# SAFEGUARDING VULNERABLE ADULTS AND CHILDREN POLICY

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The Safeguarding Leads for Wallingbrook Health Group are:

Leads: Dr Deepun Gosrani and Dr Matt Owen

Appendix 1 details the Safeguarding Children Policy for General Practice

Appendix 2 details the Safeguarding Adult Policy for General Practice

Devon Safeguarding Magazine Website:

 <https://www.devon.gov.uk/eycs/devon-children-and-families-partnership-safeguarding-magazine/>

**APPENDIX 1**

**Safeguarding Children Policy Template
for
General Practice**

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| Name of Practice | Wallingbrook Health Centre |
| Date Approved: | February 2014 |
| Version: | 12 |
| Revision Date: | 03/03/2020 |
| Accountable GP: | Leads: Dr Deepun Gosrani & Dr Matt Owen |

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1. **Introduction**

This template is guided [by NHS England Safeguarding Policy (Updated May 2017](https://www.england.nhs.uk/publication/safeguarding-policy/)) and should be read in conjunction with the [South West Child Protection Procedures](https://www.proceduresonline.com/swcpp/). In addition [The GP toolkit](https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/child-safeguarding-toolkit.aspx) for safeguarding children is a thorough source of further information which can be added to this policy.

Section 11 of The Children’s Act 2004 states that all organisations who work with children and young people should ensure that they have effective arrangements in place to safeguard and promote their welfare.

This document is for all practice staff at Wallingbrook Health Group whether they have a specific role with children or not. The Laming Enquiry in 2000 stated:

*“All those who come into contact with children and families in their everyday work, including practitioners who do not have a specific role in relation to child protection, have a legal duty to safeguard and promote the welfare of children.”*  (Climbie Enquiry, Laming 2003)

In Britain a child is defined as anyone under the age of 18 years and unborn children are included within this. The five outcomes for children as outlined in Every Child Matters are that all children have a right to be healthy, stay safe, enjoy and be active, make a positive contribution and achieve economic wellbeing. These outcomes aim to keep children from harm and enable the opportunity to reach their full potential. (Every Child Matters DfES, 2005)

The GP Safeguarding Leads for Wallingbrook Health Group is Dr Deepun Gosrani and Dr Matt Owen

1. **Significant Harm**

Child abuse occurs when a child has suffered from or is at risk from significant harm. Significant harm means ill treatment or the impairment of health or development. Health includes physical as well as mental and emotional. The development of a child will include physical, intellectual, emotional, social or behavioural. Child maltreatment may include physical abuse, sexual abuse, emotional abuse and neglect. The latter also includes failure to protect a child from harm.

1. **Categories of Child Abuse**

The 1989 Children Act defined four categories of abuse:

**Physical** – this may involve hitting, shaking, throwing, poisoning, burning, drowning or suffocation. Signs may include:

* Bruises or fractures in infants or non-mobile children. [Child Maltreatment must always be considered in these cases](https://www.proceduresonline.com/swcpp/)
* Excessive or unexplained bruises.
* Fractures which do not fit the explanation given
* Injuries that are not consistent with the reason given by a parent or carer.
* Excessive physical chastisement.
* Fabricated or Induced Illness (previously known as Munchausen’s by Proxy).

**Emotional** – “The persistent emotional maltreatment of a child that can cause adverse effects on emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say and how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.” (Working Together to Safeguard Children 2015)

It may present in:

* ‘Frozen watchfulness’ in very young children or hypervigilance in older children.
* Self-harm.
* Nervousness around parents/carers.
* Withdrawn or too eager to please.
* Overt friendliness with persons not well known to the child.
* Radicalisation (see information under Prevent).

**Sexual** – Involves forcing or enticing a child or young person to take part in sexual activities that are not necessarily violent of which the child may or may not be aware of what is happening. This can be perpetrated by men, women or other children. It can take the form of physical or non-physical contact which includes encouraging a child to watch sexual images or activities. Sexual Abuse may include:

* Inappropriate sexual knowledge/ behaviours.
* Sexually transmitted infection or pregnancy.
* Physical injury to genital or anal areas.

**Neglect** – The persistent failure to meet a child’s basic physical and/or psychological needs which is likely to result in impairment of the child’s health and/or development. This can include signs of:

* Hunger – stealing or scavenging for food.
* Unkempt appearance and/or home or self-hygiene.
* **Was not brought for health appointments**, routine surveillance, immunisations. (liaison with the appropriate acute Trust clinician will be considered when the Practice has received information that a child Was Not Brought for health appointments)
* Delayed development.
* Faltering growth.
* Thin wispy hair and/or untreated infestations of head lice, scabies etc.
* Failure to meet the child’s emotional needs.
* Failure to protect from physical harm.

None of the above lists are exclusive of signs and symptoms. For further information see our area’s information in the [South West Child Protection Procedures](https://www.proceduresonline.com/swcpp/).

1. **Child Sexual Exploitation (CSE) and County Lines**

Child Sexual Exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity in exchange for something the victim needs or wants and/or for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. [NWG 2017](https://www.nwgnetwork.org/definition-types-of-cse/) Further guidance [Child Sexual Exploitation: Definition and Guide for Practitioners](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf)

Local Authorities in [Devon,](https://www.dcfp.org.uk/child-abuse/child-sexual-exploitation/child-exploitation-information-for-professionals/) [Torbay](http://torbaysafeguarding.org.uk/workers/exploitation/) and [Plymouth](http://www.plymouthscb.co.uk/child-sexual-exploitation/) have specific teams who work with children who are at risk of Exploitation/CSE.

