

Safeguarding Children and Vulnerable Adults Policy

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1. Introduction

The Electrical Industries Charity (EIC) is registered with and regulated by The UK Charity Commission (Register number: 1012131). EIC recognises that children and vulnerable adults have a right to freedom from abuse and to live in an environment where safety, security, praise, recognition and opportunity for taking responsibility are available. The purpose of this policy is to ensure that EIC meets its obligations to safeguard adults and children who may be at risk of abuse and neglect as defined in the Care Act (2014) and the Children and Families Act (2014). It also ensures that all staff understand safeguarding within the context of legislation, compliance and professional responsibility. Furthermore, they understand the requirement to work within multi-agency policies and procedures. Compliance with the policy will also ensure EIC meets the essential standard (Standard 13) required by the Care Quality Framework: Safeguarding Vulnerable People in the NHS: Accountability and Assurance Framework (NHS England, 2015) Working together to Safeguard Children (Department of Education 2018).

The lead agencies for Safeguarding in the UK are the tri-partnerships of Health, Social Care and the Police. Each locality has its own Safeguarding Adults and Children's Boards, sometimes now referred to as Safeguarding Partnerships. They have their own policies and procedures which are all based on the same national legislative framework. There is a small degree of variance as to how local services respond to and process safeguarding issues, but the principles are the same across the country. EIC will link with local services when raising a safeguarding alert and will comply fully with local practice.

The guidance in this policy and procedure provides the detailed information on the complexities of the adult and child safeguarding frameworks but in the first instance if you have a safeguarding concern please read the flowcharts on the following pages.

1.1 Electrical Industries Charity Safeguarding Children Flowchart

During the consultation process you have concerns about a child or young person's welfare in the community

If the child is in immediate danger

- Call police **999**
- Document your concerns and actions including police incident number.
- Inform P-UK Named Professional and complete Safeguarding Record Form

You are worried a child is at risk of or is being abused but not in immediate danger:

- Gather as much relevant information as possible, preserve the virtual crime scene
- Seek advice from your Line Manager and Safeguarding Lead talk to the local area Children's Services or Police on 101
- Document concerns and actions contemporaneously within client's record, giving time frames where appropriate. Ensure a safeguarding alert is clearly marked in the records

Safeguarding referral to social care

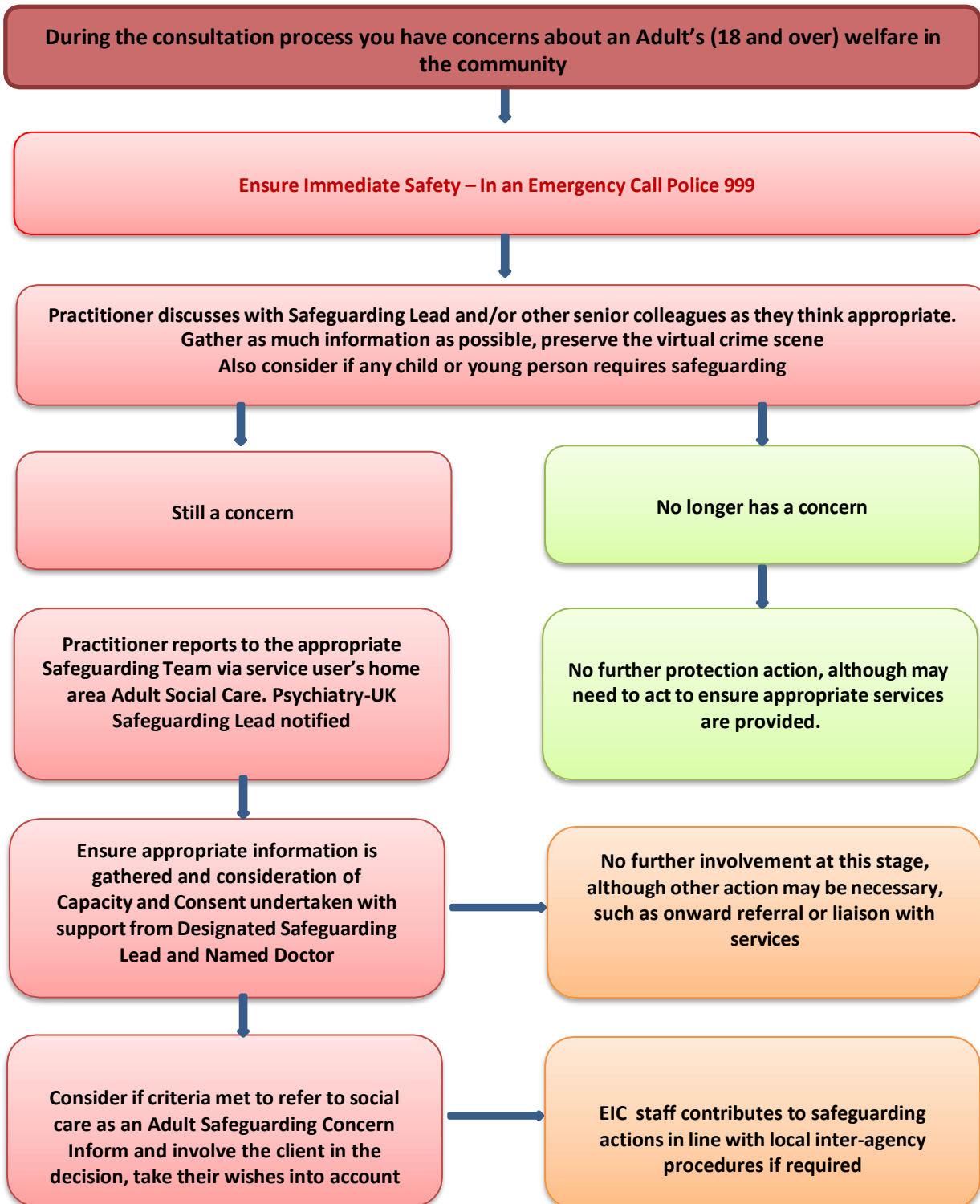
- Contact Children's Social Care or Police 101 in child's area giving as much information as possible
- Act as advised by Children's Social Care or Police
- Inform P-UK Safeguarding Lead
- Save the referral on to patient's records, ensuring it is clearly marked as safeguarding referral
- Complete a Safeguarding Record Form
- After 5 working days, seek

NO referral to social care

- Continue to offer support and document a robust care plan with time frames to re-evaluate risk to child
- Refer to appropriate support services for additional and specialised support
- Inform P-UK Safeguarding Lead
- Seek further advice if required
- Complete a Safeguarding Record Form

The Importance of seeking advice and supervision cannot be stressed enough. Do not assume another professional will report the matter. Seek advice from your Safeguarding Lead

1.2 EIC Safeguarding Adults Procedure Flowchart



Ensure accurate records are kept of incident and all EIC Safeguarding activity.

