NHS Bracknell and Ascot Clinical Commissioning Group
NHS Windsor, Ascot and Maidenhead Clinical Commissioning Group
NHS Slough Clinical Commissioning Group

Clinical Commissioning Group (CCG) Safeguarding Children and Adults at Risk Policy

Incorporating Mental Capacity Act Standards for Commissioned Services

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Management Title of Document	Safeguarding Children and Adults Policy (Commissioning)
Description	The policy outlines responsibilities for safeguarding children and adults with statutory guidance and policy, and supports the ethos of "safeguarding is everybody's business." The purpose of the policy is to ensure all CCG staff are aware of their roles and responsibilities for safeguarding children and vulnerable adults, and to provide a framework for accountability at all levels.
Target Audience	All Staff employed by the 3 CCG's within east Berkshire

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1. Introduction – Policy Statement, Context and Principles.

The Clinical Commissioning Groups (CCGs) within East Berkshire, as with all other NHS bodies, has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people that affect the needs of the children they deal with; and to protect vulnerable adults from abuse or the risk of abuse. The CCG asserts that children and vulnerable adults must be valued and protected and champions the rights of all children and vulnerable adults not to be abused, neglected or exploited.

As a commissioning organisation, the CCGs are required to ensure that all health providers from whom it commissions services (both public and independent sector) have comprehensive single and multi-agency policies and procedures in place to safeguard and promote the welfare of children and to protect vulnerable adults from abuse or the risk of abuse. The CCG should also ensure that health providers are linked into the local safeguarding children and safeguarding adult boards and that all health workers contribute to multi-agency working.

The CCG is committed to all policy, procedures and practice which safeguards children and protects vulnerable adults and promotes their welfare. The CCG aims to commission safeguarding services that will ensure equal access to all children and vulnerable adults, regardless of:

- Race, religion, first language or ethnicity
- Gender or sexuality
- Age
- Health status or disability
- Political or immigration status.

This policy has two functions: it details the roles and responsibilities of the CCG as a commissioning organisation and employer, and also provides clear service standards against which healthcare providers (including independent providers) will be monitored to ensure that service users are protected from abuse and the risk of abuse. In discharging these statutory duties/responsibilities account must be taken of:

- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HM Government 2007)
- Working Together to Safeguard Children (HM Government 2015)
- Statutory Guidance on promoting the Health and well-being of Looked After Children (DH2015)
- Assurance Framework 2015 (NHS England)
- No Secrets (DH and Home Office 2000)
- Mental Capacity Act 2005: Code of Practice (Department for Constitutional Affairs 2007)
- The policies and procedures of the Berkshire Local Safeguarding Children Boards (LSCBs) and the Safeguarding Adults Boards.

  http://www.sabberkshirewest.co.uk/practitioners/berkshire-safeguarding-adults-policy-and-procedures/

  http://berks.proceduresonline.com/index.htm
- Care Act 2014
- Safeguarding Children and Young People; roles and competencies for health care staff March 2014

- Tackling FGM in the UK intercollegiate recommendations for identifying, recording and reporting 2013
- The Mid Staffordshire NHS Foundation Trust Public Inquiry Report 2013.

Working Together to Safeguard Children 2015 provides detailed guidance on safeguarding roles and responsibilities for organisations and commissioners.

Berkshire LSCB Child Protection Procedures and Berkshire Adult Procedures on line describe the local interagency arrangements for responding to concerns that a child or vulnerable adult may be at risk of significant harm.

Section 11 Duties: The CCG must comply with its duty under Section 11 of the Children Act 2004 to demonstrate that they are meeting their responsibilities to safeguard and promote the welfare of children and are responsible for safeguarding quality assurance through contractual arrangements with all provider organisations. In developing this policy the CCG recognises that safeguarding children is a shared responsibility with the need for effective joint working between agencies and professionals that have different roles and expertise if those vulnerable groups in society are to be protected from harm. In order to achieve effective joint working there must be constructive relationships at all levels, promoted and supported by:

- A commitment of senior managers and board members to seek continuous improvement with regards to safeguarding both within the work of the CCG and within those services commissioned;
- Clear lines of accountability within the CCG for safeguarding;
- An explicitly defined Designated Nurse for Safeguarding. Their role is to support other professionals in health and partner agencies to recognise the safeguarding risks to children and adults.
- Service developments that take account of the need to safeguard all service users, and is informed, where appropriate, by the views of service users;
- Staff training and continuing professional development so that staff have an understanding of their roles and responsibilities in regards to safeguarding children, adults at risk, children looked after and the Mental Capacity Act;
- Safe working practices including recruitment and vetting procedures;
- Effective inter-agency working, following national statutory guidance (Working Together to Safeguard Children 2015, Care Act 2014). The Designated Nurse and nominated members from the CCG should work in close collaboration with the Local Safeguarding Children and Adults Boards and partner agencies.
- Promotion of effective information sharing, supported by Statutory law, reflected within national and local policy guidance.

2. Scope of the Policy

This policy aims to ensure that robust systems are in place to safeguard and promote the welfare of children, and to protect adults and children from risk of harm.

Where the CCG is identified as the coordinating commissioner it will notify associate commissioners of a provider's non-compliance with the standards contained in this policy or of any serious incident requiring investigations that are considered to be a safeguarding issue.

This policy applies to all staff working for the CCG. Each CCG member, employee or

contractor has an individual responsibility for the protection and safeguarding of children and young people, in both their professional and home lives.

The CCG is required to have appropriate contract monitoring arrangements in place to ensure all providers are meeting their statutory and contractual responsibilities. All provider health organisations commissioned by the CCG must have their own polices for safeguarding children and adults, which must be consistent with this policy, and in line with their own statutory responsibilities and with Berkshire Local Safeguarding Board child and adult protection procedures.

3. Definitions

3.1 Children

In this policy, as in the Children Act 1989 and 2004, **a child** is anyone who has not yet reached their eighteenth birthday. 'Children' therefore means children and young people throughout.

Safeguarding children is defined in the Joint Chief Inspectors' report *Safeguarding Children* (2002) as:

- All agencies working with children, young people and their families take all reasonable measures to ensure that the risks of harm to children's welfare is minimised; and
- Where there are concerns about children and young people's welfare all agencies take all appropriate actions to address those concerns, working to agreed local policies and procedures in partnership with other agencies.

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes

Child Protection is a part of safeguarding and promoting the welfare of children. This is the process of protecting individual children identified as suffering, or who are likely to suffer **significant harm** as a result of abuse or neglect. The main categories of abuse are physical, sexual, emotional abuse, or neglect

Definitions of Child Abuse are:

- Physical Abuse
- Sexual Abuse
- Neglect
- Emotional Abuse

See Appendix 1 for Full Definitions of Child Abuse.

3.2 Adults

In this policy as defined in the Care Act 2014, an adult is anyone over the age of 18 years. Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect.

Care and Support Statutory Guidance Updated 27 October 2016
(https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance)

The safeguarding duties apply to an adult who:

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

Significant Harm
"Harm is to be taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical) but also the impairment of or an avoidable deterioration in physical or mental health and the impairment of physical, intellectual, emotional, social or behavioural development:" **No Secrets (DH/Home Office 2000)**

Organisations should always promote the adult's wellbeing in their safeguarding arrangements
The aims of adult safeguarding are to:

- stop abuse or neglect wherever possible;
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard adults in a way that supports them in making choices and having control about
- how they want to live;
- promote an approach that concentrates on improving life for the adults concerned;
- raise public awareness so that communities as a whole, alongside professionals, play their
- part in preventing, identifying and responding to abuse and neglect;
- provide information and support in accessible ways to help people understand the
- different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- address what has caused the abuse or neglect.

Six key principles underpin all adult safeguarding work (DH 2014)

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent.
- **Prevention** – It is better to take action before harm occurs.
- **Proportionality** – The least intrusive response appropriate to the risk presented.
- **Protection** – Support and representation for those in greatest need.
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** – Accountability and transparency in delivering safeguarding

Definitions of Adult Abuse are:

- Physical Abuse
- Domestic abuse.
- Sexual abuse
- Psychological abuse.
- Financial or material abuse
- Modern slavery.
- Discriminatory abuse
- Organisational abuse

- Neglect and acts of omission
- Self-neglect

See Appendix 2 for Full Definitions of Adult Abuse.

