



SAFEGUARDING POLICY

2018

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1.0 Introduction

The European School of Osteopathy (ESO) is a Higher Education Institution providing Osteopathic Education to students on the M.Ost curriculum. Students learn and enhance their practical Osteopathic Skills from Year 1 in a classroom based environment under supervision.

In order to support educational learning the ESO has a dedicated student led osteopathic clinic, which has been providing osteopathic treatment to the local community since 1978. The ESO clinic is used by a wide variety of patients. The ESO clinic provides an authentic and specialised training environment for students to implement the Osteopathic Practice Standards (OPS) as well as interact with patients, student practitioners, registered osteopaths, clinical administrative staff and external visitors. The authentic clinical context ensures students can experience all aspects of clinical life as an osteopath.

Here at the ESO, we regard safeguarding as an important aspect of the educational environment relevant to all of our stakeholders inclusive of patients, students, ESO employees and external visitors.

The ESO is committed to safe and best practice, which safeguards children and adults. This includes, but is not limited to, the safe recruitment, selection and vetting of trustees, employees and students. All employees and students who work with children and adults on behalf of the ESO are required to hold a current DBS check.

The ESO recognises that it is not the role of the organisation to investigate an accusation of abuse or to decide whether or not a person has been abused. It is the responsibility of the ESO to follow any complaints procedure promptly and diligently for the protection and well-being of all involved. It is also the ESO's responsibility to ensure that all students and staff are fully aware of these procedures and their individual responsibility in reporting and protecting children and adults.

This policy has taken into account the steps to developing a safe environment recommended by the Royal College of GPs/NSPCC Safeguarding Children and Young People – A toolkit for General Practitioners 2011

These include:

1. be aware of, understand and recognise abuse;
2. develop and maintain a culture of openness and awareness;
3. identify and manage the risks and dangers to people in your activities;
4. develop an effective safeguarding protection policy;
5. create clear boundaries, for example, with the limits to confidentiality;
6. follow safe recruitment practice including obtaining references and DBS for all team members;
7. support and supervise staff and volunteers;
8. ensure there is a clear procedure for addressing concerns;
9. know your legal responsibilities;
10. provide safeguarding education and training to all members of the team.

This policy has also taken into account legislative and government guidance requirements:

- Adoption and Children Act 2002
- The Children Act 2004
- The Protection of Children Act 1999
- The Human Rights Act 1998
- The United Nations Convention on the Rights of the Child (ratified by UK Government in 1991 and became statutory in Wales 2011)
- The Data Protection Act 1998 (UK wide, + 2003 amendment)
- Sexual Offences Act 2003
- NICE CG89 Child Maltreatment Guidance 2017
- Working Together to Safeguard Children 2017
- Female Genital Mutilation Legislation 2003
- And other relevant internal policies (Section 4.0 Auditing)
- Prevent Training

This document covers:

- the role and the responsibilities of all employees and clinical students who work with children and vulnerable adults – this work may include direct and indirect contact (access to patient's details, communication via email, text message and phone);
- how to respond to concerns or disclosures of abuse;
- the need to promote a safe working environment where all the rights of individuals are respected;
- what constitutes abuse;
- details of the learning opportunities and training provided to employees and students who work with children;
- how the ESO will protect the people that use its services.

1.1 Purpose

The ESO is committed to the safety & protection of all people who access any of our members or services. As an organisation, we understand and take seriously our duty of care to protect any person with whom we work. The aim of this policy is to ensure that throughout the ESO, everyone is treated with respect and is protected from abuse and exploitation. Therefore, the ESO has clearly defined procedures, a code of conduct and an open culture of support.

