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Safeguarding Policy

Document Control

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Safeguarding Policy

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1 Introduction

1.1 Policy statement

The purpose of this document is to set out the requirements for Total Health West Berks to take the appropriate actions for safeguarding children, young people, and adults at risk of harm or abuse. Total Health West Berks adopts a zero-tolerance approach to abuse, ensuring that there are robust procedures in place for the effective management of any safeguarding matters raised.

Although Total Health West Berks is not an NHS organisation, this policy should be read in conjunction with the following GP Mythbusters:

- GP Mythbuster 25: Safeguarding adults at risk
- GP Mythbuster 33: Safeguarding children
- GP Mythbuster 80: Female genital mutilation (FGM)

1.2 Status

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

1.3 KLOE

The Care Quality Commission would expect any care organisation to have a policy to support this process and this should be used as evidence of compliance against CQC Key Lines of Enquiry (KLOE).

Specifically, Total Health West Berks will need to answer the CQC key questions on “Safe”.

The following is the CQC definition of Safe:
By safe, we mean people are protected from abuse and avoidable harm. *Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse*.

CQC KLOE S1	How do systems, processes and practices keep people safe and safeguarded from abuse?
CQC KLOE S3	Are there reliable systems, processes, and practices in place to keep people safe and safeguarded from abuse?

1.4 Training and support

Total Health West Berks will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

2 Scope

2.1 Who it applies to

This document applies to all who work at Total Health West Berks and other individuals performing functions in relation to Total Health West Berks.

2.2 Why and how it applies to them

This document details the requirements of staff, both individually and collectively, to comply with extant legislation and, **although Total Health West Berks is not an NHS organisation, it is to be read in conjunction with associated NHS England safeguarding documentation and guidance**.

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Total Health West Berks aims to design and implement policies and procedures that meet the diverse needs of our patients and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the with the Equality Act 2010. Consideration has been given to the impact this policy might have to the individual protected characteristics of those to whom it applies.

Total Health West Berks is required to satisfy the Care Quality Commission that it meets the necessary standards for safeguarding vulnerable adults and children.

When attending providers or locations, CQC inspectors will follow the CQC Inspector's Handbook - Safeguarding (2018). Full consideration and guidance to this handbook is at Chapter 5.

2.3 Merits of a joint safeguarding policy for both adults and children

This document has been purposefully compiled as a joint safeguarding policy for adults and children. Feedback from the CQC, safeguarding leads, and organisations has been varied and some have stated that they require a separate policy whilst others prefer a joint policy.

As this feedback has been so contradictory, for ease, throughout the document, in the heading for the section it clearly states whether this refers to a child or an adult. Where there is no such indication, this means it is generic and refers to both.

Having sections labelled thus will ensure that it will be easier to segregate as required.

3 Definition of terms

3.1 Safeguarding

Safeguarding means protecting people's health, wellbeing, and human rights, and enabling them to live free from harm, abuse and neglect. It is fundamental to high-quality health and social care.[1]

3.2 Physical abuse (children)

Physical abuse can involve any of the following: burning or scalding, drowning, suffocating, hitting, shaking, throwing, poisoning or other means of causing physical harm to a child.

3.3 Emotional abuse (children)

Emotional abuse is the constant emotional mistreatment of a child, the intention of which is to cause significant adverse effects on the emotional development of the child. Emotional abuse also includes overprotection and the restriction of a child learning or partaking in normal social interaction.

3.4 Sexual abuse (children)

Sexual abuse is the enticement or forcing of a child/young person to participate in sexual activities. This involves penetration or non-penetrative acts, physical contact, or non-contact activities such as the encouraging of a child or young person to watch sexually inappropriate content.

3.5 Sexual exploitation (children)

Child sexual exploitation (CSE) occurs when an individual takes sexual advantage of a child or young person (anyone under the age of 18) for his or her own benefit.

Power is developed over the child or young person through threats, bribes, violence, and humiliation or by telling the child or young person that he or she is loved by the exploiter. This power is then used to induce the child or young person to take part in sexual activity.[2]

[1] Safeguarding People CQC Definition
[2] NHS E Child Sexual Exploitation

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3.6 Neglect (children)

Neglect is the continued failure to ensure that a child's physical and psychological needs are met, resulting in significant impairment of the development of the child.

Examples of neglect include failing to provide adequate supervision, failing to respond to emotional needs, a lack of protection (from emotional or physical harm), failing to provide clothing, accommodation, and food. Drug and alcohol misuse is a factor in a significant number of children in need and child protection cases.

3.7 Child criminal exploitation (children)

Child criminal exploitation (CCE) occurs when an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears to be consensual. CCE does not always involve physical contact; it can also occur through the use of technology.[3]

3.8 County lines

County lines is a term used to describe gangs, groups or drug networks that supply drugs from urban to suburban areas across the country, including market and coastal towns, using dedicated mobile phone lines or 'deal lines'. It involves exploiting children and vulnerable adults to move drugs and money to and from the urban area and to store the drugs in local markets. It involves intimidation, violence and the use of weapons including knives, corrosives, and firearms.

3.9 Physical abuse (adult)

Physical abuse can involve any of the following: burning, scalding or exposure to extreme temperatures (hot and cold), shaking, hitting, pushing, pinching, inappropriate restraint, inappropriate use of medication, female genital mutilation and deprivation of liberty.

3.10 Emotional abuse (adult)

Emotional abuse is behaviour that has a detrimental effect on the individual's emotional wellbeing and may result in distress, e.g., bullying, verbal abuse, intimidation, isolation, over-protection or a restriction or withdrawal of an individual's human and/or civil rights.

