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16 May 2019

## Freedom of Information Request – Ref: FOI 013-1920

Thank you for your recent Freedom of Information request about Gender Specific policies and procedures. Please find our response below.

### 1. Gender specific and trauma-informed support

a. The Trust's policy(ies) on ensuring compliance with equality duties with regards to including the specific needs of female patients in the service planning and commissioning process;

**The Trust's policies are not gender specific.**

b. The Trust's policy on working with female patients in a gender-specific and/or trauma-informed way;

**The Trust utilises individual care plans for gender specific requirements.**

c. The Trust's policy on offering a choice of a female primary or allocated nurse or keyworker to female inpatients;

**The Trust offers this choice as a part of standard practice and procedure.**

d. The Trust's policy on offering a choice of a female care coordinator to female patients in the community;

**The Trust offers this choice as a part of standard practice and procedure.**

e. The Trust's policy on offering female patients a choice of being treated in women-only mental health services.

**The Trust utilises a female only inpatient ward at Wotton Lawn Hospital. The Trust does not offer any other stand-alone female services.**

For each question please complete the following:

- Provide a copy of the relevant policy; **The Trust's policies are not gender specific.**
- Specify whether this information is available online, and provide a link to the online copy where this is the case; **Not applicable.**
- Specify how staff and patients are able to access the relevant policy, and any steps taken by the Trust to ensure they are able to access it. **Not applicable.**

Please respond to each question\* with respect to:

- i) Adult Mental Health Services
  - (1) Community;
  - (2) Inpatient services.
- ii) CAMHS\*\*:
  - (1) Community;
  - (2) Inpatient services. **The Trust is not commissioned to provide CYPS / CAMHS Inpatients Services.**

2. Patients histories of abuse: policies

a. Your policy on routine enquiry about domestic violence and/or sexual abuse for patients in mental health services.

**The Trust's Adults and Children's Safeguarding Policies are applicable to 2a, 2b, and 2c. Within each policy there are signposts to relevant services.**

b. Your policy on training and supporting staff to perform routine enquiry about domestic violence and sexual abuse;

**Please see the Trust's answer to 2a.**

c. Your policy for providing follow-up support where patients disclose previous or ongoing domestic violence and sexual abuse while in inpatient or community mental health services;

**Please see the Trust's answer to 2a.**

For each question please complete the following:

- Provide a copy of the relevant policy; **Attached.**
- Specify whether this information is available online; **Not available online.**
- Specify how staff and patients are able to access the relevant policy, and any steps taken by the Trust to ensure they are able to access it. **Use of the Trust's in-house intranet.**

Please respond to each question\* with respect to:

- i) Adult Mental Health Services
  - (1) Community;
  - (2) Inpatient services.
- ii) CAMHS\*\*:
  - (1) Community;
  - (2) Inpatient services. **The Trust is not commissioned to provide CYPS / CAMHS Inpatients Services.**

Yours sincerely,

*Francis Perrin*

**FRANCIS PERRIN**  
**Trust Secretariat Support Officer**  
**2gether NHS Foundation Trust**

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or write to: OPSI, 102 Petty France, London SW1H 9AJ.

## 2gether NHS Foundation Trust Safeguarding Adults Policy & Procedure

Version:	Version 5
Consultation:	Practice Policy Group Strategic Service Units
Ratified by:	Director of Quality and Performance, with notification to Governance Committee
Date ratified:	May 2017
Name of originator/author:	John Trevains Deputy Director of Nursing & Alison Feher – Trust Lead for Safeguarding
Date issued:	June 2017
Review date:	3 years – <b>October 2019</b>
Audience	All practice based staff within the Trust

## Version History

Version	Date	Reason for Change
2	September 2011	Policy Review, Val Porter
3	February 2014	Policy review and amendments, John Trevains Deputy Director of Nursing & Alison Feher – Trust Lead for Safeguarding
4	September 2015	Policy review and amendments in light of the Care Act 2014 and 'Making safeguarding Personal' – Alison Feher
5	July 16/ December 16  May 2017	Policy Review – Alison Feher and Jeanette Waldman  Updated guidance for training requirements- Alison Feher

### 1. Policy Statement

All staff have a duty to safeguard and promote the welfare of children, young people and adults at risk of abuse and/or neglect. This policy describes and supports the Trusts approach to safeguarding adults for <sup>2</sup>gether NHS Foundation Trust Services in Gloucestershire and Herefordshire. It is informed by the Multi-agency policy and procedures for the protection of adults with care and support needs in the West Midlands<sup>1</sup>.