In addition the ESO recognises that there are a number of reasons why children or vulnerable adults may be present at the ESO. These include but are not limited to:

- Patients in the children's clinic;
- Work experience placements;
- Visitors;
- Students enrolled on the M.Ost Programme;
- ESO employees

1.2 Scope

This policy applies to everyone who works on behalf of ESO, including trustees, employees and students; and the ESO will ensure these stakeholders are familiar with this policy and understand how to use it. Training will be provided for employees and the policy will form part of the MOst. curriculum for students as part of an introduction to safeguarding. The policy will be available internally on the ESO Learning Zone and externally via the website. Parents and guardians bringing a child to the ESO Teaching Clinic for treatment will be made aware of this policy via the patient consent form.

Any concerns or allegations of abuse will be taken seriously by trustees, employees and students and responded to promptly and appropriately following the procedure detailed in this document and adhering to statutory and legal requirements. The ESO will fully support and protect anyone, who in good faith, reports a concern about abuse. (Please see the Whistleblowing Policy).

In addition, the ESO recognises there are occasions when false allegations of abuse may be made against an individual, thus negatively affecting the reputation of individuals, the organisation and other professionals. The ESO is committed to fully supporting individuals in these circumstances and undertakes to follow robust and timely procedures to minimise any negative impact a false allegation may cause.

For employees, failure to adhere to the policy will constitute gross misconduct and could lead to dismissal. For students, their registration on the programme may be terminated. Additionally failure by any individual to comply with any inquiry or investigation into any allegation could result in dismissal, or programme registration being terminated.

1.3 Anti-discrimination statement

The European School of Osteopathy (ESO) is committed to treating everyone fairly. We do not discriminate on grounds of gender, marital status, race, national origin, ethnic origin, religion, age, sexual orientation, disability, colour, or nationality and we welcome students from a variety of backgrounds. The ESO believes that equality of opportunity is key in achieving its mission in providing high quality undergraduate and postgraduate education, clinical care to the community and osteopathic research.

The ESO recognises its responsibilities to provide guidance and training for both students and staff. The ESO will take steps to encourage staff, students and visitors to:

- Treat others with respect at all times
- Actively discourage discriminatory behaviour or practise
- Participate in training and learning opportunities that would enable them to adopt good practice

2.0 Policy

The employees and students at the ESO work together to ensure that safeguarding is paramount to the educational and clinical environments to help promote the safety and welfare of the people who access its services. Everyone has a responsibility for safeguarding at the ESO and the Safeguarding Lead is a central point for this. Individual responsibilities are outlined in Appendix 1.

2.1 Safeguarding Lead Role and Responsibilities

- Act as a focus for internal or external contacts on safeguarding matters;
- Take immediate action to ensure the safety and protection of any person
- Take immediate action to inform the Executive Team of any complaint or incident and agree on the appropriate course of action.
- Appoint an investigating officer in the event of a safeguarding complaint who must investigate and report to safeguarding authorities. (It is important to note that regardless of any legal investigation and its outcome, the ESO has a responsibility to ensure safety standards are maintained at all times and may still decide to follow disciplinary procedures);
- Be fully conversant with all aspects of the ESO Safeguarding policy and procedures;
- Disseminate safeguarding information;
- Assist and support the person bringing the concern, to follow the agreed procedure;
- Ensure that the person bringing the concern receives any necessary follow-up support.
- In assisting and supporting the Executive Team and communicating relevant information in respect of safeguarding, including a regular update of all safeguarding concerns raised.
- For organising staff training and conducting an audit/review of safeguarding.

3.0 Procedure

3.1 When do I need to take action?

You may be concerned about a child or vulnerable adult. You may or may not know them, or even their name. **Safeguarding is everyone's responsibility.** There are 5 different types of abuse (Appendix 2):

1. Neglect
2. Sexual
3. Physical
4. Emotional
5. Fabricated or Induced Illness in children (FII)



SPOT

You may be concerned about a child or young person. You may or may not know them, or even their name. Safeguarding is everyone's responsibility. Abuse can take many different forms, such as neglect, sexual abuse, physical abuse and even emotional abuse.



