Dear [Name],

I am writing to respond to your request dated January 2016. Oxford University Hospitals NHS Foundation Trust can confirm that it holds the data that you requested.

1) Do you have a dedicated policy with a structure of signposting support for staff affected by domestic abuse? If so, please give details.

   Please refer to the attached below.

2) Do you have a dedicated policy with a structure of signposting support for patients affected by domestic abuse? If so, please give details.

   The Trust is currently reviewing the Domestic Abuse Policy for patients and will be published under s21 of the FOIA under the Trust Publication Scheme.

3) Do you have a domestic abuse service established within your organisation?

   The Trust does have an established abuse service based in the emergency department at the John Radcliffe Hospital and supports all patients who either have been identified as having injuries sustained during domestic abuse or who report they are involved in domestic abuse.

4) If so, state when it was established and give year-on-year figures for referrals/the number of people who use the service.

   We are currently developing above strategies – data not held.

5) Are staff inducted in the organisation’s policy so that they are fully informed of its content and the support available to them as well as patients?

   Teaching on signs of domestic abuse and where to seek help is included in all inductions, in level 2 Safeguarding Vulnerable people and more in depth knowledge given to all those undertaking level 3. All staff are given the Safeguarding Children’s and Adult leads contact numbers, should they require support for both patients and staff. Staff are also informed of the policy devised by Human Resources and whom they should contact should they need support.

6) How many staff have received training in recognising and supporting victims of domestic abuse in the past year?

   Safeguarding Adults: 4047
   Children Level 1: 2093
   Children Level 2: 2683
   Children Level 3: 574

7) When was domestic abuse training last reviewed in your organisation? The training for all levels of safeguarding is reviewed regularly.

8) What does the training cover? Refer to policy below.
Please note that on 1 November 2011 the Oxford Radcliffe Hospitals NHS Trust (ORH) merged with the Nuffield Orthopaedic Hospital NHS Trust (NOC) to form the Oxford University Hospitals NHS Trust (OUH). Our response reflects these changes. Therefore, we consider that Oxford University Hospitals Trust has released to you all of the information that it holds in relation to your request.

Internal review

If you are dissatisfied with the service or response to your request you can ask for an internal review by writing to:

Director of Assurance, John Radcliffe Hospital, Headley Way, Headington, Oxford OX3 9DU.

If you remain dissatisfied with the handling of your request or complaint, you have a right to appeal to the Information Commissioner at:

The Information Commissioner's Office,
Wycliffe House, Water Lane,
Wilmslow,
Cheshire,
SK9 5AF.

Telephone: 0303 123 1113 Website: www.ico.gov.uk

Provision of this information does not constitute permission for its commercial re-use in terms of the Re-Use of Public Sector Information Regulations 2005. You are free to use the information for your own use, including for non-commercial research purposes. The information may also be used for the purposes of news reporting. However, any other type of re-use will require permission from the Oxford University Hospitals NHS Trust.

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**Domestic Abuse Procedure**

A toolkit containing editable versions of the documents contained in the appendices is available here – [Domestic Abuse Procedure Toolkit](#)

<table>
<thead>
<tr>
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<th>Procedure</th>
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<tr>
<td>Summary:</td>
<td>This procedure provides details for managers and staff regarding the support available and process for handling domestic abuse situations for employees.</td>
</tr>
<tr>
<td>Equality Analysis undertaken:</td>
<td>January 2015</td>
</tr>
<tr>
<td>Valid From:</td>
<td>1\textsuperscript{st} May 2015</td>
</tr>
<tr>
<td>Date of Next Review:</td>
<td>April 2018</td>
</tr>
<tr>
<td>Approval Date / Via:</td>
<td>Workforce Committee</td>
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### Distribution:
All Employees

### Related Documents:
- Absence Management Procedure
- Disciplinary Policy
- Special Leave Procedure

### Author(s):
- Designated Safeguarding Officer
- Deputy Director of Workforce/ Designated Safeguarding Officer

### Further Information:
Refer to Appendix 1

### This Document replaces:
This is a new document

**Lead Director:** Director of Organisational Development and Workforce

**Issue Date:** 1\textsuperscript{st} May 2015
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Introduction

1. Domestic abuse is unacceptable. Everyone has the right to live a life free from abuse.

Oxford University Hospitals (OUH) NHS Trust is committed to improving the health and wellbeing of our employees and recognises that domestic abuse adversely affects the physical and mental health of individuals, families and communities.

2. This procedure aims to give guidance to staff who are experiencing domestic abuse and to managers who are supporting an employee who is suffering from domestic abuse.

3. The Trust recognises the complexity of domestic abuse and must consider all aspects of safety of the individual who is the victim of the abuse. The Trust must also consider the safety of our patients and our colleagues who may be at risk.

4. OUH will work to ensure that any employee who experiences domestic abuse can raise the issue at work, without fear of stigmatisation or victimisation and will receive appropriate support and assistance to protect themselves and their children.

5. OUH is committed to providing a positive work environment which encourages development and promotes the health and wellbeing of staff. The Trust values follow six themes: excellence, compassion, respect, learning, delivery and improvement.

6. This procedure supports the Trust values and the strategic aim to Deliver Compassionate Excellence ensuring all employees are treated with respect and compassion and further ensuring our employees feel supported and safe from harm.

Policy Statement

7. It is the policy of the Trust that:

7.1. All employees are aware of organisational policy and supporting procedure for employees experiencing domestic abuse and the implications for employees who are perpetrating domestic abuse.

7.2. Employees who ask for help in addressing domestic abuse receive support.

7.3. Line managers and colleagues are provided with guidance on how to support employees asking for help when they are the victims of domestic abuse.

7.4. Line managers are provided with guidance on how to deal with employees who are the perpetrators of domestic abuse.

7.5. All employees seeking assistance are confident that the issues they raise will be dealt with sympathetically and confidentially.

7.6. Employers must uphold an employee’s right to confidentiality. Notification of the domestic violence to others in the organisation must only be made with the permission of the employee concerned and on a need to know basis.

Scope
8. This procedure applies to: all employees; Retention of Employment (ROE) staff; voluntary workers; students; locums; holders of honorary, observer, research contracts and agency staff. There are no exceptions.

9. The procedure is applicable to:

9.1. all employees whilst at work
9.2. all employees on work premises
Oxford University Hospitals

9.3. all employees in work uniform
9.4. all applicants for positions of employment
9.5. employees leaving the Trust

The procedure also applies to activities outside of work, e.g. in domestic situations.

10. Where this procedure refers to other Trust policies e.g. Disciplinary Policy or Absence Management Procedure, external employers, e.g. third party contractors will be expected to use their own procedures to address matters appropriately.

Aim

11. The purpose of this procedure is to:


11.2. Ensure managers are provided with a clear and consistent framework for the assessment of risk associated with employees who raise concerns relating to domestic abuse.

11.3. Enable employees experiencing domestic abuse to remain productive and at work in a safe secure work environment.

11.4. Raise awareness of domestic violence, the forms it can take and the likely effects on the workplace.

Definitions

12. Definitions used in this procedure include:

12.1. Local Authority Designated Officer (LADO) – the LADO works within Children’s Services to help safeguard children in accordance with the statutory guidance set out in Chapter 2: Organisational responsibilities of Working Together to Safeguard Children 2013.

12.2. Retention of Employment (ROE) – ROE employees are employees who are managed under the Retention of Employment Model. They hold a substantive contract with the Trust which attracts NHS terms and conditions, however they are seconded to the relevant Private Finance Initiative (PFI) provider and are managed by the provider under the Trust’s policies and procedures.

Responsibilities

13. The Chief Executive has overall responsibility for this procedure.

14. The Director of Workforce and Chief Nurse have delegated authority.

15. Executive Directors, Directors and Deputy Directors are responsible for:

15.1. Effective implementation of the procedure within their directorates.

15.2. Providing resources for putting this procedure into practice within their directorates.

15.3. Ensuring that this procedure is followed within their Directorates.

16. Senior Managers are responsible for:
16.1. Effective implementation of the procedure within their departments.

16.2. Providing resources for putting this procedure into practice within their departments.
16.3. Ensuring that this procedure is followed within their departments.

17. **University of Oxford** has joint responsibility with the Trust for those employees who have dual contracts.

18. **Medical Director’s Office (MDO)** is responsible for:

   18.1. Effective implementation of the procedure for medical staff.

   18.2. Providing resources for putting this procedure into practice for medical staff including doctors in training.

19. **Human Resources** is responsible for:

   19.1. Providing professional support and guidance to line managers on the application of the procedure.

   19.2. Providing training to managers on the procedure.

20. **Line Manager** (for investigations relating to non-medical staff) is responsible for:

   20.1. Ensuring appropriate support is identified for employees experiencing domestic abuse.

   20.2. Providing all staff with a safe and effective work environment.

   20.3. Effective implementation of the procedure within their departments.

   20.4. Providing resources for putting this procedure into practice within their departments.

   20.5. Ensuring that this procedure is followed within their departments.

**What is Domestic Abuse?**

21. Domestic abuse is defined as any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.

22. The definition acknowledges that domestic violence can go beyond actual physical violence. It can also involve emotional abuse, the destruction of a spouse’s or partner’s property, their isolation from friends, family or other potential sources of support, control over access to money, personal items, food, transportation, the telephone and stalking.

23. Violence can often be witnessed by children and there is often an overlap between domestic abuse and abuse (both physical and sexual) of children. The wide adverse effects of living with domestic violence for children must be recognised as a child protection issue. They link to poor educational achievement, social exclusion and to juvenile crime, substance misuse, mental health problems and homelessness from running away.

