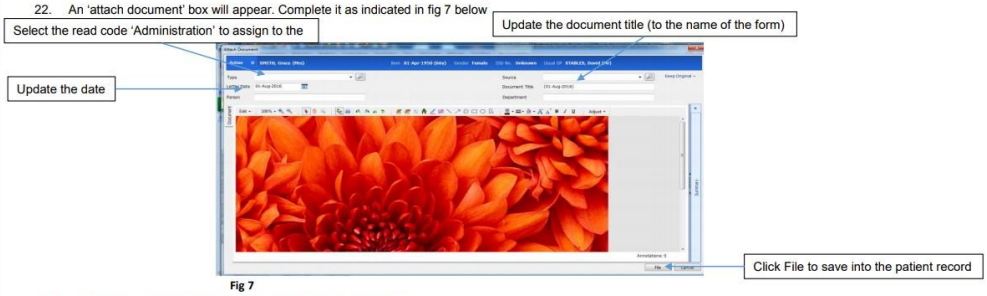


Fig 7

23. **Task Safeguarding Lead and Operational Lead on EMIS**

Appendix 4 Process for recording Adults SPOR Referral on EMIS

[EMIS SPOR Referral Process.pdf (gov.soj.)]

Adult Safeguarding Referrals - Outbound

It is important that referrals to safeguarding are captured within EMIS. The process is as follows

Adult Safeguarding Referrals

1. Go to the patients EMIS care record
2. Click on the **referrals** section of the record
3. Click '**Add**' and choose '**Standard Outbound Referral' (A box will appear see fig 1 below)**
4. Complete the referral details
5. **Referral Source** – Your team/caseload i.e. District Nursing East
6. **Referral Target** – SPOR (if it is the first time you have made a referral to SPOR on EMIS you may need to search for the service. See fig 2 to fig 5 below)
7. **Clinical Term** – Referral to safeguarding adults team or type code (8Hkc)
8. **Urgency** – Choose the relevant one
9. **Referral mode** – Choose the relevant one
10. **Purpose** – Assessment
11. **Reason** – brief description
12. NHS, Transport and linked problem not relevant
13. Referral Letter – click '**Create Now**' as you have already completed.
14. Click '**Ok**'

Fig 1.

Fig 2. If the referral target you need does not appear in the drop down list, you can search for it by clicking the magnifying glass.

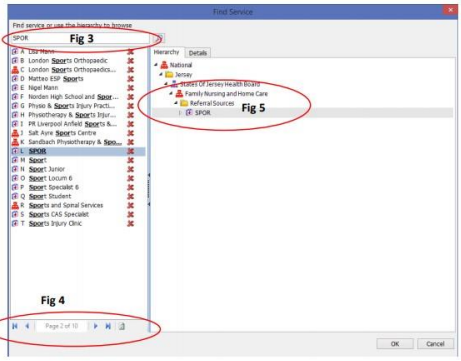


Fig 3. Type SPOR into the box indicated and click the magnifying glass.

A list of all services matching the search criteria will appear below the search box. Because the word spor appears in quite a few services, you may need to click the arrows (**Fig 4**) to navigate through the options before clicking the correct one.

Fig 5 . You will know if you have chosen the correct SPOR service because it will appear under the Family Nursing and Home Care organisation within the Referral Sources folder. Once you've selected the correct service click OK.

15. A New Patient Letter box will appear (fig 6)
16. The document for making a SPOR referral is called **Raising a Concern Form 2021**. If it is the first time you have made a referral to SPOR on EMIS you will need to search for the form using the magnifying glass icon (Fig 7)

Fig 6

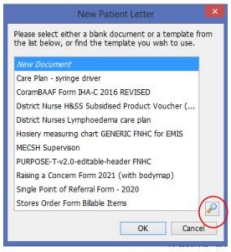
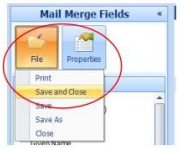