TAKE RESPONSIBILITY

Do not assume that someone else will take responsibility and seek out the advice of a Safeguarding Lead. You could help to save a life.

IF YOU ARE WORRIED, REPORT IT.



TELL SOMEONE!

If there is not a Safeguard Lead available please contact Specialist Children's Services or for vulnerable adults the Police immediately:

Kent Central Duty Team Telephone: 03000 411111

Emergency Out of Hours Telephone: 03000 419191 E-mail: social.services@kent.gov.uk

Maidstone Police Station Telephone: 01622 690690

Kent Police Child Abuse Investigation Unit: 01622 690690 (This must only be used in an emergency)

Employees (Clinic Tutors) or Students may be asked to contribute information to social services and may be expected to provide a written report.

If you are concerned that a person is being abused follow the Safeguarding Procedure, you should act on your concerns.

You should write down the details of the incident and pass this onto the Safeguarding Lead as soon as possible (Appendix 3). The appropriate person will then instigate the correct procedure.

Where a child or vulnerable adult's safety is at risk the appropriate action will be taken to ensure their safety. This may include referring the matter to Social services or involving the Police.

In the instance a member of staff fails to apply the Safeguarding Policy the Safeguard Lead will activate the Disciplinary Policy.

The ESO understands that this is a very difficult and sensitive matter and will provide support to any employee who, in good faith, reports a concern.

3.2 Training

All staff and students at the ESO will be required to undergo standard safeguarding training. Those role holders with specific responsibilities for safeguarding within the organisation e.g. safeguarding lead will undertake enhanced training.

In addition the signs and symptoms of abuse are covered within the M.Ost curriculum under the Practitionership module in Years 1 & 2 and in the Osteopathic Skills module in the osteopathic care of pregnant women and children course in Year 3.

3.3 Mentoring and supervision

We understand that being involved in reporting a safeguarding issue can be both upsetting and stressful. The ESO will provide support to employees and students who are involved in safeguarding issues. This will be organised by the Safeguarding Lead.

3.4 Safeguarding Work Flow Chart

DO NOT PROMISE TO KEEP IT SECRET
'DUTY OF CARE TO KEEP YOU SAFE'

STEPS	PROCESS	ROLE HOLDER RESPONSIBLE
Step 1	• Write it down using a Safeguarding Disclosure Form to record the information	ANY person disclosed to
Step 2	• Report to Safeguarding Lead in writing and verbally	ANY person disclosed to
Step 3	• Make an assessment	Safeguarding Lead
Step 4	• File or report to Social Services	Safeguarding Lead
Step 5	• Inform the Executive Team	Safeguarding Lead

Where do I find a Safeguarding Disclosure Form?

- These are **pink** forms located next to Safeguarding Posters around Boxley and Clinic
- As Appendix 3 in the Safeguarding Policy – located on the Learning Zone or ESO website. Just print one off and use it.

Safeguarding Lead: Jennie King
Position: Academic Registrar
T: 01622 671 558 Ext. 238