2. Scope of the Policy

The scope of the policy includes all EIC employees, including those on temporary or honorary contracts and administrative staff. This policy sets out the standards and procedures for any member of staff.

2.1 Aim and Objectives

The policy aims to provide clear framework to ensure that all employees are aware of their responsibilities and accountabilities to safeguard children and vulnerable adults at risk of abuse or neglect.

The policy will aim will be achieved by the delivery of the following objectives:

- To identify lines of accountability
- To raise awareness of the types of abuse and neglect and referral procedures with all new members of staff during induction
- Direct staff to named professionals within EIC who can offer advice and supervision if requested
- Direct staff towards external sources of advice including Designated Safeguarding Leads and safeguarding procedures local to the service user or where an alleged safeguarding incident took place.
- To clarify the level of adult safeguarding training required by different staff groups to ensure Psychiatry-UK have staff who are competent and knowledgeable.

The EIC encounters children and vulnerable adults through the following services: Providing (sourcing and funding) financial and mental health support for adults, their respective families and dependent children, specific services provided are; psychiatric assessments, talking therapies and unspecified medical services depending on individual need. Accreditation of these 3rd party partnering organisations is requested and reviewed.

Contact with adults irrespective of vulnerability requires the completion of a verbal health data and referral script ensuring privacy, confidentiality and informing the client of the EIC's safeguarding responsibility. We require consent from parents to communicate with children under 16 years old.

We can provide support to clients and their family members or dependents related to their mental health and or physical health. To offer this assistance, we first need to have an understanding of the clients' and/or clients' family members' health status.

Health data is deemed 'special data under the data protection legislation and therefore, we usually need to have consent to process this type of data, unless, in circumstances, we cannot reasonably be required to obtain consent (e.g. emergency or very sensitive situation), or the individual cannot give consent, and one of the following applies:

- **Confidential support:** We need to ask for health data for the sole purpose of providing confidential counselling, advice or support; or
- **Safeguarding of children and individuals at risk:** We need to ask for health data because it is necessary to protect the physical, mental or emotional wellbeing of the individual who is aged under 18 or over 18 but is at risk as he/she has needs for care and support; or
- **Safeguarding of economic well-being of certain individuals at risk:** the individual is over 18 and is unable to protect his or her economic well-being by reason of physical or mental injury, illness or disability.

If we are obtaining the health details of family members and dependents via the application, we cannot obtain consent we need directly from the relevant data subject, so we can ask if the applicant has authority to consent on behalf of the family members / dependent.

This policy seeks to ensure that the EIC undertakes its responsibilities regarding the protection and safety of children and vulnerable adults and will respond to concerns efficiently and effectively. The policy establishes a framework to support welfare staff in their daily practices and clarifies the organisation's expectations.

3. Safeguarding

Safeguarding is about embedding practices throughout the organisation to ensure the protection of children and / or vulnerable adults wherever possible. In contrast, child and adult protection is about responding to circumstances that arise.

3.1 Safeguarding against abuse

Abuse is a selfish act of oppression and injustice, exploitation and manipulation of power by those in a position of authority or where there is a power imbalance in the relationship or where a vulnerable person or group are targeted by others in the community either to exploit them or harm them. This can be caused by those inflicting harm or those who fail to act to prevent harm. The needs of the unborn child must be considered as well as any child under the age of 18 years as research indicates that the impact of adverse circumstances on the unborn child can be lifelong. Intervention to ensure their future well-being should be encompassed within safeguarding children practice. Abuse is not restricted to any socio-economic group, gender or culture. It can take several forms, including the following:

- Physical abuse
- Sexual abuse
- Psychological or Emotional abuse
- Neglect or Omission to act
- Financial or material abuse
- Child Sexual Exploitation
- Modern Slavery
- Self-Neglect
- Domestic Abuse
- Institutional Abuse
- Discriminatory Abuse
- Harassment
- Radicalisation towards extremist behaviour.

The Care Act sets out the following principles which underpin the EIC's adult and child safeguarding policy; empowerment – "I am involved in the decision-making process regarding safe-guarding and understand the objectives and outcomes of the process. Prevention – I understand clearly and simply information about the concept of abuse, how to recognise and identify signs and how to seek help. Proportionality – I am assured the professionals involved in my care will work in my interests, as I understand them and only get involved as much a necessary. Protection – I obtain support to report abuse and neglect, I am supported through the safeguarding process. Partnership

– Staff manage any personal and sensitive information in confidence, only sharing what is helpful and necessary, I am confident professional support will be coordinative and the best result will be attained for me. Accountability – I understand the role of everyone involved in my life and so do they. ("Six Principles of Adult Safeguarding - ACT", 2019).

Child protection is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are at risk of suffering, significant harm.

In the UK, the terms **child or children** refers to all young people under the age of 18. At the age of 16 a Young Person can leave home, consent to lawful sexual intercourse, get married or get a full-time job, however, child protection extends to the age of 18yrs. In the case of care leavers, child protection can extend to the age of 21yrs.

This policy also extends to **Vulnerable Adults** - The Department of Health defines a vulnerable adult as a person aged 18 years or over who is or may be in need of community care services by reason of mental or other disability, age or illness, and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation. A vulnerable adult may need or be receiving, or in need of, one or more of the following services:

- Health Care
- Child or Adult Social Services
- Social Care such as a care home or home support
- A carer; family, friend or professional

3.2 Child protection

Child protection means protecting a child from child abuse or neglect. Where there are concerns about harm, abuse or neglect, these must be shared with the relevant services – social services, police and/or the school. Rights to confidentiality and privacy are breached in these circumstances. The multi-agency services will coordinate to identify and determine whether the harm is, or is likely to be, significant and the appropriate course of action initiated.

If a member of the welfare team is concerned that abuse or neglect having occurred or occurring or a disclosure is made, there is a clear reporting process within the EIC to ensure appropriate decisions are made and the relevant agencies are informed.

Agency contacts are;

- Call 101 to speak to Police Public Protection
- Call the local safeguarding authority request to speak to the Local Authority Designated Officer (LADO) if necessary
- Call 999 in an emergency or in case of serious harm
- Call CQC in relation to those receiving care either at home or in a care home.

3.2.1 Children and young people who may be particularly vulnerable

Some children and young people can be at increased risk of neglect and/or abuse. Many factors can contribute to an increase in risk, including prejudice and discrimination, isolation, social exclusion, social-economic issues, poor housing, communication issues, family history of abuse and reluctance on the part of some adults to accept that abuse happens, or who have a high level of tolerance in respect of neglect.

Special consideration and attention should be given to children who are:

- Disabled or have special educational needs – learning disabilities (describes an overall cognitive impairment) and/or learning difficulties (described as not effecting general intelligence)
- Looked After Children (i.e. those in care)
- living in a known domestic abuse situation or dysfunctional household
- affected by known parental substance misuse or parental criminality
- asylum seekers
- living away from home
- vulnerable to being bullied, or engaging in bullying
- living in temporary accommodation
- living transient lifestyles
- living in neglectful and unsupportive home situations
- vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion or sexuality
- involved directly or indirectly in prostitution or child trafficking
- do not have English as a first language.