Fig 7

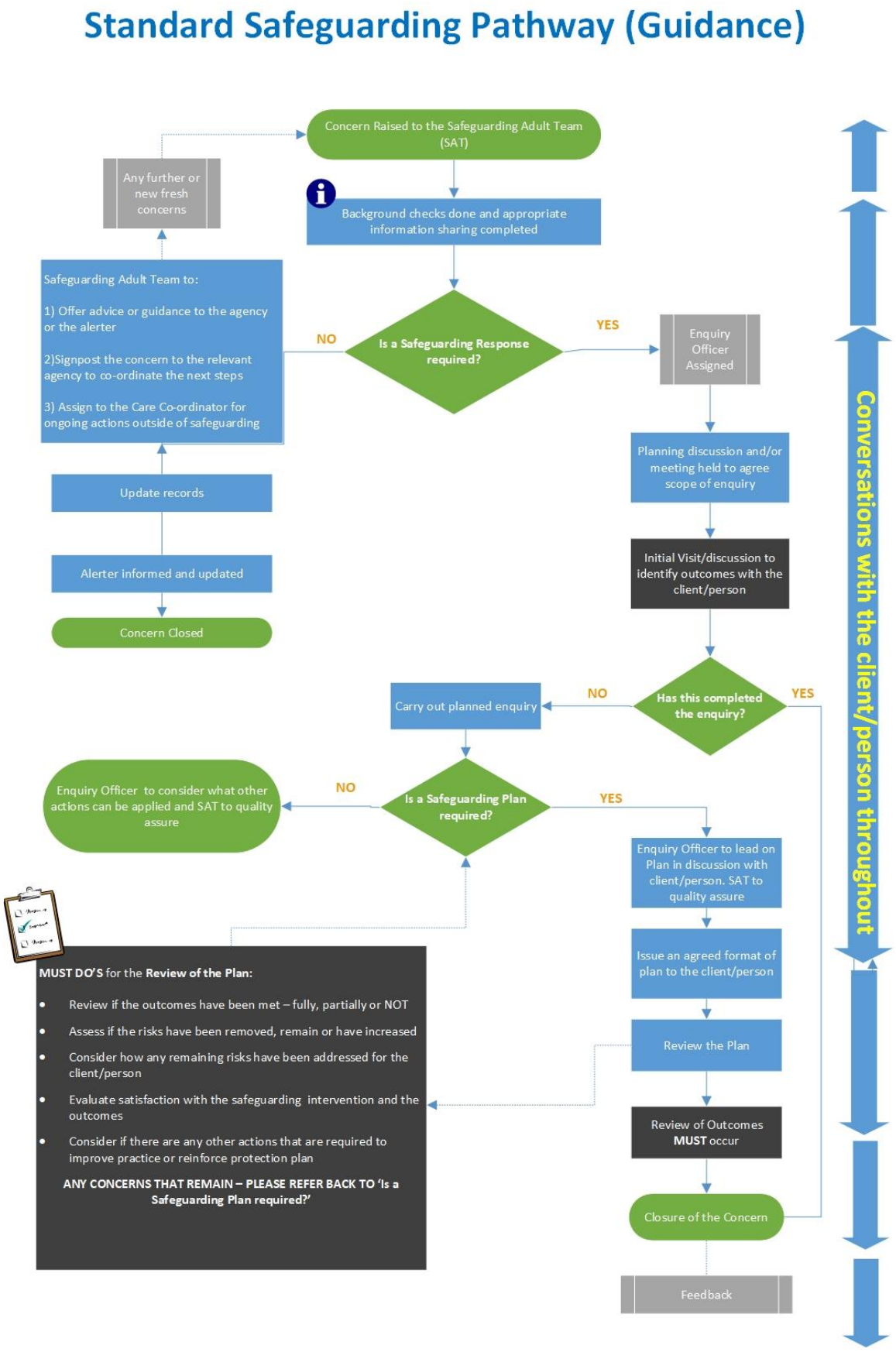
17. After opening the correct form, complete all necessary fields. Once complete click file – Save and Close (fig 8)