Capacity, Consent and Safeguarding Adults – The Mental Capacity Act 2005

One of the overriding principles in Safeguarding Vulnerable Adults is capacity and consent. Whenever possible every effort must be made to obtain the consent of an adult to report abuse taking into consideration the definitions of the Mental Capacity Act (2005). However when there is a duty of care when the adult does *not* have the capacity to protect him/ herself, the matter must be discussed with the Safeguarding Vulnerable Adults Lead to determine how best to proceed. If a person who lacks mental capacity in relation to agreeing to be in a harmful situation is subject to abuse or neglect a safeguarding alert would be necessary as this is potentially a criminal offence (S. 44 Mental Capacity Act).
Guidance on the Mental Capacity Act can be found at:
http://www.justice.gov.uk/downloads/protecting-the-vulnerable/mca/mca-code-practice-0509.pdf and http://berksadultsg.proceduresonline.com/index.htm

Choices and Risk

On occasions, vulnerable adults are left in situations, which leave them seriously at risk of abuse. Sometimes attempts to justify this are made on the grounds of a person's right to make choices about their lifestyle, which may involve risk. Decisions about risk at this level should *never* be taken by individual staff but through a properly constituted professionals meeting and by involving risk assessments. Any patient affected by abuse, who has capacity, should be consulted as to whether or not they wish action to be taken in relation to their own situation. However, their response will be viewed in the context of the need for any intervention in order to protect other service users and / or staff from harm or risk of harm. If the individual does not wish to report the abuse a discussion must take place the Safeguarding Vulnerable Adults Lead as to the appropriate course of action to safeguard other service users and staff or in the public interest.

Deprivation of Liberty

This amendment to the Mental Capacity Act 2005 (introduced by the Mental Health Act 2007) is to provide for procedures to authorise the deprivation of liberty of a person in a hospital or care home who lacks Capacity to consent to being there. These are known as the MCA Deprivation of Liberty Safeguards (MCA DOLS). Unauthorised restriction/restraint may constitute a deprivation of liberty therefor abuse, as it breach of Article 5 Human Rights. (See

appendix 4 for possible indicators of unlawful deprivation of liberty if no authorisation in place). Further guidance on DoLS can be found at:

http://berksadultsg.proceduresonline.com/index.htm

See Appendix 3 for more information on definition, capacity, consent and Deprivation of Liberty Checklist.

4. Prevent Counter Terrorism Strategy

Prevent is part of a national strategy led by the Home Office, which focuses on working with individuals and communities who may be vulnerable to the threat of violent extremism and terrorism. Supporting vulnerable individuals and reducing the threat from violent extremism in local communities is a priority for the health service and its partners.

- The CCG will ensure that there are robust Prevent arrangements in place across the health economy. This will be monitored through safeguarding assurance processes and form part of quality contracting monitoring.
- The Operational Lead for Prevent will be the Named Professional for Safeguarding Adults within the CCG. This will be delegated from the Assistant Director of Safeguarding.
- All concerns within the CCG regarding both Staff and Patients in relation to counter terrorism will be discussed with the delegated Prevent Lead/appropriate manager who will escalate accordingly. Urgent concerns should be reported directly to the police.