3.3 Forms and Definitions of Abuse

Abuse and neglect are forms of maltreatment of a child or vulnerable adult. Somebody may abuse or neglect a child or vulnerable adult by inflicting, or by failing to act to prevent, significant harm to the individual. Children and vulnerable adults may be abused in a family or in an institutional setting by those known to them or, more rarely, by a stranger. Within this context abuse can take the form of domestic, physical, sexual, psychological, financial or material abuse, neglect or acts of omission, institutional abuse and discriminatory abuse.

The following definitions describe some of the ways in which abuse may be experienced by a child or vulnerable adult but are not exhaustive, as the individual circumstances of abuse will vary from person to person.

3.3.1 Domestic abuse

Defined as an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality. This includes; psychological, physical, sexual, financial, emotional abuse and honour/culturally based violence – female genital mutilation or forced marriage. It is important to note that it is a criminal offence to cause children to witness; see or hear domestic abuse.

3.3.2 Physical abuse

Physical abuse is the causing of physical harm to a child, young person or adult. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after.

Possible physical and behavioural indicators can include:

- unexplained bruising, marks or injuries on any part of the body
- multiple bruises - in clusters, often on the upper arm or outside of the thigh
- cigarette burns
- human bite marks
- broken bones

- scalds, with upward splash marks
- multiple burns with a clearly demarcated edge
- fear of parents being approached for an explanation
- aggressive behaviour or severe temper outbursts
- flinching when approached or touched
- reluctance to get changed, for example in hot weather
- depression
- withdrawn behaviour
- running away from home

3.3.3 Emotional Abuse

Psychological or emotional abuse ("Safeguarding adults: types and indicators of abuse", 2019)

Types of psychological or emotional abuse

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Cyber bullying
- Possible indicators of psychological or emotional abuse
- An air of silence when a person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment.

Emotional abuse is persistent emotional neglect or ill treatment that has severe and persistent adverse effects on a child's emotional development or a vulnerable adults wellbeing. 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 involve the imposition of age - or developmentally - inappropriate expectations on a child. It may involve causing children to feel frightened or in danger or exploiting or corrupting children. Some level of emotional abuse is present in all types of ill treatment of a child; it can also occur independently of other forms of abuse. It can also occur in response to the exploitation or corruption of children.

Possible indicators of emotional abuse can include:

- over-protection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

- seeing or hearing the ill-treatment of another
- serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger
- neurotic behaviour e.g. sulking, hair twisting, rocking
- being unable to play
- fear of making mistakes
- sudden speech disorders
- self-harm
- fear of parent being approached regarding their behaviour
- developmental delay in terms of emotional progress

3.3.4 Sexual abuse

Sexual abuse is any act that involves the child or vulnerable adult in any activity for the sexual gratification of another person, whether it is claimed that the child or vulnerable adult either consented or assented. Sexual abuse involves forcing or enticing a child or vulnerable adult to take part in sexual activities, irrespective of whether the child or vulnerable adult is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of indecent images or in watching sexual activities, using sexual language towards a child or vulnerable adult or encouraging or foreign children or vulnerable adult to behave in sexually inappropriate ways.

Possible indicators of sexual abuse can include:

- pain or itching in the genital area
- bruising or bleeding near genital area
- sexually transmitted disease
- vaginal discharge or infection
- stomach pains
- discomfort when walking or sitting down
- pregnancy
- sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn
- fear of being left with a specific person or group of people
- having nightmares
- running away from home
- sexual knowledge which is beyond their age, or developmental level
- sexual drawings or language
- bedwetting
- eating problems such as overeating or anorexia
- self-harm or mutilation, sometimes leading to suicide attempts
- saying they have secrets they cannot tell anyone about
- substance or drug abuse
- suddenly having unexplained sources of money
- not allowed to have friends (particularly in adolescence)
- acting in a sexually explicit way towards adults, young people or children

3.3.5 Neglect and Acts of Omission

Types of neglect and acts of omission:

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes
- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious or ethnic needs
- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity
- Possible indicators of neglect and acts of omission
- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing

3.3.6 Self-neglect

Self-neglect – covers a wide range of behaviour and describes neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Types of self-neglect:

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

Indicators of self-neglect:

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

Possible indicators of neglect can include:

- constant hunger, sometimes stealing food from others

- constantly dirty or 'smelly'
- loss of weight, or being constantly underweight
- inappropriate clothing for the conditions.
- complaining of being tired all the time
- not requesting medical assistance and/or failing to attend appointments
- having few friends
- mentioning being left alone or unsupervised.
- persistent stealing of items such as food

3.3.7 Financial Abuse

Financial abuse is when a child or vulnerable adult is exploited for financial gain. It includes theft, fraud, exploitation, misuse of property or finance. Financial abuse is a criminal act and as such must be reported to the Police. As with all types of suspected abuse, the welfare team will follow the process outlined in the Responding to Safeguarding Concerns procedure and discuss concerns with their line manager or a member of the welfare team.

Possible indicators of financial or material abuse:

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house
- Unnecessary property repairs

3.3.8 Child Sexual Exploitation

Child sexual exploitation (CSE) is a type of sexual abuse in which children are sexually exploited for money, power or status. Children or young people may be tricked into believing they're in a loving, consensual relationship, they might be invited to parties and given drugs and alcohol, or they could also be groomed online. Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation, but sexual exploitation can also happen to young people in gangs.

Sexual exploitation is used in gangs to:

- Exert power and control over members
- Initiate young people into the gang

- Exchange sexual activity for status or protection
- Entrap rival gang members by exploiting girls and women
- Inflict sexual assault as a weapon in conflict.

The above list outlining the factors that can increase the risk of a person being abused can also contribute to a young person becoming the victim of sexual exploitation. Additional influences or contributory factors can include:

- Attending school or being friends with young people who are sexually exploited
- Being unsure about their sexual orientation or not being able to disclose sexual orientation to their families
- Lacking friends from the same age group
- History of abuse, risk of forced marriage, risk of honour-based violence or history of physical and emotional abuse and neglect
- Being homeless, living in residential care, or a hostel, B&B accommodation or supported accommodation
- Low self-esteem or self confidence
- Living in a gang neighbourhood
- The following signs and behaviours are generally seen in young people who are being exploited and they may:
 - Be involved in abusive relationships, intimidated and fearful of certain people or situations
 - Hang out with groups of older people, or antisocial groups, or with other vulnerable peers
 - Associate with other young people involved in sexual exploitation
 - Get involved in gangs, gang fights, gang membership
 - Have older boyfriends or girlfriends
 - Spend time at places of concern, such as hotels or known brothels
 - Not know where they are, because they have been moved around the country
 - Go missing from home, care or education.
 - Have physical injuries
 - Be involved in drug or alcohol misuse
 - Have repeat sexually transmitted infections, pregnancy and terminations
 - Have received gifts from unknown sources
 - Have poor mental health, self-harm or have thoughts of or attempts at suicide

Any child displaying several vulnerabilities from the above lists should be considered at high risk of sexual exploitation. Any young person or vulnerable adult considered at risk must be referred to the relevant agency who will investigate to determine the risk of CSE along with preventative and protective actions as required.