Fig 8

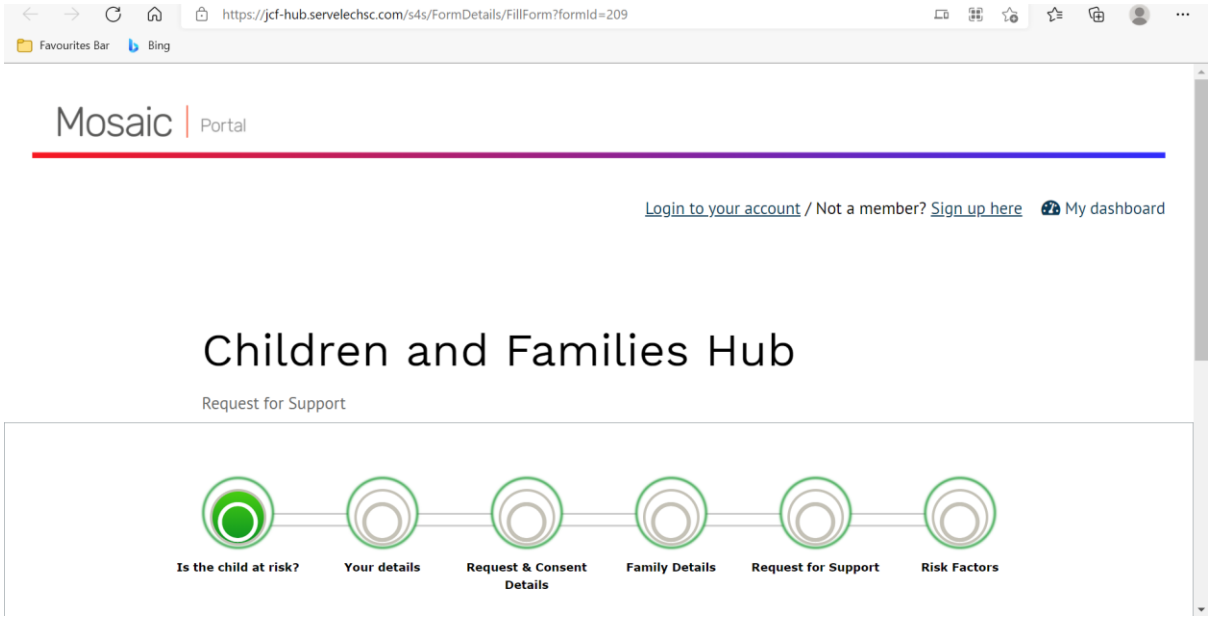


18. **Task Safeguarding Lead and Operational Lead on EMIS**

Appendix 5 Standard Safeguarding Adults Pathway (SPB 2021)



Appendix 6 Children and Families Hub Mosaic Portal Home Page



Appendix 7 Safeguarding Adults Reporting Concerns Form

Safeguarding Partnership Board Adults

Form SAO

Safeguarding Adults

Tell us your concern ***(formerly referred to as alerting)***

You can report concerns by completing this form: Send by secure email to: spor@health.gov.je

You can speak to us via the single point of referral (Mon to Friday - office house) 01534 444440

If a crime has occurred & police help is needed please call 01534 612612, (or 999 in an emergency)

Please complete this form with as much information as possible.
We cannot progress without key details, you must complete domains marked with a *

Date Safeguarding Concern Raised:	

1. Who is the person at risk? *			
Title: Mr/Mrs/Ms/Other	First Name(s): *	Surname: *	Date of Birth: Age:
Address: Post Code: Tel:		URN: (if known)	
		Gender:	
		Language spoken:	
		Communication needs:	
		Ethnicity:	
		Religion:	
		Other:	

Primary Support Reason:		
Physical support needs ☐ (exc. sensory support needs)	Mental health support needs ☐ (excluding dementia)	Support for learning disability ☐
		Support for substance misuse ☐
Sensory support needs ☐	Support with memory / cognition ☐ (including dementia)	Other (please specify below) ☐
Carer support needs ☐		_____

2. What existing professional/care/support services is the person receiving (if any)?

All information contained within this document is strictly confidential. It should not be used for any purpose other than the protection or care of the adult(s) concerned.

Form SAO (Version Dec. 2020) Page 1 of 4

3. Details of the safeguarding concern *
(A) Describe what has happened, when and where. (B) What are the person at risk's views about this incident (C) Describe the risks or any injuries or harm experienced by the person at risk
Please tick here if a Body Map has been completed ☐
Type(s) of abuse *

Physical	☐	Domestic abuse	☐	Financial / Material	☐
Neglect / Acts of omission	☐	Discriminatory	☐	Organisational	☐
Psychological	☐	Sexual abuse	☐	Self-Neglect	☐
Modern slavery	☐	Hate Crime (mate)	☐	FGM	☐

4. What does the person at risk want to happen now?	
What are the desired outcomes of the person at risk? (That is, what do they wish to achieve from the support they might receive, such as feeling safe at home or having no contact with certain individuals)	
Has the person at risk given consent for these concerns to be raised?	☐ Yes ☐ No
Did the person have capacity to give consent?	☐ Yes ☐ No
Can you justify why consent was not ascertained	Complete in part 7 *

5. Actions already taken in relation to the safeguarding concerns?		
Details of action taken:		
Have the police been informed?	☐ Yes ☐ No	Crime Ref. Number:
Has medical intervention been sought?	☐ Yes ☐ No	From where/whom?

All information contained within this document is strictly confidential. It should not be used for any purpose other than raising a SAFEGUARDING matter.