24. It is acknowledged that domestic violence and abuse can also manifest itself through the actions of immediate and extended family members through the perpetration of illegal activities, such as forced marriage, so-called ‘honour crimes’ and female genital mutilation. Extended family members may condone or even share in the pattern of abuse.

25. Further definitions can be found in the procedure under ‘Recognising the signs of Domestic Abuse Procedure v 1.0 May 2015’.
domestic abuse’.
Recognising the signs of domestic abuse

26. Domestic abuse is the **abuse of power and control** over one person by another and can take many different forms, including physical, sexual, emotional, verbal and financial abuse. All forms of domestic violence come from the abuser’s desire for power and control over other family members or intimate partners.

27. Domestic abuse is common, affecting 1 in 6 men and 1 in 4 women. Domestic abuse not only impacts on the wellbeing of employees, but it affects the financial strength and success of the companies for which they work. Seventy-five per cent of those experiencing domestic abuse are targeted at work and it is often possible for perpetrators to use workplace resources such as phones, email and other means to threaten, harass or abuse their current or former partner (CAADV 2012).

28. The following points can help you to recognise if you, or someone you know, are in an abusive relationship. This list is not exhaustive.

28.1. **Destructive criticism and verbal abuse**: shouting/mocking/accusing/name calling/verbally threatening.

28.2. **Pressure tactics**: sulking; threatening to withhold money, disconnect the telephone, take the car away, commit suicide, take the children away, report you to welfare agencies unless you comply with his/her demands regarding bringing up the children; lying to your friends and family about you; telling you that you have no choice in any decisions.

28.3. **Disrespect**: persistently putting you down in front of other people; not listening or responding when you talk; interrupting your telephone calls; taking money from your purse/wallet without asking; refusing to help with childcare or housework.

28.4. **Breaking trust**: lying to you; withholding information from you; being jealous; having other relationships; breaking promises and shared agreements.

28.5. **Isolation**: monitoring or blocking your telephone calls; telling you where you can and cannot go; preventing you from seeing friends and relatives.

28.6. **Harassment**: following you; checking up on you; opening your mail; repeatedly checking to see who has telephoned you; embarrassing you in public.

28.7. **Threats**: making angry gestures; using physical size to intimidate; shouting you down; destroying your possessions; breaking things; punching walls; wielding a knife or a gun; threatening to kill or harm you and/or the children.

28.8. **Sexual violence**: using force, threats or intimidation to make you perform sexual acts; having sex with you when you don’t want to have sex; any degrading treatment based on your sexual orientation.

28.9. **Physical violence**: punching; slapping; hitting; biting; pinching; kicking; pulling hair out; pushing; shoving; burning; strangling.

28.10. **Denial**: saying the abuse doesn’t happen; saying you caused the abusive behaviour; being publicly gentle and patient; crying and begging for forgiveness; saying it will never happen again.
29. Employees experiencing domestic abuse should feel safe and supported at work. Employees are encouraged to seek help and support if they believe they are experiencing domestic abuse.

If you believe you are experiencing domestic abuse

30. If you believe you are a victim of domestic violence, please find the courage to seek help. In the first instance, you may wish to discuss the matter with your line manager, a member of the Human Resources team or your trade union representative.
You can also refer to Appendix 2: Questions about your situation to think about if you are concerned about what is happening to you. This document should not be used in isolation and if you are worried you should seek further support and advice.

If you do not wish to speak to someone in your department or Division, you can ask to speak to someone outside of your area of work.

Support can also be sought from the following areas:

1. Occupational Health Department
2. Your line manager
3. Human Resources Department

If you do not wish to speak to someone within the Trust you can refer to an external support agency in Appendix 1. Remember, you are not alone and support is available to you.

Guidance for line managers or those receiving disclosures of domestic abuse

If an employee finds the courage to speak to you and disclose that they have been the victim of domestic abuse, the first important step is to listen and seek to understand what action they wish to take. The most important thing to remember in dealing with disclosures is that no matter how difficult it is to listen to a disclosure, the person enduring the abuse is terrified about the conversation.

It is important to remember that the employee experiencing the abuse may be convinced that they are alone and it is their fault. The fact they chose to speak to you shows tremendous courage. This is your opportunity to build trust and is the first step to ensuring they are safe.

Sometimes it is very difficult to hear what they say. Remaining neutral and actively listening is very important and it is critical that you are non-judgemental. What you will hear will help you to clarify the nature of the domestic abuse and enable you to signpost them to further sources of support and guidance.

While trust between you and the person disclosing is essential, there may be limits to confidentiality. The safety of all your employees is paramount, which may mean involving Security to help ensure that safety. That does not mean you have to alert the department to the problem - it simply means you must take the necessary precautions to protect the safety of your staff. The person who has disclosed should be kept informed about anyone has been told.

Do not insist your employee has to do anything. Recommendations are fine, and this is where links to direct service providers are critical. If however during the discussions talk of weapons being used, if the employee is being contacted at work incessantly or if the perpetrator shows up at work, the Trust has a duty of care to protect our employees and ensure all active risk is lessened.

It is important to ensure that the person is safe while in the workplace and travelling to and from the workplace. The Trust has a duty of care to all employees to ensure that they are free from harassment, threats or violence in the workplace. Further information can be found in the section ‘Safety in the Workplace’.
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41. The Safety at Work Assessment in Appendix 3 is an essential tool that details the questions you should ask the employee about their safety. It provides you with guidance on the considerations that should be made to ensure the safety of the employee, the employee’s colleagues and our patients.

42. In some cases the employee experiencing domestic abuse will not have safe access to information which can provide them with support. Every effort should be made to ensure
the employee can access a safe computer at work to look for information or a phone to make private phone calls to support agencies.

43. In March 2013, the government changed the definition of domestic violence to include 16 and 17 year olds. If the employee experiencing domestic abuse is 16 or 17 years old the employee is considered a child in the eyes of the law. Specialist services are in place to support young people experiencing domestic abuse and line managers are encouraged to contact the Designated Safeguarding Officers for further information.

44. You can find some additional guidance on the support that you can offer your employee in the section ‘Absence options for employees experiencing domestic abuse’.

Guidance for colleagues, friends and relatives

45. If you become aware that a colleague, friend or relative has been abusive to their partner or other family member, it is likely you will feel a range of emotions and mixed loyalties. You should take advice on what to do from any of the external agencies listed in Appendix 1.

46. Likewise if you suspect or believe that someone is experiencing domestic abuse, there are things you can do to help when you become aware of it and further support and advice is available for you.

47. There is significant evidence that the impact of domestic abuse has an impact on children within the family. Reports such as the *The Adoption and Children Act 2002* have acknowledged this and even changed the definition of “Harm” to include impairment suffered from seeing or hearing the ill-treatment of another (e.g. Domestic Violence). For this reason, you should consider other members of the family that might need support and seek advice from external the external agencies as outlined.

48. The Trust is committed to safeguarding children and vulnerable adults. If you suspect or believe children or vulnerable adults are at risk of harm or have come to actual harm due to domestic abuse, you should seek further advice.

49. Further information and advice on “What to do if you are concerned about a child” and the “Process for Referral” is contained within the Trust’s Child Protection Policy and Procedures - Safeguarding Children.

50. Further information and advice on “What to do if you are concerned about a vulnerable adult” and the “Process for Referral” is contained within the Trust’s Safeguarding Vulnerable and at Risk Adults Policy.

Maintaining Confidentiality

51. The Trust respects an employee’s right to confidentiality and recognises employees experiencing domestic abuse have the right to complete confidentiality. However, in circumstances of child protection or the protection of vulnerable adults from abuse, the child protection and vulnerable adult protection services may need to be involved. Complete confidentiality cannot be guaranteed in these situations.

52. There may be other circumstances where confidentiality cannot be guaranteed, for example where there are vulnerable adults involved, but advice should always be sought on an individual basis.

53. In circumstances where risk to a child or vulnerable adult has been identified or is suspected, managers should discuss the disclosure in accordance with Child
Oxford University Hospitals

Protection Policy/Safeguarding Adults Policy and to handle such a disclosure with care and sensitivity.

54. Do not under any circumstances disclose the employee’s new address or any other information that may identify the employee’s whereabouts to a third party, without
checking first with the employee. A perpetrator could use tactics such as impersonating a social worker/police officer or using a relative in order to elicit the information.

55. If the police approach the Trust for information about an employee, they are required to submit a request in writing and to contact the Information Governance Team in the first instance.

Safety in the workplace

56. As a manager you have a duty of care for all employees and are responsible for the health and safety, be it physical or emotional. The Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulation 1992 gives the Trust a legal responsibility should an employee be targeted at work to protect both the employee enduring domestic abuse and the employee’s co-workers.

57. If the employee is at risk of abuse at or near the workplace the line manager should discuss with her/him what measures should be taken to ensure their safety. Consideration should be given to whether the employee is safe from the perpetrator in the workplace. Further consideration should be given as to whether the employee’s colleagues are safe in the workplace and whether patients are safe.

58. Employees need to disclose that they are at risk from domestic abuse in order to receive this protection and the organisation will seek to enable employees to disclose such facts by generating a supportive and open management culture. However, the Trust respects an employee’s right to privacy in the event they do not wish to inform the Trust that they have experienced domestic abuse.

59. If an employee discloses that they are at risk from domestic abuse refer to Appendix 3 ‘Safety at Work Assessment’ for a list of risk factors and considerations that need to be made.

60. An anonymised copy of every Safety at Work Assessment should be forwarded to the Designated Safeguarding Officers (DSO) by the line manager for consideration and advice on any further action the line manager should take.