### 2. Introduction

The Care Act 2014 – enacted in April 2015, established adult safeguarding legislation and guidance in law. The accompanying Care and Support Statutory guidance, (specifically chapter 14) provides further detail on its requirements and duties. The legislation's objective is to prevent and reduce the risk of harm from abuse or other types of exploitation while supporting adults in controlling their own lives and making choices without coercion.

The Trust has a responsibility to provide safe, effective and high quality care. It is essential to provide care and support which leads to a positive experience for Service Users. The Trust's duty to safeguard service users is now enshrined in law within the new act as described above. The Local Authority County Council is the lead agency for Safeguarding with the Trust working in partnership.

Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability are the six key principles to be reflected in all adult safeguarding work – Making Safeguarding Personal (MSP) aims to shift the emphasis in safeguarding from a process, to improving outcomes alongside individuals experiencing abuse or neglect.

This policy outlines and describes the Trusts approach to Safeguarding Adults. It is important to note that Safeguarding is a multi-agency function and this policy signposts

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<sup>1</sup> Both Gloucestershire and Herefordshire Local Authorities are represented on the Editorial Group. West Midlands Adult Safeguarding Editorial group. 1<sup>st</sup> April 2015. Adult Safeguarding: Multi-agency policy & procedures for the protection of adults with care and support needs in the West Midlands.

staff to key local multi-agency documents for services being delivered in Gloucestershire and Herefordshire.

Multi agency safeguarding documentation and guidance can be found on the Trust Safeguarding intranet page, or the County Council Adults Safeguarding Board websites.

**2gether information can be found at:**

<http://2gethernet.glos.nhs.uk/Interact/Pages/Content/Document.aspx?id=5141>

**Gloucestershire Adults Safeguarding Board information can be found at:**

<http://www.gloucestershire.gov.uk/media/14634/safeguarding-training-pathway-jan-2017-2.pdf>

**Herefordshire Adults Safeguarding Board information can be found at:**

<https://www.herefordshire.gov.uk/health-and-social-care/adult-services/safeguarding-adults-policy-and-procedures>

### **3. Purpose**

The purpose of this policy is to describe and facilitate high quality adult safeguarding practice. This policy is to be read in conjunction with the multi-agency Safeguarding Adults Policy and Procedures for Gloucestershire and Herefordshire. These multi-agency policies outline the specific steps 2gether NHS Foundation Trust staff should follow to identify, report and respond to an Adult Safeguarding concern.

### **4. Scope**

- 4.1 This policy applies to all people receiving a service from the 2gether NHS Foundation Trust, and is to be applied and actioned by all staff employed by the Trust. This includes volunteers and students.

### **5. Context**

- 5.1 The Department of Health Document '*No Secrets: Guidance on Developing and implementing Multi-Agency Policies and Procedures to Protect Vulnerable Adults from Abuse*' was published in March 2000. This document provided guidance to all local agencies with responsibility for investigating and taking action when a vulnerable adult was thought to be experiencing abuse. The underpinning requirement was for a coherent local multi agency policy with joint protocols which provided protection for adults at risk of abuse and a consistent and effective response to concerns or evidence of abuse. The general principles of this document remain relevant and have informed the multi-agency policy and procedures for the protection of adults with care and support needs 2015.
- 5.1.1 The Care Act 2014 sets out a clear legal framework for how local authorities and other statutory agencies should protect adults with care and support needs at risk of abuse or neglect. The Gloucestershire and Herefordshire safeguarding policies are based on the principles that underpin the Care Act (2014), those of promoting wellbeing, putting adults who need safeguarding at the centre making it personal to each individual.