5. Roles and Responsibilities for Safeguarding

- The ultimate accountability for safeguarding sits with the Accountable Officer of the CCG. Any failure to have systems and processes in place to protect children and vulnerable adults in the commissioning process, or by providers of health care that the CCG commissions would result in failure to meet statutory and non-statutory constitutional and governance requirements.
- The CCG must demonstrate robust arrangements are in place to demonstrate compliance with safeguarding responsibilities. The NHS Commissioning Board will monitor compliance with safeguarding as required in the authorisation document (and any superseding guidance)
- The CCG must establish and maintain good constitutional and governance arrangements with capacity and capability to deliver safeguarding duties and responsibilities, as well as effectively commission services ensuring that all service users are protected from abuse and neglect.
- Establish clear lines of accountability for safeguarding, reflected in governance arrangements
- To co-operate with the local authority in the operation of the local safeguarding children (LSCB) and safeguarding adults boards (SAB), and contribute as appropriate to work undertake by sub-groups of the boards.
- To participate in domestic homicide reviews.
- Commission the expertise of a Designated doctor for safeguarding children and employ a Designated nurse for safeguarding which incorporates safeguarding children, adults and children in care. Commission a Paediatrician for child deaths. Ensure the CCG has an allocated prevent lead and a mental capacity act lead.
- Ensure that all providers with whom there are commissioning arrangements have in place comprehensive and effective policies and procedures to safeguard children and vulnerable adults in line with those of the LSCBs and SABs.

- Ensure that plans are in place to train all staff in contact with children, adults who are parents/carers and vulnerable adults in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse or neglect for children and vulnerable adults, know how to act on those concerns in line with local guidance.
- Ensure that appropriate systems and processes are in place to fulfil specific duties of cooperation and partnership and the ability to demonstrate that the CCG meets the best practice in respect of safeguarding children and adults at risk and children in care.
- Ensure that safeguarding is at the forefront of service planning and a regular agenda item of the CCG quality and governing body business.
- Ensure that all decisions in respect of adult care placements are based on knowledge of standards of care and safeguarding concerns.

5.1 Accountable Officer

- Ensures that the health contribution to safeguarding and promoting the welfare of children and vulnerable adults is discharged effectively across the whole local health economy through the organisation's commissioning arrangements.
- Promotes that the organisation not only commissions specific clinical services but exercises a public health responsibility in ensuring that all services users are safeguarded from abuse or the risk of abuse.
- Ensures that safeguarding is identified as a key priority area in all strategic planning processes.
- Promotes safeguarding is integral to clinical governance and audit arrangements.
- Promotes and gains assurance that all health providers from whom services are commissioned have comprehensive single and multi-agency policies and procedures for safeguarding in line with the LSCB and SAB procedures easily accessible for staff at all levels.
- Promotes and gains assurance that all contracts for the delivery of health care include clear standards for safeguarding; these standards are monitored thereby providing assurance that service users are effectively safeguarded.
- Promotes and gains assurance that their staff and those in services contracted by the CCG are trained and competent to be alert to potential indicators of abuse or neglect in children and know how to act on their concerns and fulfil their responsibilities in line with LSCB and SAB policies and procedures
- Ensures the CCG co-operates with the local authority in the operation of the LSCBs, SABs and with the Health and Wellbeing Boards.
- Ensures that all health organisations with whom the CCG has commissioning arrangements have links with their LSCB and SAB; that there is appropriate representation at an appropriate level of seniority; and that health workers contribute to multi-agency working.
- To ensure that any system and processes that include decision making about an individual patient (e.g. funding panels) takes account of the requirements of the Mental Capacity Act 2005; this includes ensuring that actions and decisions are documented in a way that demonstrates compliance with the Act.

5.2 CCG governing body lead with responsibility for safeguarding
Director of Nursing.

- Promotes CCG management and accountability structures that deliver safe and effective services in accordance with statutory, national and local guidance for safeguarding and children in care.
- Promotes and advises commissioning that service plans, specifications, contracts and invitations to tender etc. include reference to the standards expected for safeguarding children and adults at risk.

- Ensures that safe recruitment practices are adhered to in line with national and local guidance and that safeguarding responsibilities are reflected in all job descriptions.
- Ensure that staff in contact with children and or adults in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse or neglect and know how to act on those concerns in line with local guidance.

5.3 Associate Director of Nursing - Safeguarding

This role includes specific roles and responsibilities for safeguarding adults and incorporates the Designated nurse for safeguarding children, safeguarding adults and children in care. As commissioners, the CCG must employ a designated doctor and nurse to take a strategic, professional lead on all aspects of the health service contribution to safeguarding children and adults across east Berkshire, which includes all providers.