Position of Trust Assessment

61. The line manager is also responsible for completing a Position of Trust Assessment (see Appendix 4) to determine whether the employee is able to continue working in their current role while the abuse is ongoing. Consider:

61.1. Is there a risk to patients?

61.2. Is there a risk to the employee or other employees?

61.3. Is there a public interest, e.g. a concern in relation to protecting a child from significant harm, promoting the welfare of children, protecting adults from serious harm, or preventing crime and disorder, are all well within public interest.

62. The Position of Trust Assessment is based on a scoring system of low, medium and high risk:

62.1. If the employee’s situation is graded as low risk, no changes to their role of duties should be made.

62.2. If an employee’s situation is graded as medium, consideration should be given to revision of duties and possible temporary redeployment to
ensure the safety of patients, the individual and colleagues.

62.3. If an employee’s situation is graded as high risk it should be referred to a Strategy meeting immediately so further support and advice can be given.

63. All Position of Trust Assessments must be forwarded by the line manager to the Designated Safeguarding Officers (DSO) upon completion. Medium or High Risk Position
of Trust Assessments should be referred immediately to the DSO for a Strategy Discussion with the DSO, line manager and safeguarding lead and Local Authority Designated Officer (LADO) if appropriate.

64. In the first instance, a Position of Trust Assessment can be anonymised for consideration. Further information may be requested once the information has been reviewed in a Strategy Discussion.

**Absence options for employees experiencing domestic abuse**

65. The Trust will make every effort to assist an employee experiencing domestic abuse. If an employee needs to be absent from work due to domestic abuse, the length of the absence will be determined by the individual's situation through collaboration with the employee and their line manager.

66. Employees and line managers are encouraged to first explore paid leave options that can be arranged to help the employee cope with the situation without having to take a formal unpaid leave of absence. Depending on circumstances, these options may include:

66.1. Arranging time off so the employee can seek protection, go to court, look for new housing, enter counselling, arrange child care, etc.

66.2. Considering the use of paid leave, special leave (either paid or unpaid), unpaid leave, etc., particularly if requests are for relatively short periods.

67. Paid leave options outlined above should be recorded on FirstCare as the “CARE Domestic, Carers and Crisis Leave” category.

**Employees who are perpetrating domestic abuse**

68. Domestic abuse perpetrated by employees will not be condoned under any circumstances nor will it be treated as a purely private matter. Perpetrating domestic abuse whilst in the workplace may breach any Code of Conduct and may be dealt with under the Disciplinary Policy.

69. If a colleague is found to be assisting an abuser in perpetrating the abuse by giving them access to facilities such as telephones or email then they will be seen as committing a disciplinary offence which will be dealt with under the Disciplinary Policy.

70. The Trust will treat any allegation, disclosure or conviction of a domestic abuse related offence on a case-by-case basis. The aim is to reduce risk and support change recognising their role in encouraging and supporting employees to address abusive behaviour of all kinds. If an employee approaches the OUH about their abusive behaviour, information about services and support available will be provided.

71. Confidentiality will be maintained and information restricted only to those who need-to- know. There are some circumstances in which confidentiality cannot be assured. These occur when there are concerns about children or vulnerable adults or where an employer needs to act to protect the safety of employees.

72. Under the Employment Rights Act 1996, the Trust can be held liable if someone uses workplace collateral in the commission of a crime. For example, if an employee uses a company phone to stalk a former partner, the Trust is legally culpable and the employee who allows this to happen may be subject to disciplinary procedures.
In cases where both the victim and perpetrator of domestic abuse work for the Trust, the Trust will take appropriate action including:

73.1. Considering utilising different work locations, working hours, shift patterns etc.

73.2. Minimising the potential for the perpetrator to use their position or work resources to find out details about the whereabouts of the victim.
73.3. Offering impartial support and where possible ensuring both the victim and perpetrator have different line supervisors who are able to provide appropriate information to each party.

74. If an employee is found to be perpetrating domestic abuse the line manager should seek immediate advice from the DSO who will arrange a Strategy Discussion to be held.

Training

75. There is no mandatory training associated with this procedure. Ad hoc training sessions based on an individual’s training needs will be defined within annual appraisal or job plan.

Monitoring Compliance

76. Use the following statement and mandatory table to outline the monitoring arrangements:

77. Compliance with the document will be monitored in the following ways:

<table>
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<tr>
<th>Aspect of compliance or effectiveness being monitored</th>
<th>Monitoring method</th>
<th>Responsibility for monitoring (job title)</th>
<th>Frequency of monitoring</th>
<th>Group or Committee that will review the findings and monitor completion of any resulting action plan</th>
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<td>Ensure that the procedure is being used as designed and victims of domestic abuse and receiving appropriate support.</td>
<td>A review of Safety at Work Assessments and Position of Trust Assessments.</td>
<td>Domestic Abuse Strategy Group</td>
<td>Annually</td>
<td>Clinical Governance Committee</td>
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Review

78. This procedure will be reviewed in 3 years, as set out in the Policy for the Development and Implementation of Procedural Documents.

References


Equality Analysis

80. As part of its development, this procedure and its impact on equality, diversity and human rights has been reviewed, an equality analysis undertaken. Please see Appendix 5 for details.

Document History
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<th>Version number</th>
<th>Reason for review or update</th>
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<td>V0.5</td>
<td>New Document</td>
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<tr>
<td></td>
<td>V0.7</td>
<td>Updated following consultation</td>
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<tr>
<td><strong>IN AN EMERGENCY CALL 999</strong></td>
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<td>-------------------------------</td>
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<tr>
<td><strong>You could speak to your GP, Midwife, Practice Nurse, otherwise you can speak to one of the organisation’s listed below in confidence</strong></td>
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</table>

| **Reducing the Risk of Domestic Abuse - National helpline** | Reducing the Risk works with Oxfordshire County Council and West Berkshire Council to collect and present domestic abuse information relevant to the local area. Tel (24 hrs) 0808 2000 247 or Email http://www.reducingtherisk.org.uk |
|----------------------------------------------------------|
| **National Domestic Violence Helpline** | Tel 0808 2000 247 or Email www.nationaldomesticviolencehelpline.org.uk |
| **Women’s Aid** | Women’s Aid is the key national charity working to end domestic violence against women and children. Tel 0808 2000 247 or Email www.womensaid.org.uk |
| **Refuge** | Refuge’s network of safe houses provides emergency accommodation for women and children when they are most in need. Tel 0808 2000 247 or Email www.refuge.org.uk |
| **Victim Support** | Victim Support is the independent charity for victims and witnesses of crime in England and Wales. They were set up over 35 years ago and have grown to become the oldest and largest victims’ organisation in the world. Tel 0845 30 30 900 or Email www.victimsupport.org.uk |
| **Men’s Advice Line** | Advice and support for men in abusive relationships. Tel 0808 801 0327 or Email www.mensadviseline.org.uk |
| **Mankind** | Support for male victims of domestic abuse and domestic violence. Tel 01823 334244 or Email www.mankind.org.uk |
| **Broken Rainbow UK** | Support for lesbian, gay, bisexual and transgender people experiencing domestic violence. Tel 0300 999 5428 or Email www.broken-rainbow.org.uk |
Telephone Helpline providing confidential emotional support to Children, Young Adults and Adults on any issue including domestic violence. Also keeps details of other agencies, support groups and counsellors throughout the UK - 01708 765200, www.supportline.org.uk or email info@supportline.org.uk
| **Samaritans** | Confidential support 24 hours a day for people who are experiencing distress or despair, and feelings that could lead to suicide. Face to face support is available, visit the website to find your local branch. Tel 08457 90 90 90, Email jo@samaritans.org, or post Chris, PO Box 9090, Stirling, FK8 2SA Website [www.samaritans.org](http://www.samaritans.org) |
| **Rights of Women – helping women through the law** | Free confidential legal advice. Website [www.rightsforwomen.org.uk](http://www.rightsforwomen.org.uk) |
| **Family Law** | Family law advice line for advice on issues including:  
- domestic violence and abuse  
  - relationship breakdown  
- divorce and civil partnership dissolution  
- issues relating to children, including parental responsibility, child contact and residence  
Criminal law advice line for advice on issues including:  
- sexual offences, including rape and sexual assault  
- domestic violence and harassment  
- the rights of victims, witnesses and defendants  
- reporting offences to the police and the criminal justice system  
- criminal injuries compensation  
Tel 020 7251 6577. Criminal Law – 020 7251 8887 |
| **The Freedom Programme -** | The programme is open to any woman who wishes to learn more about the reality of domestic violence and abuse. The FREEDOM programme is a free 12-week rolling programme. This means that you can join at any point - the benefits are the same so long as you complete 12 weeks. Tel 01547 520 228 or Email info@freedomprogramme.co.uk Website [www.freedomprogramme.co.uk](http://www.freedomprogramme.co.uk) |
| **Childline** | Free and confidential helpline for children and young adults in the UK. Tel 0800 1111 Website [www.childline.org.uk](http://www.childline.org.uk) |
| **National Society for the Prevention of Cruelty to Children (NSPCC)** | A free, confidential service for anyone concerned about children at risk, including children themselves. The service offers counselling, information and advice. Tel 0808 800 5000 or Email [www.nspcc.org.uk](http://www.nspcc.org.uk) |
A registered Charity that supports victims and survivors of forced marriage and honour based abuse. Tel 0800 5999 247 or Email [www.karmanjirvana.org.uk](http://www.karmanjirvana.org.uk)
| Forced Marriage Unit | Forced Marriage Unit (FMU) is a joint-initiative with the Home Office. Tel 020 7008 0151 or Email: fmu@fco.gov.uk Website [www.fco.gov.uk/en/travel-and-living-abroad/](http://www.fco.gov.uk/en/travel-and-living-abroad/) |
Appendix 2: Questions about your situation to think about

Before you start to look at the questions below, take a moment to consider what has brought you to this point. Despite the responses to the questions below, support and further guidance is available for you. We want to ensure you have the support you need to feel safe.