- 5.1.2 Making Safeguarding Personal (MSP) is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them. It is a shift from a process supported by conversations to a series of conversations supported by a process.
- 5.2 In 2013 the NHS Commissioning Board. (2013) published '*Safeguarding Vulnerable People in the Reformed NHS Accountability & Assurance Framework*'. This document clearly mandated that NHS provider organisations must ensure a culture exists where safeguarding is everybody's business and poor practice is identified and dealt with. This document stated that provider organisations must provide robust processes and protocols to support safeguarding adults including safe recruiting, effective leaders, training and effective supervision arrangements. This framework was updated and replaced by '*Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework*' (July 2015 – NHS England), which reiterated this mandate.
- 5.3 It is important that the learning from the Mid Staffordshire NHS Foundation Trust Public Inquiry chaired by Robert Francis QC, *The Francis Inquiry 2013*, is utilised and implemented into safeguarding practice. Likewise, the learning from Winterbourne View as described in the 2013 report *Transforming care: a national response to Winterbourne View hospital* is also of importance to practitioners within the 2gether NHS Foundation Trust. These tragic failures of duty to satisfactorily maintain the safety of adults at risk in the care of public services have highlighted the ever present need to maintain and continuously improve organisational approaches to safeguarding adults.
- 5.4 From a local perspective 2gether NHS Foundation Trust is fully committed to partnership working within Gloucestershire and Herefordshire, and is a member of the Safeguarding Adults Boards. Both Counties have developed a Multi-agency Adult Safeguarding Policy based on the West Midlands Adult safeguarding Policy and Procedure. These policies can be found on the Trust intranet safeguarding pages.

## **6. Duties**

- 6.1 Responsibility for the development, maintenance, review and ratification of this document lies with the Director of Quality and the Medical Director. The Director of Quality has board level responsibility for the development of this document and may delegate this responsibility. In this case responsibility for the development of this document is the responsibility of the Deputy Director of Nursing.
- 6.2 The Governance Committee will be notified when this procedure has been approved by the Director of Quality and made aware of any amendments.
- Responsibilities of agencies (including statutory, primary care, voluntary and independent community staff)
- 6.3 The local multi-agency safeguarding adult policy outlines the Roles and Responsibilities of all agencies in section 5 of its policy and procedures document. It is an extensive list and includes the role of:-

- The Safeguarding Adults Board and its strategic oversight of all adult safeguarding work within the County.
- Carers
- Advocates
- A person in a 'position of trust' is someone who works with or cares for adults with care and support needs in a paid or voluntary capacity about whom allegations of adult abuse or neglect are made. All allegations of abuse, neglect or maltreatment of adults with care and support needs by somebody in a position of trust must be taken seriously and managed through human resources procedures.
- Out of Hours emergency duty Services
- Police and the judicial system
- Witness support
- Victim support
- Fire and Rescue Service

6.4 All staff that have contact with service users are responsible for using the policy correctly to ensure high quality safeguarding practice.

## **7. Definitions**

7.1 The care Act 2014 (s.42) (1) defines an adult at risk of abuse or neglect if the following applies:

- (a) has needs for care and support (whether or not the authority is meeting any of those needs),
- (b) is experiencing, or is at risk of, abuse or neglect, and
- (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

"Care and support is the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent. Care and support includes assessment of needs, provision of services, and the allocation of funds to enable the person to purchase their own care and support" (Multi-agency policy and procedure for the protection of adults with care and support need, p:114).

## **7.2 Abuse**

'Abuse is a violation of an individual's human and civil rights by any other person or persons. ....the circumstances in which harm and exploitation occur is known to be extremely diverse as is the membership of the at risk group.' (No Secrets, section 2.5)

'It may be a single act or repeated acts; an act of negligence or a failure to act and may be multiple acts' (e.g. an adult at risk may be financially and physically abused). (No Secrets)

## **7.3 Who may abuse**

'Adults (at risk of abuse or neglect) may be abused by a wide range of people e.g. relatives, family members, professional staff, paid care workers, volunteers, other service users, people who deliberately exploit vulnerable people and strangers.'  
Children may also be abusers.



It is important for all members of the Trust to be aware that anyone may commit abuse or neglect.

#### **7.4 Forms of Abuse**

Whilst it is acknowledged that abuse or neglect can take different forms, the Care Act guidance identifies the following types of abuse or neglect:

- Physical abuse;
- Domestic violence;
- Sexual abuse;
- Psychological abuse;
- Financial or material abuse;
- Modern slavery;
- Discriminatory abuse;
- Organisational abuse;
- Neglect and acts of omission;
- Self-neglect.

#### **8. Ownership & Consultation**

- 8.1 Responsibility for the development, maintenance, review and ratification of this document lies within the **Director of Quality**; however this has been delegated to the Deputy Director of Nursing.
- 8.2 Each policy will be sent to the Trusts care practice policy consultation group, locality and clinical directors for consultation. This will be for a one month period. This will then be notified to the Trust Governance Committee. The Trust is developing a mechanism for consulting service user and carer representatives regarding policy development.
- 8.3 This policy has received additional consultation via the Trust Safeguarding Committee.
- 8.4 Where a review only results in minor changes to a policy or procedure there will be no formal consultation and the review will be uploaded on to the intranet and notified at the next update.