Responsibilities include:

- Provision of advice to ensure the range of services commissioned by the CCG take account of the need to safeguard and promote the welfare of children and adults.
- Provisions of advice on the monitoring of the safeguarding aspects of CCG contracts.
- Provision of advice, support and clinical supervision to the named professionals in each provider organisation.
- Provision of leadership and support to the named GPs for child protection.
- Membership of the LSCBs and SABs.
- Provision of skilled advice to the LSCBs and SABs on health issues.
- Promote and influence the development of relevant training to ensure the training needs of health staff are addressed Provide skilled professional involvement in child safeguarding processes in line with LSCB procedures.
- Ensures that quality assurance process within the CCG includes any necessary escalation process of serious incident reports to the SAB and or LSCBs for consideration of a multi-agency case review.
- Chair and/or participate in serious case reviews, partnership and other case reviews. and to take a strategic lead in embedding learning from such reviews.

5.4 CCG individual staff members

All health professionals have an individual duty to safeguard children, and it is imperative that all staff (including contracted staff, and non-clinical staff) are able to:

- To be alert to the potential indicators of abuse or neglect for children and adults **(Appendix 1 and 2)** and know how to act on those concerns in line with their duties to comply with LSCB and SAB procedures.
- To report concerns of suspected abuse about a child or adult, to the Local Authority (LA) in accordance with Berkshire Procedures. Advice and support can be sought from the CCG Safeguarding Team,
- To undertake training in accordance with their roles and responsibilities as outlined by the training frameworks of the LSCBs and SABs so that they maintain their skills and are familiar with procedures aimed at safeguarding children and adults at risk.
- Understand the principles of confidentiality and information sharing in line with local and national guidance.
- All staff contribute, when appropriate, to multi-agency meetings established to safeguard children and adults at risk.
- Report and inform their managers who have a responsibility to inform the Nurse Director of any allegations of abuse or investigations concerning individual staff or members of the CCG.

Where appropriate to their role, health professionals must be able to refer to the appropriate agency within appropriate timescales, and contribute effectively to subsequent multi-agency working to protect children or vulnerable adults in need of a protection plan.

6. Confidentiality

Appropriate and proportionate information sharing is the key to safeguarding children and adults at risk. This relies upon open and honest dialogue with families and wherever possible, seeking consent to share information.

Confidentiality runs closely alongside this and it is essential that when there are concerns about a child or adult at risk, that the rules around confidentiality and information sharing are closely adhered to.

Rules for information sharing are similar but there are nuances in both children and adults:

- The child's welfare is paramount – information can be disclosed without consent in some circumstances but consideration must be given to obtaining consent and where it has not been obtained, a clear rationale for this must be recorded.
- In some cases it might not be safe to obtain consent, for example, where alerting a parent to concerns might put the child in immediate danger or it is suspected a crime is about to be committed.
- The police and local authority can request information for child protection investigations under section 47 of the Children Act (1989) and there is a statutory duty to disclose relevant and proportionate information.
- With regard to adults there are many types of information which should not be disclosed without consent in any event. Disclosure will only be made without the consent of the person causing concern where it is assessed that the person lacks the capacity to give informed consent or the person has failed to respond despite reasonable attempts to obtain their consent
- In this case disclosure might be necessary because of a legal duty on the part of the holder or recipient of the information, the risk to an adult is such that the infringement of the person's rights to privacy and confidentiality is outweighed by the harm which would be caused by withholding the information.'

7. Staff training, support and professional development

In order to ensure that CCG staff can meet their organisational and individual professional responsibilities to safeguard children and vulnerable adults, the CCG will ensure that all staff access training, support and professional development appropriate to their role.

Any CCG staff whose role involves individual case work with vulnerable children (for example, commissioning services for individual children and adults with highly complex needs arising from disability or mental health) will access advice and supervision in relation to any safeguarding concerns via the designated professionals.

The CCG will ensure that the designated professionals and others with senior safeguarding roles, including the executive lead for safeguarding, will have access to any training, supervision and support identified as needed through professional development processes.