3.3.9 Grooming

Grooming is when someone builds an emotional connection with a child or vulnerable adult to gain their trust for the purposes of sexual abuse or exploitation. It is centrally based on manipulation. Grooming can take place either online or in the real world by either a stranger or someone the child or vulnerable adult knows. Groomers can be either male or female. Many children and vulnerable adults don't realise they have been groomed or that what has happened is abuse. Grooming can involve having someone pretend to be someone they are not such as saying they are the same age online, buying gifts, giving attention, taking the young person on trips, outings or holidays.

3.3.10 Institutional abuse

Defined as abuse that has sustained a degree of normality, occurs more commonly in care-homes. However, risk of carers abuses in individual homes. Carers are most likely to commit abuse irrespective of intent if the carer:

- Has unmet or unrecognised needs
- Are themselves vulnerable
- Has unwillingly had to change his or her lifestyle or feels unappreciated or exploited
- Is being abused by the vulnerable person
- Has little insight or understanding of the person's condition or needs
- Is feeling isolated, undervalued or stigmatised
- Has other responsibilities.

3.3.11 Modern slavery

Types of modern slavery:

- Human trafficking
- Forced labour
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to repay
- “Sweat shops”

Possible indicators of modern slavery:

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

[Further Home Office information on identifying and reporting modern slavery](#)

3.3.12 Discriminatory abuse

Types of discriminatory abuse:

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as ‘protected characteristics’ under the Equality Act 2010)
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic
- Possible indicators of discriminatory abuse

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

3.3.13 Suicide and Self Harm

Suicidal ideation and behaviour and self-harm may in some cases occur as a result of ongoing or historical abuse. Although they not categorised as primary safeguarding issues, professionals should explore the underlying reasons for such behaviour. Self-harming behaviour does not necessarily lead to suicide or attempted suicide. It is a coping mechanism associated with mental health problems and personality disorder it can also be triggered by abuse. Similarly, with suicidal behaviour, there may be an abusive narrative behind it. Services may face particular scrutiny if a child or adult takes their own life while under their care and there is reason to believe there has been a failure of support. This may lead to a Serious Case Review.

4. Multi-Agency Procedures

EIC will work with services local to the home of the client in order to safeguard children and/or adults by raising the alert with the lead agencies in their area.

Duty to make enquiries: The 'duty to make enquiries' would apply to an adult 'at risk', which would be defined through four elements:

1. The person must appear to have health or social care needs, irrespective of whether or not those needs are being met by services.
2. The person must appear to be at risk of harm, or significant harm, as set out in the statutory guidance.
3. The person must appear to be unable to safeguard themselves from harm as a direct result of their health and social care needs,
4. The local authority must believe it is necessary to make enquiries.

4.2 Safeguarding Children

When there is a safeguarding concern regarding a child, for example you are aware of domestic violence in a family home which the child has witnessed you do not require the consent of the child to report it. In Law children do not have the capacity to consent. A child is someone under 18. Any situation where a child has been harmed or is at risk of being harmed is Notifiable. This means that an alert must be raised with either children's services or the police. The child's parents or guardians should not be informed prior to the alert being raised as this may place the child at increased risk and evidence may be compromised. The same applies if the child is in the care of an institution, or an institution is implicated in any alleged abuse, the institution or organisation should not be informed of an alert being raised. Unborn children may also be at risk in which case the situation is Notifiable.

4.3 Safeguarding Adults

Where possible the person's consent must be sought before raising an alert. If, however there is uncertainty about that person's capacity to make such a decision then due consideration should be

made in regard to that by talking to the Safeguarding Lead and those with expert knowledge on the Mental Capacity Act (2015). Capacity can be affected by cognitive dysfunction, mental illness, substance use, coercion and fear. The inability to understand language or communicate should also be considered as an important factor in someone being able to make a decision. If someone refuses safeguarding but the alleged concern still places others at risk then an alert should still be made bearing in mind that individual does not want to be involved. If someone lacks capacity and a safeguarding referral is made without consent, then their wishes should still be taken into account as much as possible as part of a proportionate response.

4.4 Multi-Agency Risk Assessment Conference (MARAC)

Each Local Authority has a Multi-Agency Risk Assessment Conference (MARAC) which aims to share information between agencies in order to protect adult victims of domestic abuse. The MARAC prioritises high risk domestic abuse cases and operates side by side with the strategic multi-agency professional meetings that take place for Safeguarding Adults (and Children).

Any agency can refer to MARAC. Consent of the individual to the referral and agreement to release information should be sought where possible but can still take place under the Data Protection Act and the Human Rights Act. Information shared must be proportionate to the level of risk of harm to a named individual or known household.

For further information see the FAQs on disclosure of information at MARAC available at www.caada.org.uk

4.5 Multi Agency Public Protection Arrangements (MAPPA)

The purpose of MAPPA is to reduce the risk posed by sexual and violent offenders in order to protect the public and previous victims from further harm. A MAPPA is led by the Police, Probation and Prison services that have a duty to ensure the risk assessment and management of all identified MAPPA offenders are monitored and understood by all agencies that have contact with them.

4.6 Safeguarding Adults Boards (SABs) and Procedural Guidance

Each local authority must establish a Safeguarding Adults Board or Safeguarding Partnership. The objective of an SAB or safeguarding Partnership is to help and protect adults in its area in cases outlined in Section 42 (1) of the Care Act (2014). There are safe and robust operational arrangements in place for safeguarding adults in all the districts that EIC provide community healthcare, all of which have individual on-line procedures. These local procedures only apply to service users residing in those communities or if the alleged abuse occurred in that jurisdiction. The Boards consist of representatives from different agencies: such as the police, Local Authority, Ambulance Service, Fire and Rescue, Health, Housing, Clinical Commissioning Group, Health, Police and Local Authority being the lead partners.

4.7 Prevent

‘Prevent’ is part of the UK Government’s Counter Terrorism Strategy. The overall aim of Prevent is to stop people becoming radicalised towards terrorism, committing terrorist acts or supporting terrorism. Three national objectives have been identified for the Prevent strategy:

- Respond to the ideological challenge of terrorism and the threat we face from those who promote it
- Prevent people been drawn into terrorism and ensure that they are given appropriate advice and support
- Work with sectors and institutions where there are risks of radicalisation which we need to address.

