

**Safeguarding Children, Young People
Vulnerable Adults and
Looked After Children**

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Responsibility:	All Staff
Effective Date:	February 2018
Review Date:	February 2020
Reviewing/Endorsing committees	Integrated Safeguarding Adults & Children Meeting (Healthwide Meeting)
Approved by Governance and Risk Sub Group	31 January 2018
Date Ratified by CCG Board	22 February 2018
Version Number	Version 2

POLICY DEVELOPMENT PROCESS

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Committee where policy was discussed/approved/ratified

Committee/Group	Date	Status
Risk management Group	31 January 2018	Approved
Executive Team	22 February 2018	Ratified

Equality Impact Assessment

This policy sets out the collective and individual expectation for BCCG staff to comply with legislation, codes of conduct and behaviours required as an employee of BCCG. The policy describes the definitions of abuse for both children and adults; it sets out how employees should report such abuse and refers to the inter-related Human Resources (HR) policies that should be read in conjunction with this policy including Whistleblowing. The policy sets out the statutory requirements for NHS Bedfordshire Clinical commissioning Group (BCCG), to discharge its appropriate accountability for safeguarding children, young people and adults at risk of harm or abuse.

It is comprehensively based on statutory requirements and NHS and other specialist policies and practices, which are, where appropriate, subject to equality impact assessments in their own right. It does not create actions that could have a differential impact on Bedfordshire residents because of a protected characteristic. In these circumstances, a separate equality impact assessment for this policy is not required.

Paul Curry
Equality and Diversity Manager
25th January 2018

Quick Reference Guide

What to do if you are concerned about a child

If a child is in immediate danger, please call the police on 999.

Safeguarding is everybody's business. Don't keep it to yourself. If in doubt, seek advice.

The Multi-Agency Safeguarding Hub (MASH) is the single point of contact for concerns regarding children and young people in Bedfordshire. If you are worried that a child/young person may be suffering from harm or at risk of harm, you must share your concerns with MASH.

MASH Telephone: 9.00am to 5.00pm - Bedford Borough 01234 718700 and Central Bedfordshire 0300 300 8585. Out of hours, bank holidays and weekends – Telephone the Emergency Duty Team (EDT) on 0300 300 8123 for Bedford Borough AND Central Bedfordshire.

A written referral must also be completed within 24 hours of making contact with MASH.

What to do if you are concerned about an adult

Safeguarding adults is everybody's business. Don't keep it to yourself. If in doubt, seek advice.

If you have a concern about an adult at risk of abuse and they are in **immediate** danger you should first notify the relevant emergency services by ringing **999**.

If the adult you are concerned about is not in immediate danger you should report your concern to the **Local Authority Adult Safeguarding Team. Telephone: 9am to 5pm – Bedford Borough is 01234 276222 and Central Bedfordshire is 0300 300 8122. Out of hours, bank holidays and weekends – Telephone the Emergency Duty Team (EDT) on 0300 300 8123 for Bedford Borough AND Central Bedfordshire.**

A written referral must also be completed within 24 hours of making a verbal referral **Email: Bedford Borough adult.protection@bedford.gov.uk or Central Bedfordshire adult.protection@centralbedfordshire.gov.uk**

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CONTENTS

Introduction.....	6
2. Policy Statement.....	7
3. Purpose	7
4. Definitions.....	7
4.1 Definitions relating to children as per statutory guidance ‘Working Together to Safeguard Children’ 2015.....	7
4.2 Child Sexual Exploitation (CSE)	8
4.3 The Concept of Significant Harm.....	9
4.4 Definitions of adult abuse as per statutory guidance ‘The Care and Support Statutory Guidance’ issued under the Care Act (DOH 2014).....	9
4.5 PREVENT	11
4.6 Female Genital Mutilation	11
4.7 Domestic Abuse.....	12
5. Governance: Duties and Accountability.....	13
5.1 Accountable Officer / Chief Operating Officer Responsibilities	13
5.2 CCG Governing Body Members (Executives and Non-Executives).....	13
5.3 The Director of Nursing and Quality	14
5.4 Designated Doctor and Nurse for Safeguarding Children / Adults	14
5.5 Designated Professionals for Looked After Children	14
Definition of Private Fostering	15
5.6 Designated Paediatrician for Unexpected Child Deaths	15
5.7 Named GP	15
5.8 All Employees	15
5.9 Primary Medical Care.....	16
6. Making a Referral	16
6.1 Children	16
Child Protection Plan/Child in Need Plan	16
6.2 Adults.....	17
7. Information Sharing, Confidentiality and Consent	18
8 Serious Case Review / Serious Incidents / Safeguarding Adult Reviews	18
9. Managing Allegations against staff who work with children or adults.....	19
10 Training Requirements.....	19
11 Related Documents	20
12 Document Replaces.....	20
13 Bibliography and References	20
Appendices: 1 Safeguarding Adults Concern Form	22
2 CCG DO Flow Chart	27

1. Introduction

NHS Bedfordshire Clinical Commissioning Group (BCCG) is the major commissioner of local health services, and needs to be assured that the organisations from which it commissions, provide good quality services. BCCG also needs assurance that organisations have a responsibility for ensuring the health contribution to safeguarding and promoting the welfare of adults and children, is discharged effectively across the whole health economy through commissioning arrangements.