“County lines” is the police term used to describe gangs supplying drugs to suburban areas, market and coastal towns across the UK using dedicated mobile phone lines.

These organised crime networks exploit children and young people to store, move, sell and deliver their drugs, often making them travel across counties.

They use children because they are cheaper, more easily controlled and less likely to be picked up by the police. No one really knows how many young people across the country are being forced to take part, but [The Children’s Commissioner](https://www.childrenscommissioner.gov.uk/) estimates there are at least 46,000 children in England who are involved in gang activity.

Vulnerable children and young people, for example those who are homeless or living in care, have special educational needs or mental health problem, are targeted by gangs and are recruited, often via social media. Gangs also looks for children with emotional vulnerability, such as those experiencing problems at home, absent or busy parents or bereavement, and then seek and fill that emotional gap and become ‘their family’, then take advantage of them.

These children and young people are groomed, threatened or tricked into trafficking drugs for gangs who often use intimidation and violence, or threaten the young person’s family. They might also offer something in return for the young person’s cooperation, for example money, food, alcohol, clothes and jewellery, or improved status, but these gifts will usually be manipulated so that the child feels they are in debt to their exploiter and have no choice but to do what they want.

Concerns regarding CSE /Exploitation refer to the appropriate Children Social Care huband/or or view local information on Safeguarding Children Board/Partnership webpages for local arrangements.

1. **PREVENT**

Prevent is part of the Government’s Counter-Terrorism Strategy (2011) CONTEST, and [Revised Guidance (2017](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance__England_Wales_V2-Interactive.pdf)) which is led by the Home Office. The health sector has a non-enforcement approach to Prevent and focuses on support for vulnerable individuals and healthcare organisations in helping stop them from becoming terrorists or supporting terrorism.

CONTEST also includes the following elements in addition to Prevent:

* Pursue: to stop terrorist attacks.
* Protect: to strengthen our protection against a terrorist attack.
* Prepare: to mitigate the impact of a terrorist attack.

“Channel” forms a key part of the National Prevent Strategy. This is a multi- agency process to identify and provide support to individuals who are at risk of being drawn into terrorism

Refer to Devon and Cornwall Police on 101 or 999 if an emergency

Email: Prevent@devonandcornwall.pnn.police.uk

1. **Domestic Abuse**

Young people between the ages of 16 – 18 years old can now be legally considered to be perpetrators of domestic abuse and as such can be referred to MARAC (Multi Agency Risk Assessment Conference). This is due to an increased number of cases which involve perpetrators in this age group. Young people and adults (where there are children in the family unit) whether they are victims or perpetrator of domestic abuse can be referred to the corresponding area MARAC for a multi-agency discussion in how to safeguarding the children or young people.

Children are considered to be victims of domestic abused even if they have not directly witnessed an incident or incidents. Being present in the home and hearing abuse take place is as frightening as being present in a room and visually witnessing abuse. In cases of domestic abuse always consider the ‘Toxic Trio’. This is when children are in a home where there is violence, mental health concerns and drug or alcohol use. Presence of The Toxic Trio significantly increases the risks of children abuse.

The Safelives website [www.safelives.org.uk](http://www.safelives.org.uk) is a good resource for GPs and practice staff. [Devon](http://Devon), [Plymouth](https://www.sanctuary-supported-living.co.uk/find-services/domestic-abuse/devon/plymouth-domestic-abuse-services-pdas) and [Torbay](https://www.sanctuary-supported-living.co.uk/find-services/domestic-abuse/devon/torbay-domestic-abuse-service-tdas) have separate resources for patients who may be experiencing domestic abuse.

1. **Female Genital Mutilation (FGM)**

FGM is illegal in Britain as it is in many countries around the world. As of October 2015 there are legal requirements to report FGM in girls up to the age of 18 years. This duty has been brought through the Serious Crime Act 2015 and professionals have a statutory duty to inform the Police in cases of actual FGM or an intention to undertake FGM. This can be undertaken by ringing the Police on 101 or 999 if the risk is imminent. A simultaneous referral to Children’s Social Care must also be completed.

If an adult female has previously undergone FGM and that individual is either pregnant or there are female children in the family home the risk to these children (or unborn) should be considered and a referral to Children’s Social Care completed.

1. **Forced Marriage**

Forced marriage is illegal in Britain and should a professional be aware that this has taken place for a young person or there is planning for such this must also be referred to the Police.

1. **Think Family Agenda**

The Think Family Agenda is a reminder to professionals to consider children in a family when confronted by concerning adult behaviour that could have a detrimental effect on a child. In particular, where parents or carers have mental health difficulties, abuse alcohol and/or other substances, or a combination of these and domestic abuse, sometimes referred as The Toxic Trio.

1. **Private Fostering**

Private Fostering takes place when a child who is aged 16 or under (18 years if disabled) is cared for by an adult who is not a family member through a private arrangement between the parent and carer for a period of 28 days or more. This is different from children who are in the care of the Local Authority.

If a member of staff becomes aware of a child who is privately fostered, they have a duty to inform the Local Authority to ensure arrangements can be made to provide the appropriate care and support to the child and their carer – this includes the placement of language students from overseas. You should let the carer know you are informing the Local Authority, but not if it places the child at risk. Seek advice from the Safeguarding Children Team of your local authority if you are unsure.