4.0 Auditing

Policy Name:	Safeguarding Policy				
Policy Owner:	Board of Trustees				
Policy Approver:	Health and Safety Committee				
Audience:	Patients; Students; Faculty; Staff; External Visitors				
Storage Location:	ESO Learning Zone, ESO Website				
Effective Date:	04.2018				
Review Date: (Unless other revisions are required prior to this date)	04.2020				
Equality Impact Assessment:	Are there any implications for a protected characteristic group as defined by the Equality Act 2010 in this policy?				
	<input type="checkbox"/> Positive Impact	<input type="checkbox"/> Negative Impact	<input checked="" type="checkbox"/> Neutral		
Details:	N/A				
Related Policies	Patient Complaints Procedure; Equal Opportunity Statement; Disciplinary Policy; Grievance Policy; Student Fitness to Practise Policy; Code of Conduct for Students and Disciplinary Procedures; ESO IT Policies; SUI Policy; Risk Management Policy; Health and Safety at Work Policy; Whistleblowing Policy; Chaperoning Policy; DBS; Lone Working; Treatment of Intimate Areas; Admissions Policy and Safe Recruitment Policy				
Version:	Draft v0.2 (Track changes)				
Historical Version	Change Audit	Type of Change	Author	Role	Date of Change
01	Addition of Safeguarding Leads to front page. Changes to p6 to clarify clinic procedure	Minor	Jacque Harris	Corporate Services Manager	12.2013
02	Re-branding	Minor	Jacque Harris	Corporate Services Manager	10.2014
03	Addition of Annex 7	Minor	Reviewed by Committee	Committee	01.2015
04	Change of team names and role names after re-structuring	Minor	Claudia Knox	Head of Clinical Services	01.2017
05	Revision of safeguarding policy to align with current legislation	Major	Ceira Kinch & Jennie King	M.Ost Programme Leader & Academic Registrar	04.2018

5.0 Safeguarding Lead Contact

5.1 Contact Information

Safeguarding Lead: Jennie King
Position: Academic Registrar
T: 01622 671 558 Ext. 238



Business Address

Boxley House
The Street
Boxley, Maidstone
Kent ME14 3DZ
United Kingdom

Further Information

If you have further questions regarding this document or require further information, please contact our team.

6.0 Appendices

6.1 Appendix 1 Individual Responsibilities

6.1.1 Board of Trustees Responsibilities

The Board of Trustees is responsible for ensuring an effective policy and procedure exists and to ensure that the policy is reviewed as required.

6.1.2 Executive Team Responsibilities

- Ensuring that all employees and students that are recruited using the correct ESO recruitment procedure and are trained/qualified and appropriately supervised in working;
- Ensuring that the necessary procedures are in place for protecting patients and those employees and students working with them;
- Ensuring that contractors are aware of the ESO's expectations, Safeguarding policy and procedure;
- Ensuring that stakeholders are made aware of the policy and how they can access it;
- Ensuring that the procedures are followed correctly and that all issues are reported accurately to the Safeguarding Lead.

6.1.3 Vice Principal (Academic) Responsibilities

- Over-seeing that the contents of this policy are covered within the curriculum.

6.1.4 Employees, Students, Volunteers and Contractors Responsibilities

- Ensuring that they are familiar with and understand this policy and procedures;
- Ensuring they are confident in working with children and have the knowledge and skills to carry out the role;
- Reporting any concerns they may have in respect of abuse or neglect, both internal or external to their line manager or the Safeguarding Lead;
- Participating in any training or development offered to them to improve their knowledge of skills in this area.

6.2 Appendix 2 What is abuse and neglect?

(Adapted from the Royal College of GPs/NSPCC Safeguarding Children and Young People – A toolkit for General Practitioners 2011)

TYPE	DEFINITION	INDICATOR
Abuse	<p>Abuse and neglect are forms of maltreatment of a child or vulnerable adult. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.</p> <p>Children or vulnerable adults may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger.</p> <p>A child is considered to be anyone who has not yet reached their 18th birthday.</p>	<p>INJURY PATTERNS AS A CAUSE OF CONCERN:</p> <ul style="list-style-type: none"> • Multiple bruising, with bruises of different ages • Facial bruising in non-mobile baby • Ear bruising • Unexplained oral injury • Fingertip pattern bruising • Cigarette burns • Accidental burns are superficial, circular, with a tail • Deliberate burns are deeper and tend to scar • Belt/ buckle marks • Burns/ scalds • “glove” and “stocking” scalds, with clear demarcation of forced immersion • Face, head, perineum, buttocks, genitalia • “Hole in the doughnut” scald: centre of buttocks is spared when child forcibly immersed in scalding water (surface of bath takes time to warm: hence flat surface relatively cooler than water. Absence of this sign might hint at premeditation?) • “Splash” pattern – while droplet burns may indicate splashing trying to escape (and therefore potentially accidental), they may also suggest hot liquid thrown at child (which might cover larger, more diffuse area) • Bites • Animal bites uncture cut and tear • Human bites are bruised; crescent shaped and often do not break the skin • Fractures – multiple rib fractures, different age of fracture, spiral fracture of long bones twisting force http://www.nspcc.org.uk/inform/trainingandconsultancy/learningresources/coreinfo/coreinfo_wda54369.html
Physical	<p>Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child, including by fabricating the symptoms of, or deliberately causing, ill health to a child.</p>	<ul style="list-style-type: none"> • Unexplained injuries • unusual injuries depending on the age of the child • Improbable explanation • Reluctance to discuss injury/cause • Delay or refusal to seek treatment for injury • Bruising on young babies • Admission of punishment which seems severe • Child shows (depending on age): <ul style="list-style-type: none"> • arms and legs inappropriately covered in hot weather [concealing injury] • withdrawal from physical contact • self-destructive tendencies • aggression towards others • fear of returning home • running away from home