6. Details of the person or organisation alleged to be responsible for the abuse or neglect			
Name:		Date of Birth:	
Address: Post Code:		Gender:	
		Does the person/organisation know that a safeguarding concern has been raised? ☐ Yes ☐ No ☐ Not Sure	
What is their relationship to person at risk? Are they known to the person at risk? ☐ Yes ☐ No		Is this person also an adult at risk? ☐ Yes ☐ No	
Additional information, such as previous concerns:			

7. Any other relevant information
Include any safety or confidentiality issues that may impact on how the concern is acted upon and why consent needs to be overridden *

8. Details of the person completing this form *			
Name:		Job Title:	

Address: Post Code:			
Tel:		Date:	

Please send by secure email to Single Point of Referral (SPOR) – spor@health.gov.je

All information contained within this document is strictly confidential. It should not be used for any purpose other than the safeguarding or care of the adult(s) concerned.

Form SAO (Version Dec: 2020) Page 3 of 4

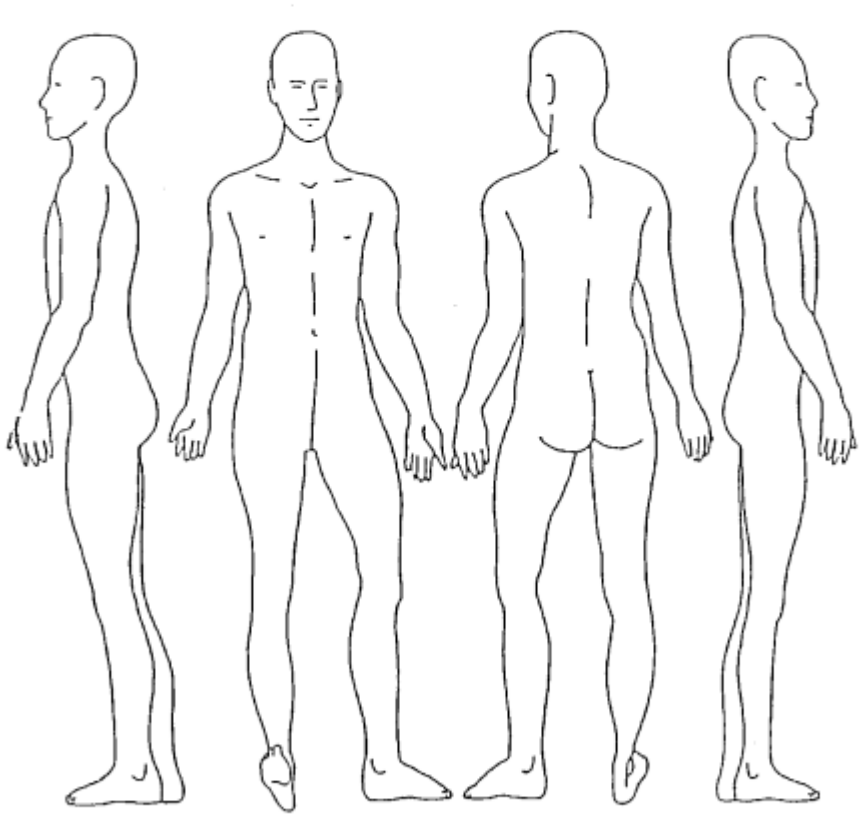
Appendix 1
Body Map

Where appropriate use this form to provide further information to support a safeguarding concern.

Date when the injury happened (if known)		Date injury below was first observed (if this is different) to the original date	

Record the area/site of any injury, marks, bruising, etc. Please also indicate the rough size in centimetres or use a comparison, for example, the same size as a 10p coin. Record details such as the colour of bruising, etc.

A – Pressure trauma B – skin excoriation/grazing/reddening C – burns
D – bruising E – wounds



All information contained within this document is strictly confidential. It should not be used for any purpose other than the safeguarding or care of the adult(s) concerned.

Form SAO (Version Dec: 2020) Page 4 of 4

Appendix 8 Equality Impact Screening Tool

Stage 1 - Screening			
Title of Procedural Document: Safeguarding Policy Adults and Children			
Date of Assessment	02/09/2021	Responsible Department	Governance
Name of person completing assessment	Jenny Querns	Job Title	Safeguarding Lead Nurse for Adults and Children

Does the policy/function affect one group less or more favourably than another on the basis of :	**Yes/No**	**Comments**
• Age	No	
• Disability Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia	No	
• Ethnic Origin (including hard to reach groups)	No	
• Gender reassignment	No	
• Pregnancy or Maternity	No	
• Race	No	
• Sex	No	
• Religion and Belief	No	
• Sexual Orientation	No	
If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2, page 2		

Stage 2 – Full Impact Assessment			
What is the impact	**Level of Impact**	**Mitigating Actions** (what needs to be done to minimise / remove the impact)	**Responsible Officer**

Monitoring of Actions
The monitoring of actions to mitigate any impact will be undertaken at the appropriate level