#### **9. Ratification Details**

The Director of Quality has the authority to ratify policies. This can be delegated to the Deputy Director of Nursing. The governance committee will be notified of any clinical policy reviews.

#### **10. Release Details**

- 10.1 Core Practice Policies are not routinely placed on the trust public website. Upon request most are available to members of the public if requested. This policy is available on the Trust intranet under Clinical Policies. The Trust intranet indicates to staff that a policy have been reviewed and uploaded.
- 10.2 The Deputy Director of Nursing also briefs Trust colleagues via a monthly policy update communicated via the Trust communication team, on the 'Latest News' feed.

## 11. Review Arrangements

The policy will be reviewed every 3 years to ensure that it is contemporaneous to modern mental health practice and research. All policies are subject to earlier review if significant changes in legislation or national best practice indicates.

## 12. Process for Monitoring Compliance

12.1 To ensure compliance with this guidance the Director of Quality will ensure:-

- Regular audits of adult safeguarding practices are conducted both internally via the Trust audit process and also participation in multi-agency audits
- Staff training on safeguarding adults is delivered in line with multi agency requirements and national directives.
- The activity and performance of the Trust approach to safeguarding is regularly monitored and reported upon via the Trust Safeguarding Adults dashboards and Trust safeguarding committee objectives

12.2 The above activities are regularly reported to the Trust Governance Committee who will be responsible for the development and monitoring of any identified actions.

## 13. Training

### 13.1 Level 1/ Universal Safeguarding Adults

Training is delivered Face to Face. It is mandatory for all staff to attend corporate induction.

#### **Level 2 Think Family – Universal Safeguarding Adults.**

It is mandatory for all frontline staff to attend Think Family training. If not undertaking Level 3 Adult Safeguarding, this needs to be repeated every 3 years.

If completing Level 3 Children's Safeguarding training, the Think Family Level 2 day does not need to be repeated. An e-learning Level 2 Adult safeguarding will become available to complete every 3 years in this case.

#### **Level 3/ Targeted Safeguarding Adults - Multi-agency Safeguarding Adults**

It is mandatory for band 6 staff and above, working with adults. This is a multi-agency one day programme for staff with professional responsibility for safeguarding adults, to enable to act on concerns and follow local and national policies, legislation and procedures. Training is Face to Face.

One full day for initial training and then a minimum of 6 hours over 3 years (half day refresher update every three years with confirmed additional reading- making 6 hours)  
This training will be attended within the year after level 2 is achieved.

#### **Level 4/ - Specialist Strategic safeguarding Adults- Gloucestershire Working Age Adults only.**

This is Specialist training for staff having responsibility to investigate under Section 42 of the Care Act 2014. This is mandatory for Team Managers in adult teams, all Social Workers, Social Care Specialists, Social Care Lead, Community Service Managers and Modern Matrons.

13.2 A schedule of available training can be located on the 2gether Learn 2gether portal

(level 2) Safeguarding Adults Board websites linked below (level 3 and 4). A guide to training can be located at the Trust safeguarding intranet site (Newsletter May 2017) and a Training Matrix is attached at Appendix 6

Gloucester - <http://www.learningservice.org/login.aspx?u=gcc>

Hereford - <https://herefordshiresafeguardingboards.org.uk/training/>

Staff can seek support on access training either via the Trust training department or the Trust safeguarding team.

- 13.3 The process for ensuring that all staff receive statutory and mandatory training which is essential for their role is set out in the Policy and Procedure for the arrangements of Risk Management Training and this can also be found at the above mentioned intranet site.

## **14.0 Main body of policy**

### **14.1 Trust recommended guidance for staff safeguarding adults:**

#### **What should I do if an adult service user starts telling me they have been abused?**

Listen very carefully; give them your full attention.