5. Consent and Capacity

An adult's legal right to consent marks the fundamental difference in approaches to adult safeguarding compared with children's safeguarding arrangements. It is normally essential to seek the patient's consent before any safeguarding process begins. However, there may be issues with regards to the patient's mental capacity to consent or decide on a particular decision and these need to be addressed appropriately (see Mental Capacity Act below). The patient should always be foremost in the safeguarding process and the outcome should be agreed with them or decided in their best interests where the patient's mental capacity is an issue.

The person's right to make the choice about their own safety has to be balanced with the right for others (including, but not restricted to, children) to be safe.

5.1 Mental Capacity Act (MCA)

The Mental Capacity Act 2005 was introduced in April 2007. The Act provides a statutory framework to enable decisions to be made where people lack the mental capacity to make decisions for themselves. The Act also provides safeguards and protections for decision makers and incapacitated persons.

The key provisions of the Act apply to people over the age of 16 years. However, staff are reminded that a service user of this age is also still a child in law as they are under the age of 18 (Children Act 2004) and professional judgement should include this consideration. The MCA is underpinned by five key principles:

1. 1. A presumption of capacity – every adult has the right to make decisions and must be assumed to have capacity to do so unless proved otherwise.
2. 2. The right for individuals to be supported to make their own decisions – people must be given all appropriate help before anyone concludes that they cannot make their own decisions.
3. 3. Unwise decision making – the making of an unwise decision does not indicate a lack of mental capacity by the person making the decision.
4. 4. Best interests – any decision made on behalf of a person without capacity must be made in their best interest.
5. 5. Least restrictive Interventions – any decision made for or on behalf of a person lacking capacity should be the least restrictive of their rights and freedom.

5.2 Independent Mental Capacity Advocate (IMCA)

The Making Safeguarding Personal programme, led by ADASS and LGA, with funding from the Department of Health, has gained widespread momentum. It follows the edict of 'no decision about me without me' and means that the adult, their families and carers are working together with agencies to find the right solutions to keep people safe and support them in making informed

choices. There must be enough capacity to provide an advocate to individuals when they are unable to speak for themselves without support (and meet the test set out in the Act) or an Independent Mental Capacity Advocate (IMCA) if they are subject to the MCA, or an Independent Mental Health Advocate if they are subject to that Act.

The appointment of an IMCA should be made through the relevant local authority arrangements. IMCA's are independent of all agencies and always aim to ensure that the best interests of the person are being considered.

Human Rights Act (HRA)

Article 8 of the Human Rights Act (1998) covers an individual's right to privacy. "Everyone has the right to respect for his private and family life, his home and his correspondence". This right is not absolute, but a breach of it must be justified. In order to justify interference; the public authority will need to show that it acted:

- In accordance with the law;
- In the pursuit of a legitimate aim; and
- In a way which is necessary in a democratic society.

5.3 Deprivation of Liberty Safeguards (DoLS)

The DoLS were introduced in April 2009 to provide a legal framework around the deprivation of liberty. They were specifically introduced to protect individuals from unlawful deprivation of their liberty in circumstances which breach Article 5 of the European Convention on Human Rights (ECHR) as described in the 'Bournewood' judgment and more recently the 'Cheshire West' verdict. At the time of policy development EIC do not provide services to clients who would require to have a DoLS in place. DoLS generally apply to individuals receiving residential care either in a hospital or care home setting. They do not by definition apply to individuals in secure environments.

6. Consent and Children

When there is a safeguarding concern regarding a child, for example you are aware of domestic violence in a family home which the child has witnessed you do not require the consent of the child. In Law children do not have the capacity to consent. A child is someone under 18. Any situation where a child has been harmed or is at risk of being harmed is Notifiable. This means that an alert must be raised with either children's services or the police. The child's parents or guardians should not be informed prior to the alert being raised as this may place the child at increased risk and evidence may be compromised. The same applies if the child is in the care of an institution or an institution is implicated in any alleged abuse, the institution or organisation should not be informed of an alert being raised. Unborn children may also be at risk in which case the situation is Notifiable.

There is the following guidance on some exceptions in Law on children's capacity:

- Fraser Guidelines and Gillick Competence

The Fraser guidelines specifically relate only to contraception and sexual health consent. Sexual health advice can be given to under 16's as long as:

1. He/she has sufficient maturity and intelligence to understand the nature and implications of the proposed treatment
2. He/she cannot be persuaded to tell her parents or to allow the doctor to tell them
3. He/she is very likely to begin or continue having sexual intercourse with or without contraceptive treatment
4. His/her physical or mental health is likely to suffer unless he/she received the advice or treatment
5. The advice or treatment is in the young person's best interests.

Practitioners should still encourage the young person to inform his or her parents or get their permission to do so on their behalf but if this permission is not given, they can still give advice and treatment. If the conditions are not met, however, or there is reason to believe that the child is under pressure to give consent or is being exploited, there would be grounds to break confidentiality. Fraser guidelines originally just related to contraceptive advice and treatment, but they now apply to decisions about treatment for sexually transmitted infections and termination of pregnancy.

Gillick: When gaining consent from children for medical treatment, the terms 'Gillick competence' and 'Fraser guidelines' are frequently used interchangeably despite there being a clear distinction between them. Gillick competence is concerned with determining a child's capacity to consent. Fraser guidelines, on the other hand, are used specifically to decide if a child can consent to contraceptive or sexual advice and treatment. By confusing them, we lose crucial details necessary for obtaining consent.

6.2 Age of Consent and Fraser Guidelines - Gillick Competence

In UK law, a person's 18th birthday draws the line between childhood and adulthood (Children Act 1989 s105) – so in health care matters, an 18 year old enjoys as much autonomy as any other child. To a more limited extent, 16 and 17 year-olds can also take medical decisions independently of their parents. The right of younger children to provide independent consent is proportionate to their competence - a child's age alone is clearly an unreliable predictor of his or her competence to make decisions.

Gillick Competence Children under 16 can consent if they have sufficient understanding and intelligence to fully understand what is involved in a proposed treatment, including its purpose, nature, likely effects and risks, chances of success and the availability of other options. If a child passes the Gillick test, he or she is considered 'Gillick competent' to consent to that medical treatment or intervention. However, as with children, this consent is only valid if given voluntarily and not under undue influence or pressure by anyone else. Additionally, a child may have the capacity to consent to some treatments but not others. The understanding required for different interventions will vary, and capacity can also fluctuate such as in certain mental health conditions.

Therefore, each individual decision requires assessment of Gillick competence. If a child does not pass the Gillick test, then the consent of a person with parental responsibility (or sometimes the courts) is needed in order to proceed with treatment.

6.2.1 Under 13

There is no lower age limit for Gillick competence or Fraser guidelines to be applied. That said, it would rarely be appropriate or safe for a child less than 13 years of age to consent to treatment

without a parent's involvement. When it comes to sexual health, those under 13 are not legally able to consent to any sexual activity, and therefore any information that such a person was sexually active would need to be discussed with the safeguarding lead, regardless of the results of the Gillick test.