There is no score to the questions below. These questions will perhaps help you understand what is happening to you.

<table>
<thead>
<tr>
<th>Tick the relevant box.</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has there been any current assault or instance that have resulted in injury?</td>
<td></td>
</tr>
<tr>
<td>2. Are you very frightened?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Why</td>
</tr>
<tr>
<td>3. What are you afraid of?</td>
<td></td>
</tr>
<tr>
<td>Is it further injury or violence?</td>
<td></td>
</tr>
<tr>
<td>What do you think your abuser may do?</td>
<td></td>
</tr>
<tr>
<td>4. Do you feel isolated from your family or friends? Does your abuser try to stop you</td>
<td></td>
</tr>
<tr>
<td>seeing friends/family/doctors/others?</td>
<td></td>
</tr>
<tr>
<td>5. Are you depressed or have suicidal thoughts?</td>
<td></td>
</tr>
<tr>
<td>6. Have you tried to separate from the abuser within the last year?</td>
<td></td>
</tr>
<tr>
<td>7. Is there conflict over child contact?</td>
<td></td>
</tr>
<tr>
<td>8. Does your abuser constantly text, call, contact, follow, stalk or harass you?</td>
<td></td>
</tr>
<tr>
<td>9. Are you currently pregnant or have you had a baby in the past 18 months?</td>
<td></td>
</tr>
<tr>
<td>10. Are there any children/step-children that aren't in the household? Or are there</td>
<td></td>
</tr>
<tr>
<td>other dependents in the household (e.g. elderly dependents)?</td>
<td></td>
</tr>
<tr>
<td>11. Has the abuser ever hurt the children or the dependents?</td>
<td></td>
</tr>
<tr>
<td>12. Has the abuser ever threatened to hurt or kill the children or dependents?</td>
<td></td>
</tr>
<tr>
<td>13. Is the abuse happening more often?</td>
<td></td>
</tr>
<tr>
<td>14. Is the abuse getting worse?</td>
<td></td>
</tr>
<tr>
<td>15. Does the abuser try to control everything you do and/or are they excessively</td>
<td></td>
</tr>
<tr>
<td>jealous? (In terms of relationships, do they control who you see, being ‘policing</td>
<td></td>
</tr>
<tr>
<td>at home’, telling you what to wear for example?</td>
<td></td>
</tr>
<tr>
<td>16. Has the abuser ever used weapons or objects to hurt you?</td>
<td></td>
</tr>
</tbody>
</table>
17  Has the abuser ever threatened to kill you or someone else and you believed them?
18  Has the abuser ever attempted to strangle/choke/suffocate/drown you?
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>Does the abuser do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else?</td>
</tr>
<tr>
<td>20</td>
<td>Is there any other person that has threatened you or that you are afraid of?</td>
</tr>
<tr>
<td>21</td>
<td>Do you know if the abuser has hurt anyone else? (children/siblings/elderly relative/stranger, for example)</td>
</tr>
<tr>
<td>22</td>
<td>Has the abuser ever mistreated an animal or the family pet?</td>
</tr>
<tr>
<td>23</td>
<td>Are there any financial issues? For example, are you dependent on the abuser for money/have they recently lost their job/other financial issues?</td>
</tr>
<tr>
<td>24</td>
<td>Has the abuser had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life?</td>
</tr>
<tr>
<td>25</td>
<td>Has the abuser ever threatened or attempted suicide?</td>
</tr>
<tr>
<td>26</td>
<td>Has the abuser ever breached bail/an injunction and/or any agreement for when they can see you and/or the children?</td>
</tr>
<tr>
<td>27</td>
<td>Do you know if the abuser has ever been in trouble with the police or has a criminal history?</td>
</tr>
</tbody>
</table>

Confidential help and support is available to you. We are here to ensure you feel supported and safe. If anything is concerning you, please contact Occupational Health, your line manager, or a member of the Human Resources Team.

Or you can contact one of the agencies listed in Appendix 1.
### Questions for the employee

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the alleged abuser know where the employee works?</td>
<td></td>
</tr>
<tr>
<td>Have they ever been followed on their way to/from work?</td>
<td></td>
</tr>
<tr>
<td>Is the employee frightened of anything specific that might take place at work or to and from work?</td>
<td></td>
</tr>
<tr>
<td>Does the abuser have their work email address and/or work telephone number?</td>
<td></td>
</tr>
<tr>
<td>What information can be shared with the wider team or relevant staff to ensure any changes are implemented and they can deliver an appropriate response?</td>
<td></td>
</tr>
</tbody>
</table>

### Contact arrangements

- Retain both a work contact and an emergency contact at home (not the abuser).
- Arrange in advance when and who to contact if an employee doesn’t come into work (family member/police/neighbour etc.).
- Maintain communication with the individual during any absence, while keeping their whereabouts confidential from the abuser and other agreed persons.

### Safety to and from work

- Change the route to and from work (e.g. different bus or train time). Change the location of where they work or consider a transfer. Change the start and finish time of work hours.
- Provide a security escort to and from a car / transport links.

### Safety while at work

- Change the locks/codes to enter the workplace.
- Consider a personal or workstation alarm.
- Consider an alternative entrance to, or exit from the workplace.
- Consider screening access to the workplace. If possible and required, enable reception/security to identify the abuser (photo, car registration), and advise them on what to do if the abuser arrives at the workplace.

### Communication safety

- Review the security of all employee records and personal information.
- Change email addresses/work phone number or divert incoming phone calls and emails.
- Issue instructions to all staff NOT to reveal the employee’s personal details or their whereabouts to anyone, including family members.
Managing responsibilities at work
  o Consider flexible working or changing work patterns.
  o Adjust workload (extend deadlines, reassign responsibilities). o Consider additional support /supervision/debriefing sessions.
  o Provide special leave or time off during the day to attend appointments or court
## Appendix 4: Position of Trust Assessment

<table>
<thead>
<tr>
<th>Risk to Patients</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the course of their work, does the employee have contact with</td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>1</td>
</tr>
<tr>
<td>Vulnerable Adults (Patients)</td>
<td>1</td>
</tr>
<tr>
<td>Are patients safe from the abuser(s)?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>0</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Not sure</td>
<td>1</td>
</tr>
<tr>
<td>Has the abuser (s) threatened to come onto Trust premises to access the victim?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Not sure</td>
<td>1</td>
</tr>
<tr>
<td>Does the employee think the abuser might come to onto Trust premises to access the victim?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Not sure</td>
<td>1</td>
</tr>
<tr>
<td>Is the employee a perpetrator of domestic abuse?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Is the employee charged with any offence in relation to the abuse?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Are there any current orders in place governing the protection of children in the home? E.g. child protection orders</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Not sure</td>
<td>1</td>
</tr>
</tbody>
</table>

## Employee and Colleague Safety

<table>
<thead>
<tr>
<th>Risk to Patients</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the abuser perpetrated violence towards the employee?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Has the abuser threatened violence towards the employee?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Has the abuser (s) tried to gain access to the employee while they are at work?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Has the abuser(s) ignored requests from the Trust or employee not to contact the employee while they are at work?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
</tr>
</tbody>
</table>
Public interest

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this case likely to end up in the public arena? E.g. will the case go to court?</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Is there a public interest in this case or the outcome of this case?</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

**TOTAL SCORE**

**SCORING:**
- High risk – 7 points or more
- Medium risk – 4-6 points
- Low risk – 0-3 points

Background (please summarise the case, use extra sheets of paper if necessary)
## Appendix 5: Equality Analysis

<table>
<thead>
<tr>
<th>Procedure proposal name:</th>
<th>Procedure for managers and staff: Employees experiencing domestic abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Procedure:</td>
<td>May 2015</td>
</tr>
<tr>
<td>Date due for review:</td>
<td>January 2018</td>
</tr>
<tr>
<td>Lead person for procedure and equality analysis:</td>
<td>Human Resources</td>
</tr>
<tr>
<td>Does the procedure/proposal relate to people?</td>
<td>YES</td>
</tr>
</tbody>
</table>

### Identify the main aim and objectives and intended outcomes of the procedure

It is the aim of the Trust that:

- All employees are aware of organisational procedure and supporting procedure for employees experiencing domestic abuse and the implications for employees who are perpetrating domestic abuse.
- Employees who ask for help in addressing domestic abuse receive support.
- Line managers and colleagues are provided with guidance on how to support employees asking for help when they are the victims of domestic abuse.
- Line managers are provided with guidance on how to deal with employees who are the perpetrators of domestic abuse.
- All employees seeking assistance are confident that the issues they raise will be dealt with sympathetically and confidentially.
- Employers must uphold an employee's right to confidentiality. Notification of the domestic violence to others in the organisation must only be made with the permission of the employee concerned and on a need to know basis.

### Involvement of stakeholders

The procedure has been developed and reviewed taking into account the current legislation; the Trust Values, standards and behaviours and the Trust's commitment to reducing the risks associated with Domestic Abuse.

The draft document will be sent for consultation to all recognised Trade Unions, the BME Network, the Adult Safeguarding Group, Children’s Safeguarding Group. The draft procedure will be available for all staff to comment on during the consultation period.