- Do not agree to keep it a secret, you cannot do this.
- Explain to them you will have to pass it on.
- Don't dismiss their concerns.
- Reassure them that you will deal with the allegation discreetly and will take it seriously.
- Ask what they would like to happen/preferred option.
- Avoid asking leading questions about the alleged abuse and don't make judgements.
- Do not confront the alleged abuser.
- If the person is in immediate danger call the police or ambulance. Report the allegation to your line manager or supervisor straight away using the Service Users own words.
- Contact the Trust's Safeguarding Team for further discussion if needed.
- Raise an alert to the Local Authority Adult Social Care Safeguarding Team. See 14.3 for detail
- Write an account of what you have been told for future reference. Document in the Service users health and social care i.e. RiO, IAPTus, in accordance to correct recording procedures. Also ensure the service users risk summary or risk assessment is up to date and reflects the abuse/risks they are subject to.
- Separate guidance on how to Record Safeguarding Information on RiO is available in the 'Recording Safeguarding Adults Information on RiO' guide which is also available via this [link](#).
- Separate guidance on 'How to Record Safeguarding Information on IAPTus' is available in the 'Recording Safeguarding Adults Info on IAPTus' guide which is also available via the above link.

### **14.2 What should I do if I suspect, or someone else discloses abuse to me?**

- All of the above
- Don't dismiss your concerns

- You must never assume that somebody else will recognise and report what you have seen or heard.
- It can be difficult if the allegation is about a colleague or it is difficult to believe what you have heard, but you must still report any alleged abuse as outlined previously, to your line manager, safeguarding team and local authority safeguarding team.

### **14.3 Reporting procedure to follow where staff has a safeguarding adult concern**

All staff have a duty to act where a safeguarding adult concern is identified. As described in section 14.1 immediate actions are to report, at the time, any concerns to your line manager and provide details of all known facts.

#### **To Log a concern with the Local Authority Safeguarding Team:**

##### **For Gloucestershire**

Contact the Local Authority Safeguarding Team via the social care helpdesk on 01452 426868 during the hours of 9am – 5pm ; or 01452 614194 for public out of Hours Service (Emergency Duty Team – EDT); 614758 not for public access (staff only). Call 999 if an emergency or 101 if not urgent (police).

##### **For Herefordshire**

Contact the Local Authority Safeguarding Adults Team on 01432 260715 or out of hours 03301239309 or [safeguardingadults@herefordshire.gov.uk](mailto:safeguardingadults@herefordshire.gov.uk). Call 999 if an emergency or 101 if not urgent (police).

Once a concern has been logged to the local authority, a Threshold Decision will be made about whether it becomes a referral for formal Safeguarding Procedures, instigating an enquiry under section 42 the Care Act 2014. Please refer to the relevant process maps for Gloucestershire and Herefordshire in the Appendices.

If there is a criminal offence being committed or about to be committed Gloucestershire constabulary should be contacted on 08450901234 or West Mercia Police on 0300 333 3000.

When logging a safeguarding concern to the respective safeguarding adults teams, evidence of this must be documented immediately and appropriately in the service users Health and Social Care Record. If you are advised by another professional, agency, relative or the service user that they themselves have logged a safeguarding concern, this also needs recording.

Separate guidance on how to Record this is available in the relevant 'Recording Safeguarding Adults Information' guides for RiO or IAPTus.

**Please see Appendix 1 for an informative safeguarding process map.**

<sup>2</sup>gether NHS Foundation Trust Safeguarding Team is available to discuss concerns about individual adult and child cases. The team can also offer advice and guidance on formal Safeguarding procedures relating to the Local Authorities Policy and Procedures and 2gether staff obligations for Safeguarding, including information sharing issues.

The team provide Safeguarding training (alongside the training department); formal supervision to teams; informal advice on individual cases. The team link in with work

associated with all forms of abuse, neglect (including self-neglect) and Safeguarding processes e.g. Multi Agency Risk Assessment Conferences (MARAC); Hidden Harm (Domestic Abuse, Substance Misuse and Parental Mental Ill Health); PREVENT; Mental Capacity Act and Deprivation of Liberty. Also issues regarding prisoners and Multi Agency Public Protection Arrangements (MAPPA).

**Helpful contact numbers can be found at Appendix 3 for Gloucestershire and Appendix 4 for Herefordshire.**

#### **14.4 Role of the Local Authority Safeguarding Adults Teams**

The Safeguarding Adult Teams in Gloucestershire County Council and Herefordshire County Council have lead responsibility for ensuring continuous improvement in safeguarding adults work.

The teams will work with professionals to ensure a consistent and effective response when dealing with safeguarding adults' concerns.