Where arrangements are in place within the five localities to undertake commissioning of services, this should be done in partnership with BCCG who must ensure all safeguarding duties are fulfilled. In discharging these statutory duties/responsibilities, account must be taken of;

- Working Together to Safeguard Children 2015 (HM Government 2015)
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under Section 11 of the Children Act 2004
- Statutory guidance for Promoting the Health and Wellbeing of Looked After Children 2015
- The Policies and Procedures of the Local Safeguarding Children Boards (LSCB) and the Safeguarding Adults Board (SAB)
- Safeguarding Vulnerable People in the NHS-Accountability and Assurance Framework 2015
- NHS Standard Contract 2015/2016
- Safeguarding Alerts Policy and Procedure 2015
- The Care Act 2014
- Counter Terrorism and Security Act 2015
- NHS England – Prevent Training and Competencies Framework 2015
- FGM –Mandatory Reporting (2015)
- Serious Crime Act 2015
- Modern Slavery Act 2015
- The Mental Capacity Act 2005 (Deprivation of Liberty Safeguards 2009)
- Child Protection – Information Sharing (CP- IS) Project

Through co-commissioning arrangements with NHS England, BCCG has a duty to support improvements in the quality of Primary Medical Care and to work closely with partner agencies to commission and provide coordinated, integrated services.

This policy sets out the statutory requirements for NHS Bedfordshire Clinical commissioning Group (BCCG), to discharge its appropriate accountability for safeguarding children, young people and adults at risk of harm or abuse.

BCCG aims to maintain a local focus while working effectively on the safeguarding agenda with other CCG's and commissioning bodies who lead on contracts for providers who offer services for Bedfordshire residents.

This policy sets out the collective and individual expectation for BCCG staff to comply with legislation, codes of conduct and behaviours required as an employee of BCCG. The policy describes the definitions of abuse for both children and adults; it sets out how employees should report such abuse and refers to the inter-related Human Resources (HR) policies that should be read in conjunction with this policy including Whistleblowing.

2. Policy Statement

BCCG will work in partnership with other agencies and fully recognises their responsibility for protecting and safeguarding the welfare of adults, children and young people. As commissioners of services for adults, children and young people, Executive Directors and Senior Managers have a responsibility to ensure contracts reflect safeguarding arrangements and practice to protect adults and children from harm, abuse and exploitation. Contracts should ensure that rigorous systems are in place to proactively safeguard and promote the welfare of adults and children: this should include ensuring that providers/independent contractors have comprehensive single agency policies and procedures in place. These should be informed by Local Safeguarding Children Boards (LSCBs) and the Safeguarding Adult's Board (SAB).

3. Purpose

This policy outlines how as a commissioning organisation, the CCG will discharge its responsibility for ensuring its own organisation, and the health providers from whom it commissions services, fulfil their duty to:

- Safeguard and promote the welfare of adults and children who reside in Bedfordshire.
- Work together with other organisations via the Local Safeguarding Children Boards and the Safeguarding Adult Board.

This policy applies to all staff employed by BCCG including agency, self-employed, temporary and voluntary.

It is expected that all service providers have their own Safeguarding Children and Adult Policy.

4. Definitions

4.1 Definitions relating to children as per statutory guidance 'Working Together to Safeguard Children' 2015

For the purpose of this policy 'A Child' is anyone who has not reached their 18th birthday (*NSPCC Legal definition 2013*). If a child has 'learning disabilities' or is a 'care leaver' their needs may extend to their 21st birthday (*Section 9 of the Children Act 2004*).

In addition, this policy covers children in the wider community that come to the attention of staff, including travellers, asylum, migrant children, and young offenders.

Safeguarding and promoting the welfare of children is defined in Working Together 2015 as;

- *Protecting children from maltreatment*
- *Preventing impairment of children's health and development*
- *Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and*
- *Taking action to enable all children to have the best outcomes*

Child in need of protection is defined when;

"There is reasonable cause to suspect that a child is suffering or is likely to suffer, significant harm, to enable them to decide whether they should take any action to safeguard and promote the child's welfare."

Children in need are defined as;

“A Child who is unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services, including those who are disabled”.

Child Protection - This is part of safeguarding and promoting children’s welfare. Child protection refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

The following is not intended to be an exhaustive list but an illustrative guide and hence considers the 4 main categories of abuse;

Abuse - A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children. Domestic abuse within family settings can also have an adverse impact on children.