3.11 Sexual abuse (adult)

Sexual abuse includes sexual exploitation, including the involvement of an adult in a sexual activity they have not consented to, the encouragement to watch any form of sexual activity, coercion into any form of sexual activity or the involvement of the adult in such scenarios when they lack the capacity to consent.

3.12 Neglect (adult)

Neglect has two forms; it can be intentional or unintentional and it results in the needs of the individual not being met. Examples of intentional neglect include failure to provide the required level of care, preventing care from being administered, failure to provide access to services such as health and social care, education and other support services.

Unintentional neglect may include a failure to provide the at-risk individual with the necessary level of care as the responsible person (e.g., the carer) fails to understand the needs of the individual.

3.13 Self-neglect (adult)

Self-neglect includes a lack of self-care, a lack of care of one's environment and the refusal of services that would reduce the risk of harm. Self-neglect may occur because the individual is unable to care for or manage themselves, they are unwilling to manage themselves, or both.

[3] Protecting children from criminal exploitation, human trafficking and modern slavery

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3.14 Discriminatory abuse (adult)

Discriminatory abuse occurs when values, beliefs, or culture result in a misuse of power, causing denied opportunities. Motivating factors include age, gender, sexuality, disability, religion, class, culture, language, race or ethnic origin.

3.15 Institutional abuse (adult)

Institutional abuse refers to a lack of respect in a health or care setting which involves routines that meet the needs of staff as opposed to the needs of the individual at risk and violate the individual's dignity and human rights.

3.16 Financial abuse (adult)

Financial abuse is the use of an individual's funds, property, assets, income or other resources without their informed consent or authorisation. This is a crime. Financial abuse includes theft, fraud, exploitation, misuse of benefits or the misappropriation of property, inheritance, or financial transactions.

3.17 Modern slavery (adult)

This includes slavery, human trafficking, servitude and forced labour. Individuals are coerced, deceived, and forced into a life of abusive and inhumane treatment.

Further information and guidance can be found in the Modern Slavery and Human Trafficking Guidance document.

3.18 Forced marriage (adult or child)

A forced marriage became illegal in June 2014 under the Anti-social Behaviour Crime and Policing Act 2014 and it is a form of domestic abuse. It is primarily against women, although not exclusively, and most cases involve females aged between 13 and 30.

Forced marriage is a marriage conducted without the consent of one or both parties or where consent is obtained under duress and is markedly different from an arranged marriage in which the individuals retain free will and have the choice to accept the arrangement.

In forced marriage, perpetrators use physical, sexual, psychological, or financial abuse to pressurise people to marry against their will.

Rubie's story can be heard in this YouTube video clip by the University of Derby.

3.19 Honour-based violence (adult or child)

This term is used to describe violent or threatening behaviour which is committed to protect or defend perceived cultural beliefs or the honour of the family.

Honour-based violence is not acceptable behaviour and is illegal. Some of those that commit this crime mistakenly believe someone has brought shame on their family or community that compromises their traditional beliefs or culture.

Further advice can be found in this YouTube video clip by the charity Karma Nirvana.

3.20 Female genital mutilation

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.[4]

[4] WHO FGM

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4 Policy

4.1 Overview

The safeguarding of children, young people and adults at risk is crucial for care professionals working at Total Health West Berks. It is essential that all staff are continually aware of their responsibilities to detect individuals at risk, provide the necessary support to those affected by safeguarding issues and ensure a high-quality service, including the appropriate sharing of information.

4.2 Organisation statement

Total Health West Berks recognises that all children, young people, and adults at risk have a right to protection from abuse and neglect and Total Health West Berks accepts its responsibility to safeguard the welfare of such persons with whom staff may come into contact.

We will respond quickly and appropriately where information requests are made, abuse is suspected, or allegations are made in relation to children, young people, or adults at risk.

Furthermore, we will give children, young people, their parents, and adults at risk the chance to raise concerns over their own care or the care of others and have in place a system for managing, escalating, and reviewing concerns. We are also able to provide patients with accessible information about what abuse is, how to complain, how to get help, etc.

Total Health West Berks will ensure that all staff are given the appropriate safeguarding training, proportionate to their role, and that they attend annual refresher training. New members of staff will receive safeguarding training as part of their induction programme.

Safeguarding responsibilities will be clearly defined in job descriptions and there are nominated leads for safeguarding adults and children.

4.3 Principles of safeguarding

It is possible that a clinician may be the individual who identifies a child, young person, or adult as being at risk.

It is therefore essential that clinicians act appropriately and in a timely manner to reduce the risk of long-term abuse, in accordance with the six principles of safeguarding:[5]

The six principles of safeguarding		
1	Empowerment	People being supported and encouraged to make their own decisions and informed consent
2	Prevention	It is better to act before harm occurs
3	Proportionality	The least intrusive response appropriate to the risk presented
4	Protection	Support and representation for those in greatest need
5	Partnership	Local solutions through services working collaboratively
6	Accountability	Accountability and transparency in safeguarding practice

Total Health West Berks supports the safeguarding principles by ensuring that:

- there is a safe recruitment procedure in place, including the effective use of the Disclosure Barring Service (DBS),
- clear lines of accountability exist within Total Health West Berks for safeguarding,

[5] Care Act 2014 Six safeguarding principles

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- all staff are aware of the safe whistleblowing process,
- all staff understand the requirement to work in an open and transparent way,
- all patients are treated with dignity and respect regardless of culture, disability, gender, age, language, racial origin, religion, or sexuality,
- all staff adhere to the guidance in this policy and that given in the referenced texts,
- all staff effectively interact with the relevant agencies, sharing information appropriately, and
- all staff who work with children, young people and adults at risk are responsible for their own actions and behaviour and should avoid conduct that may lead another responsible person to question their motivation and/or intentions.