6.2.2 16 and 17 year olds

Young people aged 16 or 17 are presumed in UK law to have the capacity to consent to medical treatment. However, their refusal of treatment can in some circumstances be overridden by a parent, someone with parental responsibility, or a court. This is because we all have an overriding duty to act in the best interests of a child. This would include circumstances where refusal would likely lead to death, severe permanent injury or irreversible mental or physical harm.

7. Confirmation of reading

I confirm that I have been made fully aware of, and understand the contents of, the Safeguarding Policy and Procedures for (insert name of organisation).

Please complete the details below and return this completed form to (insert name of person).

Employee Name:

Employee Signature:

Date:

Legislation: The principal pieces of legislation governing this policy are:

- The Care Act 2016
- Working together to Safeguard Children 2015
- The Protection of Freedoms Act 2012
- Safeguarding Vulnerable Groups Act 2006
- The Children Act 2004
- The Adoption and Children Act 2002:
- Care Standards Act 2000
- Human Rights Act 1998
- Public Interest Disclosure Act 1998
- The Police Act – CRB 1997
- The Children Act 1989
- Mental Health Act 1983
- NHS and Community Care Act 1990
- Rehabilitation of Offenders Act 1974
- Data Protection Act 2018

8. Responsibilities

The welfare team have a responsibility to follow the guidance stipulated in this policy and related policies and refer any welfare concerns following the outlined procedures. The EIC expects all staff

to promote good practice by maintaining their ethical code of conduct, contributing to discussions about safeguarding and to positively involve people in developing safe practices.

9. Implementation Stages

The scope of this Safeguarding Policy is broad, and it will be implemented via a range of policies and procedures within the organisation.

We are committed to protecting your personal information and being transparent about what we do with it, no matter how you interact with us. That's whether you want to work, volunteer or advocate for us, donate, buy goods or use our services, want information, training or want to learn more about what we do.

We are committed to using your personal information in accordance with our responsibilities. We are required to provide you with the information in this Privacy Notice under applicable law which includes:

- The UK General Data Protection Regulation and Data Protection Act 2018.
- the Privacy and Electronic Communications (EC Directive) Regulations 2003.

We won't do anything with your information you wouldn't reasonably expect.

Processing of your personal information is carried out by or on behalf of the Electrical Industries Charity, Company Number 09237982, Registered charity in England and Wales (1012131) and Scotland (SCO38811) and the wholly owned trading company, The Electrical Industries Trading Company Limited Company Number 09237982 (collectively 'The Electrical Industries Charity') all at the Registered office: Rotherwick House, 3 Thomas More St, London E1W 1YZ

This notice, together with our website terms and conditions and our cookies policy tells you about how we collect, use and protect your personal information.

Email dataprotection@electricalcharity.org

Phone 08006521618

Post The Electrical Industries Charity Rotherwick House, 3 Thomas More Street, London E1W 1YZ

If you have any queries about our Privacy Notice, please get in touch with our data protection Officer:

- How and when we collect information about you
- When you directly give us information
- We may collect and store information about you when you interact with us. For example, this could be when you:
 - support our work through a donation
 - fundraise on our behalf
 - register for an event
 - tell us your story
 - submit an enquiry
 - register for or use our services
 - give us feedback
 - make a complaint

- use one of our apps
- apply for a job
- register as a volunteer
- enter into a contract with us
- are captured by video or photographed at our events
- Are captured on CCTV when visiting our office.

9.1.1 When you indirectly give us information

When you interact with us on social media platforms such as Facebook, WhatsApp, Twitter or LinkedIn we may also obtain some personal information about you. The information we receive will depend on the privacy preferences you have set on each platform and the privacy policies of each platform. To change your settings on these platforms, please refer to their privacy notices.

We may obtain information about your visit to our site, for example the pages you visit and how you navigate the site, by using cookies. Please visit our cookies policy for information on this.

What information we might collect

When you engage with us by phone, mail, in person or online, we may collect information about you (referred to in this Privacy Notice as 'personal information'). This may include your name, address, email address, telephone number, date of birth, job title and details of your education and career, why you are interested in the Electrical Industries Charity, and other information relating to you personally which you may choose to provide to us.

Data protection law recognises that certain types of personal information are more sensitive. This is known as 'sensitive' or 'special category' personal information and covers information revealing racial or ethnic origin, religious or philosophical beliefs and political opinions, trade union membership, genetic or biometric data, information concerning health or data concerning a person's sex life or sexual orientation.

Sensitive information will only be collected where necessary, for example, we may need to collect health information from you when you apply for grant assistance, register for a challenge event or to deliver a community service as a volunteer or member of staff. Clear notices will be provided at the time we collect this information, stating what information is needed, and why.

With your explicit consent, we may also collect sensitive personal information if you choose to tell us about your experiences relating to our services for use in a case study.

If you're 16 or under

If you're aged 16 or under, you must get your parent/guardian's permission before you provide any personal information to us.

9.1.2 How and why we use your information

We will use your personal information for the following purposes:

- Donation processing: We will process personal information you provide in order to administer any one-off or on-going donations you make and claim Gift Aid.
- Responding to a request: If you contact us with a query, we may use your personal information to provide you with a response.

Email dataprotection@electricalcharity.org

Phone 08006521618

Post The Electrical Industries Charity Rotherwick House, 3 Thomas More Street, London E1W 1YZ

- Fundraising or direct marketing: We will only send you marketing information by email, SMS, or phone if you have given us specific consent. If you withdraw your consent and then subsequently opt in to receive marketing information again, then your most recent preference may supersede. If you have signed up to the Lottery, you may also receive mail in relation to winning or legal updates, which you can opt out of at any time by:
 - Monitoring and Evaluating: We may use your information in order to improve current and future delivery of our services.
 - Processing an application to work with us: We may process your information if you send or fill in an application form or send us your CV or details in respect of an opportunity to work with us in order to evaluate your suitability and respond to you.
- Transactional purposes: We will need to use your personal information in order to carry out our obligations arising from any contracts entered into between you and us for goods or services, for example, processing your order and payment for a product from our online shop.
- Providing and developing our website: We may use your personal information to help provide you with access to our website, personalise your experience, and improve and develop it further.
- Administration: We may use your personal information to record and deal with a complaint, record a request not to receive further marketing information, record what our volunteers have done for us, and for other essential internal record keeping purposes.
- Prevention of crime: We may record your image on CCTV which we use to prevent crime and keep our people and the public safe in our building.
- Protecting your vital interests: We may process your personal information where we reasonably think that there is a risk of serious harm or abuse to you or someone else.
- Market research and surveys: We may invite you to participate in surveys or market research to help us improve our website, fundraising, services and strategic development. Participation is always voluntary, and no individuals will be identified as a result of this research, unless you consent to us publishing your feedback.
- Legal, regulatory and tax compliance: Where required we are subject to a legal obligation, we may process your personal information to fulfil that obligation.
- Profiling and analysis: We may occasionally for the purposes of our legitimate interests use your personal information to conduct profiling of our supporters or potential supporters. This will help us target communications in a more focused, efficient and cost-effective way, helping us reduce the chances of supporters and potential supporters receiving inappropriate or irrelevant communications. You can object to such use of your personal information for profiling at any time by contacting us at the details set out at the end of this Privacy Notice.