Physical abuse – this may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. A parent or carer fabricating the symptoms of illness in a child or deliberately inducing illness in a child.

Emotional abuse – this is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

Sexual abuse – this involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children

Neglect – The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

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

In addition to the above Child Sexual Exploitation is also a form of child abuse;

4.2 Child Sexual Exploitation (CSE) – The definition of child sexual exploitation was updated and published in 2017:

Child sexual exploitation is a form of child sexual abuse. It 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 (a) in exchange for something the victim needs or wants, and/or (b) 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.

(Department for Education, February 2017)

Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability'.

Where any concern about a child or young person is identified, particularly in relation to CSE, drugs or gangs, along with a MASH form which should be submitted, professionals should also share the intelligence via the Multi-Agency Information Submission Form found on each local authority LSCB website:

https://www.bedford.gov.uk/health_and_social_care/children_young_people/safeguarding_children_board/practitioners/child_sexual_exploitation.aspx

<http://www.bedfordshirelscb.org.uk/lscb-website/professionals/child-sexual-exploitation>

4.3 The Concept of Significant Harm - The Children Act 1989 introduced the concept of 'significant harm' as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives Local Authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

4.4 Definitions of adult abuse as per statutory guidance 'The Care and Support Statutory Guidance' issued under the Care Act (DOH 2014)

For the purposes of this policy, *an adult at risk* is defined as, a person over 18 years of age who:

- 1) Has care and support needs (whether or not the local authority is meeting any of those needs) and;
- 2) Is experiencing, or is at risk of, abuse or neglect; and
- 3) As a result of those care and support needs is unable to protect themselves from the risk of or the experience of abuse or neglect.

Safeguarding adult's means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse and neglect, whilst at the same time promoting the adults wellbeing and listening to their views.

The six key principles underpinning Adult Safeguarding work are:

Empowerment - People being supported and encouraged to make their own decisions and informed consent.

"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens"

Prevention - It is better to take action before harm occurs.

"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help"

Proportionality - The least intrusive response appropriate to the risk presented.

"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."

Protection - Support and representation for those in greatest need.

"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

Partnership - local solutions through services working with their communities.

Communities have a part to play in preventing, detecting and reporting neglect and abuse.

"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me"

Accountability - Accountability and transparency in delivering safeguarding.

"I understand the role of everyone involved in my life and so do they."

The following is not intended to be an exhaustive list but an illustrative guide and hence considers the main categories of abuse;

Categories of adult abuse and neglect:

Physical abuse - including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions;

Sexual abuse - including rape and sexual assault or sexual acts to which the adult has not consented, or could not consent or was pressured into consenting;

Psychological abuse - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks;

Financial or material abuse - including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions and benefits.

Discriminatory abuse - including forms of harassment, slurs or similar treatment because of race, gender, gender identity, age, disability, sexual orientation or religion (Equalities Act 2010);

Neglect and acts of omissions - including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating;

Self-Neglect - including a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding;

Domestic Violence - Including psychological, physical, sexual, financial, emotional abuse; so called honour based violence; Female Genital Mutilation; forced marriage;

Modern Slavery – including slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment;

Organisational abuse - including neglect and poor practices within a specific care setting e.g. Hospital or care home;

4.5 PREVENT

PREVENT, represents one of the Government's four national work streams of the counter terrorism strategy known as CONTEST.

Within the PREVENT strategy there are three national objectives:

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

In line with Section 26 of the Counter-Terrorism and Security Act 2015, BCCG has a statutory duty to prevent people from being drawn into terrorism. PREVENT focuses on all forms of terrorism and is therefore not about race, religion or ethnicity. PREVENT operates in the non-criminal space, providing support and redirection to vulnerable individuals both children and adults at risk of being groomed into terrorist activity. Radicalisation is comparable to other forms of exploitation and is therefore considered as an integral part of safeguarding. The emphasis within safeguarding, focuses on supporting vulnerable people, rather than informing on those who have become radicalised.

Radicalisation is a process by which a person comes to support terrorism and forms of extremism leading to terrorism. Radicalisation is not a one off event that happens to individuals, it is a series of contacts and episodes that result in potential terrorist attacks. It is usual for radicalisation to happen through interactions with peers, family or through social networking. People with vulnerabilities may be more prone to attempted radicalisation.

If you are concerned that somebody is vulnerable or has care and support needs and is being radicalised, a referral needs to be made to the MASH or adult safeguarding team.

4.6 Female Genital Mutilation

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 ("the 2003 Act"). **It is a form of child abuse and violence against women.** FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons.