4.4 Preventative Safeguarding

Preventative safeguarding, which is one of the six principles of safeguarding as outlined above, includes a range of actions and measures such as practical help, care, support, and interventions designed to promote the safety, wellbeing, and rights of adults and which reduce the likelihood of, or opportunities for, harm to occur.

Effective preventative safeguarding requires partnership working, that is, individuals, professionals and agencies working together to recognise the potential for, and to prevent, harm. Prevention is therefore the responsibility of a wide range of agencies, organisations, and groups; indeed, it is the responsibility and concern of us all as good citizens and neighbours.

All professionals and service providers across the public, private, statutory, voluntary, community, independent, and faith sectors that come into contact with adults, including those who may be at risk of harm, must be alert to the individual's needs and any risks of harm to which they may be exposed. Prevention will strive towards early intervention to provide additional supports at all levels for adults whose personal characteristics or life circumstances may increase their exposure to harm.

4.5 Mental capacity

The Mental Capacity Act (MCA) 2005[6] offers a framework that details the rights of individuals should capacity be questioned. The principles of the MCA must be adhered to and are applicable to safeguarding.

Should an individual at risk opt to remain in an abusive situation, it is essential that they choose to do so without duress or undue influence and are acutely aware of the risks they may encounter. Should it transpire that the individual has been threatened or coerced, safeguarding interventions must override their decision to ensure that the safety of the individual is protected.

4.6 Deprivation of liberty

In addition to the MCA 2005, Total Health West Berks will determine if a person is deemed to have been deprived of their liberty as detailed in the MCA 2005 Deprivation of Liberty Safeguards, published in 2009.[7]

Where it is suspected that the deprivation is unlawful, Total Health West Berks will report this to the local authority within 48 hours. Additionally, the local authority has the legal power to sanction and issue a Deprivation of Liberty Safeguard Order should it be deemed necessary to restrict the freedom of an individual if it is in their best interest.

[6] Mental Capacity Act 2005
[7] Deprivation of Liberty Safeguards

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4.7 CONTEST and PREVENT

In 2011, the government introduced the PREVENT strategy[8] as part of the counter-terrorism strategy, CONTEST. The purpose of PREVENT is to stop individuals becoming involved in terrorism. This includes violent and non-violent extremism which can create an atmosphere conducive to terrorism.

Channel is a support programme that helps those individuals who are at risk of being drawn into terrorism. Further guidance relating to Channel can be found here: Channel Guidance

It is possible that staff will meet and treat people who are at risk of being drawn into terrorism, including supporting violent or non-violent extremism or being susceptible to radicalisation. If a member of staff suspects that an individual is at risk, they should speak to Total Health West Berks's safeguarding lead. It may be necessary to contact the regional PREVENT coordinator (RPC) for further guidance.

4.8 Responsibilities

Rosemary Piercy is the safeguarding lead and Responsible Manager within Total Health West Berks.

Rosemary Piercy is the PREVENT lead within Total Health West Berks.

5 CQC considerations and expectations

5.1 Overview

The CQC takes its responsibility seriously and plays a vital role in helping to ensure children and adults who use any regulated service are protected by the people and organisations that provide the care service.

Information within this section has been adapted from the CQC Inspector Handbook on Safeguarding.

5.2 CQC safeguarding responsibilities

The primary safeguarding responsibilities of the CQC are:

- ensuring providers have the right systems and processes in place to make sure children and adults are protected from abuse and neglect,
- working with other inspectorates to review how health, education, police and probation services work in partnership to help and protect children, young people and adults from harm,
- holding providers to account and securing improvements by taking enforcement action,
- using intelligent monitoring, where information is collected and analysed about services and responding to identified risks to help keep children and adults safe, and
- working with local partners to share information about safeguarding.

The CQC is not responsible for conducting safeguarding investigations or enquiries as this is for the relevant local authority or the police.

Likewise, the CQC does not routinely attend Safeguarding Adult Boards (SABs) or Local Safeguarding Children's Boards (LSCBs), although they may share information and intelligence to help all safeguarding teams conduct enquiries.

5.3 Total Health West Berks's safeguarding responsibilities

During any inspection, the CQC will expect that all the following fundamental processes are adopted and mature at Total Health West Berks. Failure to meet any of these points may cause unacceptable harm to our client population.

[8] Prevent Duty Guidance

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- Demonstrate the understanding of the definition of both adults and children at risk and the types of abuse they may be subject to.
- Sufficient priority is given to safeguarding and staff take a proactive approach to prevention and early identification.
- Take steps to protect vulnerable adults, children, and young people where there are known risks and to respond appropriately to any signs or allegations of abuse.
- Work effectively with other organisations to implement protection plans and comply with accepted national guidance on staff competencies in line with their role.
- There is an active and appropriate engagement in local safeguarding procedures and effective work with other relevant organisations and incidences of abuse or potential abuse are referred to local authority safeguarding teams.
- Systems, processes, policies, procedures, and training to help ensure children and adults who use services are safeguarded from the risk of or actual abuse and neglect are put in place and operate effectively.
- Any shortcomings found in safeguarding practice in their service to help reduce risks to people who use the service and to learn and apply learning from any safeguarding incident are remedied
- The CQC is notified of safeguarding incidents in accordance with regulations by completion of a statutory notification at the time the abuse is identified. Further information with regard to the requirements where informing CQC is needed, coupled with examples can be sought within both adult and child GP Mythbusters.
- For FGM considerations, organisations are to consider how staff are supported to fulfil the legislative requirements and how to refer women and girls for the subsequent physical and psychological consequences.