Our profiling and analysis activities can be broken into five categories:

Data matching

We may combine the personal information you have given us with data obtained from external sources, such as the Office for National Statistics, to infer the likely social, demographic and financial characteristics, so we can tailor our communications and services to better meet your needs or the needs of others like you based on the insight we gain from the profile we build. We

will not use the results of this data matching activity in a way that intrudes on your privacy or your previously expressed privacy preferences.

Segmenting

We conduct analysis of supporters by group, post code or area where supporters may be based. This is to ensure that campaigns or mailings are sent to those who will be most interested or likely to respond. This type of activity is not aimed at identifying specific individuals to target, but rather many individuals who may fall within a certain segment of supporters.

Major donor analysis

We may carry out research to determine whether an individual could be a potential major donor. We may use publicly available information from third party sources such as Google; Companies House; published biographies and publicly available LinkedIn profiles.

The type of information we collect can include:

- career overview
- gift capacity
- areas of interest
- history of giving to us and others
- how the individual relates to us and others
- public information on any philanthropic activities.

High value event planning

We may also use profiling to produce short biographies of people who are due to meet with our leadership or attend an event that we may be hosting.

This helps our people to understand more about those we engage with, and their interests or connection to us.

Ethical screening and minimising risk

As a registered charity, we are subject to several legal and regulatory obligations and standards. The public naturally expect charities to operate in an ethical manner and this is integral to developing high levels of trust and demonstrating our integrity.

This means that we may carry out appropriate due diligence of donors, check donations and implement robust financial controls to help protect the charity from abuse, fraud and/or money laundering.

We may carry out background checks and due diligence on potential donors or anyone planning on making a significant donation or gift before we can accept it.

We may also ethically screen supporters to minimise risk of creating an association with an individual or group that conflicts with the standards we have set out.

9.1.3 Who do we share your information with?

We will only use your information for the purposes for which it was obtained. We will not, under any circumstances, sell or share your personal information with any third party for their own purposes, and you will not receive marketing from any other companies, charities or other organisations as a result of giving your details to us.

We will only share your data for the following purposes:

1. Third party suppliers: We may need to share your information with data hosting providers or service providers who help us to deliver our services, projects, or fundraising activities and

appeals. These providers will only act under our instruction and are subject to pre-contract scrutiny and contractual obligations containing strict data protection clauses.

2. Where legally required: We will comply with requests where disclosure is required by law, for example, we may disclose your personal information to the government for tax investigation purposes, or to law enforcement agencies for the prevention and detection of crime. We may also share your information with the emergency services if we reasonably think there is a risk of serious harm or abuse to you or someone else.
3. Where we have a legitimate and ethical duty to do so: While we want to create a safe space for open discussions, if you disclose that you or someone else is at risk, we may after discussing with you, share this with third parties. We will only do this if there is a compelling reason. This may include:
 - Contacting an ambulance and sharing your information because you require urgent medical attention.
 - Where there is immediate danger of you or someone else getting hurt, we may ask the police to come and check.
 - We might ask social services to arrange to speak to you and see how they might be able to help you.

We always aim to ensure that personal information is only used by those third parties for lawful purposes in accordance with this Privacy Notice.

9.1.4 How we protect your information

We use technical and corporate organisational safeguards to ensure that your personal information is secure. We limit access to information on a need-to-know basis and take appropriate measures to ensure that our people are aware that such information is only used in accordance with this Privacy Notice.

We undertake regular reviews of who has access to information that we hold to ensure that your information is only accessible by appropriately trained staff, volunteers and contractors.

Our online forms are always encrypted, and our network is protected and routinely monitored.

If you use your credit or debit card to donate to us, buy something or make a booking online, we pass your card details securely to our payment processing partners. We do this in accordance with industry standards and do not store the details on our website.

However, please be aware that there are always inherent risks in sending information by public networks or using public computers and we cannot 100% guarantee the security of data (including personal information) disclosed or transmitted over public networks.

9.1.5 Vulnerable circumstances

We understand that additional care may be needed when we collect and process the personal information of vulnerable supporters and volunteers. In recognition of this, we observe good practice guideline in our interactions with vulnerable people.

9.1.6 How long will we keep your information?

We will keep your personal information in respect of financial transactions for as long as the law requires us to for tax or accounting purposes (which may be up to six years after a particular transaction).

If you request that we stop processing your personal information for the purpose of marketing, we may in some instances need to add your details to a suppression file to enable us to comply with

your request not to be contacted.

In respect of other personal information, we will retain it for no longer than necessary for the purposes for which it was collected, considering guidance issued by the Information Commissioner's Office.

9.1.7 International transfers of information

We may, on occasion decide to use the services of a supplier outside the European Economic Area (EEA), which means that your personal information is transferred, processed and stored outside the EEA. You should be aware that, in general, legal protection for personal information in countries outside the EEA may not be equivalent to the level of protection provided in the EEA.

However, we take steps to put in place suitable safeguards to protect your personal information when processed by the supplier such as entering into the European Commission approved standard contractual clauses. By submitting your personal information to us you agree to this transfer, storing or processing at a location outside the EEA.

9.1.8 Your rights to your personal information

Data protection legislation gives you the right to request access to personal information about you which is processed by the Electrical Industries Charity and to have any inaccuracies corrected.

You also have the right to ask us to erase your personal information, ask us to restrict our processing of your personal information or to object to our processing of your personal information.

If you wish to exercise these rights, please complete this request form (PDF) and send it along with copies of two separate identification documents which provide photo identification and confirm your address, such as a passport, driving licence, or utility bill.

Please also provide any additional information that is relevant to the nature of your contact with us, as this will help us to locate your records.

You can send us the documents via post to:

Data Protection Officer

The Electrical Industries Charity

Rotherwick House, 3 Thomas More Street, London E1W 1YZ

Alternatively email a copy of the form along with scans or photos of your two forms of identification to: dataprotection@electricalcharity.org.

We will respond within 40 days, on receipt of your written request and copies of your identification documents. We reserve the right to charge a fee of £10 to process the request.

How to make a complaint or raise a concern

If you would like more information, or have any questions about this policy, to make a formal complaint about our approach to data protection or raise privacy concerns please contact the Data Protection Officer:

Email dataprotection@electricalcharity.org

Phone 08006521618

Post The Electrical Industries Charity Rotherwick House, 3 Thomas More Street, London E1W 1YZ

If you are not happy with the response you receive, then you can raise your concern with the relevant statutory body:

Information Commissioner's Office

Wycliffe House

Water Lane

Wilmslow

Cheshire

SK9 5AF

Alternatively, you can visit their website.

