

The Institute of Trichologists

Safe Guarding Policy

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1. Introduction

This policy sets out the detailed procedures that all staff, students and registered members should follow to ensure the safeguarding of children, young people and adults at risk of harm or abuse.

This policy relates to The Institute of Trichologists (IOT) (we, us, our etc.) and The Trichologists Educational and Hospital Trust (TEHT).

The policy describes the definitions of abuse for both children and adults; it sets out how board directors, trustees, staff, members and students should report such abuse. This policy applies to board directors, trustees, staff, members and students of all the following entities:

- Institute of Trichologists
- The Trichologists Educational and Hospital Trust

The Institute of Trichologists is referred to as the IOT throughout this policy.

The Trichologists Educational and Hospital Trust is referred to as TEHT throughout this policy.

1.1 Safeguarding and child protection

Safeguarding is a term used to denote measures to protect the health, well-being and human rights of individuals, which allow people — especially children, young people and vulnerable adults — to live free from abuse, harm and neglect.

Abuse happens to people of both sexes, at all ages and in all cultures, religions and social classes, and to people with and without disabilities.

All children and young people under the age of 18 are covered by the Children Acts of 1989 and 2004 and the Education Act of 2002 in relation to child protection. All groups are covered by the Safeguarding Vulnerable Groups Act 2006.

An adult at risk refers to any person over the age of 18 who, amongst other indicators:

- is or may be in need of community care services by reason of mental or other disability, age or illness.
- is or may be unable to take care of himself or herself.
- is or may be unable to protect himself or herself against significant harm* or serious exploitation.

* Significant harm covers the four categories of harm (i.e. physical, sexual, emotional and neglect), but also includes serious financial or material exploitation.

An adult at risk is defined by the Care Act 2014 as: any individual who has need for care and support and is experiencing, or at risk of, abuse and neglect and is unable to protect themselves from either that risk or the experience of abuse and neglect.

2. Purpose

This policy sets out the key principles that all board directors, trustees, staff, members and students associated with The Institute of Trichologists should be complying with in their safeguarding of children, young people and adults at risk of harm or abuse.

3. Application and Scope

This policy applies to all board directors, trustees, staff, members and students associated with The Institute of Trichologists, including secondees into and out of the organisation, volunteers and Patient and Public Voice (PPV) partners, students, honorary appointees, trainees, contractors, and temporary workers, including those working on a self-employed or agency contract.

Appendix 1 gives detailed definitions of 'at risk', 'harm' and 'abuse'.

4. Objectives

In developing this policy, The Institute of Trichologists recognise that safeguarding children, young people and adults at risk is a shared responsibility, with the need for effective joint working between statutory and non-statutory agencies, and professionals with different roles and expertise. In order to achieve effective joint working, there must be constructive relationships at all levels, with:

- strong executive lead at Board level for The IOT in respect of its statutory duties, and all Board members being accountable for safeguarding children, young people and adults at risk of harm or abuse
- clear lines of accountability for safeguarding within The IOT
- staff, member and student training and continuing professional development, so that staff are competent to undertake their roles and responsibilities, and understand those of other professionals and organisations in relation to safeguarding children and adults at risk
- safe working practices, including recruitment, vetting and barring procedures
- effective interagency working, including effective information sharing
- provision of support, supervision and mentorship to safeguarding leads within The IOT

5. Legal duties of all staff, students and Registered Members

It is important that all young people and adults are protected from "significant harm". All complaints, allegations or suspicions must be taken seriously and acted upon promptly. All practitioners who work with children and adults have a duty under law to report any concerns they may have about a child or adult.

The procedures set out below must be followed whenever an allegation is made that a child, young person or adult has been abused or when there is reasonable cause to believe that abuse has taken place.

5.1 Recognising abuse

Indications that a young person or adult is at risk and may be experiencing abuse include the following:

1. They appear frightened of parent/s/peers/adults.
2. They may display unexplained or suspicious injuries such as bruising, cuts or burns, particularly if situated on a part of the body not normally prone to such injuries.
3. They may have an injury for which the explanation seems inconsistent.
4. They may demonstrate inexplicable changes in behaviour.
5. They may demonstrate inappropriate sexual awareness.
6. They may engage in sexually explicit behaviour.

7. They may display an unusual distrust of adults, particularly those with whom a close relationship would normally be expected.
8. They may experience difficulty in making friends.
9. They may be prevented from socialising with other adults/young people.
10. They may display variations in eating patterns including overeating or loss of appetite.
11. They may experience inexplicable weight loss.
12. They may appear increasingly dirty or unkempt.

Abuse is not acceptable no matter what the background, culture, faith or belief.

5.2 Responding to abuse

If anyone informs you that he/she has been a victim of abuse:

- Stay calm and try not to show shock or disbelief.
- Listen very carefully.
- Be sympathetic.
- Tell the person that they did the right thing in telling you and that you are treating the information seriously.
- Do not be judgmental (for example, "Why didn't you run away?")
- Refrain from starting to investigate
- Always listen to what you are being told, particularly to what is being said spontaneously. Do not assume.