8. Recruitment, Whistle Blowing and Personnel Processes

The NHS is committed to the principle of public accountability and welcomes the opportunity to investigate genuine and reasonable concerns expressed by an individual or groups of staff relating to any malpractice. No one will be discriminated against or suffer a detriment as a result of making such a disclosure, as laid down by the Public Interest Disclosure Act 1998 (PIDA) and Bribery Act 2010 and applies to everyone who works in the CCG.

The CCG has a duty to introduce safer working practices, in line with statutory guidance in Working Together to Safeguard Children 2015 and with the disclosure and barring service.

This includes recruitment processes that filter out people who are not suitable or safe to work with children, and ensure appropriate regard to the need to safeguard children by a sound process of:

- Training staff involved in recruitment,
- Ensuring all references are taken up prior to starting work
- Stringent and appropriate Criminal Records Bureau disclosure, based on assessment of risk to children via the Disclosure and Barring service.
- Appropriate management of allegations against staff.

Clinical Commissioning Groups have a statutory duty to ensure that appropriate action is taken, if an allegation is made, or suspicion or concern arises, about harm to a child by an employee. The CCG will apply an allegations management procedure consistent with statutory guidance and Berkshire LSCB and SAB procedures and consult with the Local Officer Designated Officer as appropriate.

9. Clinical Governance

The CCG will apply the principles of sound clinical and corporate governance in relation to safeguarding children and vulnerable adults which takes account of the corporate governance framework for commissioning.

The CCG will ensure that safeguarding and promoting the welfare of children and vulnerable adults is integral to clinical governance and audit arrangements.

The CCG will ensure that all child deaths and serious incidents in relation to children are reported and investigated according to relevant reporting policies. This will also ensure that any safeguarding concerns are identified in such cases, the interfaces between these processes and the serious case review process function clearly and effectively. This is a function of the Child Death Overview Panel

The Safeguarding Children Designated Professionals and the Board Executive Safeguarding Lead will report at least four monthly to the CCG Governing Body on the range of safeguarding activities, quality assurance processes, Serious Case Reviews and other serious incidents via the Quality Committee, with additional exception reporting as required.

10. Serious Case Reviews

The CCG has a statutory duty to work in partnership with the LSCBs and SABs locally and nationally in conducting Serious Case Reviews, in accordance with statutory guidance. They must ensure that reviews and all actions taken following reviews are carried out according to the timescale set out by the Serious Case Review Panel.

The CCG must ensure that sufficient resources are in place to meet this requirement. This will usually mean that there must be sufficient resources and support to allow the designated professionals to fulfil the key roles of SCR/SAR panel membership and preparation of a health overview report where required. Where there are a number of simultaneous reviews, or where the designated professional has had significant case involvement, the commissioning of additional capacity for these functions must be considered. This may be identified internally or externally depending on case circumstances.

The CCG will also commission Independent Management Reviews (IMRs) on behalf of any general practices involved in a serious case review, normally undertaken by the GP named doctor. Again the CCG must ensure that sufficient capacity is available for this function, including commissioning additional capacity e.g. an external author where there are two or more ongoing reviews or any significant conflict of interest for the named GP in relation to the case.

The CCG should seek assurance that there is also sufficient capacity in provider organisations to produce Independent Management Reviews when required.

The Safeguarding Executive Lead for the CCG will commission and sign off health overview reports and internal management reviews for serious case reviews.

The CCG Governing Body will be notified that a review has commenced and will receive updates on identified learning, recommendations and action plans, and progress towards publication where relevant.

11. Review and Maintenance of Policy

This policy will be subject to a review in February 2020 and, if revised, all stakeholders will be alerted to the new version.

This policy is issued and maintained by the Associate Director of Nursing - safeguarding on behalf of all stakeholders.

References and Bibliography

In developing this policy, account has been taken of the following statutory and non-statutory guidance, best practice guidance and the policies and procedures of the LSCB and SAPB.