Contact details of any professionals from agencies external to 2gether should be clearly documented in professional contacts in the health and social care record. Guidance on how to record these on Rio can be found in the '[Recording Professional Contacts on RiO](#)' guidance which is also available via this [link](#).

The services offered by the Local Authority team are as follows:

#### **14.5 Advice and support**

Managers, practitioners, staff, students and volunteers working across partner agencies with adults who may be at risk of abuse or neglect can contact the Safeguarding Adults Service for specialist advice and information on Safeguarding, the Mental Capacity Act and Deprivation of Liberty Safeguards. The team can also give advice on situations where there is uncertainty as to whether or not the safeguarding route is appropriate.

People who contact the team are asked to record any information or advice they receive on a service user/patient file as it may be used as evidence at a later stage.

The Local Authority Safeguarding Adults Team can be contacted:

**Gloucestershire:** [safeadults@gloucestershire.gov.uk](mailto:safeadults@gloucestershire.gov.uk) or by telephone 01452 425879.

**Herefordshire:** [safeguardingadults@herefordshire.gov.uk](mailto:safeguardingadults@herefordshire.gov.uk) 01432 260715 or out of hours 03301239309

#### **14.6 Service provider investigations**

Whole service provider investigations (e.g. care homes, health establishments and domiciliary care agencies) can be complex and require much co-ordination and planning. The Local Authority Safeguarding Adult Teams will lead on these investigations and liaise closely with the Care Quality Commission (CQC) if the service is registered with CQC under the Health and Social Care Act 2012.

#### **14.7 Safeguarding meetings**

These are explained in the 'Adult Safeguarding: Multi –agency policy & procedures for the protection of adults with care and support needs in the west Midlands' and the more local Gloucestershire and Herefordshire Safeguarding Adults Policy and Procedures.

A safeguarding meeting can take the form of:

- Safeguarding Adults Strategy Meeting
- Safeguarding Adults Planning Meeting
- Safeguarding Adults Review Meeting

The Local Authority Safeguarding Adult Team may coordinate and chair a safeguarding meeting if any of the following conditions apply:

- It involves a registered service that is of a safeguarding concern to the Care Quality Commission (CQC will only attend the meeting if certain criteria are met)
- It relates to two or more service users in a registered service
- It concerns institutional abuse
- There is reason to believe that a serious crime has been committed
- There have been episodes of multiple abuses
- Incidents are increasing in intensity and/or severity
- The behaviour is persistent and deliberate
- The safeguarding concern involves out of county placements in Gloucestershire/Herefordshire
- There is interest from the media
- A locality manager feels that an independent chair would be helpful

**In Gloucestershire**, other safeguarding meetings will normally be chaired by a locality 2gether NHSFT operational manager with the support from the locality Social Care Specialist. Training is available for chairing strategy meetings (Level 4) and for minute taking.

**In Herefordshire**, the Local Authority will chair the safeguarding meetings.

It is the responsibility of the locality team to ensure that a minute taker has been organised for all safeguarding meetings (in Gloucestershire). The minutes should always be sent to the Chair before distribution.

A word document pro-forma is available for each type of meeting and must be used to record the minutes. Available from the relevant Local Authority County Council on the Safeguarding website. All documents should be uploaded onto the trust Electronic Health care record system i.e. RiO, IAPTus.

If using RiO, outcomes of these meetings should also be recorded in the appropriate Safeguarding Adult form. Further guidance can be found via this [link](#).

**Advice can be obtained from the Local Authority Safeguarding Team about how to plan for the meeting**

A Safeguarding Specialist Practitioner from the Local Authority in Gloucestershire may also attend safeguarding meetings to offer specialist safeguarding advice and information in the following circumstances:

Where there is serious exposure to risk of:

- Death
- Serious physical injury or illness
- Serious deterioration in physical or mental health
- Serious emotional distress
- A life-changing decision
- More than one person who may be at risk
- Two or more concerns have been logged about the same person/setting

## 14.8 The PREVENT strategy and safeguarding adults at risk

### PREVENT – an explanation

The PREVENT strategy, published by the government in 2011, is part of the overall Government counter-terrorism strategy, CONTEST. The aim of the PREVENT strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

Section 21 of the Counter-Terrorism and Security Act 2015 places a duty on certain bodies, listed in Schedule 3 to the Act – such as health, to have “*due regard to the need to prevent people from being drawn into terrorism*”. This guidance is issued under s24 of the Act. The Act states that the authorities subject to the provisions must have regard to this guidance when carrying out the duty. (Prevent Duty Guidance 2015). The Office for Security and Counter Terrorism in the Home Office is responsible for providing strategic direction and governance on CONTEST.

