



## Registration Council of Clinical Physiologists

### Safeguarding Guidance

#### Introduction

This guidance document sets out the key principles that all RCCP registrants should be aware of and conforming to in relation to the safeguarding of young people and vulnerable adults and explains our approach to safeguarding generally. This guidance should be used to support any relevant statutory and employer Safeguarding Policies or other relevant guidance and policies including:

- NHS England and NHS Improvement's [Safeguarding Policy](#) which sets out the statutory requirements for NHS England to discharge its appropriate accountability for safeguarding children, young people and adults at risk of harm or abuse (last updated 04/09/19).
- [Keeping children safe in education](#), the statutory guidance for schools and colleges on safeguarding children and safer recruitment (relevant to educational audiologists working in education settings)
- HR recruitment guidance
- Managing Safeguarding Allegations Against Staff
- Voicing your Concerns/Freedom to Speak Up or 'Whistleblowing' Policies
- Employer Code of Conduct and Disciplinary Policies

This guidance includes:

- the definitions of abuse for both children and adults
- how you should report such abuse

It should also be read in conjunction with the [RCCP Standards of conduct, performance ethics](#), Voicing your Concerns (Whistleblowing) Guidance and Duty of Candour Guidance documents all found on the RCCP [Resources](#) webpage.

#### What is Safeguarding

Safeguarding means protecting a person's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect.

### **Definition of people at risk**

Extra care must be taken to protect those who are least able to protect themselves. Children and young people, and vulnerable adults, can be at particular risk of abuse or neglect.

Some groups of people are particularly vulnerable to harm and exploitation, and it is important that their needs are carefully considered:

- those with disabilities
- those living away from home
- asylum seekers
- children and young people in hospital
- children in contact with the youth justice system
- victims of domestic abuse
- those who may be singled out due to their religion or ethnicity
- those who may be exposed to violent extremism.

### **Definition of a child**

A child is a person aged under 18 years; young people aged 16 or 17 who are living independently are still defined as 'children'.

### **Definition of a Vulnerable Adult**

A vulnerable adult is someone who may be in need of care because of a physical, learning or other disability, or because of their age or a physical or mental illness. This definition also applies to an adult who is unable to take care of him or herself properly, or who is unable to protect him or herself from significant harm or exploitation. This state of vulnerability may be permanent or temporary.

### **Definition of Abuse for Children**

Abuse can be categorised into:

- Physical harm
- Emotional and psychological harm

### **Physical harm**

Physical harm is defined as physical contact that results in discomfort, pain or injury such as:

- hitting
- shaking
- throwing
- poisoning
- burning or scalding
- drowning
- suffocating, or otherwise causing physical harm.

Supplying drugs to children, or the use of inappropriate or unauthorised methods of

restraint, also fall under this definition. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces or causes, illness in a child. This situation is commonly described as [‘factitious illness by proxy’](#) or ‘Munchausen syndrome by proxy’.

### **Emotional and psychological harm**

Emotional harm is defined as action or inaction by others that causes mental anguish. It involves the persistent emotional maltreatment of a child, which causes 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. Such harm may feature age or developmentally inappropriate expectations being imposed on a child. These can include interactions that are beyond the child’s development capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. Emotional harm may also involve witnessing aggressive, violent or harmful behaviour towards another individual (e.g. domestic violence). It may also involve serious bullying, frequently causing a child to feel frightened or in danger, exploitation or corruption. Some level of emotional harm is involved in all types of maltreatment of a child (e.g. grooming, harassment, or inappropriate emotional involvement), though it may occur alone.

### **Sexual harm and exploitation**

Sexual harm is defined as any form of sexual activity involving a child under the age of consent. It involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. Such activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may also include non-contact activities, such as involving children in the looking at, or production of, pornographic material, causing them to watch sexual activities, or encouraging them to behave in sexually inappropriate ways. Downloading child pornography, taking indecent photographs of children, and sexualised texting, are all forms of sexual harm.

### **Neglect and acts of omission**

Neglect is a persistent failure to meet a child’s basic physical and/or psychological needs, which is likely to result in serious impairment of the child’s health or development.