### Evidence General

Domestic abuse is common, affecting 1 in 6 men and 1 in 4 women. Domestic abuse not only impacts on the well-being of employees, but it affects the financial strength and success of the companies for which they work. Seventy-five per cent of those experiencing domestic abuse are targeted at work and it is often possible for perpetrators to use workplace resources such as phones, email and other means to threaten, harass or abuse their current or former partner (CAADV 2012).

### Disability

The procedure should benefit people from all protected groups; no potential to discriminate in application of the procedure has been identified.

**Access to the procedure**: the procedure has only been produced in one format and consideration to be given to producing this document in an easy read format and large print.

### Sex

The procedure should benefit people from all protected groups; no potential to discriminate in application of the procedure has been identified.
<table>
<thead>
<tr>
<th>Age</th>
<th>The procedure should benefit people from all protected groups; no potential to discriminate in application of the procedure has been identified.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>The procedure should benefit people from all protected groups; no potential to discriminate in application of the procedure has been identified. <strong>Access to the procedure:</strong> the procedure has only been produced in one language (English) and consideration is to be given to producing this document in other languages. An associated glossary of equality and diversity terms is available on the Trust's internet and intranet websites; this should also aid understanding of the terminology used.</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>The procedure should benefit people from all protected groups; no potential to discriminate in application of the procedure has been identified.</td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>The procedure should benefit people from all protected groups; no potential to discriminate in application of the procedure has been identified.</td>
</tr>
<tr>
<td>Religion or belief</td>
<td>The procedure should benefit people from all protected groups; no potential to discriminate in application of the procedure has been identified.</td>
</tr>
<tr>
<td>Gender re-assignment</td>
<td>The procedure should benefit people from all protected groups; no potential to discriminate has been identified.</td>
</tr>
<tr>
<td>Marriage or civil partnerships</td>
<td>The procedure should benefit people from all protected groups; no potential to discriminate has been identified.</td>
</tr>
<tr>
<td>Other potential impacts e.g. culture, human rights, socio economic e.g. homeless people</td>
<td>None identified.</td>
</tr>
<tr>
<td><strong>Summary of Analysis</strong></td>
<td><strong>Does the evidence show any potential to discriminate? How will any negative impacts be reduced?</strong> No.</td>
</tr>
<tr>
<td><strong>How does the procedure advance equality of opportunity?</strong></td>
<td>The procedure aims to promote better understanding of handling sensitive cases of domestic abuse.</td>
</tr>
<tr>
<td><strong>How does the procedure promote good relations between groups?</strong></td>
<td>The procedure aims to promote good relations between groups by promoting understanding and raising awareness of issues relating to domestic abuse and encouraging an open supportive culture for dealing with Domestic Abuse.</td>
</tr>
</tbody>
</table>
Staff Handbook

INTRODUCTION

This workbook offers a flexible way in which the basic level needed for compliance within the topic of Safeguarding can be met in accordance with the OUH Statutory and Mandatory Training Framework. This package can be used as an alternative to attending the Safeguarding Vulnerable People classroom based course or completing the Safeguarding Adult e-learning package available on the OUH intranet.

Managers are responsible for ensuring the staff within your team complete the workbook provided whilst also ensuring the necessary assistance and support is given to aid their successful completion and for checking their responses against the answer sheets provided.

It is not always necessary for staff to work through the workbooks individually as they could be included within your own departmental training/meetings and this would enable your team to discuss certain issues or problems they may have in completing the workbooks. Each member of staff must individually complete the question section and sign the declaration.

Objectives
1. To increase staff awareness about their responsibility to safeguard children and vulnerable adults at risk and equip staff to apply standards to the working environment.
2. To achieve compliance in with the Trusts Statutory and Mandatory Framework
3. To provide evidence of competence which will assist with appraisals and development reviews.

Guidance for Completing Booklets

Each topic has a section with associated questions and should take no longer than 10 – 15 minutes to complete.

If a pass mark of 80% is not achieved an instructor led session or e-learning must be attended. Dates and times of instructor led sessions can be located on the Learning and Development intranet page.

1 Please read the contents of the competency workbook provided
2 Remove the workbook from the question section and keep for future reference.
3 Complete all personal details on the front cover of the Question Section
4 Answer all questions. Partial completion will be recorded as a “did not pass” Please be aware some questions require more than one answer.
SAFEGUARDING CHILDREN AND ADULTS AT RISK IN HEALTH CARE SETTINGS

Introduction

There are a wide range of patients who need the support and protection of all health care staff in order to safeguard their interests. These include adults who have an impaired mental capacity or those who are vulnerable (such as the elderly, those with a learning disability, and those with a frailty which prevents them being independent). Legislation provides principles, guidance and strategies about the way in which we have to implement this protection. It is required of us as health care employees that the care we provide ensures this legislation is adhered to.

In Oxford University Hospital NHS Foundation Trust (OUHFT) staff are required to understand the needs of those who are vulnerable and to be able to identify any concerns or issues which may impact on the well-being of the patient and his/her family. This workbook provides the information and training required for Level 1 Introduction to safeguarding Children and Adults at risk.

The Chief Nurse has Executive director responsibility on the Trust Board for ensuring that the OUHFT has procedures, policies and training in place to safeguard anyone who comes into the Trust. There are policies and training available to support the development of your knowledge and skills, details can be found on the intranet site:

For policies and procedures look on the Safeguarding Children and Vulnerable Adults page on the Trust’s intranet

The reason for the safeguarding training encompassing both children and adults is to better understand the risks across a family.

For face to face training check the tables and opportunities in the Learning and Development site see the Learning and Development webpage on the Trust’s intranet.

What training do I need?

1. All staff in the Oxford University Hospitals NHS Foundation Trust must have an introduction to safeguarding children and adults (raising awareness training Level 1) in order to know “what do I do if I am worried” within their induction programme
2. All non-clinical staff must have level 1-awareness training
3. All staff caring for parents and carers of children and young people or who are occasionally involved in caring for children, young people within their work must have **Level 2 training**

4. All staff caring for children must have safeguarding children level 3 training.

5. All training levels must be formally updated at least every 3 years.

**Induction:**

Safeguarding children and adults training is a part of all staff induction programmes. Managers or supervisors should provide information about where policies can be found and who to contact for advice and information. A leaflet will be provided at induction and confirmation that it has been read recorded in the induction pack. Training is delivered within the induction programme which will incorporate level 1.

**Level 1 Awareness training options:**

1. Safeguarding Vulnerable People lecture (1½ hours)
2. Safeguarding E-learning module via the learning and development on-line learning platform (321 Safeguarding Adults e-learning)
3. On-Line Awareness multi-agency training accessed through registering on the Oxfordshire Safeguarding Board training portal found at [www.oscb.org.uk](http://www.oscb.org.uk)
4. Self-paced learning Workbook and Assessment
5. E-assessment (updates only) via the learning and development on-line platform (url to be added)

**Safeguarding Key Trust Contacts:** (Redacted)

**Resource Materials**

Remove the resource material from the question section and keep for future reference.

Place the completed question section in an envelope and send it via the internal post

The Learning & Development Administrator, Carillion Building, John Radcliffe Hospital

**SAFEGUARDING VULNERABLE CHILDREN & ADULTS**

Every employee of the OUH has **A DUTY** to report to their line manager **IMMEDIATELY** any suspicion of abuse.

---

*Children (Young people) are defined as under 18 years old (Children Act 1989).*
If abuse is not recognised and the appropriate response made, it may continue. The aim of Safeguarding is to prevent harm and abuse occurring and responding to it if it does occur.

**Definitions**

- **Safeguarding** relates to the prevention of abuse and neglect and has a broad focus that extends to all aspects of a person’s general welfare.
- Safeguarding, considered in this context, is properly part of the general approach to be taken to assessment and the delivery of services.
- Safeguarding Children is a term which is broader than ‘child protection’ and relates to promoting the welfare of children and protect them from harm. Safeguarding is everyone’s responsibility. Safeguarding is defined in Working together to safeguard children 2013 as:
  - protecting children from maltreatment
  - preventing impairment of children’s health and development
  - ensuring that children grow up in circumstances consistent with the provision of safe and effective care and
  - taking action to enable all children to have the best outcomes
- **Adult protection** refers to investigation and intervention where it is suspected that abuse may have occurred.
- **Vulnerable adult** refers to a person over 18 who appears:
  - to be at risk of harm,
  - to have health or social care needs, including carers, and
  - to be unable to safeguard themselves from harm as a direct result of their health or social care needs.
- **Abuse is** the violation of a person’s human rights and civil rights by any other person or persons. ‘Abuse is the harming of another individual usually by someone in a position of power, trust or authority over that individual. The harm may be physical, psychological or emotional or may be directed at exploiting the vulnerability of the victim in more subtle ways (for example, through denying access to people who can come to the aid of the victim, or through misuse or misappropriation of his or her financial resources). The threat or use of punishment is also a form of abuse. Abuse may happen as a ‘one-off’ or it may become a regular feature of a relationship. Other people may be unaware that it is happening and for this reason it may be difficult to detect. In many cases it is a criminal offence.’
  
  **Centre for Policy on Ageing 1996**

- ‘Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent.