Statutory Guidance

- Care and Support Statutory Guidance Updated (2016). Department of Health
- Care and Support Statutory Guidance (2014) Department of Health
- Care Act (2014)
- Working Together to Safeguard Children (2015) HM
- Children Acts (1989) and (2004)
- Department for Constitutional Affairs (2007) Mental Capacity Act (2005): Code of Practice, TSO: London
- Department of Health (2000) *Framework for the Assessment of Children in Need and their Families*, London, HMSO
- Department of Health, Home Office (2000) *No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect adults at risk from abuse* (issued under Section7 of the Local Authority Social Services Act 1970)
- Department of Health et al (2015) *Promoting the Health and well-being of Looked After Children*,
- HM Government (2011) *Safeguarding children who may have been trafficked*, DfE publications
- HM Government (2007) *Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act (2004)*, DCSF
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- HM Government (2015) *Working Together to Safeguard Children*, Nottingham, DfE publications
- Ministry of Justice (2008) *Deprivation of Liberty Safeguards Code of Practice to supplement Mental Capacity Act (2005),* London TSO

Non-statutory guidance

- Children's Workforce Development Council (March 2010) Early identification, assessment of needs and intervention. The Common Assessment Framework for Children and Young People: A practitioner's guide, CWCD
- DH (June 2012) The Functions of Clinical Commissioning Groups (updated to reflect the final Health and Social Care Act 2012)
- DH (March, 2011) Adult Safeguarding: The Role of Health Services
- DH (May, 2011) Statement of Government Policy on Adult Safeguarding
- HM Government (2006) What to do if you're worried a child is being abused, DSCF publications
- HM Government (2008) Information Sharing: Guidance for practitioners and managers, DCSF publications
- Law Commission (May, 2011) Adult Social Care Report
- http://www.justice.gov.uk/lawcommission/publications/1460.htm

- Royal College Paediatrics and Child Health et al (2014) Safeguarding Children and Young people: Roles and Competencies for Health Care Staff. Intercollegiate Document supported by the Department of Health.

Best practice guidance

- Department of Health (2004) Core Standard 5 of the *National Service Framework for Children Young People and Maternity Services* plus those elements beyond standard 5 that deal with safeguarding and promoting the welfare of children
- Department of Health (2009) *Responding to domestic abuse: a handbook for health professionals*
- Department of Health (2010) *Clinical Governance and adult safeguarding: an integrated approach*, Department of Health
- HM Government (2011) *Multi-agency Practice Guidelines: Female Genital Mutilation*
- HM Government (2009) *Multi-agency practice guidelines: Handling cases of Forced Marriage,* Forced Marriage Unit: London
- National Institute for Health and Clinical Excellence (2009) *When to suspect child maltreatmen*t, Nice clinical guideline 89
- Department of Health (2006) *Mental Capacity Act Best Practice Tool*, Gateway reference: 6703

Local safeguarding children board

Pan Berkshire Safeguarding Children policies, procedures and practice guidance accessible at http://berks.proceduresonline.com/

Local safeguarding adult board

Berkshire safeguarding adult policies, procedures and practice guidance accessible at: **http://www.sabberkshirewest.co.uk/practitioners/berkshire-safeguarding-adults-policy-and-procedures/**

Care Quality Commission

Care Quality Commission (2009) guidance about compliance: *Essential Standards of Quality and Safety*

GLOSSARY

CCGs Clinical commissioning groups
DOLs Deprivation of Liberty
MCA Mental Capacity Act (2005)
LSCB Local safeguarding children board
SAB Local safeguarding adult board
SIRI Serious incidents requiring investigation

Appendix 1 Definitions of Child Abuse

Significant Harm is the threshold that justifies compulsory intervention in family life in the best interests of children (Children Act, 1989). There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes, a single traumatic event may constitute significant harm, but more often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development.

Children in Need - Children who are defined as being "in need"; under section 17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services (section 17 (10) of the Children Act 1989), plus those children who are disabled.

Categories of abuse
Abuse of children: For **children's** safeguarding, the definitions of abuse are taken from *Working Together to safeguard Children* (HM Government, 2015).