Neglect may occur during pregnancy as a result 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 and/or adequate 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.

## **Female Genital Mutilation (FGM)**

FGM is a procedure where the female genitals are deliberately cut, injured or changed, without medical justification. It is also known as 'female circumcision' or 'cutting', and by other terms such as initiation, infibulation, sunna, gudniin, halalays, tahur, megrez and khitan. FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. It is very painful and can seriously harm the health of women and girls. It can also cause long-term problems with sex, childbirth and mental health.

UK communities most at risk of FGM include Kenyan, Somalian, Sudanese, Sierra Leonean, Egyptian, Nigerian and Eritrean. Non-African countries that practise FGM include Yemen, Afghanistan, Kurdistan, Indonesia, Malaysia, Turkey, Thailand (South) and Pakistan.

FGM is a form of child abuse and is illegal in the UK. It is a mandatory duty for a regulated healthcare professional to report any concerns they have about a female under 18 years old, and to record when FGM is disclosed or identified as part of NHS healthcare. RCCP registrants are not statutory regulated in the UK however the RCCP supports this mandatory duty and reminds registrants of their obligation under standard 7 of the standards of conduct, performance and ethics to report concerns about safety.

## **Definition of Abuse for Vulnerable Adults**

Safeguarding means protecting the adult's right to live in safety and free from abuse and neglect and promoting the adult's wellbeing. Safeguarding duties apply to an adult at risk as defined in Section 42 of The Care Act 2014 which is:

- A. has needs for care and support (whether or not the authority is meeting any of those needs)
- B. is experiencing, or at risk of abuse and neglect
- C. as a result of their needs for care and support unable to protect themselves from the abuse or neglect or risk of it

## **Physical harm**

Physical harm is any physical contact that results in discomfort, pain or injury.

Examples of physical harm include:

- assault, rough handling, hitting, slapping, punching, pushing, pinching, shaking, bruising or scalding
- exposure to excessive heat or cold
- a failure to treat sores or wounds
- inappropriate use of medication (e.g. under- or overuse of medication, or the use of un-prescribed medication)
- the use of inappropriate sanctions
- The unlawful or inappropriate use of restraint or physical interventions
- the deprivation of liberty.

## **Sexual harm and exploitation**

Examples of sexual harm and exploitation can include the direct or indirect involvement of the vulnerable adult in sexual activity or relationships that:

- they do not want or have not consented to
- they cannot understand, and cannot consent to, since they lack the mental capacity
- they have been coerced into because the other person is in a position of trust, power or authority, e.g. a care worker.

Sexual harm can involve bruising or injury to the anal, genital or abdominal area, and the transmission of STD. It also includes inappropriate touching. Being forced to watch sexual activity is also a form of sexual exploitation.

### **Psychological and emotional harm**

This is behaviour that causes mental distress or has a harmful effect on an individual's emotional health and development. It can include:

- mocking, coercing, bullying, verbal attacks, intimidation or harassment
- demeaning, disrespectful, humiliating, racist, sexist or sarcastic comments,
- shouting, swearing or name-calling
- excessive or unwanted familiarity
- the denial of basic human and civil rights such as self-expression, privacy and dignity
- negating the right of the vulnerable adult to make choices
- undermining the individual's self-esteem
- isolation and over-dependence that has a harmful effect on the person's emotional health, development or well-being
- the use of inflexible regimes and lack of choice.

### **Neglect**

Neglect occurs when a person's well-being is impaired because his or her care or social needs are not met. Examples of neglect include:

- the failure to allow access to appropriate health, social care and educational services
- the failure to provide adequate nutrition, hydration or heating, or access to appropriate medication
- ignoring medical or physical needs, e.g. untreated weight loss, or a lack of care that results in pressure sores or uncharacteristic problems with continence
- poor hygiene, e.g. lack of general cleanliness or soiled clothes not being changed
- the failure to address the vulnerable individual's requests.

Neglect can be intentional or unintentional. Intentional neglect can include:

- wilfully failing to provide care
- wilfully preventing the vulnerable adult from getting the care they need

- being reckless about the consequences of the person not getting the care they need.