1. **In the event of receiving a report of abuse, alleged abuse or witnessing an event**

This section covers the following:

* Reporting concerns
* When to or not to share information with parents and carers
* Record keeping
* LADO (Local Authority Designated Officer) for allegations against professional staff
* Escalation if needed

Report concerns to the safeguarding Lead GP or to the deputy lead but remember that any individual can report concerns about children at risk from abuse to Children’s Social Care.

Best practice is that the parent/carer of the child is informed of the concerns and the referral. However, if doing so places the child at greater risk, this sharing of information with the parent / carer should not take place. This particulary includes concerns around possible Fabricated and Induced Illness (FII), which was previously known as Munchausen’s By Proxy.

All concerns and actions undertaken must be recorded fully in the client records. All follow up information including failure to attend appointments and phone calls must also be recorded in the records. Family members linked with the child should also have a note placed on their patient records highlighting the concerns.

If the concerns are about the actions of another professional a referral to Children’s Social Care must take place being clear that the referral will need Local Authority Designated Officer ( LADO) input (See [South West Child Protection Procedures](https://www.proceduresonline.com/swcpp/) for local details) The LADO will undertake an investigation. The local NHS England safeguarding professional must also be notified.

If following a referral to Children’s Social Care, the referring professional is not happy with the outcome; the appropriate Safeguarding Board/Partnership Resolution Protocol must be used to highlight the concerns to a higher level of management. If the referring professionals feel that following the outcome decision of the referral is not enabling the child to remain safe it is the responsibility of that professional to escalate this further directly with the Local Authority Safeguarding Manager.

All concerns and contacts regarding the safeguarding of children, be this face to face, telephone, email contacts or written reports must be documented in the patient records.

1. **Confidentiality and Information Sharing**

Information on all patients must be kept confidential at all times. However should a child be at risk of significant harm information should be shared in a way that is proportionate and appropriate with Children’s Social Care and/or the Police. There will be times where specific information will be requested by Children’s Social Care, for example in a Section 47 Child protection investigation. Parental consent is not required under Section 47 as the local authority is acting to investigate the allegation and to protect the child. If in any doubt please consult the safeguarding lead or deputy within the practice. If information is requested as part of a Section 17 enquiry, verbal or written consent from the parents/carers is required. Effective interagency working promotes the welfare of children. Professionals must always work in the best interests of a child.

The Caldicott Guardian is responsible for protecting the confidentiality of people's health and care information and making sure it is used properly. The Caldicott Guardian for this practice is Dr Matt Owen.

Clinical information will also be requested for the following investigations:

1. Sudden unexpected death of a child as part of the statutory Child Death Review process.
2. Serious injury resulting from non-accidental injury or unexplained injuries.
3. As part of a Rapid Review (Multi-Agency) to consider whether a subsequent Safeguarding Practice Review (Previously Serious Case Review SCR) should take place (Working Together to Safeguard Children 2018)

Requests for court reports should be received in a written format with an explanation as to the details and dates that are required. Court reports should be checked by the safeguarding lead of the practice.

For further information please read: [Information Sharing:Advice for Practitioners providing safeguarding services to children, young people, parents and carers July 2018](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf)

1. **Record keeping**

All safeguarding information must be recorded within the child’s clinical records and linked with relevant family members, they should be contemporaneous. Records need to be flagged with the appropriate read code; this will highlight the safeguarding concern to all members of staff including Locum staff.

**For further substantial guidance see the GP toolkit. In particular, tool 6b record keeping, identification, coding, flagging and risk assessment of vulnerable children and families.**

1. **Safer Recruitment**

All new staff need to have undergone a check prior to commencement of employment with the [Disclosure and Barring Service](https://www.nhsemployers.org/your-workforce/recruit/employment-checks/faqs/criminal-record-and-barring-checks-including-dbs-process-eligibility-and-duties-to-refer-to-the-dbs). [Further information](https://www.gov.uk/disclosure-barring-service-check/overview) is available.

**15. Safeguarding** **Supervision**

Health professionals for whom Safeguarding is their major activity are required to attend safeguarding supervision. For GPs and Practice Staff this is more likely to take place in the format of discussing specific cases with the surgery GP safeguarding lead, colleagues, Designated and Named professionals within the NHS, in Multi-Disciplinary team meetings and the Primary Care Safeguarding Nurses. There is also the availability to access a consultation line through the Local Authority child protection referral routes i.e. MASH and the Plymouth Gateway and Multi-agency Hub.

Any discussion should be documented in the patient records to provide evidence of the discussion or advice that has been sought.

**16. Referral details to Children Social Care**

Devon Multi Agency Safeguarding Hub – MASH

mashsecure@devon.gcsx.gov.uk 0345 155 1071

Out of Hours emergency duty team: 0845 6000 388

Torbay MASH

Torbay.safeguardinghub@torbay.gov.uk 01803 208100

Out of Hours emergency duty team: 0300 456 4876

Plymouth Children’s Gateway

gateway@plymouth.gov.uk 01752 668000

Out of Hours emergency Duty Team: 01752 346984

**17. MARAC referrals**

A Multi Agency Risk Assessment Conferences (MARAC) is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, [**Child Protection**](http://trixresources.proceduresonline.com/nat_key/keywords/child_protection.html), housing practitioners, [**Independent Domestic Violence Advisors (IDVAs)**](http://trixresources.proceduresonline.com/nat_key/keywords/ind_dom_adv.html) and other specialists from the statutory and voluntary sectors.