9.2 Health and Safety

- Being aware of and complying with safe working practices as instructed and in accordance with the Charity's policies and procedures; attending training as required.
- Contributing to the maintenance of a safe environment for staff, those attending events by immediately reporting any unsafe practice or situation directly to the department responsible.
- Reporting any defective equipment directly to the department responsible and to the Manager.
- Reporting accidents using the appropriate procedures.
- Acting calmly and responsibly in an emergency and responding to instructions.

9.3 Policies and Procedures

- Complying with the Charity's Policies and Procedures.
- Contributing to the development of the Charity's philosophy.
- Participating in staff meetings to improve communication within the charity.
- Promoting positive working relationships with all staff, working in a collaborative and cooperative manner to ensure that the highest standards are maintained.
- Attending staff meetings, training and development and staff supervision meetings.
- Encouraging the application of Equal Opportunities and Diversity in all areas.
- Adhering to Confidentiality Policy and Data Protection.

9.4 Safe recruitment

The EIC ensures safe recruitment through the following processes:

- Disclosure and Barring Service (DBS) Gap Management
- The organisation commits resources to providing DBS records check on staff roles involving contact with children and /or vulnerable adults.
- In order to avoid DBS gaps, the organization will regularly review DBS accreditation and ensure all employees are accredited.

9.5 Communication training and support for staff

The EIC commits resources for induction, training of staff, effective communications and support mechanisms in relation to Safeguarding

Induction will include training on systems, in respect of data protection processes and procedures, confidentiality scripts and processes of breaching confidentiality.

9.5.1 Training

All staff who, through their role, are in contact with children and /or vulnerable adults will have access to safeguarding training at an appropriate level. Sources and types of training will include: Psychiatry UK safeguarding training – completed with their Safeguarding Lead, Steve Wilcox.

Training provided a mix of level 3 and 4 safeguarding policy and procedure and certificates of attendance were received. Training will be completed every three years to update welfare staff on amendments in legislation and charity processes and procedures.

9.6 Communications and discussion of safeguarding issues

Commitment to the following communication methods will ensure effective communication of safeguarding issues and practice: Regular welfare meetings to discuss cases and potential areas of concern – these meetings will be noted and filed. Ensure case notes are securely entered onto salesforce and regularly updated. Participation in multi-agency safeguarding procedures and meetings in order to be involved in child/ adult protection procedures and to provide better understanding of systems and professional development. Participation in joint client visits to identify potential areas of concern and notify the relevant services. Provision of a clear and effective reporting procedure which encourages reporting of concerns. Encouraging open discussion; welfare meetings to identify any barriers to reporting so that they can be addressed. Inclusion of safeguarding as a discussion prompt during supervision meetings/ appraisals to encourage reflection.

9.7 Support

We recognise that involvement in situations where there is risk or actual harm can be stressful for staff concerned. The support strategies provided to staff include access to counselling as and when the employee feel's necessary and welfare team engaging in regular debriefs.

9.8 Professional boundaries

Professional boundaries are what define the limits of a relationship between a case worker and a client. They are a set of standards we agree to uphold that allows this necessary and often close relationship to exist while ensuring the correct detachment is kept in place.

The EIC expects staff to protect their professional integrity and that of the organisation.

The following professional boundaries must be adhered to:

- Use of abusive language
- Response to inappropriate behaviour / language
- Use of punishment or chastisement
- Passing on service users' personal contact details
- Taking family members to a client's home
- Selling to or buying items from a service user
- Accepting responsibility for any valuables on behalf of a client
- Accepting money as a gift/ Borrowing money from or lending money to service users
- Personal relationships with a third party related to or known to service users
- Maintaining and upholding client confidentiality and privacy.

The following policies also contain guidance on staff (paid or unpaid) conduct:

1. Staff Handbook
2. Safeguarding of Children and Vulnerable People.
3. Consent and GDPR

If the professional boundaries and/or policies are breached this could result in disciplinary procedures or enactment of the allegation management procedures

9.9 Reporting

The process outlined below details the stages involved in raising and reporting safeguarding concerns at the EIC:

Focus discussion:

1. Nature of concern
2. Risks to child/ren, young person/people or vulnerable adult
3. Action/next steps – contact appropriate agency
4. Report concern as soon as possible and preferably on the same day of disclosure.
5. Make a record – ensure detailed records are made of all events (including dates and times) and include what the child/young person/vulnerable adult has said (where this applies).
6. In an emergency and where there is immediate risk to a child or vulnerable adult -act! Imperative that one avoids delays as inaction may place the child/and or person at risk. Inform your manager as soon as possible.

Managing a disclosure:

7. Stay calm and be sympathetic – listen non-judgmentally, do not probe or argue, be attentive.
8. Reassure the person, however, it is important that their expectations are managed, and they are informed that you may have to disclose to an authority and breach confidentiality.
9. Respond – calmly and openly, it is not your role to investigate but refer to relevant agencies as necessary.

Allegations Management:

The EIC recognises its duty to report concerns or allegations against its staff within the organisation or by a professional from another organisation.

The process for raising and dealing with allegations is as follows:

- **First step:** Any member of staff from EIC is required to report any concerns in the first instance to their line manager.
- **Second step-** contact local authority for advice
- **Third step** – follow the advice provided

9.10 Monitoring

The organisation will monitor the following Safeguarding aspects:

- DBS checks undertaken
- Records made and kept of welfare meetings
- Training – register/record of staff training on child/vulnerable adult protection
- Monitoring whether concerns are being reported and actioned
- Checking policies are up to date and relevant
- Reviewing current reporting procedure in place
- Designation of a safeguarding lead

9.11 Management information

Information will be gathered, recorded and stored in accordance with our Privacy Notice.

All staff must be aware that they have a professional duty to share information with other agencies in order to safeguard children and vulnerable adults. The public interest in safeguarding children and vulnerable adults may override confidentiality interests. However, information will be shared on a need to know basis only, as judged by the Designated Safeguarding Lead.

All staff must be aware that they cannot promise service users or their families/ carers that they will keep secrets.

- Conflict resolution and complaints
- Dependent on location of client.
- Communicating and reviewing the policy

The EIC will make clients aware of the Safeguarding Policy through the following means:

- Ensure accessible on website
- Send a client a copy via email or post

This policy will be reviewed by the Managing Director, every year and when there are changes in legislation.

9.12 References

Safeguarding adults: types and indicators of abuse. (2018). Retrieved from <https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse>

Six Principles of Adult Safeguarding - ACT. (2019). Retrieved from <https://www.anncrafttrust.org/resources/six-principles-adult-safeguarding/>

Trust, P. (2016). Safeguarding Children and Vulnerable Adults Policy. Retrieved from https://www.princes-trust.org.uk/Volunteers_Safeguarding-Children-and-Vulnerable-Adults-policy.pdf.

The Intercollegiate Document: Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2019. <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2019/january/007-366.pdf>

Care and Support Statutory Guidance: Safeguarding, Chapter 14. <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1>