  **Care Act 2014**

**Who May be at risk:**

Any child under the age of 18 that is unable to protect themselves from significant harm or including:

- Unborn child where there are parenting concerns
Children under 1 presenting with injuries/ non mobile babies with bruises
Teenage children at risk of exploitation
Children with inadequate care takers
Children whose parent/carer is a victim of domestic abuse
Children whose parent/carer is experiencing mental health difficulties
Children whose parent/carer abuse drugs or alcohol
Children with physical or mental impairment or disabilities
Children Looked After (In Care) by the Local Authority
Children that are bullied
Children that have been trafficked
Children living away from home
Children whose parent/carer delays seeking medical help when needed
Children whose parent/carer that fabricates or induces ill in a child
Children of parent having undergone FGM

Any person aged 18 or over and is unable to protect him or herself against significant harm or exploitation including:

- People with a mental health problem (including dementia)
- People with a physical disability
- People with drug and alcohol related problems
- People with a sensory impairment
- People with a learning disability
- People who have a physical illness
- People with an acquired brain injury
- People who are frail and/or experiencing a temporary illness
- People receiving healthcare treatment / medical care

**Responsible Agency**

ALL AGENCIES have a responsibility to report concerns in accordance with the policy to ensure the most effective response

Adult Social Care are the LEAD AGENCY for any safeguarding concerns and have the responsibility, in partnership with other agencies to investigate ALL alleged cases of abuse in the Trust.

Children’s Social Care are the LEAD AGENCY for Children for any safeguarding concerns and have the responsibility, in partnership with other agencies to investigate ALL alleged cases of abuse in the Trust.

**Types of Abuse or ways that people can be harmed:**

1. Physical injury
2. Emotional/Psychological
3. Sexual
4. Neglect
5. Financial or material
6. Honour Based Violence
7. Female Genital Mutilation
8. Radicalisation
9. Self-neglect
10. Discriminatory
11. Domestic Abuse
12. Organisational
13. Modern Slavery and Trafficking
Definitions of Abuse – Child

1. **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.

2. **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 (formally Munchausen’s Syndrome by Proxy).

3. **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).
   Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

4. **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 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 (including the use of inadequate care-givers);
  or
• ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Working Together to Safeguard Children 2015

Definitions of Adult Abuse

1. **Physical Abuse:** Physical harm caused deliberately or by rough or thoughtless behaviour. For example: a vulnerable person being pushed to the floor and sustaining bruising of fracture or no visible injuries

2. **Sexual Abuse:** Making someone do something of a sexual nature that they do not want to do, or do not/cannot consent to. For example: a Vulnerable person being coerced/forced to touch an individual’s intimate parts

3. **Psychological or Emotional Abuse:** Behaviour that makes an individual feel anxious, intimidated or frightened, including verbal abuse (demeaning or threatening behaviour). For example: Vulnerable person being told they are ‘thick’, ‘stupid’, ‘ugly’ by the abuser

4. **Financial or Material Abuse:** Theft, fraud or exploitation; putting pressure on an individual to use their money in a way that they do not want to, or isn't in their best interests. For example: Vulnerable person with dementia being taken to a cash point to withdraw money, when they lack capacity to understand

5. **Neglect or Acts of Omission:** Failure to meet medical or physical care needs, or the withholding of the necessities such as adequate food and water, medicines and heating. For example: Health Care Professional omits to give patients insulin regularly in the evening

6. **Discrimination:** The treatment of someone less favourably than other people because of their race, culture, religion, sex, age, disability, sexual orientation or status. For example: Person has had gender reassignment surgery, but professionals continue to treat/identify them as their previous gender.

Other Definitions of Abuse that involves both adult and children

1. **Domestic Abuse:** Emotional, physical, financial or sexual abuse of a person by a family member or a partner with whom they have had an intimate relationship. All family members in this situation are at risk and need protection, support and advice. Children in households where domestic abuse exists can be harmed even if they do not directly witness violence. For
example: Vulnerable person continually hit and verbally abused by their spouse and made to feel worthless.

2. **Organisational Abuse**: The mistreatment of people brought about by poor or inadequate care or support. In most cases, there is a lack of good leadership within the organisation and members of staff are not appropriately skilled and educated to carry out the care. For example: Vulnerable patients left for hours on end, sat in their own faeces whilst carers are aware.

3. **Honour Based Violence**: Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community. For example: A person refuses a ‘Forced Marriage’ undermining the family and/or community beliefs resulting in a Violent act towards them.

4. **Radicalisation**: A process by which a vulnerable person comes to adopt increasingly political, social or religious ideals.

5. **Modern Slavery and Trafficking**: Modern Slavery takes many different forms including:
   - Forced labour (involuntary servitude)
   - Bonded labour – coercion to pay off a debt
   - Domestic Work – working inside a private household
   - Undertaking 24 hour days for their employer

**Trafficking** – the acquisition of people by improper means such as force, fraud, deception, with the aim of exploiting them. For example: An individual being made to work long hours for no pay.

**What To Look Out For**
Where abuse has occurred one or more of the following signs or indicators may have been, or may be present:

**Physical Indicators of Abuse**

- Unexplained injuries e.g. bruising, burns, fractures or broken bones
- Unexplained reactions towards particular individuals or settings
- Seeking shelter or protection
- Unexplained change in material circumstances
- Over/under use of medications
- Panic attacks, withdrawal of verbal communication, regressive behaviour
- Disturbed sleep patterns
- Dislike of being touched and flinching on being touched
- Sucking, biting, rocking
- Self-harm
- Frequent or regular visits to the general practitioner or the accident and emergency department, or hospital admissions
- Unexplained falls & 'accidents
- Poor skin condition
• Burns and cigarette marks
• Torn and blood stained clothes
• Dehydration, weight loss without cause
• Sores, urine burns, lice, mouth ulcers.
• Dirty and unkempt
• Cold, dirty, untidy house
• Lack of stimulus, books, radio etc.

N.B. In cases where evidence of physical abuse can be seen this must be recorded immediately on admission by body mapping and photographs. These must be labelled, dated, signed and placed securely in the patient's notes

Behavioural Abuse Indicators
• Seeking shelter or protection
• Refusal to accept investigations or treatments for routine difficulties
• Inconsistency of explanation regarding the area of possible concern
• Carer/care worker or third party always wishing to be present at interviews
• Anorexia/bulimia or eating disorders
• Withdrawal
• Shouting, swearing, ignoring
• Blame, rejection, manipulation,
• Difficulty getting access
• Sucking, biting, rocking
• Mood changes: timidity, hesitation, anxious, withdrawal, agitated etc.

Finance Abuse Indicators
• Change in financial circumstances
• Lack of amenities which person should be able to afford.
• Discussing a carer/relative/friend/stranger taking/demanding money

Honour Based violence (HBV)

• Honour' based violence (HBV) is a form of domestic abuse which is perpetrated in the name of so called ‘honour’
• The honour code is set at the discretion of male relatives and women who do not abide by the ‘rules' are then punished for bringing shame on the family e.g.:
  • A woman having a boyfriend;
  • Rejecting a forced marriage;
  • Pregnancy outside of marriage;
  • Interfaith relationships;
  • Seeking divorce,
  • Inappropriate dress or make-up
  • Kissing in a public place.

Level 2 – Safeguarding Children and Vulnerable Adults at Risk v12 December 2015
There are many examples of how honour-based violence can impact on someone’s life including being isolated from local communities, not being allowed independence, **forced into marriage or under duress from their family**. The **definition** of forced marriage to be used will be in line with that used by the Home Office: ‘**A marriage without the consent of one or both parties and where duress is a factor**’.

**You may see or hear something that may indicate abuse:**
- Illegal use of signatures
- See someone being bullied or intimidated
- See someone put at unnecessary risk
- Some not getting help or care.
- Someone not being allowed to make their own choices or decisions.

**Female Genital Mutilation (FGM)**

Female genital mutilation, FGM (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK. It has been estimated that over 20,000 girls under the age of 15 are at risk of FGM in the UK each year, and that 66,000 women in the UK are living with the consequences of FGM. The true extent is unknown due to the “hidden” nature of this crime.

There are **no health benefits** to FGM; it is carried out for cultural, religious and social reasons within families and communities. The procedure is traditionally carried out by an older woman with no medical training. Anaesthetics and antiseptic treatment are not generally used and the practice is usually carried out using basic tools such as knives, scissors, scalpels, pieces of glass and razor blades.

**Child Sexual Exploitation (CSE)**

“**Sexual exploitation is where a young person under 18 receives ‘something’ (e.g. food, accommodation, drugs, gifts, money) as a result of performing, and/or others performing on them, sexual activities**”.

Child sexual exploitation can occur through use of technology, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain.
In all cases the person exploiting the young person has power over them by virtue of age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationship being characterised in the main by the child or young person’s limited availability of choice resulting from their social/economic and/or emotional vulnerability.

Please visit: [https://www.thinkuknow.co.uk/](https://www.thinkuknow.co.uk/)

**Signs that may indicate a child is being exploited:**
• Going missing from school/home/care placement
• Associating with older people/adults
• Isolation from family/friends/peer group
• Physical symptoms including bruising/STI's
• Substance misuse
• Mental health
• Unexplained possessions, goods and or money

The indicators can be spotted when speaking to the young person themselves or family/friends.

Who might be the abuser?

Potentially anyone who comes into contact with the vulnerable person and predominantly within a 'trusted relationship':

• Family member, including the parent/carer of a child or another child
• Friend
• Neighbour
• Partner
• Any health or social care worker (refer to the raising concerns policy)
• Volunteer or Stranger
• Another adult at risk
• Another child at risk

THERE ARE NO SOCIAL BARRIERS TO ABUSE

(A) How to respond to Initial Concerns

1. Every member of staff has a responsibility of all staff to act on any suspicions or evidence of abuse or neglect:

   • The welfare of the child and person is paramount, the first priority is to ensure immediate safety (do not put yourself at risk, call for support first if required)

   • Give every suspicion/allegation/disclosure your urgent attention - look up the Trust policy on safeguarding children or safeguarding vulnerable people and follow procedures

2. Don't jump to conclusions

   • Treat all allegations seriously by listening, clarifying, and noting all details

   • Document your concerns immediately by legibly recording accurate, relevant, accurate and factual information

   • Ask the person/carer about what you are concerned about e.g. how did you get that bruise?
• Follow the guidance for disclosures and allegations and remain open
minded; you may not always be told the truth or have the full information.