[Devon](https://www.devon.gov.uk/dsva/information-for-professionals/marac/) has 4 MARACS. Torbay and Plymouth hold separate MARACs. It is possible information may need to be shared by primary care or to primary care.

For further information on MARAC Guidelines visit [www.caada.org.uk](http://www.caada.org.uk)

**18. Safeguarding Children Training**

Level 1 - is for all staff working in health care settings. This will enable staff to know what to look for which may indicate possible harm and who to contact and seek advice from if they have concerns.

Level 2 – is for all non-clinical staff and clinical staff who have contact with children, young people and/or parents and carers. This will include admin and reception staff, phlebotomists, adult physicians and nurses working in adult care

Level 3 – is for all GPs, Nurse Practitioners and Practice Nurses.

“*The effectiveness of training programmes and learning opportunities should be regularly monitored. This can be done through evaluation forms, staff appraisals, eLearning tests (following training and at regular intervals), and auditing implementation, as well as staff knowledge and understand.*

*Staff should receive refresher training every three years as a minimum and training should be linked to specific roles*.” (Intercollegiate document 2019)

For further details please read the[Intercollegiate Document](https://www.google.com/search?q=intercollegiate+document+safeguarding+2019&sourceid=ie7&rls=com.microsoft:en-GB:IE-SearchBox&ie=&oe=):Safeguarding Children and Young People: Roles and Competencies for Healthcare **Staff 2019**

**19. Bibliography**

[GP Toolkit](https://www.rcgp.org.uk/clinical-and-research/safeguarding/child-safeguarding-toolkit.aspx)

Safeguarding Policy. NHS England 2015 [www.england.nhs.uk](http://www.england.nhs.uk)

[Working Together To Safeguard Children 2018.](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf)

HM Government Mandatory Reporting of FGM: procedural information. 2015

[FGM:Mandatory Reporting in Healthcare](https://www.gov.uk/government/publications/fgm-mandatory-reporting-in-healthcare)

The Victoria Climbié Inquiry 2003. (The Laming Report) [www.gov.uk/victoriaclimbie](http://www.gov.uk/victoriaclimbie)

[Intercollegiate Document](https://www.google.com/search?q=intercollegiate+document+safeguarding+2019&sourceid=ie7&rls=com.microsoft:en-GB:IE-SearchBox&ie=&oe=):Safeguarding Children and Young People: Roles and Competencies for HealthcareStaff 2019

Every Child Matters (DfES 2005) [www.education.gov.uk/EveryChildMatters](http://www.education.gov.uk/EveryChildMatters)

**20. Useful Resources**

GP Toolkit [www.rcgp.org.uk](https://www.rcgp.org.uk/clinical-and-research/safeguarding/child-safeguarding-toolkit.aspx)

 Torbay safeguarding Children board <http://torbaysafeguarding.org.uk/workers/>

 Plymouth Safeguarding Children Board [www.plymouthscb.org.uk](http://www.plymouthscb.org.uk)

What to do if you’re worried a child is being abused (DfE 2015) [www.gov.uk](http://www.gov.uk)

When to suspect child maltreatment overview (NICE guidelines CG89 2016) [www.nice.org.uk](http://www.nice.org.uk)

South West Procedures <http://www.online-procedures.co.uk/swcpp/>

[Multi-Agency practice guideline: female genital mutilation. HM Government 2014](https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation)

[FGM: mandatory reporting in healthcare](https://www.gov.uk/government/publications/fgm-mandatory-reporting-in-healthcare)

[Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework](http://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf) (2015)

**APPENDIX 2**

**Safeguarding Adult Policy Template
for
General Practice**

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| --- | --- |
| Name of Practice | Wallingbrook Health Centre |
| Date Approved: | February 2014 |
| Version: | 12 |
| Revision Date: | 03/03/2020 |
| Accountable GP: | Lead: Dr Deepun Gosrani and Dr Matt Owen  |

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1. **Introduction**

This template is guided by NHS England Safeguarding Policy (September 2015)

The introduction of The Care Act 2014provides a clear legal framework for how health agencies work in partnership with other public services to protect adults at risk, placing Adult Safeguarding on the same statutory footing as safeguarding children.

Safeguarding means protecting a person’s right to live in safety, free from abuse and neglect. As commissioners we must demonstrate the aims of adult safeguarding:

* To prevent harm and reduce the risk of abuse or neglect to adults with care and support need.
* To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives.
* To promote an outcomes approach in safeguarding that works for people resulting in the best experience possible.
* To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.

In discharging these statutory duties/responsibilities account must be taken of:

* Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (NHS England 2015)
* The Care Act 2014 (DOH 2014)
* Data Protection Act 2018
* The Government reforms put patients and the quality of their care at the heart of the NHS.
* Regulation 5*:* Fit and proper persons: directors and Regulation 20:
* Duty of Candor Guidance for NHS bodies (Care Quality Commission, November 2014)

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1. **What is Adult Safeguarding?**

**Safeguarding is Everyone’s Business**

An adult is someone aged 18 or over who is, or maybe, in need of community care services because of mental or other disability, age or illness, and is unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

Abuse includes any mistreatment, exploitation or neglect.