Further information can be found within the referenced CQC handbook and regulatory expectations can be sought from:

- GP Mythbuster 25: Safeguarding adults at risk
- GP Mythbuster 33: Safeguarding children

6 Adults' indicators of abuse

The following are indicators of abuse in adults at risk:

6.1 Physical abuse (adult)

Possible indicators for physical abuse may include:

- Unexplained injuries or injuries inconsistent with the person's lifestyle
- Inconsistent history or a changing history
- Bruising, burns, marks, regular injuries
- Unexplained falls
- Changes in behaviour or low self-esteem
- A delay or failure in seeking medical support
- Signs of malnutrition

6.2 Emotional abuse (adult)

Possible indicators of emotional abuse:

- Low self-esteem
- Uncooperative and/or aggressive behaviour
- Resentment, anger, distress
- Insomnia
- False claims to attract unnecessary treatment
- Behavioural changes when in the presence of a particular person

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6.3 Sexual abuse (adult)

Possible indicators of sexual abuse include:

- Bruising to thighs, buttocks, upper arms and marks on the neck
- Torn, soiled or bloodied undergarments
- Genital pain, itching or bleeding
- Difficulty in walking or sitting
- Presence of foreign bodies
- Sexually transmitted diseases
- Pregnancy in women who are unable to consent to sexual intercourse
- Fear of help with personal care
- Reluctance to be alone with a particular person

6.4 Neglect (adult)

Possible indicators of neglect:

- Dirty, unhygienic living space
- Poor personal hygiene
- Pressure sores, ulcers
- Insufficient or inadequate clothing
- Untreated injuries
- Malnutrition
- Failure to engage with social groups
- Failure to bring to booked appointments

6.5 Self-neglect (adult)

Possible indicators of self-neglect:

- Unkempt appearance
- Unable or unwilling to take medication
- Extremely poor personal hygiene
- Lack of essentials (food and/or clothing)
- Hoarding
- Living in unacceptable conditions
- Malnutrition and dehydration

6.6 Discriminatory abuse (adult)

Possible indicators of discriminatory abuse:

- Withdrawn appearance
- Expressions of anger, frustration, anxiety or fear
- Poor support that does not meet the needs of the individual

6.7 Institutional abuse (adult)

Possible indicators of institutional abuse:

- Poor record-keeping and standards of care
- Lack of flexibility, procedures, management and support
- Inadequate staffing levels, recreational and educational activities
- Lack of choice
- Dehydration, hunger, lack of personal clothing and possessions
- Unnecessary exposure during bathing or when using the lavatory
- Lack of confidentiality
- Lack of visitors

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6.8 Financial abuse (adult)

Possible indicators of financial abuse:

- Unexplained withdrawals from accounts
- Lack of available funds
- Missing personal possessions
- Rent arrears and/or eviction notice
- Unnecessary maintenance
- Lack of receipts for financial transactions
- Persons showing an unusual interest in an individual's assets
- Lack of food etc.

6.9 Modern slavery (adult)

Possible indicators of modern slavery:

- Isolation
- Malnutrition
- Unkempt appearance
- Always wearing the same clothes
- Lack of personal possessions
- Unable to prove identity, i.e., lack of documentation
- Signs of physical or emotional abuse

6.10 Forced marriage (adult or child)

This crime remains largely under-reported as many victims are too frightened to come forward for fear of the repercussions on their families. There are many indicators of forced marriage and these can be sought here.

A dedicated Governmental Forced Marriage Unit (FMU) is available and can be emailed at fmu@fcdo.gov.uk.

If telephoning, it is 020 7008 0151, although this is Monday to Friday between 0900 – 1700 only. Outside of these hours it is 020 7008 5000 or, if calling from overseas, dial +44 (0)20 7008 0151.

For further information on forced marriage see here including how to raise Form FL401A: Application for a Forced Marriage Protection Order.

6.11 Honour based violence (adult or child)[9]

Possible indicators of honour-based violence may include:

- Lengthy or repeated absence from school, a decline in their academic performance
- Depression, anxiety, self-harm, substance misuse, suicidal thoughts
- Poor attendance at work or a drop in performance
- Non-attendance at events outside of the normal working environment
- Restrictions on friends
- Disapproval of adopting a different style (or 'western') type of clothing and/or the wearing of make-up

Honour-based violence encompasses a range of offences including murder, rape, assault, abduction, and domestic abuse. Both men and women are at risk.

[9] www.core-derbyshire.com

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6.12 County lines (adult)[10]

Possible indicators of county lines involvement include:

- Becoming more secretive, aggressive, or violent
- Meeting with unfamiliar people
- Persistently going missing from their home or local area
- Leaving home without an explanation or staying out unusually late
- Loss of interest in work and a decline in performance
- Suspicion of physical assault or unexplained injuries
- Using language relating to drug dealing, violence, or gangs
- Carrying a weapon
- Association with a gang
- Becoming isolated from peers and social networks
- Having a friendship or relationship with someone who appears controlling
- Using drugs, especially if their drug use has increased
- Unexplained acquisition of money, drugs or mobile phones

7 Children's indicators of abuse

The following are common presentations in which abuse may be suspected in a child or young person:

7.1 Physical abuse (child)

Possible indicators of physical abuse:

- Bruises, burns, scalds, bite marks, fractures, and other injuries
- Admission by the child or young person
- Unwillingness to change into PE kit at school
- Physical signs and symptoms that could be attributed to any category of abuse and/or are inconsistent with the history given
- An inconsistent history or one that changes over a period of time
- A delay in seeking medical support
- Extreme or worrying behaviour
- Self-harm
- An accumulation of minor incidents, including repeated attendance at A&E
- Repeated attendance of a baby under 12 months of age
- Bruising or injury to a child under 24 months of age