CONTEST has 4 key principles which aim to stop people becoming or supporting terrorism and PREVENT is one.

- PURSUE: to stop terrorist attacks
- **PREVENT: to stop people becoming terrorists or supporting terrorism**
- PROTECT: to strengthen our protection against a terrorist attack
- PREPARE: to mitigate the impact of a terrorist attack.

The NHS is a key partner in PREVENT which has been embedded within the trusts safeguarding arrangements. The PREVENT principle of this strategy, incorporates charitable organisations and private sector bodies which deliver health services to NHS patients. It refers to anyone, inclusive of staff, patients, carers or visitors.

**PREVENT** has 3 specific strategic objectives:

1. Respond to the 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

The Health Sector contribution to PREVENT focuses primarily on objectives 2 and 3.

### Why 2gether NHSFT is focused on PREVENT

Health services have an important role on a number of levels with regard to PREVENT, As a health and social care provider for mental health and learning disability the trust engage with large number of people who are considered particularly vulnerable to radicalisation. Therefore, it is important that staff have an increased level of vigilance for signs and symptoms of those who may be at risk of or are in the process of being radicalised.

Many of the precursors to radicalisation mirror that of mental ill health and social exclusion, i.e. loneliness, isolation and limited access to meaningful activity.

PREVENT is not just focussed on service users it also relates to staff groups who are at risk of radicalisation. Staff may recall the attempted Glasgow Airport bombing was carried out by a radicalised medic employed by an NHS Trust. Therefore the Trust has a duty to its staff as well as service users and carers.

An individual's risk of radicalisation can be seen along similar lines to that of the risk of being exploited criminally, sexually, financially or other areas of abusive conduct. There may be instances where safeguarding and PREVENT overlap, for example, some adults who are at risk of being or who have been subjected to violent extremism may have also experienced abuse or neglect.

### **What is the risk for 2gether NHSFT service users and staff?**

Gloucestershire and Herefordshire are considered low risk of terrorist activity. The Trust is able to access annual assessments of extremist activity and associated risk profiles to inform its approach as part of the wider PREVENT network. It is important to note however that low risk does not mean no risk, so ongoing diligence is required.

### **How 2gether NHSFT delivers PREVENT within the Trust**

2gether NHSFT takes a proportionate and measured approach to delivering its PREVENT responsibilities. The Trust approach is in line with national guidance and policy, which in turn is overseen via NHS England, local CCG's and County Council leads via safeguarding arrangements. The Trust also reports PREVENT related training and referral activity to the CCG's who relay this data to NHS England.

The emphasis of PREVENT work is to help people in what is termed the "pre – criminal activity/space". The term **Pre-Criminal Activity/Space** refers to supporting and protecting those who might be susceptible to radicalisation, to be drawn away from becoming involved in 'criminal activities'; by offering advice/guidance and support via Multi-agency working to ensure that individuals are diverted away before any crime is committed. In simple language, it's about helping people before they become criminalised.

To support this, our Trust approach falls into three main areas of delivery - training, referral and response.

#### **Training:**

The single key issue for PREVENT training is for staff to be aware there is a risk of radicalisation and if they identify this that they know how to raise further attention to it. The Trust has a layered approach to PREVENT training for staff – This is briefly described as follows.



1. All staff receive brief awareness of PREVENT at Corporate Induction training (Level 1 Safeguarding).
2. All clinical staff receive more detailed awareness training as part of their Think Family Level 2 Safeguarding training.
3. All staff completing Level 3 Safeguarding training for adults and Children will receive the Level 3 Prevent training as part of this.
4. PREVENT is regularly raised via Trust safeguarding bulletins and organisational forums.

A range of PREVENT related resources are available to staff on the Intranet via the Safeguarding pages.