Safeguarding adults at risk of abuse or neglect depends on people understanding and doing the following things:

* Being aware of the risks of abuse and neglect that adults can face
* Knowing what help is available
* Understanding their responsibilities
* Working together to report and investigate concerns
* Working together to prevent abuse and neglect

Safeguarding encompasses the following core elements:

* Prevention of harm and abuse through provision of high quality care
* Effective responses to allegations of harm and abuse, responses that are in line with local multi agency procedures
* Using learning to improve service to patients

Types of adult abuse

* Physical abuse
* Emotional abuse
* Sexual abuse
* Neglect and acts of omission
* Financial abuse
* Discriminatory abuse
* Organisational abuse
* Domestic Abuse
* Self-Neglect
* Modern Day Slavery

If you are concerned that an adult is being abused or neglected you must respond.

Safeguarding adult alerts should be made to the Local Authority.

1. Our Commitment

Wallingbrook Health Grouphas a duty outlined in legislation to make arrangements to safeguard and promote the welfare of adults at risk of harm or abuse and also to cooperate with other agencies to protect individuals from harm and abuse. Safeguarding is core business and should not be seen as an additional component to practice.

The United Nations Convention on Human rights states four articles that relate to adult safeguarding. These are:

* The right to Life
* The right not to be tortured or treated in an inhuman or degrading way
* The right to Liberty
* The right to respect for private and family life, home and correspondence.

These identify the requirements that adults live in a safe environment, are protected from harm and enjoy personal freedom and privacy.

The Care Act 2014 states that health organisations now have a statutory duty to cooperate with Social Services in safeguarding individuals.

The Equality Act 2010 provides protection directly and indirectly for people under the following characteristics:

* Disability
* Gender reassignment
* Pregnancy and maternity
* Race
* Religion
* Sex
* Sexual orientation
* Age

Safeguarding our patients should always include consideration of children and young people. ‘Think Family’ entails a cross generational approach to safeguarding, recognising that adults may be parents or carers, cared for by children or young people or represent a danger to children.

1. **Scope and Purpose of the Policy**

The Policy is specifically designed to provide guidance to the staff and a contractor of medical services commissioned from Wallingbrook Health Group and applies to everyone.

*This policy sets out the key principles that all staff and workers working in the NHS should comply with safeguarding adult’s risk of harm or abuse. It is a shared responsibility with the need for effective joint working between agencies and professionals that have different roles and expertise.*

NHS England safeguarding policy 2015

All staff employed by or contracted to Wallingbrook Health Group have a responsibility for safeguarding and promoting the welfare and safety of adults at risk in contact with their services.

Wallingbrook Health Group acknowledges that adults have a right to take risks where they have the capacity to make an informed decision. The organisation also acknowledges that it is every adult’s human right to live free from harm, abuse and neglect.

Wallingbrook Health Group will ensure that:

* All staff are aware of their responsibility to make sure adults are not at risk of harm
* All staff have access to safeguarding training
* All staff are aware of the surgery safeguarding adult policy and are aware of their responsibilities in safeguarding adults at risk.
* The organisation practices safe recruitment polices in line with the Disclosure and Barring Scheme.
* All staff should discuss concerns with the Wallingbrook Health Group GP Safeguarding Lead.
1. **Safeguarding Principles**

Adults have the right to be protected from abuse and neglect, following the principles of the Care Act, 2014; Making Safeguarding Personal ensures vulnerable adults must be supported to maintain choice and control over the decisions that affect their lives and to be involved to the extent that they are able. In implementing this policy and to safeguard the basic human rights of individuals in our society, we have agreed the following principles:

|  |  |
| --- | --- |
| **Safeguarding Adults Principles** | **Application within Health Commissioning** |
| Principle 1 |  **Empowerment** – presumption of person led decisions and consent | Patients need to be in control of their care and involved in all aspects to the extent they are able. This includes involving people in how services related to Safeguarding adults are designed and delivered as well as involvement in their own care planning. |
| Principle 2 |  **Protection**- Support and  Representation for those in greatest  need |  Positive obligation to take additional measures for patients who may be ‘adults at risk’ who may not have their voice heard or be unable to protect themselves. |
| Principle 3 |  **Prevention -** It is better to take action before harm occurs |  Planning and procuring services that deliver personalised care that reduces the likelihood of neglect and abuse occurring. |
| Principle 4 |  **Proportionality**. Proportionality and least intrusive response appropriate to the risk presented |  Efficient and proportionate responses to risks whether this relates to individual patient care or whole service provision. |
| Principle 5 |  **Partnerships**. Local solutions  Through services working with their  communities | Integrated and cohesive partnerships at all levels of the organisation focused at improving outcomes for patients in the most vulnerable situations, for example: Health and Wellbeing Boards; Local Safeguarding Adults & Children’s Boards; Community Safety Partnerships; Quality Surveillance Groups |
| Principle 6 | **Accountability**. Accountability andtransparency in delivering safeguarding | Require openness and transparency to patients in how concerns are managed in line with ‘Being Open’ Managing allegations of abuse and neglect in services (including those identified as serious incidents) through inter-agency procedures. Providing assurance on the effectiveness of safeguarding arrangements to patients; public and Local Safeguarding Adults Board |

1. **Roles and Responsibilities**

**All Staff are responsible for:**

* Discussing any concern about the health and well-being of an adult at risk with their line manager/ surgery Safeguarding Lead.
* Be aware of Wallingbrook Health Group safeguarding policy.
* Contributing to actions required including information sharing and attending meetings.
* Working collaboratively with other agencies to safeguard and protect the health and well-being of people who use services.
* Remaining alert at all times to the possibility of abuse.
* Recognising the impact of diversity, beliefs & values of people.
1. **Managing Risks Associated with Safeguarding Adults**

**Confidentiality and Information Sharing**

Wallingbrook Health Group recognises that when it is in the public interest the law permits the disclosure of confidential information in order to safeguard an adult at risk

Confidential information about an adult at risk should never be used casually in conversation or shared with any person other than on a “need to know basis”.