7.2 Emotional abuse (child)

Possible indicators of emotional abuse:

- Overly affectionate towards strangers
- Anxious or showing a lack of confidence or appears clingy
- Inappropriate language or subjects for their age
- Extreme outbursts or very strong emotions
- Showing isolation from parents or carers
- Lack of social skills or have very few friends
- Bed-wetting
- Poor attendance at school
- Insomnia

[10] Devon Safeguarding Adults Partnership – County Lines

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7.3 Sexual abuse (child)

Possible indicators of sexual abuse:

- Avoidance of spending time alone with certain individuals
- Fear or unwillingness to socialise with certain persons
- Use of sexual language or knowing information that would not usually be expected
- Vaginal or anal soreness and/or discharge
- Sexually transmitted infections
- Young girls or girls with learning difficulties or a disability requesting contraception, especially emergency contraception
- Girls under 16 presenting with pregnancy and/or sexually transmitted infections, especially those with learning difficulties, long-term illness or complex needs or disability
- Promiscuity
- Having unexplained physical injuries
- Association with groups of older people or antisocial groups

7.4 Neglect (child)

Possible indicators of neglect:

- Poor appearance and hygiene
- Inadequate clothing
- Hunger or lack of money for school meals
- Untreated nappy rash in infants
- Untreated injuries, conditions, and dental cases
- Recurring illness or infection
- Tiredness
- Evidence of skin sores, rashes, flea bites, scabies, or ringworm
- Left alone at home for prolonged periods
- Living in unsuitable environments, e.g., no heating or hot water
- Caring for others in the home, e.g., siblings
- Failure to bring to appointments (WNB)

7.5 County lines[11]

Possible indicators of county lines involvement include:

- Persistently going missing from school or home and/or being found out of area
- Unexplained acquisition of money, clothes, or mobile phones
- Excessive receipt of texts/phone calls
- Relationships with controlling/older individuals or groups
- Leaving home/care without explanation
- Suspicion of physical assault/unexplained injuries
- Parental concerns
- Carrying weapons
- Significant decline in school results/performance
- Gang association or isolation from peers or social networks
- Self-harm or significant changes in emotional wellbeing

7.6 Unborn child

Pregnancy can create circumstances and influences for both parents which need to be understood by all professionals who come into contact with these families.

[11] County Lines – Child Criminal Exploitation

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These include where:

- Previous children in the family have been removed because they have suffered harm
- Concerns exist regarding the mother's ability to protect
- There are concerns regarding domestic violence and abuse
- A parent or other adult in the household, or regular visitor, has been identified as posing a risk to children
- A child in the household is the subject of a Child Protection Plan
- A sibling has previously been removed from the household either temporarily or by court order
- Either parent is a Looked After Child or are known to children's social care
- Any other concerns exist that the baby may be at risk of significant harm including a parent previously suspected of fabricating or inducing illness in a child or harming a child
- A child aged under 16 and found to be pregnant
- Either or both parents have mental health problems
- Either or both parents have a learning disability
- Either or both parents are under 18 years
- Either or both parents abuse substances, alcohol or drugs
- If the pregnancy is denied or concealed

Greater Manchester Safeguarding Board has developed a toolkit for assessing the safety of the unborn child and this can be found within their procedures manual.

8 Actions to be taken if staff have concerns

8.1 General

Should any member of staff have cause for concern, they are to report these to the Safeguarding Lead. In all instances of safeguarding concerns, the Safeguarding Lead is to be updated to ensure that they can effectively respond to any external interested parties.

8.2 Adult at risk – action to be taken

When it is suspected that an adult at risk is suffering from abuse, staff are to:

- remain focused,
- act in a non-judgemental manner,
- offer support, empathy and remain engaged with the individual,
- reassure the individual throughout the consultation,
- ensure that all information is recorded accurately,
- secure any evidence where possible, and
- ensure that they do not give the adult at risk any promises or press them for further information.

8.3 Child at risk – action to be taken

When it is suspected that a child or young person is suffering from abuse, staff are to:

- remain focused,
- reassure the child, explaining to them that they have done the right thing and they are not to blame,
- offer support, empathy and remain engaged with the child/young person,
- explain what you need to do next,
- ensure that all information is recorded accurately, paying attention to dates and times of events, and
- do not ask leading questions or promise confidentiality.

8.4 Other matters to be considered

Staff must ensure that they stay calm and liaise with the safeguarding lead to make certain the child, young person or adult at risk is offered the most appropriate level of care. Concerns must be discussed immediately, and an action plan devised.

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Staff must understand that there are circumstances where a safeguarding alert may be made without consent, e.g. circumstances involving other at-risk groups or where a crime may have been committed. Disclosing this information is referred to as a public interest disclosure to share information.

8.5 Raising an alert

When it is necessary to raise an alert, a risk assessment should be undertaken to prevent further risk of harm to the child, young person, or adult at risk. The initial assessment should consider:

- whether the individual is still at risk if they return to the place where the abuse is alleged or suspected to have taken place,
- the extent of harm that is likely to occur if the child, young person, or adult at risk encounters the person who is alleged to have caused harm, and
- whether the alleged person still has access to the child, young person, or adult at risk.

Once raised, the alert will be managed by the safeguarding process which may involve liaising with additional support services to ensure the needs of the individual are met and that the risk of further harm is significantly reduced.

The process will detail the actions to be taken to safeguard the individual at risk, ensuring that those involved are aware of the options available and how they can support the individual throughout the process.