Section 5B of the 2003 Act¹ introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police. **The duty applied from 31 October 2015 onwards.**

'Known' cases are those where either a girl informs the person that an act of FGM – however described – has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation within section 1(2) (a) or (b) of the FGM Act 2003.

4.7 Domestic Abuse

Domestic abuse is defined as any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.

The definition acknowledges that domestic violence can go beyond actual physical violence. It can also involve emotional abuse, the destruction of a spouse's or partner's property, their isolation from friends, family or other potential sources of support, control over access to money, personal items, food, transportation, the telephone and stalking. Domestic abuse is the abuse of power and control over one person by another.

It is acknowledged that domestic abuse and violence can also manifest itself through the actions of immediate and extended family members through the perpetration of illegal activities, such as **forced marriage, so-called 'honour crimes' and female genital mutilation**. Extended family members may condone or even share in the pattern of abuse.

BCCG recognises the serious adverse impacts that domestic abuse has on a victims and their children's physical, emotional and mental health. Within this context BCCG recognises its responsibilities to safeguard and protect children and vulnerable adults.

BCCG will develop strategic links with other local safeguarding partners. BCCG is committed to preventing domestic abuse wherever possible and ensuring that victims of domestic abuse and violence receive a high standard to care irrespective of age, race, culture, sexuality, religion or ability.

Help and support

If you or someone you know is in immediate danger, you should call the Police on 999.

Help, advice and support can also be obtained from:

National Domestic Abuse Helpline 0808 2000 247, staffed 24/7 with translations services available

Men's Advice Line - 0808 801 0327

National LGBT Domestic Abuse Helpline - 0800 999 5428

Bedfordshire Domestic Abuse Partnership - <https://bedsdv.org.uk/get-help/>

Employees who may be the victim of domestic abuse

BCCG will consider the safety of colleagues who may be at risk. BCCG will work to ensure that any employee who experiences domestic abuse can raise the issue at work, without fear of stigmatisation or victimisation and will receive appropriate support and assistance to protect themselves and their children.

If you believe you are a victim of domestic abuse, please find the courage to seek help. In the first instance, you may wish to discuss the matter with your line manager, the BCCG Domestic Abuse Champion or any of the BCCG Designated Safeguarding Professionals. If you do not wish to speak to someone at work, you can contact access support from the organisations listed above.

All employees seeking assistance can be confident that the issues they raise will be dealt with sympathetically and confidentially. There are however, some circumstances in which confidentiality cannot be assured i.e. when it is in the public interest to share information. This may occur when there are concerns regarding children, vulnerable adults, concern that the victim/employee may be at risk of serious harm or where BCCG is required to protect the safety of its staff. In these circumstances, the member of staff will be informed as to the reasons why confidentiality cannot be maintained unless it is believed this would place the member of staff at further risk of serious harm.

Advice and support for line managers can be sought from the BCCG domestic abuse champion or any of the BCCG designated safeguarding professionals.

Domestic abuse perpetrated by employees will not be condoned under any circumstances nor will it be treated as a purely private matter. Perpetrating domestic abuse whilst in the workplace may breach *any* Code of Conduct and may be dealt with under the Disciplinary Policy.

If a colleague is found to be assisting an abuser in perpetrating the abuse by giving them access to facilities such as telephones or email then they will be seen as committing a disciplinary offence which will be dealt with under the Disciplinary Policy.

5. Governance: Duties and Accountability

5.1 Accountable Officer / Chief Operating Officer Responsibilities

- Accountability for safeguarding adults and children lies with the Accountable Officer with the responsibility to ensure that health services contribute to safeguarding and promoting the welfare of adults and children: this is discharged effectively across the whole health economy through the organisations commissioning arrangements.
- Ensure that the organisation not only commissions clinical services but exercises a public health responsibility in ensuring that all service users are safeguarded from abuse or the risk of abuse.
- Safeguarding is a key priority area in all strategic planning processes.
- Ensure that all health agencies with which it has commissioning arrangements, are linked into the LSCBs and SAB's, has representation at an appropriate level of seniority, and that health services and health care workers contribute to multi-agency working.

5.2 CCG Governing Body Members (Executives and Non-Executives)

- Maintain a continued awareness of current safeguarding issues, changes in national guidance and legislation, and CCGs responsibilities/accountability
- Maintain a knowledge base through reporting arrangements, newsletters and training and development sessions
- Promote the welfare of adults and children in CCG activity and comply with all organisational, LSCBs and SAB policies, relating to safeguarding adults and children

5.3 The Director of Nursing and Quality

The Director of Nursing and Quality has responsibility for safeguarding Adults, Children and Looked after Children. The post holder reports to the Integrated Commissioning and Quality Committee and the Governing Body on safeguarding arrangements.