There are some circumstances when employees may be expected to share information about an adult at risk, for example when abuse is alleged or suspected. In such cases individuals have a duty to pass information on without delay in line with Local Adult Safeguarding Board procedures. Employees must document when, with whom and for what purpose information was shared.

The main restrictions within the legal framework to disclosure are:

* Common law duty of confidence
* Human Rights Act 1998
* Data Protection Act 2018
* GDPR 2018

Disclosure should be justified in each case and guidance should be sought from the adult safeguarding lead in cases of uncertainty.

In some circumstances the sharing of confidential information without consent would normally be justified in the public interest. These circumstances would be:

* When there is evidence that the adult at risk is suffering or is at risk of suffering significant harm
* Where there is justifiable cause to believe that an adult at risk may be suffering or at risk of significant harm
* To prevent significant harm arising to the adult at risk including through the prevention, detection and prosecution of serious crime likely to cause significant harm to the adult at risk.

Information could also be shared without consent in the following circumstances:

* If the adult at risk is at greater risk
* If you or another health care professional is at risk
* If it would alert the perpetrator (in cases of sexual abuse or fabricated illness)
* If specific forensic evidence is needed

At all times the safety and wellbeing of the adult at risk is paramount when considering the likely outcome of sharing or not sharing information.

Reasons for decisions to share, or not share must be recorded. All decisions require professional, informed judgment. If in doubt this should be discussed with the Safeguarding Lead.

The multi-agency information sharing protocol must be adhered to in ensuring appropriate safeguarding information is shared.

1. **Reporting a Safeguarding Adult Concern**

If a member of staff has concerns of an adult at risk of harm or abuse they should notify the Wallingbrook Health Group GP Safeguarding Lead or deputy. The safeguarding lead will liaise with the Local Authority for the area within which the person resides. If there is concerns around a criminal act the police will be informed. All observations, discussions decisions will be documented contemporaneously in the patient records.

If there is an imminent risk of serious harm inform the Police. In an emergency, ring 999. In a non-emergency, ring 101.

**Do you suspect an adult is at risk is being abused?**

**Are they in immediate physical danger?**

**NO**

**YES?**

**Ring 999**

**Ensure immediate safety**

**Inform your practice manager/safeguarding lead GP**

**And**

**Raise a Concern**

**Devon County Council: 0845 1551 007**

**Plymouth City Council: 01752 668000**

**Torbay Council: 01803 219700**

1. **Allegations against Staff**

The Wallingbrook Health Group has the following staff allegation policy.

**3.15 Whistleblowing**

# Whistle blowing is defined as "The disclosure by a staff member of confidential information which relates to some danger, fraud or other illegal or unethical conduct connected with the workplace, be it of the employer or of a fellow employee(s). These are disclosures of information which the staff member reasonably believes are made in the public interest."

**Applicability**

The Policy applies to all employees and also applies to other people who work at the Group e.g. self-employed staff, temporary staff and contractors.

The Group has a duty to conduct its affairs in a responsible way

The Group encourages openness, freedom of speech and the voicing of concerns as a contribution towards maintaining and enhancing quality and ensuring high standards of governance and accountability

The Group wishes to encourage and enable employees to raise genuine and legitimate concerns internally, confidentially, and without being subject to disciplinary action or any other detriment

The Group wishes to provide an opportunity for those concerns to be investigated and for appropriate action to be taken to ensure that the matter is resolved effectively within the Group wherever possible

The Group wishes to enable employees to raise concerns with appropriate outside bodies in the event that the concerns are not dealt with satisfactorily internally

**Examples of serious concerns covered by the policy**

* An offence under, or breach of, any statutory instrument or legal obligation.
* Fraud, financial irregularity, dishonesty
* MalGroup, corruption, bribery
* Unethical conduct
* Medical or prescribing errors
* Breach of confidentiality
* Miscarriage of justice
* Danger to the health or safety of any individual or the environment
* The deliberate concealing of information about any such matter

**Procedure**

If you identify a matter of serious concern, you should in the first instance notify the Practice Manager in writing. Where the concern involves the Practice Manager directly the matter should be raised in writing to the Executive Partner .

The Practice Manager/Executive Partner will investigate the matter promptly and inform you of the findings in writing, and a copy will be sent to the member of staff who is the subject of the allegation

Where the report relates to the Group’s potential liability or responsibilities arising under the Corporate Manslaughter and Corporate Homicide Act 2007 (also see Resources below) the matter should be raised as above in the first instance, however where the employee considers that this route is inappropriate the disclosure may be made to an external “prescribed body” dependent on the nature of the disclosure. The ability to disclose to an external body applies to both the above Act, and to whistle blowing in general, outside the scope of that Act.