Unintentional neglect can include:

- carer failing to meet the needs of the vulnerable adult because they do not understand their needs
- a carer lacking knowledge about the services that are available
- a carer's own needs preventing them from being able to give the care the person needs
- an individual being unaware of, or lacking an understanding of, the possible effect on the vulnerable adult of a lack of action.

### **Discrimination**

Discrimination exists when values, beliefs or culture result in a misuse of power, or the denial of rightful opportunities, so causing harm. Any psychological abuse that is racist, sexist, or linked to a person's sexuality, disability, religion, ethnic origin, gender, culture, or age, is discriminatory.

### **Institutional harm**

Examples of institutional harm can include:

- an observed lack of dignity and respect in the care setting
- the enforcement of rigid routines
- processes and tasks being organised to meet the needs of staff rather than those in their care
- disrespectful language and attitudes.

### **Financial harm**

Financial harm is the use of a person's property, assets, income, funds or other resources without their informed consent or authorisation. It includes:

- theft
- fraud
- exploitation
- unauthorised withdrawals of funds from an account
- undue pressure in connection with wills, property, inheritance or financial transactions
- the misuse or misappropriation of property, possessions or benefits
- the misuse of an enduring power of attorney, or a lasting power of attorney, or an appointeeship.
- Domestic violence and self-harm should also be considered as possible indicators of, and/or contributory factors to, harm or abuse.

## **Key Safeguarding Legislation**

Responsibilities for safeguarding are enshrined in legislation. Some duties apply only to children, some apply only to adults, and some apply to both. The key legislative framework supporting safeguarding include:

- [The Children Act 1989](#)
- [The Human Rights Act 1998](#)
- [The Children Act 2004](#)
- [The Crime and Disorder Act \(1998\)](#)
- [The Mental Capacity Act 2005](#)
- [The Health and Social Care Act \(2008\)](#)
- [The Care Act \(2014\)](#)
- [The Care and Support Statutory Guidance \(Chapter 14\)](#); and
- [The Working together to safeguard children \(2018\)](#) statutory guidance

## **Information sharing**

Good information-sharing practice is at the heart of good safeguarding practice. This area is covered by legislation, principally the Data Protection Act 2018 and the General Data Protection Regulation (as both will be amended after the UK leaves the EU), and by court decisions on issues of confidentiality and privacy.

At its heart is the principle that information should be shared if this helps to protect children or adults, or to prevent a crime. In addition, there are some statutory provisions, for example, relating to the operation of local safeguarding boards, local and authority designated officers (LADOs) and the statutory scheme for vetting and barring, which specifically require information sharing.

## **Vetting and barring**

There is a statutory scheme for vetting people working with children and adults vulnerable to abuse or neglect. The scheme is administered by the Disclosure and Barring Service in the UK. This system provides checks on people entering the workforce and maintains lists of individuals who are barred from undertaking regulated activity with either children, or adults at risk of harm or abuse.

## **Domestic Violence, Crime and Victims Act 2004**

Statutory guidance places a duty on Community Safety Partnerships to make arrangements for Domestic Homicide Reviews. Health bodies are required to participate in these as requested.

## **Fit and proper persons test**

There are new legal requirements that board level appointments of NHS trusts, foundation trusts and special health authorities are 'fit and proper persons'. This excludes individuals who have been involved in 'any serious misconduct or mismanagement' and they must be of good character

## **Duty of candour**

Good safeguarding practice requires openness, transparency and trust. There is a

legal 'duty of candour' on health service bodies and a professional duty of candour for all healthcare professions. Please also see RCCP Duty of Candour Guidance and your obligations as an RCCP Registrant to comply with the RCCP Standards of conduct, performance and ethics in relation to being open and honest (standard 8).

### **Equality and Diversity Statement**

The RCCP is committed to promoting equality, diversity and inclusion when carrying out its' duties. The RCCP values diversity and individuality in all staff, the professionals in our Board and Council. We aim to ensure that our procedures and processes are fair, objective, transparent and free from discrimination and that all stakeholders receive the highest level of service.