Abuse and neglect: Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent fabricates the symptoms of, or deliberately induces illness in a child;

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;
- Imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction;
- Seeing or hearing the ill-treatment of another e.g. where there is domestic violence and abuse;
- Serious bullying, causing children frequently to feel frightened or in danger;
- Exploiting and corrupting children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

Sexual abuse includes non-contact activities, such as involving children in looking at, including online and with mobile phones, or in the production of, pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

In addition; Sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under s5 **Sexual Offences Act 2003**.

Neglect

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

Neglect may occur during pregnancy as a result of maternal substance misuse, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse and violence towards a carer, the needs of the child may be neglected.

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

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers);
- Ensure access to appropriate medical care or treatment.

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

These definitions are used when determining significant harm and children can be affected by combinations of maltreatment and abuse, which can be impacted on by for example domestic violence and abuse in the household or a cluster of problems faced by the adults.

In addition, research analysing Serious Case Reviews has demonstrated a significant prevalence of domestic abuse in the history of families with children who are subject of Child Protection Plans. Children can be affected by seeing, hearing and living with domestic violence and abuse as well as being caught up in any incidents directly, whether to protect someone or as a target. It should also be noted that the age group of 16 and 17 year olds have been found in recent studies to be increasingly affected by domestic violence in their peer relationships.

It should therefore be considered in responding to concerns that the Home Office definition of domestic violence and abuse (2013) is as follows:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence and abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender and sexuality.

This can encompass, but is not limited to, the following types of abuse:

- Psychological;
- Physical;
- Sexual;
- Financial;
- Emotional.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

Appendix 2: Definitions of Adult Abuse

Categories of abuse – Safeguarding Adults

For **adult** safeguarding, the definitions are taken from *No Secrets* (Department of Health and the Home Office, 2000).

Abuse is a violation of an individual's human and civil rights by other person or persons. Abuse may consist of single or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm, or exploitation of, the person subjected to it. Of particular relevance are the following descriptions of the forms that abuse may take:

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic abuse** – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one's

personal hygiene, health or surroundings and includes behaviour such as hoarding.

NB: Self neglect by an adult will result in the instigation of the adult protection procedures if the situation involves a significant act of omission by the patients or omission by someone else with responsibility for the care of that adult. Possible indicators of neglect include:

- Malnutrition
- Untreated medical problems
- Bed sores
- Confusion
- Over-sedation

Appendix 3

Deprivation of Liberty Safeguards (DoLS) Checklist

This checklist is intended as a reference guide only and is most useful for those involved in planning meetings, admissions and reviews. Any deprivation of liberty occurring in a care home or hospital must be assessed on a case specific basis.

What is a deprivation of liberty?

Where the care regime and treatment, rather than the person's own health or condition, lead to ongoing restriction and restraint of the person's freedom, you must make sure this is not a deprivation of their liberty. Questions to help indicate if a deprivation of liberty may be occurring include:

- Is restraint, including sedation, necessary for care & treatment of the person?
- Does the person have no, or very limited, choices about their life within the hospital/home (where they can be, what they can do, when & what they can eat, who can visit & when)?
- Is there complete & effective control by professionals over the movement of the person for a significant period?
- Have social/healthcare professionals control over all assessments, care & treatment?
- Would the person be prevented from leaving if they made a meaningful attempt to do so?
- Has a request by family/friend/carer for the person to be discharged to their care been refused?
- Has the person been unable to maintain social contact because of restrictions placed on access?
- Has the person lost autonomy by being under continuous supervision & control?
- Are any of these factors of sufficient nature, degree or intensity that it would deprive the person of their liberty?
- Where an individual restriction does not deprive liberty, does the cumulative effect of all restrictions constitute complete and effective control over the person to deprive them of their liberty?

More information can be found at Deprivation of Liberty Checklist: Deprivation of Liberty Safeguards (DoLS)
http://berksadultsg.proceduresonline.com/chapters/p_mental_cap_act.html

If a restrictive care plan is clinically agreed to be the only safe and proportionate way to care for a person without capacity then the care home or hospital manager should request a DoLS assessment unless they are already subject to DoLS. If you have any concerns regarding an unauthorised (i.e. the process has not been followed) deprivation of liberty you must consider a safeguarding alert.