If appropriate, Group’s Disciplinary Procedure will be invoked to discipline the offender

Where there is evidence of criminal activity, the Police will be informed

If you are dissatisfied with the outcome of the investigation you may notify the local Primary Care Organisation, or other relevant outside body such as the Health and Safety Executive or HM Revenue and Customs, depending on the nature of the matter

Any victimisation of an employee who raises a concern, or any attempts to deter him/her from raising a legitimate concern, will be regarded as a serious disciplinary offence

The raising of false or malicious concerns or complaints will be regarded as a disciplinary offence

Whistleblowers are protected by law from detrimental treatment resulting from their disclosure.

1. **Responding to a Local Authority Request to Undertake an Enquiry**

Wallingbrook Health Group staff have a duty to cooperate with safeguarding enquiries and share relevant information in line with the Care Act 2014.

1. **Safeguarding Adults Assurance**
2. **Training**

It is the duty of Wallingbrook Health Group to ensure that all staff has access to the appropriate safeguarding training and development, learning opportunities and support to facilitate understanding of the aspects of adult welfare and information sharing. Levels of competence

**Level 1:** all staff working in a health care organisation

**Level 2:** All staff that has regular contact with patients, their families or carers or the public. This is a minimum level of competence for all professionally qualified health care staff.

**Level 3:** Registered health care staff who engage with assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concern. (Safeguarding Adults: Roles and competences for health care staff)– Intercollegiate 2018. <https://www.rcn.org.uk/professional-development/publications/pub-007069>

1. **Prevent**

Prevent is part of the Government’s Counter-Terrorism Strategy (2011) CONTEST, and [Revised Guidance (2017](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance__England_Wales_V2-Interactive.pdf)) which is led by the Home Office. The health sector has a non-enforcement approach to Prevent and focuses on support for vulnerable individuals and healthcare organisations in helping stop them from becoming terrorists or supporting terrorism.

CONTEST also includes the following elements in addition to Prevent:

* Pursue: to stop terrorist attacks.
* Protect: to strengthen our protection against a terrorist attack.
* Prepare: to mitigate the impact of a terrorist attack.

“Channel” forms a key part of the National Prevent Strategy. This is a multi-agency process to identify and provide support to individuals who are at risk of being drawn into terrorism

Refer to Devon and Cornwall Police on 101 or 999 if an emergency

Email: Prevent@devonandcornwall.pnn.police.uk

1. **County Lines**

County lines is the term used to describe urban gangs supplying drugs to other parts of

the UK using dedicated mobile phone lines. The gangs are likely to exploit children and adults at risk in order to move and store drugs and money. To do this they will often use coercion, intimidation, violence and weapons.

The deal line is often treated as a ‘brand’ for the gangs who generally focus on supplying Class A drugs like heroin or crack cocaine.

An operating base is an essential feature of county lines gangs. They will regularly exploit vulnerable people, by building up a debt or using threats and violence in order to take over a person’s home. This practice is commonly referred to as ‘cuckooing’. Cuckooing is when someone you don’t know takes over a person’s home and uses it as a place to sell, supply or store drugs.

These people may invite other people to stay in the home without asking them, or they may bully and threaten the person to leave their home.

If you have concerns, contact:

* 999 if a person is at immediate danger
* Referral - <https://www.devon-cornwall.police.uk/contact/contact-forms/report-something/>
* Police on 101
1. **Female Genital Mutilation (FGM)**

FGM is illegal in Britain. It is prevalent in 28 African countries and parts of the Middle East. It is estimated that 103,000 women aged 15-49 and 24,000women over 50 who have migrated to England and Wales are living with the consequences of FGM.

The role of the NHS and that of Wallingbrook Health Group is to:

* Prevent FGM
* Protect girls at risk of FGM
* Support women living with the damaging effects of FGM.

NHS organisations have a responsibility to report FGM to the Department of Health

(see <http://www.nhs.uk/NHSEngland/AboutNHSservices/sexual-health-services/Pages/fgm-for-professionals.aspx> )

Any girl born to a woman who has been subjected to FGM must be considered to be at risk. This would require a referral to Children’s Social Care.

A question about FGM should be asked as part of the routine patient history for girls and women from FGM practicing communities

1. **Human Trafficking and Modern Day Slavery**

Modern day Slavery is regarded as a national threat by the Home Office due to the threat this poses to society, the Modern Slavery Act came into force in August 2015. Worldwide there are 35.8 million victims of slavery therefore there are more slaves today that there were in William Wilberforce’s time. Women make up 71% of the world’s slaves and we have an estimated 13,000 slaves in Britain (in 2013), this means that around 9,000 are women. 3,000 people are trafficked around the world in a single day and there is a new victim every 30 seconds. Devon will not be immune.

The key components of Modern day Slavery are:

* Child Sexual Abuse (up to the age of 18 years)
* Adult Sexual Exploitation
* Forced Labour
* Domestic Servitude

If you are concerned that an individual is at risk of trafficking and modern day slavery, contact.. If you have immediate concerns ring the police on 999.

<https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms>

For concerns regarding children and young people up to the age of 18 years refer to Children’s Social Care.

1. **Self-Neglect**

Self-neglect is when a person being unable, or unwilling, to care for their own essential needs. It can cover a wide range of behaviour including neglecting personal hygiene, health or surroundings, refusal of necessary support and obsessive hoarding. This type of behaviour has serious implications for the health and wellbeing of the person concerned and for the people who care for and support them.

A failure to engage with adults who are not looking after themselves (whether they have mental capacity or not) may have serious implications for, and a profoundly detrimental effect on, an adult’s health and wellbeing. It can also impact on the adult’s family and local community.