8.6 Record-keeping

It is essential that all concerns, discussions, and decisions are recorded in the individual's care record and, if relevant, that all correspondence relating to any safeguarding matters for a child, young person or adult at risk is to be scanned into the individual's electronic care record.

Staff are to ensure that, prior to sharing information, any sensitive third-party information is redacted if necessary.

The safeguarding lead will be able to advise staff accordingly if they have any queries or concerns.

8.7 Sharing of information

The sharing of information is essential in establishing early intervention and the protection of children, young people, and adults at risk. Staff must understand the need to share information, when it should be shared, and how they share the information.

Where possible, consent is to be obtained. However, the safety of the individual is paramount and where concern exists or individuals are deemed to be at risk from significant harm, then this is to be considered as the determining factor and information should be shared. Where doubt exists, Total Health West Berks's safeguarding lead should be approached for advice.

There are seven golden rules to sharing information.[12] They are:

1. Remember that the General Data Protection Regulation (GDPR), the Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be, shared and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from the information governance lead if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

[12] Information sharing advice for practitioners providing safeguarding services to children, young people, parents and carers 2018

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4. Whenever possible, share information with consent and, if possible, respect the wishes of those who do not consent to share confidential information. Under the GDPR and the Data Protection Act 2018, you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and wellbeing: base your information-sharing decisions on considerations of the safety and wellbeing of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion and is shared securely (see principles).
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

8.8 Parental responsibility

It should be noted that each parent has parental responsibility and, as such, anyone with parental responsibility for a child has a right to seek access to that child's medical records. **Parents do not lose parental responsibility if they divorce**. However, this can be restricted by the court.

Parental responsibility is defined in the Children Act 1989 as 'all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to Childcare Act 2006' and is as follows:

- Birth mothers automatically have parental responsibility, as do married fathers. However, in both cases, this can be removed by the court
- When the father is not married to the child's mother, his parental responsibility will depend on when the child was born and those that are named upon on the birth certificate.

  These named fathers automatically have parental responsibility if the child was born on or after:
  - 1 December 2003 in England and Wales
  - 4 May 2006 in Scotland
  - 15 April 2002 in Northern Ireland

- Unmarried fathers who are not named on the birth certificate do not have automatic parental responsibility. However, they can acquire parental responsibility if they obtain a Parental Responsibility Agreement from the child's mother, or a Parental Responsibility Order from the court
- Step-parents and civil partners can acquire parental responsibility in the same way as unmarried fathers
- If a child is adopted, the birth parents will lose parental responsibility for their child, and with any child in care, the representatives of the local authority will have parental responsibility for that child

8.9 External support for victims

There are several organisations that provide specific support. Some of the main national charities include:

- Action for Children
- Citizens Advice
- Crimestoppers
- Justice and Care
- Karma Nirvana
- Mind
- NSPCC
- Rape Crisis
- Refuge
- The Salvation Army
- The Survivors Trust
- Women's Aid

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8.10 Internal Safeguarding Procedure and Flow Chart

The flow chart at Annex A details the actions to be taken and will assist with the above.

9 Other safeguarding related matters

9.1 Confidentiality

There may be, on occasion, a requirement to restrict access to an individual's care record to only certain members of the team. Care must be taken to ensure that the child, young person, or adult at risk does not suffer embarrassment or humiliation.

Staff are reminded that they must not promise to "keep secrets" as there will be a requirement to share the information given by the individual. The Data Protection Act 2018 does not prevent the sharing of safeguarding information.

9.2 Requests for information

At Total Health West Berks, all requests for information which relate to any safeguarding matters are to be directed to the safeguarding lead.

Requests are to be processed within 48 hours and, if this is not possible, the requesting authority is to be contacted and advised why and when they can expect the response.

NHS England has released a vlog to detail how information is shared between health and social care.

10 Training

10.1 Training overview

Total Health West Berks is committed to having arrangements in place to ensure that all staff are trained effectively and to the level required commensurate with their role.

This is in conjunction with the guidance given by the CQC in the following:

- Nigel's surgery Number 25 (Safeguarding adults at risk)
- Nigel's surgery Number 33 (Safeguarding children)
- The CQC position statement on training staff in safeguarding children (note this is currently under review
- The CQC statement on the CQC's role and responsibilities for safeguarding children and adults. In this document, Total Health West Berks will ensure that staff are specifically trained as per the intercollegiate guidance:

Level of training	Staff requirements
1	All staff working in health and social care services
2	Minimum level required for staff who, within their role, have contact with children and young people, parents/carers or adults who may pose a risk to children
3	All staff working with children, young people, their parents or carers and any adult who could pose a risk to children, who could potentially contribute to the assessing of, planning, intervening in and evaluating the needs of a child or young person and parenting capacity

Detailed information regarding the required levels of safeguarding training for professionals is given in the intercollegiate document entitled *Safeguarding Children and Young People, Roles and Competencies for Care Staff, 2019* which can be accessed here.

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Further training is readily available, including:

- NHS/The Children's Society '*Seen and Heard*' is a 60 minute e-learning training package available to assist in training in child exploitation and abuse
- NHS vlogs are available on YouTube. These include:
  Domestic violence
  Child sexual abuse
  Child abuse
  Child protection
  Adult Safeguarding

10.2 Safer recruitment

Total Health West Berks will ensure that the appropriate pre-employment checks are carried out prior to any individual commencing work at Total Health West Berks. Applicants will be required to undergo either an enhanced or standard DBS check depending on the position applied for.

It is acknowledged that the management team at Total Health West Berks has a legal duty to refer information to the DBS if any employee has harmed, or is deemed to be a risk of harm, to children, young people or adults at risk.