- To provide leadership and long term strategic planning, supported by the Assistant Director of Nursing and Quality, and Designated Professionals
- To ensure that safeguarding and looked after children is positioned as core business in strategic and operating plans and structures within BCCG
- To ensure representation from BCCG at the LSCB and SAB
- To work in partnership with other groups including commissioners, providers of health care, local authorities and the police to secure high quality and best practice in safeguarding arrangements.

The safeguarding team consists of the Assistant Director of Nursing and Quality, Designated Doctors, Designated Nurses, a Named GP, and a Designated Paediatrician for Child Deaths. BCCG hosts the Child Death Overview Panel Managers post and employs a Mental Capacity Act and Deprivation of Liberty Safeguards Lead.

5.4 Designated Doctor and Nurse for Safeguarding Children / Adults

- Provide advice to ensure the range of services commissioned by BCCG takes account of the need to safeguard and promote the welfare of adults and children
- Provide advice on the monitoring of safeguarding aspects of BCCG contracts and input to / be involved in contract monitoring meetings
- Provide advice, support and clinical supervision to the named professionals in each provider organisation as agreed or required
- Provide skilled advice to the LSCB and SAB on health issues
- Play an important role in promoting, influencing and developing relevant training, on both a single and inter-agency basis, to ensure the training needs of health staff are addressed
- Provide skilled professional involvement in child/adult safeguarding processes in line with LSCB/SAB procedures
- Review and evaluate the practice and learning from all involved health professionals and providers commissioned by BCCG, as part of Serious Case Reviews (SCR)/ Safeguarding Adult Reviews (SAR), other multi-agency or single agency health reviews following serious incidents

In addition to the above the Designated Nurse for Safeguarding Adults has responsibility for the following:

- Provide advice and support in relation to PREVENT
- Provide PREVENT and WRAP3 training to BCCG staff

5.5 Designated Professionals for Looked After Children

BCCG has both a Designated Nurse and Doctor for Looked after Children (LAC) in line with statutory requirements. The role of the Designated Professionals is a strategic one which assists the CCG in fulfilling their responsibilities as commissioner of services to improve the health of looked after children by:

- Supporting and advising the board of the health care organisation about looked after children

- Contributing to the planning and strategic organisation of provider services for looked after children
- Providing health advice on policy and individual cases to statutory and voluntary agencies
- Advising partner statutory and voluntary agencies on health matters with regard to individual looked after children
- Liaising closely with other specialist services such as CAMHS, sexual health, and services for disabled children
- Working closely with other specialist and designated looked after children professionals locally, regionally and nationally
- Liaising with professional leads from other agencies, such as Education and Children's Social Care
- Ensuring that the health care organisation has relevant policies and procedures in line with legislation and national guidance
- Contributing to monitoring the quality and effectiveness of services, including monitoring performance against indicators and standards
- To work with partner agencies to ensure that there are effective plans in place to enable looked-after children aged 16 or 17 to make a smooth transition to adulthood, and that they are able to continue to obtain the health advice and services they need.

Definition of Private Fostering

If a child under 16 (or 18 if disabled) is looked after for more than 28 days under a private arrangement (made without the involvement of the Local Authority) in the home of someone who is not a close relative or guardian, the child is privately fostered. Relatives are defined as parents, step-parents, siblings, brothers or sisters of a parent and grandparents.

Further information can be found; *Replacement Children Act 1989 Guidance on Private Fostering; Every Child Matters Reference: DFES-10016-2005*

5.6 Lead Paediatrician for Unexpected Child Deaths

BCCG is required to have a Lead Paediatrician for Unexpected Child Deaths. This role is currently provided by Essex University Partnership NHS Foundation Trust through our community services service. The role of the paediatrician is to;

- Ensure that relevant professionals (i.e. coroner, police and local authority) are informed of the death
- Take a lead on coordinating the team of professionals (involved before, and/or after the death) which is convened when a child dies unexpectedly
- Convene multi-agency discussions after the initial and final post mortem results are available

5.7 Named GP

BCCG has a Named GP who provides advice and support to GPs and their practices, and takes a strategic professional lead on all aspects of the GPs contribution to safeguarding adults and children across BCCG areas. This role is not a statutory requirement but is one which is seen as good practice.

5.8 All Employees

All employees and members of the CCG, partner practices and contracted services must be mindful of their responsibility to safeguard adults and children. Therefore, all staff must be up to date with the

appropriate level of safeguarding adult and children's training. For children's training please refer to the Intercollegiate Document 2014. All staff should:

- Comply with all CCG policies, procedures and guidance on safeguarding adults and children
- Attend safeguarding training at the appropriate level and maintain a level of knowledge and skills appropriate to their role.
- Protect vulnerable children and adults at risk by recognising and responding to the possibility or existence of abuse and neglect. To know what action to take to make appropriate referrals, and where appropriate contribute to multi-agency activity as per LSCBs and SAB's
- Access safeguarding advice and supervision at the appropriate level, for their role as outlined in the *Intercollegiate Document: Safeguarding Roles and Competencies for Health Care Staff 2014*
- Know how to access the CCG Designated Professionals for advice and support as required
- Take part in audits and reviews regarding safeguarding as identified
- Take immediate and appropriate action regarding allegations against people who work with children, as outlined in Appendix 1