Emotional	<p>Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person, age or developmentally inappropriate expectations being imposed on children, causing children frequently to feel frightened, or the exploitation or corruption of children.</p>	<ul style="list-style-type: none"> • Physical/ Mental/ Emotional developmental delay • Overreaction to mistakes • Low self-esteem • Sudden speech disorder • Excessive fear of new situations • Neurotic behaviours' • Self-harming/ mutilation • Extremes of aggression or passivity • Drug/solvent abuse • Running away • Eating disorders • School refusal • Physical/ Mental/ Emotional developmental delay
Sexual	<p>Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non- penetrative acts. They may include involving children in looking at, or in the production of, pornographic material, or encouraging children to behave in sexually inappropriate ways.</p>	<ul style="list-style-type: none"> • Genital itching/pain • Unexplained abdominal pain • Secondary enuresis (or daytime soiling/wetting) • Genital discharge/ infection • Behaviour changes • Sudden changes • Deterioration in school performance • Fear of undressing (e.g. for sports) • Sleep disturbance/nightmares • inappropriate sexual display • Regressive (thumb sucking, babyish) behaviour • Secrecy, Distrust of familiar adult, anxiety left alone with particular person • Self-harm/mutilation/attempted suicide • Phobia/panic attacks • Unexplained or concealed pregnancy • Chronic illness (throat infections) • Physical/ Mental/ Emotional developmental delay
Neglect	<p>Neglect is 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, such as failing to provide adequate food, shelter and clothing, or neglect of, or unresponsiveness to, a child's basic emotional needs.</p>	<ul style="list-style-type: none"> • Poor personal hygiene, poor state of clothing • Constant hunger/thirst • Frequent accidental injuries • Untreated medical problems • Delayed presentation, concealed injuries • Low self-esteem • Lack of social relationships • Eating Disorders • Children left repeatedly without adequate supervision • Failing to engage with healthcare • Non-attended appointments • Frequent use of A&E/Out-of-Hours services • Failing to arrange immunisations