Remember that any records you keep should be made confidential and sent to a Safeguarding Officer to be kept in a safe place. You should not keep multiple copies.

5.3 Responding to an allegation

Any suspicion, allegation or incident of "significant harm" must be reported to a Safeguarding Officer. Concerns can be reported via email, phone call or in person.

A Safeguarding Disclosure Form is normally completed as a follow up to the concern and as a record. This can be found in the Policies and Procedures on our website.

This procedure should be followed whenever there are reasonable grounds to suspect that a young person or adult "is or is likely to be suffering significant harm".

Promises of confidentiality should not be given as matters may develop meaning that promise may not be honoured.

Take the person seriously and listen without asking leading questions allowing a free recall and impromptu account in a non-judgmental way.

If the complainant is the person him/herself, questions should be kept to the minimum necessary to understand what is being alleged, and leading questions should be avoided. The use of leading questions can cause problems for the subsequent investigation and any court proceedings.

Report the details to a Safeguarding Officer on the Safeguarding Disclosure Form (Appendix D). A full record should be made as soon as possible of the nature of the allegation or suspicion, and any other relevant information including:

- Date and time
- Place where and circumstances in which the allegation took place
- Name of complainant
- Name of student subject to allegation or suspicion if different from complainant

- The nature of the abuse and a description of any injuries observed
- A written account of the allegation
- Family/household composition if known

6. Allegations Concerning Members of Staff

Any suspicion, allegation or actual abuse of a student by a member of staff, the education team, or anyone acting on behalf of the IOT and THET must be reported to the Lead Safeguarding Officer as soon as possible. If within that working day it has not been possible to contact the Lead Safeguarding Officer, the matter must be reported to a safeguarding Officer, an alternative senior manager or the relevant Tutor on that day. Staff are required to report all cases of suspected violation of the Sexual Offences (Amendment) Act 2000.

If the Lead Safeguarding Officer is the subject of the allegation or complaint, the matter must be reported to the Education Manager. In the event of a complaint being made against the Education Manager, the Lead Safeguarding Officer will notify the Ethics Committee.

7. Confidentiality and Responsibility

At all times confidentiality will be paramount in the child and adult protection procedure with only essential personnel being notified.

Parents or carers may need to be involved, but staff should leave the responsibility of informing parents/carers to the member of the Safeguarding Team.

7.1 Confidentiality and note taking and record keeping

The need to work in partnership with other agencies and individuals needs to be offset by the need to maintain the rights of privacy. Information should therefore be sought and shared only on a need to know basis, both within and external to The Institute of Trichologists.

7.2 Bullying

If you are at all concerned, speak to a Safeguarding Officer. Any case of serious bullying will be recorded.

8. The Safeguarding Team

Lead Safeguarding Officer: Shirley McDonald (Chair of Ethics)

	Safeguarding Officer
The IOT	
Chair of Ethics	Shirley McDonald MIT – ethics@trichologists.org.uk
Admin & Communications Manager	Lucy Johns – admin@trichologists.org.uk

THET	
Education Manager	Sara Alkazraji MIT – educationmanager@trichologists.org.uk
Admin & Communications Manager	Lucy Johns – admin@trichologists.org.uk

If you have serious concerns as to the welfare of a young person or adult who you feel is at risk of abuse or violent extremism and which requires IMMEDIATE attention, please contact:

Shirley McDonald MIT (Lead Safeguarding Officer) – ethics@trichologists.org.uk

Lucy Johns (Admin & Communications Manager) – admin@trichologosts.org.uk

020 4532 6465

Sara Alkazraji (Education Manager) – educationmanager@trichologists.org.uk

If you have serious concerns that an individual may at immediate risk of criminal assault or harm, you should contact the Police and then inform the Lead Safeguarding Officer

Appendix 1:

Definitions of 'at risk', 'harm' and 'relevant conduct'

Definition of people at risk

Safeguarding means protecting a person's right to live in safety, free from abuse and neglect. All those associated with the Institute of Trichologists have a responsibility to safeguard people in their care, but extra care must be taken to protect those who are least able to protect themselves. Children and young people, and vulnerable adults, can be at particular risk of abuse or neglect.

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

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

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

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

Definitions of harm: Children

Physical harm

Physical harm is defined as physical contact that results in discomfort, pain or injury. It may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm.

Supplying drugs to children, or the use of inappropriate or unauthorised methods of restraint, also fall under this definition.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces or causes, illness in a child. This situation is commonly described as 'factitious illness by proxy' or 'Munchausen syndrome by proxy'.

Emotional and psychological harm

Emotional harm is defined as action or inaction by others that causes mental anguish. It involves the persistent emotional maltreatment of a child, which causes severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

Such harm may feature age or developmentally inappropriate expectations being imposed on a child. These can include interactions that are beyond the child's development capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

Emotional harm may also involve witnessing aggressive, violent or harmful behaviour towards another individual (e.g. domestic violence). It may also involve serious bullying, frequently causing a child to feel frightened or in danger, exploitation or corruption.