5.9 Primary Medical Care

GP practices must have a lead for safeguarding (and a deputy) who must work closely with the CCG Named GP and Designated Professionals to address quality issues in relation to safeguarding adults and children. GP Practices must maintain an up to date list of staff training in relation safeguarding adults, children and young people. GPs must also ensure they contribute effectively to children in need of support or protection, including provision of reports for child protection conferences and engagement as appropriate at such forums.

6. Making a Referral

6.1 Children

During normal working hours staff are expected to respond and refer in accordance with the LSCB Safeguarding Inter-Agency Procedures in the section relevant to the Health Service.

Referrals can be made via the telephone if a child is at risk, but must be followed up in writing using the appropriate paperwork within 24 hours. Telephone number for **Bedford Borough is 01234 718700** and **Central Bedfordshire is 0300 300 8585**.

To make an out of hour's referral at weekends or between 5pm and 9am the following action should be taken;

- Telephone the Emergency Duty Team (EDT) on **0300 300 8123 for Bedford Borough AND Central Bedfordshire**
- Any verbal referral must be followed up in writing using the Child Protection Referral form to Children's Social Services within 24 hours

Child Protection Plan/Child in Need Plan

When a member of staff from Bedfordshire has a child protection concern and needs to know whether the child has a Child Protection Plan the following procedure should be followed;

- During normal working hours the Initial Assessment Team should be contacted on 0300 300 8000 (Central Bedfordshire) or 01234 718700 (Bedford Borough)

6.2 Adults

Raising a safeguarding adult concern is a crucial first stage in the process of keeping people safe and empowering them for the future. Alerting through formal channels will enable a proper assessment and enquiry to be carried forward. Raising a concern about abuse means;

- recognising signs of adult harm or abuse
- recognising potential signs of radicalisation
- responding to disclosures of concern, abuse or radicalisation
- taking action where appropriate, to protect an adult whilst preserving evidence in the aftermath of an incident
- recognising bad practice
- reporting a concern, disclosure or allegation
- collating and recording initial information
- working in accordance with anti-discriminatory practice.

Those raising a safeguarding concern are not asked to verify or prove that information is true, but to log any concerns and report them to the appropriate authorities.

Referral to the Local Authority Safeguarding Team must be made on the same day using the Safeguarding Concern Form (see appendix 1). Note however, that reporting should not be delayed by the need to complete a form. If the adult at risk is considered to be in immediate danger, the Police or Ambulance must be called on 999. If you are having difficulty completing the form please refer to *The Multi Agency Adult Safeguarding Policy, Practice and Procedures 2015* or discuss with your line manager / BCCG Safeguarding Team.

For referrals relating specifically to radicalisation, please ensure this is clearly identified on the Safeguarding Concern form submitted, alternatively contact BCCG PREVENT lead (The Designated Nurse for Safeguarding Adults).

The Safeguarding Concern Form alert should be sent to the appropriate local authority (full contact details can be found in the section below).

The local authority will respond to the concern using a Decision Monitoring Tool (DMT), within 48 hours of the concern being raised. The DMT will identify whether or not the concern meets the safeguarding duties as stated by the Care Act 2014 and if further enquiry is required. It is the responsibility of the person raising the concern to follow up with the local authority if the outcome of the concern and DMT has not been received within three working days.

<p>Central Bedfordshire Council</p>	<p>Email: adult.protection@centralbedfordshire.gov.uk Phone: 0300 300 8122 Fax: 0300 300 8239</p> <p>Out of these hours and at weekends or bank holidays please call the Emergency Duty Team on: Tel: 0300 300 8123.</p>
<p>Bedford Borough Council</p>	<p>Email: adult.protection@bedford.gov.uk Phone: 01234 276222 Fax: 01234 276076</p> <p>Out of these hours and at weekends or bank holidays please call the Emergency Duty Team on: Tel: 0300 300 8123.</p>

7. Information Sharing, Confidentiality and Consent

Information sharing is critical to safeguarding and promoting the welfare of adults, children and young people. Government information sharing guidance (DH 2015) highlights the following **seven golden rules** for information sharing.

1. Remember that the Data Protection Act is **not** a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. **Be open and honest** with the person (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** if you are in any doubt, without disclosing the identity of the person where possible.
4. Share with consent **where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case. It is advisable to always seek advice and support from Designated Nurse or Named GP Lead in the first instance. Also available for advice are the Executive Director of Nursing, Medical Director or Accountable Officer.
5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, 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 people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
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. Serious Case Review / Serious Incidents / Safeguarding Adult Reviews

One of the functions of the LSCBs and the SAB is to undertake reviews of serious cases and advise the authority and their Board partners on lessons to be learnt.