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Fabricated or Induced illness</p>	<p>This is when a child is presented for medical attention with symptoms or signs which have been fabricated or induced by the child's carer.</p> <p>FII is a form of child abuse with boys and girls equally affected.</p> <p>It is perpetrated by those who have care of the child (usually the mother) and usually involves secondary medical services. Consequently it may be detected first by GPs.</p> <p>FII is seen in children of all ages. The reported severe or most dramatic events are usually seen in children under the age of 5 years (new born babies in particular are the most likely to be harmed). However, there is a spectrum of significant FII across age groups. Older children may actively collude in the sick role with their parent.</p> <p>Although relatively rare this should not undermine or minimise its serious nature or the need for practitioners to be able to identify when parents or carers are fabricating or inducing illness in children.</p> <p>www.nhs.uk/conditions/Fabricated-or-induced-illness NICE guidance on when to suspect child maltreatment (National Collaborating Centre for Women's and Children's Health, 2009) Practice Guidance on FII (RCPH, 2009)</p>	<ul style="list-style-type: none"> • FII is a spectrum of disorders rather than a single entity. At one end less extreme behaviours include a genuine belief that the child is ill. At the other the behaviour of carers includes them deliberately inducing symptoms by administering drugs, intentional suffocation, overdosing, tampering with medical equipment, and falsifying test results and observational charts. • The child has repeated and unexplained illnesses or symptoms. • The child has unexplained multiple illnesses or symptoms. • The child's supposed symptoms only occur when the mother is present. • The mother appears to know a lot about medicine. • Although the mother stays with the child all the time while he/she is in hospital and attends to him/her well, she may not appear as concerned about the child's wellbeing as the health care professionals who are providing treatment; in contrast she may appear overly concerned. • The father is not involved in the care of the child, or his involvement is minimal. Note however that fathers are sometimes involved in FII. • The mother talks to the medical team a lot and tries to develop a friendly relationship with them. However, if anything related to her views on what's wrong with the child are challenged she becomes aggressive, confrontational, and may become abusive. The parent is keen for the child to undergo tests which most parents would only agree to if they were absolutely necessary. She will even encourage doctors to perform tests and procedures which may be painful for the child. However, the parent may not agree to the child being admitted for observation or investigation of the reported symptoms. • Documents or other sources indicate that the mother has changed doctors frequently, and/or has visited different hospitals for her child's treatment. • An inexplicably poor response to treatment or medication. • As soon as old symptoms are resolved, new ones appear. • Normal daily activities for the child are compromised more than would be expected for a particular medical activity (for example, confinement to a wheelchair).
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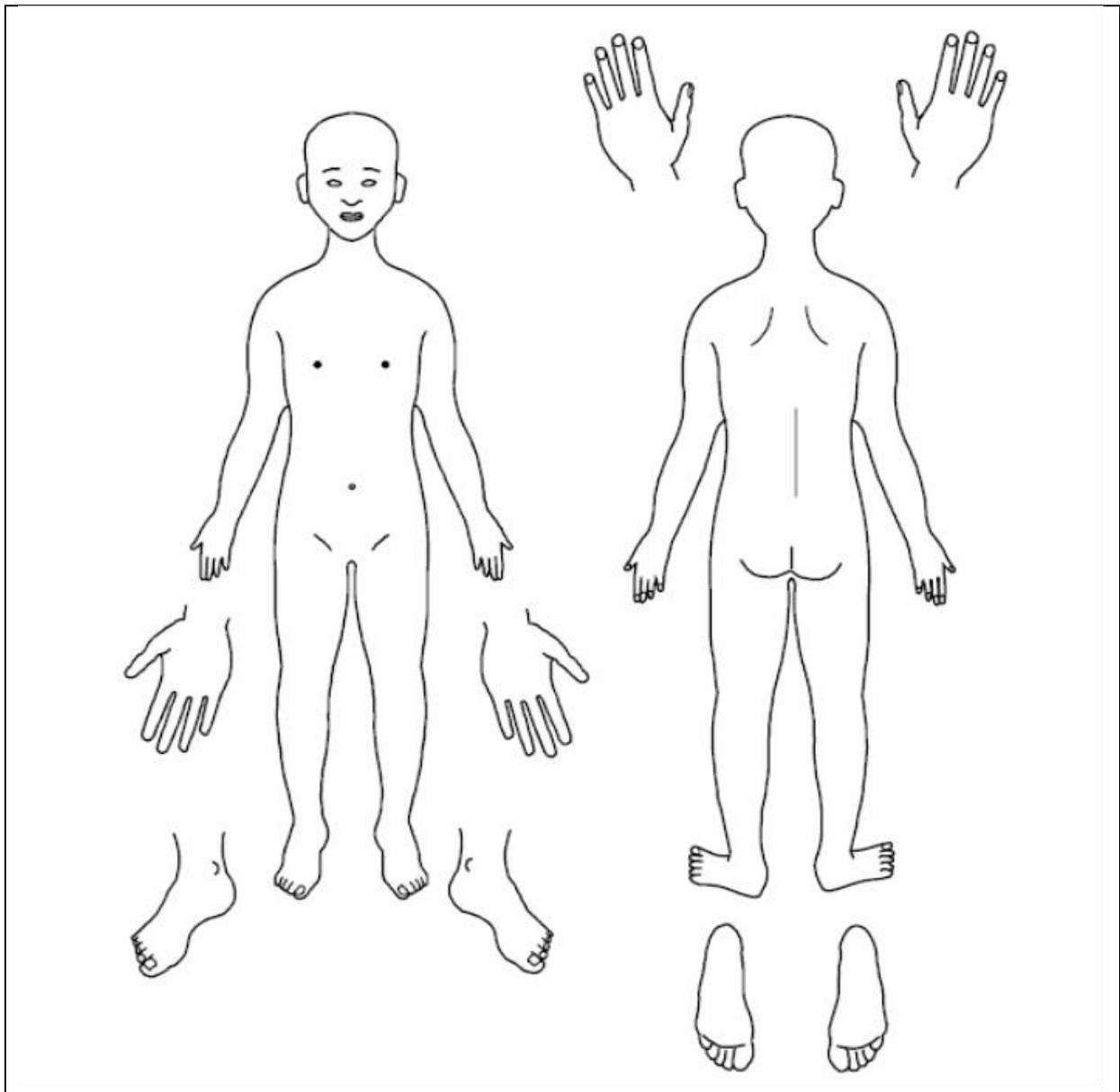
Risk of abuse increases if:

- Parental or carer drug or alcohol abuse
- Parental or carer mental health problems
- Intra-familial violence or history of violent offending
- Previous child maltreatment in members of the family
- Known maltreatment of animals by the parent or carer
- Vulnerable and unsupported parents or carers'
- Pre-existing disability in the child.

6.3 Appendix 3 Safeguarding Disclosure Form

Safeguarding Disclosure Form page 1 of 3		
Full Name:	Venue:	Date:
DoB:	Name of Parent/Guardian:	Start Time: Finish Time:
Telephone:	Persons Present:	
Your Name:	Job Role:	
Details: (TED – Tell, Explain, Describe. Body Map Overleaf) DO NOT PROMISE TO KEEP IT SECRET 'DUTY OF CARE TO KEEP YOU SAFE'		
Your Signature:	Date:	

Safeguarding Disclosure Form Body Map



Your Signature:	Date:
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Audit (For Office Use only)

To Whom: Reported (Named Safeguarding Lead)	Date Reported:
Received by (Role/Name):	Date Received:
Action to be taken:	Date Action to be taken:
Follow-up Required: Detail if YES YES <input type="checkbox"/> NO <input type="checkbox"/>	

6.3.1 Responding to a person making an allegation of abuse

- Stay calm
- Listen carefully to what is being said
- Find an appropriate early opportunity to explain that it is likely the information will need to be shared with others – **do not promise to keep secrets**
- Allow the person to continue at their own pace
- Ask questions for clarification only, and at all times avoid asking questions that are leading or suggest a particular answer. TED – Let them -Tell, Explain, Describe
- Reassure the person that they have done the right thing by telling you
- Tell them what you will do next and with whom the information will be shared
- Record in writing using the Safeguarding disclosure form what has been said using the person's own words as much as possible – note date, time, any names mentioned, to whom the information was given and ensure that paper records are signed and dated, and electronic subject to audit trails
- **Do not delay in passing this information on**

DO NOT PROMISE TO KEEP IT SECRET
'DUTY OF CARE TO KEEP YOU SAFE'