• Record any physical signs or injuries including size, shape and colour
using a body map or hand drawing if necessary. Take pictures if the
patient gives consent

3. Tell the department’s lead manager (or the person covering for the manager)
about your concerns.

4. Contact the Trust’s Safeguarding Adults or Children team to clarify information
and plan further actions

5. Make sure you document, sign and date your record

(B) Multi-disciplinary team action lead by Department Lead
Manager for over 16 year olds in adult areas

1. Record any physical signs, disclosure in health records
2. Log adult incidents on DATIX
3. Complete Safeguarding referral and email to

   Safeguardingadults@ouh.nhs.uk

4. If patient is at imminent risk, the social care team should be contacted

Do Not

• Do not press the person for details or undertake an investigation
• Use open questions to clarify answers using the T.E.D. technique
  • Tell
  • Explain
  • Describe
• Do not confront the alleged perpetrator or ask them questions
• Do not dispose of possible evidence, get advice

Do Remember the limits of confidentiality and the 7 golden rules of information
sharing.

1. Remember that the Data Protection Act is not a barrier to sharing
information but provides a framework to ensure that personal information
about living persons is shared appropriately.

2. Be open and honest with the person (and/or their family where appropriate)
from 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.

3. Seek advice if you are in any doubt, without disclosing the identity of the
person where possible.

4. 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, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.

5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

6. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

7. **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

**Mental Capacity**

Ill treatment and/or wilful neglect are a criminal offences under the Mental Capacity Act 2005.

**Key principles of the Mental Capacity Act 2005 are:**

- That there is a presumption of capacity,
- Individuals will be supported to make their own decisions,
- Individuals retain the right to make ‘unwise decisions’

**To find reliable resources of information you can refer to:**

- The Trust’s safeguarding Children and Adult policies
- The Safeguarding Teams
- The Safeguarding Children and Adult board Procedures at:
  - [www.oscb.org.uk](http://www.oscb.org.uk)
  - [www.osab.org.uk](http://www.osab.org.uk)
Sharing information

Information can be shared without the individual’s permission when:
1. The person lacks mental capacity to give consent and it is believed to be in their best interest.
2. The information is about a criminal offence.
3. The information is likely to prevent harm to other people.

All information shared must be legible, relevant, accurate and factual

If in any doubt always seek advice.

Deprivation of Liberty (DOLS)

Deprivation of Liberty without good reason (Mental Capacity Act Deprivation of Liberty Safeguarding 2009)

Level 2 – Safeguarding Children and Vulnerable Adults at Risk v12 December 2015
Where there is a reduction in capacity a second assessment must be made called DOLS
• If the answer to any question is ‘yes’ then person is being deprived of liberty

The policy sets out a process of assessment for cases
• Where a patient lacks capacity to make a decision about their care
• Has to be looked after in a hospital or registered home in a way that restricts their freedom to leave
• Not used in a short term situation

Examples of deprivation of liberty:
• Staff in a care home or hospital having control over all of the decisions in an individual’s life
• Individuals not being allowed to leave the care home or hospital where they live.
• Family, carers or friends not being allowed to come to see individuals.

Confidentiality

A person’s right to confidentiality is not absolute and may be overridden where there is evidence that sharing information is necessary in cases of abuse. Consult your line manager if you are concerned by any confidentiality issues and always work within your professional Code of Conduct

Patient Discharge

Be aware of the patient’s under investigation for alleged abuse on your ward.

Do not discharge such a patient unless the discharge destination has been agreed by Social Care.

For Adults contact the Hospital Adult Social Services if you are uncertain of any information regarding such patients.

For Children ensure the discharge plan is in place keep placement address secure and confidential.

Workplace Safeguarding Processes, Culture and Procedures

Safeguarding is about us ensuring that everyone is maintaining the safety and welfare of patients’ visitors and staff. This process starts at with recruitment in which staff are employed using a series of safer requirement practices starting with ensuring the job has a clear set of criteria and skills to fulfil the job. These skills are tested and checked using interview and then followed up through references. Other recruitment processes are also undertaken to ensure we have the right staff in the
right roles providing safe services these include: criminal records checks and identity checks before a new employee is taken on.

Every organisation needs to develop an open culture in which learning and development can occur. Within this culture it is important that staff feel confident that they can raise concerns about services and colleagues without fear of reprisals. Within the NHS there is a Raising Concerns processes both internally and externally that staff can use. Within the trust this process is set out in the Raising Concerns at Work Policy: Trust Policy No 5 (http://ouh.oxnet.nhs.uk/HumanResources/DocumentLibrary/Policiesandprocedures Current/RasingConcernsPolicy )

It states that

_It is the duty of every member of staff to speak up about genuine concerns in relation to criminal activity, breach of a legal obligation (including negligence, clinical negligence, breach of contract and breach of administrative law), miscarriage of justice, danger to health & safety and the environment, and the covering up of any of these in the workplace. This duty applies whether or not the information is regarded as confidential._

The Oxford Radcliffe Hospitals is committed to ensuring that any staff concerns of this nature will be taken seriously and investigated.

The key principal of this policy is to give all Trust staff every opportunity to report concerns regarding possible wrongdoing at work in a confidential manner so that others can investigate.

Staff are not expected to investigate or prove wrongdoing but should have a reasonable belief that wrongdoing has taken place, is taking place, or is likely to take place in the future.

To ensure that this policy is adhered to, and assure staff that their concerns will be taken seriously, the ORH pledges to:

- not allow the person raising the concern to be victimised for doing so;
- treat any victimisation of whistle blowers as a serious matter that may lead to disciplinary action which may result in dismissal;
- not attempt to conceal evidence or unacceptable practice;
- take disciplinary action if an employee destroys or conceals evidence or if evidenced, poor or unacceptable practice or misconduct is found;
- ensure confidentiality clauses in employment contracts do not restrict, forbid or penalise whistle blowing;
- give feedback to the person raising the concern to confirm that appropriate action has been taken;
- liaise with other organisations that staff may report malpractice to; and
- treat concerns raised solely for malicious intent as a disciplinary matter.

Concerns raised will be investigated promptly by an appropriate individual to assess what action is required. Feedback will be given to those raising concerns to ensure the matter has been addressed and duly investigated.

In any situation that results in an investigation about the conduct of a member of staff or their performance the Human resources Conduct and Disciplinary Action Procedure will be used.
Within this procedure there is a clear process for managing allegations which includes informing and advising senior managers in safeguarding if the concerns relate to the wellbeing of the child or vulnerable adult in question is treated as the main priority. If further guidance is required then it should be sought from the relevant designated lead, the relevant HR Consultant, the HR or a member of the Trust Management Executive.

**Further Reading**

Children Safeguarding Policy (find link)

Working Together to Safeguarding Children 2015  

Adult Safeguarding Policy  
http://orh.oxnet.nhs.uk/vulnerablepeople/

Care Act 2014

Children Act 1989 & 2004

Human resources Conduct and Disciplinary Action Procedure  
(http://ouh.oxnet.nhs.uk/HumanResources/DocumentLibrary/PoliciesandproceduresCurrent/Conduct-DisiplinaryActionprocedure)

Raising Concerns at Work Policy: Trust Policy No 5  
(http://ouh.oxnet.nhs.uk/HumanResources/DocumentLibrary/PoliciesandproceduresCurrent/RasingConcernsPolicy)

Managing Allegations Policy

OSAB

Oxfordshire Safeguarding Children Board (OSCB) Procedures  
www.oscb.org.uk

MCA - 2005
Question Section
Safeguarding Children Level 2 / Adult (Alerter)

Applicant’s Personal Information

It is important that you complete ALL details

Applicant’s Name ..............................................................................................................................
(as appears on pay slip)

Telephone Number .................................... Email .................................................................

Department ..............................................

Personnel/assignment number (found on payslip) .................................................................

I declare that I have completed this learning questionnaire personally and without assistance from any other person.

Applicant’s signature:

I declare that the questionnaire has been marked against the Trust Health and Safety answer sheet and:

A pass mark has been achieved Yes/No

The applicant needs to attend a face to face session Yes/No

Manager’s Name: ..........................................................................................................................