A serious case review (SCR) is one where;

- Abuse or neglect of a child is known or suspected; and
- Either the child has died; or
- The child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child

The LSCBs have arrangements in place to review cases which may reach the threshold for a SCR. The Designated Doctor and Nurse represent health in these reviews, and cooperate as partners in jointly planning and undertaking the SCR. This statutory guidance is found in Chapter 7 of the Working Together to Safeguard Children 2015.

A safeguarding adult review (SAR) is one where;

- An adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult; or

- An adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect

9. Managing Allegations against staff who work with children or adults

Each organisation must have clear policies in place for dealing with allegations against people who work with children. These should be in line with those from the LSCBs (*please see Appendix 2 for BCCG flow chart*).

An allegation may relate to a person who works with children who has;

- Behaved in a way that has harmed or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child/children in a way that indicates they may pose a risk to children

Each Local Authority should have a Designated Officer (LADO) involved in the management and oversight of individual cases. The LADO should provide advice and guidance to employers and voluntary organisations, liaising with the police and agencies, and should monitor the progress of cases to ensure that they are dealt with as quickly as possible, and consistently with a thorough, fair process.

Any allegation should be immediately reported to a senior manager within the organisation, and the LADO informed within one working day.

If the individual is removed from work because the person poses a risk of harm to children, a referral must be made to the Disclosure and Barring Service.

The Designated professionals for Safeguarding work with the Local Authority safeguarding Adults team when an allegation is raised about a person who works with adults. If the allegation relating to harm against an adult may also have an impact on the welfare of a child, then the Designated Adult Nurse would liaise with their counterpart for children.

Staff should be familiar with and use the internal Whistleblowing policy where needed, which can be located on Extranet.

In addition, The NSPCC has recently launched a government funded **Whistleblowing Advice Line** which will take calls from anyone, from any sector who are worried about the way their or another, organisation is dealing with child protection issues. The NSPCC Whistleblowing Advice Line can be reached on **0800 028 0285** and can be contacted anonymously or alternatively contact can be made via email at the link below.

The advice line is **not** intended to replace any current practices or responsibilities of NHS BCCG, working with children. The helpline advisors would encourage anyone to raise any concerns about a child or young person to their own employer/organisation in the first instance. However, the advice line offers an alternative route if whistleblowing internally is difficult or anyone has concerns around how matters are being handled.

More information on the helpline is available on the NSPCC website <https://www.nspcc.org.uk/fighting-for-childhood/news-opinion/new-whistleblowing-advice-line-professionals>

10. Training Requirements

Safeguarding children and adults awareness is included in the mandatory induction programme for BCCG staff.

BCCG provides eLearning safeguarding training appropriate to need via eLearning for Healthcare (e-LfH). Specialised training programmes appropriate to role can be accessed via the Designated Nurses or training Leads.

The training for safeguarding adults is underpinned by the Care Act 2014. The training for safeguarding children is underpinned by Intercollegiate Document (2014).

All BCCG staff and commissioned services are required to complete a Safeguarding Adults and PREVENT Training in line with the mandatory training programme.

11. Related Documents

- Whistleblowing Policy
- Incident Reporting Policy
- Records Management Policy
- Confidentiality Policy
- Complaints Policy
- Bedfordshire Local Safeguarding Children's Boards Multi-Agency Procedures
- Allegations of Abuse against Staff and Volunteers Policy
- NHS England Safeguarding policy and accountability framework

12. Document Replaces

This document replaces the previous Bedfordshire CCG Safeguarding Children & Young People Policy 2014 and Safeguarding Adults policy 2015.

13. Bibliography and References

Bedford Borough Council and Central Bedfordshire Council LSCB Inter-Agency Procedures (2015)

Department of Health (2015) *Female Genital Mutilation: Risk and Safeguarding Guidance for professionals*.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418564/2903800

Department of Health and Department of Education (2015) *Promoting the health and welfare of looked-after children: Statutory guidance for local authorities, clinical commissioning groups and NHS England*.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.

HM Government (2014) The Care Act 2014 <http://www.legislation.gov.uk>

HM Government. *Children Act 1989* The Stationery Office. London.