10.3 Whistleblowing

All staff can raise any concerns they may have about a colleague's behaviour in confidence.

10.4 Allegations against a member of staff

All alleged allegations will be investigated thoroughly. Total Health West Berks's safeguarding lead is to be informed and they will consult with the local authority's safeguarding team (child or adult) and, if necessary, the local police.

The safeguarding lead will advise the individual concerned that an allegation has been made against them but will not disclose any information at this stage.

Such is the seriousness of any alleged allegation, the individual concerned must be managed appropriately in accordance with Total Health West Berks's HR procedures. Allegations do not necessarily merit immediate suspension. This will depend on the person's role within Total Health West Berks and the nature of the allegation.

Allegations are distressing for all concerned, the individual, Total Health West Berks's staff, and the alleged person. It is imperative that appropriate advice is sought from the outset. The local authority's safeguarding lead for managing allegations will be able to provide guidance to ensure that the correct process is followed.

10.5 Chaperoning

It may be appropriate to offer a chaperone for a variety of reasons. Refer to the Chaperone Policy.

10.6 Professional challenge

Professional challenge is an encouraging action taken in the best interests of the child, young person or adult at risk. It enables the challenging of decisions or actions by a member of staff if they consider the stated decisions or actions not to be effective enough for those deemed to be at risk.

Should a member of staff disagree with any element of care offered to an at-risk individual, they are encouraged to discuss their concerns with Total Health West Berks's safeguarding lead or the local authority

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safeguarding lead who will provide independent guidance. It is envisaged that most professional challenges will be resolved informally and at a local level.

11 Safeguarding and responsibilities

The following are the safeguarding responsibilities of staff within Total Health West Berks:

11.1 Organisation safeguarding lead

Total Health West Berks's safeguarding lead is responsible for:

- ensuring that they are fully au fait with the internal, regional, and national policies and procedures that underpin safeguarding,
- acting as the focal point within Total Health West Berks for staff who may have concerns, addressing the concerns and taking action as necessary,
- reviewing any information regarding safeguarding concerns, investigating matters further if necessary and taking the appropriate action,
- acting as the liaison between Total Health West Berks and the local safeguarding teams, facilitating the sharing of information, attending multi-agency meetings, and supporting any local safeguarding investigations where requested,
- processing and sharing information within Total Health West Berks in the most effective manner,
- continually reviewing Total Health West Berks's safeguarding processes and policy, making recommendations for change as necessary,
- encouraging training for all staff groups, and
- ensuring staff are supported appropriately when dealing with any safeguarding matter.

11.2 Directors

The Directors and management team are responsible for:

- ensuring safeguarding children, young people and adults at risk is central to governance processes,
- contractual compliance with governance arrangements for effective safeguarding policies and procedures, and
- ensuring that all staff are trained and know how to react to concerns raised and recognise potential indicators for abuse.

11.3 Responsible Manager

The responsible manager is responsible for:

- ensuring that safeguarding responsibilities are clearly defined in the job descriptions of all staff,
- adhering to the pre-employment requirements and ensuring that an effective recruitment process is in place, and
- reaffirming the significance of safeguarding to all staff within Total Health West Berks.

11.4 All staff

All staff have a responsibility to:

- know how to act should they recognise potential indicators of abuse or neglect,
- understand Total Health West Berks and local safeguarding policies and procedures,
- partake in meetings and case conferences when requested regarding safeguarding matters, and
- attend and/or complete regular training commensurate with their role in accordance with their individual terms of reference and practice policy.

11.5 Audit

To ensure compliance with this policy and the processes contained within it, Total Health West Berks's safeguarding lead will ensure that regular audits are undertaken.

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12 Increases in domestic abuse

12.1 Circumstances when abuse can increase

In times of national crisis such as COVID-19, or even when the England football team loses during a World Cup match, there is significant evidence highlighting that specific events can be the catalyst in domestic violence incidents.[13]

Recent history shows that, during the 2018 World Cup, domestic abuse rose by 38% following England losing a match. Likewise, during COVID-19[14] there has also been an increase due to the anxiety and uncertainties surrounding the pandemic, increased unemployment, and the loss of income together with the order to stay at home.

During the lockdown, there are obvious reasons to have more concerns due to the limited options of those affected being able to move to a safe area. However, support is available with the government working with the charity sector and the police to ensure that support services remain open during this challenging time.

12.2 CQC advice

Dr Rosie Benneyworth (Chief Inspector of Primary Medical Services) highlighted this increased risk during COVID-19 in her weekly blog of 18th June 2020.

"Current restrictions mean that vulnerable children and adults may be particularly isolated. This means that the family, community, and professional networks they usually rely on may be unavailable or hard to access.

The Home Office, in collaboration with a number of other government departments, has produced information and guidance for those working in the community who may not be trained to recognise the signs of abuse of neglect. The guidance covers signs to spot and what to do if there is a concern.
The guidance can be found on the Home Office Brandworkz portal and includes print and online versions of the guidance, as well as a poster which can be downloaded and printed for display in staff rooms".

12.3 Actions required

Following Home Office advice, greater awareness is required and there is a need for staff to be reminded of the signs which may indicate that abuse is happening to vulnerable adults and children.

Whilst this is directed towards the COVID-19 lockdown, consideration must be given towards adopting continued vigilance following the easing of lockdown restrictions and/or as otherwise directed by statistical analysis.

14 Summary

Safeguarding is the responsibility of all staff. It is a mechanism for identifying and supporting those children, young people and adults who are at risk from harm and neglect.