Signature: .......................................................... Date:..................................................
**Safeguarding Children & Vulnerable Adults Questionnaire**

**Question 1**  
Which people can be classed as a vulnerable person? (Select ONE of the following options)

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>a)</td>
<td>Someone with a mental disorder/illness</td>
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<td>b)</td>
<td>Someone with a physical impairment</td>
</tr>
<tr>
<td>c)</td>
<td>Someone with a learning disability</td>
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<tr>
<td>d)</td>
<td>Someone who has dementia who needs care and support</td>
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<tr>
<td>e)</td>
<td>Someone who is in need of medical care</td>
</tr>
<tr>
<td>f)</td>
<td>All the above</td>
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**Question 2**  
A person at risk is someone who is/may be unable to protect themselves against: (Select ONE of the following options)

<p>| | |</p>
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<tbody>
<tr>
<td>a)</td>
<td>Risk of, or, experience of abuse of neglect</td>
</tr>
<tr>
<td>b)</td>
<td>Illness</td>
</tr>
<tr>
<td>c)</td>
<td>Exploitation</td>
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**Question 3**  
If an individual has concerns about a work colleague or practices within their area what should they do:

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>a)</td>
<td>Use the raising concerns policy</td>
</tr>
<tr>
<td>b)</td>
<td>Say nothing and allow the practice to continue</td>
</tr>
<tr>
<td>c)</td>
<td>Adopt the poor practice into their behaviour</td>
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</table>
**Question 4**
Which of the following is considered as a type of abuse: (Select ONE of the following options)

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<tr>
<td>a)</td>
<td>Financial</td>
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<tr>
<td>b)</td>
<td>Sexual</td>
</tr>
<tr>
<td>c)</td>
<td>Physical</td>
</tr>
<tr>
<td>d)</td>
<td>Emotional/Psychological</td>
</tr>
<tr>
<td>e)</td>
<td>Neglect/Acts or omissions</td>
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<tr>
<td>f)</td>
<td>Organisational</td>
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<td>g)</td>
<td>Discrimination</td>
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<tr>
<td>h)</td>
<td>‘Honour’ based violence</td>
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<tr>
<td>i)</td>
<td>Modern Slavery and Trafficking</td>
</tr>
<tr>
<td>j)</td>
<td>Domestic Abuse</td>
</tr>
<tr>
<td>k)</td>
<td>Radicalism</td>
</tr>
<tr>
<td>l)</td>
<td>Self Neglect</td>
</tr>
<tr>
<td>m)</td>
<td>All of the above</td>
</tr>
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</table>

**Question 4**
Which Act includes Deprivation of Liberty Safeguards or DOLS? (Select ONE of the following options)

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>a)</td>
<td>Mental Capacity Act 2005</td>
</tr>
<tr>
<td>b)</td>
<td>Human Rights Act 1998</td>
</tr>
<tr>
<td>c)</td>
<td>Francis Report</td>
</tr>
</tbody>
</table>

**Question 6**
What should you do if you suspect abuse in order to ensure the immediate safety of the individual? (Select ONE of the following options)

<p>| | |</p>
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<tbody>
<tr>
<td>a)</td>
<td>Don’t get involved</td>
</tr>
<tr>
<td>b)</td>
<td>Confront the suspected abuser</td>
</tr>
<tr>
<td>c)</td>
<td>Report any suspected abuse immediately to your line manager</td>
</tr>
</tbody>
</table>
**Question 5**

Which of the following could be examples of ‘deprivation of liberty’? (Select THREE of the following options)

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>a)</td>
<td>Staff in a care home or hospital having control over all of the decisions in an individual's life</td>
</tr>
<tr>
<td>b)</td>
<td>Individual being allowed to leave the Care Home when they wish</td>
</tr>
<tr>
<td>c)</td>
<td>Individuals not being allowed to leave the care home or hospital where they live</td>
</tr>
<tr>
<td>d)</td>
<td>Family members allowed to come to visit individuals</td>
</tr>
<tr>
<td>e)</td>
<td>Family, carers or friends not being allowed to come and see individuals</td>
</tr>
</tbody>
</table>

**Question 6**

I can share information without a person’s consent when: (Select THREE of the following options)

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>a)</td>
<td>The person lacks mental capacity to give consent and I believe it is in their best interests</td>
</tr>
<tr>
<td>b)</td>
<td>The person’s next of kin gives consent on the person’s behalf</td>
</tr>
<tr>
<td>c)</td>
<td>The information is about a criminal offence</td>
</tr>
<tr>
<td>d)</td>
<td>The information is likely to prevent harm to other people</td>
</tr>
<tr>
<td>e)</td>
<td>I don’t know what information is relevant</td>
</tr>
<tr>
<td>f)</td>
<td>I haven’t got time to talk with the person concerned</td>
</tr>
<tr>
<td>g)</td>
<td>When I am talking with a colleague</td>
</tr>
</tbody>
</table>
### Question 7
If you have a concern about a vulnerable individual, who you feel may be being abused, what should be your first step? (Select ONE of the following options)

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>a)</td>
<td>Record your concern and take no further action</td>
</tr>
<tr>
<td>b)</td>
<td>Do nothing in case you get it wrong</td>
</tr>
<tr>
<td>c)</td>
<td>Share your concerns with your supervisor, line manager or named health professional</td>
</tr>
<tr>
<td>d)</td>
<td>Complete a referral form</td>
</tr>
<tr>
<td>e)</td>
<td>Complete a MASH enquiry form</td>
</tr>
</tbody>
</table>

### Question 8
What would you do if you suspected your patient lacked the capacity to make their own decisions

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<tbody>
<tr>
<td>a)</td>
<td>2 stage assessment</td>
</tr>
<tr>
<td>b)</td>
<td>Refer to IMPCA</td>
</tr>
<tr>
<td>c)</td>
<td>Involve relatives or close friends</td>
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<tr>
<td>d)</td>
<td>Ensure a formal MCA assessment completed and documented full in the patient’s Health Records</td>
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<tr>
<td>e)</td>
<td>All of the above</td>
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### Question 9
Which child can be classed as a vulnerable child? (Select ONE of the following options)

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<tbody>
<tr>
<td>a)</td>
<td>A child with a physical or mental impairment</td>
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<td>b)</td>
<td>A child with emotional difficulties</td>
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<tr>
<td>c)</td>
<td>A child with that is in the care of the Local Authority</td>
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<td>d)</td>
<td>A child who is living away from home</td>
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<td>e)</td>
<td>A child whose parent has undergone FGM</td>
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<td>f)</td>
<td>All the above</td>
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### Question 10

The definition of child abuse applies to… (Select ONE of the following options)

- a) A child from birth up to and including 15 years of age i.e. under 16
- b) A child from birth up to and including 17 years of age i.e. under 18
- c) A child from birth up to and including 21 years of age

### Question 11

Which of the following could be signs of neglect? (Please select 2 answers)

- a) A baby coughing and sneezing and having infections one after the other which never seems to clear up.
- b) A young child throws a tantrum in the supermarket and throws himself on the floor.
- c) A baby always seems to struggle to get away when picked up by mum who doesn't know how to handle or comfort him.
- d) Parents and children like eating pizza and chips at least once a week.
- e) A child has no computer at home with which to do schoolwork.

### Question 12

What do you need to do when a disclosure of abuse had been made? (Select ONE of the following options)

- a) Do not promise confidentiality or to keep a secret.
- b) Record what you have been told in the words of the child/adult
- c) Tell someone appropriate what you suspect e.g. manager, named safeguarding person, social care or the police
- d) All the above
Question 13 | Which of the following is considered as a type of child abuse: (Select ONE of the following options)
---|---
| a) Physical |  
| b) Sexual |  
| c) Neglect |  
| d) Emotional |  
| e) Child Sexual Exploitation |  
| f) Domestic Abuse |  
| g) Female Genital Mutilation |  
| h) ‘Honour’ based violence |  
| i) Fabricated or Induced Illness |  
| j) Modern Slavery and Trafficking |  
| k) Radicalism |  
| l) All of the above |  

Question 14 | Which of the following could be examples of neglect (Select THREE of the following options)
---|---
| a) allowing a 12 year old to watch adult movies |  
| b) expecting a child to walk to and from school ½ a mile each way |  
| c) regularly making a child in the family eat alone |  
| d) refusing to allow a child to have a mobile phone |  
| f) leaving a young child alone in the bath |  
| g) not allowing a child to play on a play station |  

<table>
<thead>
<tr>
<th><strong>Question 15</strong></th>
<th>What should you do if you suspect abuse in order to ensure the immediate safety of the individual? (Select ONE of the following options)</th>
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<tbody>
<tr>
<td>a) Don’t get involved</td>
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<tr>
<td>b) Confront the suspected abuser</td>
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<td>c) Report any suspected abuse immediately to your line manager</td>
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<tr>
<th><strong>Question 16</strong></th>
<th>You identify a work colleague is accessing child pornography. What should you do? (Select ONE of the following options)</th>
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<tbody>
<tr>
<td>a) Use the raising concerns policy to share your concerns</td>
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<tr>
<td>b) Say nothing and pretend you do not know</td>
<td></td>
</tr>
<tr>
<td>c) Confront your colleague and tell them to stop accessing such material</td>
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<tr>
<th><strong>Question 17</strong></th>
<th>If you have a concern about a vulnerable child, who you feel may be being abused, what should be your first step? (Select ONE of the following options)</th>
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<tbody>
<tr>
<td>f) Record your concern and take no further action</td>
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<tr>
<td>g) Do nothing in case you have got it wrong</td>
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<tr>
<td>h) Share your concerns with your supervisor, line manager or named safeguarding children health professional</td>
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<tr>
<td>i) Complete a referral form</td>
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<tr>
<td>j) Complete a MASH enquiry form</td>
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**Question 18**
A child starts to tell you some facts which you realise may become a disclosure of abuse. Which of the following is the correct action? Please select 1 answer

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<td>a) Where there are other children present, take the child somewhere nearby where there is privacy and quiet</td>
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<td>b) Tell him/her to come back later when you have more time to listen properly</td>
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<tr>
<td>c) Tell him/her that you are not the right person to tell and say that he/she should ring the police or 'Childline.'</td>
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**Question 19**
What is Munchausen’s Syndrome by Proxy now known as?

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<tr>
<td>a) Falsified Physical Illness</td>
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<tr>
<td>b) Fabricated and Induced Illness.</td>
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<tr>
<td>c) Psychologically–Induced Illness.</td>
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<tr>
<td>d) Falsified Emotional Illness.</td>
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**Question 20**
Who has a responsibility to safeguard children?

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<tr>
<td>a) Everyone who has contact with children in a professional capacity</td>
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<td>b) The parents/guardians of children</td>
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<td>c) The child’s neighbour</td>
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<tr>
<td>d) Medical staff (such as doctors and nurses) at hospitals</td>
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<tr>
<td>e) All of the above</td>
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