<http://www.legislation.gov.uk/ukpga/1989/41/contents/enacted>

HM Government. *Children Act 2004*. The Stationery Office. London; Section 11 of the Children Act 2004

<http://www.legislation.gov.uk/ukpga/2004/31/contents>

HM Government (2015) *Counter Terrorism and Security Act 2015* <http://www.legislation.gov.uk>

HM Government. *Data Protection Act 1998* <http://www.legislation.gov.uk>

HM Government (2010) *The Equality Act 2010* <http://www.legislation.gov.uk>

HM Government (2012) *Health and Social Care Act 2012*. [www.Legislation.gov.uk](http://www.legislation.gov.uk)

HM Government. *Human Rights Act 1998* London; HMSO
<https://www.legislation.gov.uk/ukukpga/1998/42/schedule/1>

HM Government (2015) *Information Sharing: Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers*. The Stationery Office. London.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf

HM Government (2005) *The Mental Capacity Act 2005*. <http://www.legislation.gov.uk>

HM Government (2005) *Replacement Children Act 1989 Guidance on Private Fostering Every Child Matters*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/274414/Children_Act_1989_private_fostering.pdf

http://www.legislation.gov.uk/ukxi/2005/1533/pdfs/ukxi_20051533_en.pdf

HM Government (2015) *What to do if you're worried a child is being abuse*.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf

HM Government (2015) *Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

Royal College of Paediatrics and Child Health (2014) 3rd ed. *Intercollegiate Document: Safeguarding Children & Young People, Roles and competencies for Healthcare Staff*
<http://www.rcpch.ac.uk/system/files/protected/education/Safeguarding>

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

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

NHS England NHS *Standard Contract 2015/2016* <https://www.england.nhs.uk/nhs-standard-contract/>

The Multi Agency Adult Safeguarding Policy, Practice and Procedures, (2015). *Safeguarding Adults from Abuse, Maltreatment and Neglect in Bedford Borough and Central Bedfordshire*
http://www.bedford.gov.uk/health_and_social_care/help_for_adults/safeguarding_adults/publication_s.aspx

Safeguarding Adults Concern Form

Social Services ID No:

Crime Reference No:

NHS No:

1. Details of the person with care and support needs:

Name				
Address				
Date of Birth				
Gender				
Ethnicity				
Date of alleged abuse				
Time of alleged abuse				
Preferred language or communication method?				
Known Advocate, Family or Representative - provide details				
Funding authority? (Local authority, Self, NHS, please state all that apply)				
If you are raising this on behalf of someone, have you discussed the concern with them?	Yes		No	
If not, why not?				
Please state whether the person has mental capacity to understand the concern being raised.	Yes		No	

Does the person have care and support needs arising from:

Physical Disability, Frailty		Learning Disability	
Sensory Impairment		Substance Misuse	
Mental Health		Dementia	
Other e.g. <i>Terminal/Palliative care</i> <i>Unpaid Carer</i>		Please state what:	

Type of alleged abuse, maltreatment or neglect

Discriminatory (including hate crime)		Domestic abuse/violence	
Emotional/Psychological		Financial/Material	
Institutional/Organisational		Neglect and acts of omission	
Physical Abuse		Modern Slavery	
Self-neglect		Sexual Abuse	
Sexual Exploitation			

Location of suspected abuse, maltreatment or neglect

Own Home	Care Home / Nursing Home	Public Place	Mental Health Inpatient Setting
Other persons home	Supported Accommodation	Education/Training /Workplace Establishment	Hospital
Day Centre/Service	Other Health Setting	Other	Not known

Description of alleged abuse, maltreatment or neglect:

Please provide as much detail as possible, including known events leading up to and following the alleged abuse.

Reported under RIDDOR?	Yes		No	
Reported to GP or other health care professional?	Yes		No	
Emergency services alerted?	Yes		No	

4. About the person causing harm (source of harm)

Name				
Address				
Date of Birth				
Role/Title/relationship to person with care and support needs				
Does the person causing harm live with the person with care and support needs?				
Ethnicity/Origin?				
Preferred language or communication method?				
If using services - Funding authority? (Local authority, Self, NHS, please state all that apply)				
If an employee, organisation or a paid carer please state name of employer/organisation?				
The person causing harm is aware of the referral?	Yes		No	
Do you consider that the person causing harm has capacity to understand whether their alleged actions were wrong?	Yes		No	
Do you consider that the person causing harm has capacity to understand the consequences of their alleged actions?	Yes		No	

5. Details of the person making the referral

Form completed by	
Organisation/agency	
Role/relationship to adult at risk/ vulnerable adult	
Contact Address	
e-mail	
Fax	
Telephone	

Signed	Role/Title	Date

6. Who to notify

Please send this alert to the local authority where the alleged abuse took place

Local Authority	Contact details	Please tick where sent
Luton Borough Council	Email: adultsafeguarding@luton.gcsx.gov.uk Phone: 01582 547730/547563	

Central Bedfordshire Council	Email: adult.protection@centralbedfordshire.gov.uk Phone: 0300 300 8122 Fax: 0300 300 8239	
Bedford Borough Council	Email: adult.protection@bedford.gov.uk Phone: 01234 276222 Fax: 01234 276076	

CCG DO Flow Chart