Some level of emotional harm is involved in all types of maltreatment of a child (e.g. grooming, harassment, or inappropriate emotional involvement), though it may occur alone.

Sexual harm and exploitation

Sexual harm is defined as any form of sexual activity involving a child under the age of consent. It involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening.

Such activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may also include non-contact activities, such as involving children in the looking at, or production of, pornographic material, causing them to watch sexual activities, or encouraging them to behave in sexually inappropriate ways.

Downloading child pornography, taking indecent photographs of children, and sexualised texting, are all forms of sexual harm.

Neglect and acts of omission

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

Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision and/or adequate care-givers
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
Female Genital Mutilation (FGM)

Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, without medical justification. It is also known as 'female circumcision' or 'cutting', and by other terms such as initiation, infibulation, sunna, gudniin, halalays, tahur, megrez and khitan.

FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. It is very painful and can seriously harm the health of women and girls. It can also cause long-term problems with sex, childbirth and mental health.

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

FGM is a form of child abuse and is illegal in the UK. It is a mandatory duty for a regulated healthcare professional to report any concerns they have about a female under 18 years old, and to record when FGM is disclosed or identified as part of NHS healthcare. This is a personal duty: the individual professional who becomes aware of the case must make a report, and the responsibility cannot be transferred.

The Home Office's Multi-agency Statutory Guidance on Female Genital Mutilation offers comprehensive information on FGM; Mandatory Reporting of Female Genital Mutilation: procedural information gives guidance on when and how to report a case of FGM.

Relevant conduct: Children

A child is a person under 18 years of age.

Any behaviour involving a child is classed as 'relevant conduct' if it:

- endangers a child, or is likely to endanger a child
- if repeated against, or in relation to, a child, would endanger the child or be likely to endanger the child
- involves sexual material relating to children (including the possession of such material)
- involves sexually explicit images depicting violence against human beings (including the possession of such material)
- includes any behaviour of a sexual nature involving a child.

A person's conduct endangers a child if it:

- harms a child
- causes a child to be harmed
- puts a child at risk of harm
- makes an attempt to harm a child
- incites another person to harm a child.

A person's conduct satisfies the 'harm test' if they are thought likely to:

- harm a child
- cause a child to be harmed
- put a child at risk of harm
- make an attempt to harm a child
- incite another person to harm a child.
-

Definitions of harm: Vulnerable adults

Safeguarding means protecting the adult's right to live in safety and free from abuse and neglect and promoting the adult's wellbeing.

Safeguarding duties apply to an adult at risk as defined in Section 42 of The Care Act 2014 which is:

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

Physical harm

Physical harm is any physical contact that results in discomfort, pain or injury. Examples of physical harm include:

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

Sexual harm and exploitation

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

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

Sexual harm can involve bruising or injury to the anal, genital or abdominal area, and the transmission of STD. It also includes inappropriate touching.

Being forced to watch sexual activity is also a form of sexual exploitation.

Psychological and emotional harm

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

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

Neglect

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

Examples of neglect include:

- the failure to allow access to appropriate health, social care and educational services

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

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

- wilfully failing to provide care
- wilfully preventing the vulnerable adult from getting the care they need
- being reckless about the consequences of the person not getting the care they need.

Unintentional neglect can include:

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

Discrimination

Discrimination exists when values, beliefs or culture result in a misuse of power, or the denial of rightful opportunities, so causing harm.

Any psychological abuse that is racist, sexist, or linked to a person's sexuality, disability, religion, ethnic origin, gender, culture, or age, is discriminatory.

Institutional harm

Examples of institutional harm can include:

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

Financial harm

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

- theft
- fraud

- exploitation

- unauthorised withdrawals of funds from an account
- undue pressure in connection with wills, property, inheritance or financial transactions
- the misuse or misappropriation of property, possessions or benefits
- the misuse of an enduring power of attorney, or a lasting power of attorney, or an appointeeship.

Domestic violence and self-harm should also be considered as possible indicators of, and/or contributory factors to, harm or abuse.

Relevant conduct: Vulnerable adults

A vulnerable adult is a person aged 18 years or over who is receiving a service or assistance which is classed as regulated activity for adults.

Any behaviour is classed as 'relevant conduct' if it:

- endangers a vulnerable adult or is likely to endanger a vulnerable adult
- if repeated against, or in relation to, a vulnerable adult, would endanger the vulnerable adult or be likely to endanger them
- involves sexual material relating to children
- involves sexually explicit images depicting violence against human beings (including possession of such images)
- is of a sexual nature involving a vulnerable adult.

A person's conduct endangers a vulnerable adult if it:

- harms a vulnerable adult
- causes a vulnerable adult to be harmed
- puts a vulnerable adult at risk of harm
- makes an attempt to harm a vulnerable adult
- incites another person to harm a vulnerable adult.

A person's conduct satisfies the 'harm test' if they are thought likely to:

- harm a vulnerable adult
- cause a vulnerable adult to be harmed
- put a vulnerable adult at risk of harm
- make an attempt to harm a vulnerable adult
- incite another person to harm a vulnerable adult.