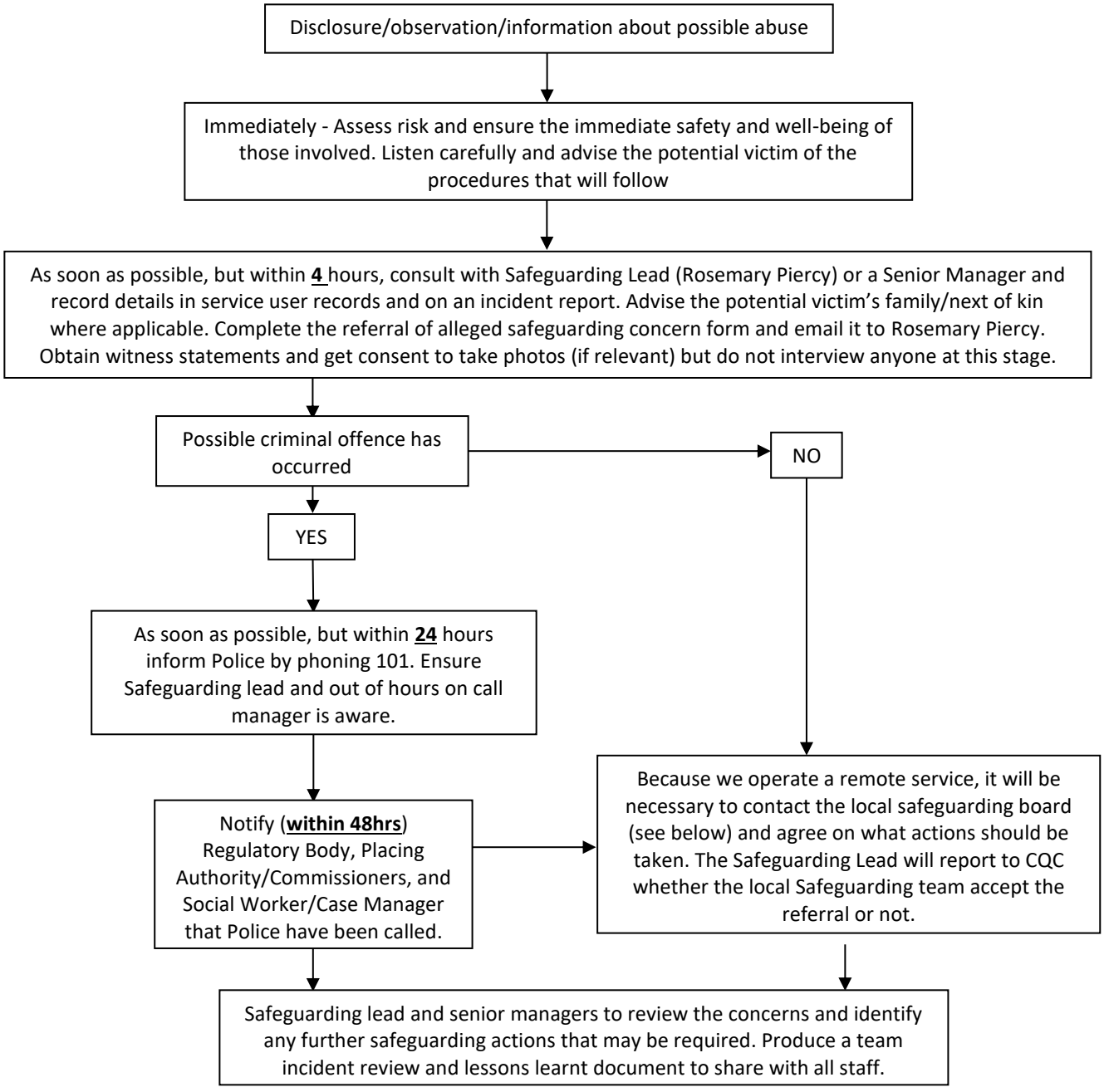
Staff must be alert to the potential indicators and fully understand how to act if they suspect abuse or neglect. In doing so, the risk of prolonged harm and neglect will be reduced, and the individuals affected will be offered the appropriate level of support and, where applicable, justice will be sought

[13] www.bbc.co.uk
[14] www.gov.uk/coronavirus-covid-19-and-domestic-abuse

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Annex A – Internal Safeguarding Procedure

The following flowchart details actions that must be taken following suspicion that an adult at risk has been abused.



West Berkshire Adults Safeguarding:

- You can report your concerns to us online
  If you would like advice about someone you think might need help, or for more information about our Adult Care Services, contact Adult Social Care on 01635 503050.
  If you think that an adult may be abused or neglected by someone, contact the Safeguarding Adults Team. You can email safeguardingadults@westberks.gov.uk or call 01635 519056.
  In an emergency out of normal office hours call the Emergency Duty Team on 01344 351 999 or call the police on 999

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- https://www.nhs.uk/service-search/other-services/Local-Authority-Adult-Social-Care/LocationSearch/1918

West Berkshire Child Safeguarding:

- If you are concerned about a child in West Berkshire, it is important that you talk to someone about this. Don't ignore your concerns or delay taking action.
  Please call Contact Advice Assessment Service (CAAS) within working hours on **01635 503090** for a member of staff to deal with your concern, alternatively email child@westberks.gov.uk
- **Children's Services Out of Hours Emergency Duty Service (EDS)**
  EDS are available when the West Berkshire Council offices are closed if there is an emergency safeguarding concern. This includes evenings, 24 hours on weekends and bank holidays. Please contact EDS by telephone **01344 351999** or email edt@bracknell-forest.gov.uk
- https://www.gov.uk/report-child-abuse-to-local-council
- https://www.safeguardinginschools.co.uk/list-of-lscb-local-safeguarding-child-boards/

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