<https://www.devonsafeguardingadultspartnership.org.uk/abuse/self-neglect/>

<https://www.torbayandsouthdevon.nhs.uk/uploads/tsab-adult-self-neglect-best-practice-guidance.pdf>

<https://plysab.proceduresonline.com/chapters/p_risk_man_self.html>

1. **Was Not Brought (WNB)**

Was not brought (WNB) or did not attend (DNA) is used when adults do not attend their health appointments. Consideration should be given to those adults who have health and support needs and may require the support of others to attend their health appointments. Further exploration and escalation is required when adults are not engaging with health appointments.

1. **Mental Capacity Act and Deprivation of Liberty Safeguards (MCA & DoLS)**

The five guiding principles of the 2005 Mental Capacity Act are:

1. Presume capacity
2. Do all you can to support decision making
3. Do not conclude someone lacks capacity because they make an unwise decision
4. If a person lacks capacity for a decision you must act in their best interests and
5. You must aim to choose the less restrictive option.

You need evidence that the person has an impairment or disturbance in the functioning of mind or brain, if there is impairment they must be unable to satisfy the next part of the test.

Can the person:

* Understand the information relevant to the decision
* Retain the information long enough to make a decision
* Use and weigh the information to make a decision
* Communicate their decision by any means

Best Interests Decision Making applies only when someone lacks mental capacity.

* Do not discriminate
* Does the decision need to be made now? Might the person regain capacity?
* Consult with others, including family and friends, other professionals and care providers
* Take into account the persons values and beliefs
* Involve the person in the decision
* Balance benefits and disadvantages, avoid risk averse approaches
* Is there a Last Power of Attorney on medical care?
* If there is no family or friends involve an IMCA
* Best interests decisions must be recorded in the patient records and justify the least restrictive approach in the person’s best interests.

The GP Mental capacity toolkit can be found on: <http://www.rcgp.org.uk/clinical-and-research/clinical-resources/~/media/Files/CIRC/CIRC-76-80/CIRC-Mental-Capacity-Act-Toolkit-2011.ashx>

Deprivation of Liberty safeguards (DoLs) protect adults at risk in hospitals or care homes who lacks the mental capacity to consent to the arrangements for their care.

1. **Definitions**

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| Term | **Definition** |
| Abuse | Abuse is a violation of an individual’s human and civil rights by any other person or persons. Abuse may be physical, sexual or it may be neglect. It may be beneficial or psychological or discriminatory. It may be domestic violence or institutional abuse. Sometimes it may be unintentional abuse, where someone thinks that they are trying to help but in the wrong way. Abuse concerns the misuse of power, control and/or authority and can manifest itself as:Domestic violence, sexual assault or sexual harassment.Physical neglect/ Acts of omission discrimination and oppression. Institutional abuse. Financial abuseEmotional/ psychological many situations will involve a combination of different kinds of abuse. |
| Adult SafeguardingBoard | Is a multi- agency partnership of public, private and voluntary sector organisations which aim to safeguard all adults at risk. Adult safeguarding Boards are a legal requirement as outlined in The Care Act 2014 |
| Allegation | An allegation of abuse is where a person or agency states that a person or persons is or are at risk of being abused. |
| Alerter or referrer | The person who initially raises concern about the abuse. This person may need to act in the immediate aftermath of an incident, disclosure or allegation. |
| Care QualityCommission | The Care Quality Commission is the independent regulator of health and social care in England. The Commission regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations. |
| Concern of Abuse | The concern of abuse is where a person or agency suspects that a person or persons is or are at risk being abused, but they are not certain in their concern and they may or may not know who is doing the abusing. |
| Disclosure | A disclosure of abuse is where a person or persons state(s) that they are being abused or have been abused. |
| Domestic Violence | Domestic violence is any threatening behavior, violence or abuse between adults who are or have been in a relationship, or between family members. It can affect anybody, regardless of their gender or sexuality. The violence can be psychological, physical, sexual or emotional and can include 'honour-based violence', female genital mutilation and forced marriage. |

1. **Adult Safeguarding Local Contacts**

|  |  |
| --- | --- |
| **Plymouth Adult Social Care** **Devon Social Services – Care Direct****Devon Out of Hours****Torbay and South Devon NHS Foundation Trust** | **01752 668000****0845 155 1007****0845 6000 388****01803 219700** |

**22. Associated Practice Policies**

Whistle Blowing

Mental capacity Act and Deprivation of Liberty Standards

**23. Supporting Documents**

The Care Act 2014 - <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets>

The Mental Capacity Act 2005 - <http://www.legislation.gov.uk/ukpga/2005/9/contents>

The Mental Capacity Act Code of Practice - <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

The Mental Capacity Act 2005 Deprivation of Liberty safeguards -

<https://www.gov.uk/government/publications/mental-capacity-act-deprivation-of-liberty-safeguards>

RCGP Mental Capacity Act toolkit - <http://www.rcgp.org.uk/~/media/Files/CIRC/CIRC-76-80/CIRC-Mental-Capacity-Act-Toolkit-2011.ashx>

NHS England Safeguarding Policy - <https://www.england.nhs.uk/publication/safeguarding-policy/>

Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework - <https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf>

Safeguarding Adults: Roles and competences for health care staff - intercollegiate document. <https://www.rcn.org.uk/professional-development/publications/pub-007069>

Safeguarding Adults at Risk of Harm Toolkit - <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/safeguarding-adults-at-risk-of-harm-toolkit.aspx>