## Referral

Staff who have concerns that a service user/member of staff is experiencing radicalisation they should first report this to their immediate line manager for discussion or contact the safeguarding team for discussion. When onward referral or action is identified the line manager/individual member of staff can contact one of the following options:

- 2gether NHSFT Safeguarding Team by telephone on: **01452 894699**
- Community Service manager for Herefordshire referrals
- Deputy Director of Nursing – Trust PREVENT lead at Trust HQ - **01452894000**
- Outside of business hours if it is an emergency situation discuss with clinical on call manager, if not discuss with line manager at earliest opportunity.
- If you have immediate concerns for the safety and security of the public then contact the police using 999

If the case is considered to meet the criteria for onward referral sharing of information will be agreed in line with multi agency arrangements for information sharing. Onward escalation is taken forward by the Trust safeguarding team/Deputy Director of Nursing. This is via the local Police “Channel” lead – West Mercia Constabulary manage Herefordshire referrals and Gloucestershire Constabulary manage Gloucestershire referrals.

Unless there are urgent and immediate safety/security concerns the individual case is referred for consideration by the specific counties “Channel” panel. The Channel panel is a multiagency group that meets to discuss cases and determines what positive remedial action can be applied to help the individual. 2GNHSFT is a floating member of the Channel Panel process, and will be requested to attend when mental health expertise is required.

Documentation of these concerns must be recorded in an up to date Risk Summary/Assessment within the service users health and social care record.

## Response

In simple terms this relates to work as a Trust that we may be asked to carry out as part of the Channel process. This may take the form of being part of an individual’s package of support or advising/signposting on course of action or other services to be engaged.

## Reporting and board assurance

PREVENT activity such as Channel referral's and training activity is reported on our Trust quarterly safeguarding dashboards. These dashboards are reported to the Trust Governance Committee and are also reported to our CCG quality monitoring arrangements. This information is also reported to the NHS England regional PREVENT coordinator. The Deputy Director of Nursing also briefs the Trust Safeguarding Committee on PREVENT matters as part of the quarterly Safeguarding report to maintain board assurance.

A Trust PREVENT flow chart is included in Appendix 2.

## 14.9 Children

When safeguarding adults, the needs of children must be taken into account. The impact an adult with care and support needs, has on a child within the individual's social network, must be considered. Please refer to the Safeguarding Children Policy which can be found via the Trust intranet.

**14.10** Transitional arrangements exist between services e.g. Child and Adolescent Mental Health Services (CAMHS) or Children and Young Peoples Service (CYPS) and Adult Mental Health. It is important to remember that Children's Safeguarding Procedures and the Children's Act apply to children and young people until they reach the age of 18.

**14.11** Professional and Operational Supervision arrangements should include consideration of Safeguarding issues for all staff. This includes Adult and Children Safeguarding practice.

## 15. Associated Documentation

Equality Impact Assessment for this policy – see also Overarching Care Practice Policy EIA. The outcome of the Initial Screening Assessment was that the policy does not discriminate against individuals or groups on the basis of their ethnic origin, physical or mental abilities, gender, age, religious beliefs or sexual orientation. Please see *2GNHSFT Policy, Procedure and Guidance for the Development and Management of Policy, Procedure and Guidance Documents*.

Multi-agency Safeguarding policy and procedures

Trust Safeguarding Children policy  
Mental Capacity Act and the Deprivation of Liberty Act  
Prevent Duty Guidance 2015

## 16. References and links to key documentation

1. Berwick, D (2013). **A promise to learn – a commitment to act: Improving the safety of patients in England**. Available at the following link:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/226703/Berwick\\_Report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf)
2. Department of Health (2000) **No Secrets: Guidance on Developing and implementing Multi-Agency Policies and Procedures to Protect Vulnerable Adults from Abuse**. Available at:

[http://nww.glospt.nhs.uk/C17/Gloucestershire%20\(Safeguarding/Document%20Library/No%20secrets.pdf](http://nww.glospt.nhs.uk/C17/Gloucestershire%20(Safeguarding/Document%20Library/No%20secrets.pdf)

3. Department of Health (2013) **Transforming care: a national response to Winterbourne View hospital**. Available at: <https://www.gov.uk/government/publications/winterbourne-view-hospital-department-of-health-review-and-response>
4. NHS Commissioning Board. (2013). **Safeguarding Vulnerable People in the Reformed NHS Accountability & Assurance Framework**. Available at <http://www.england.nhs.uk/wp-content/uploads/2013/03/safeguarding-vulnerable-people.pdf>
5. Francis. R (2013) **The final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry**. Available at: <http://www.midstaffpublicinquiry.com/report>
6. **Gloucester Adults Safeguarding Board**  
<http://www.gloucestershire.gov.uk/gsab/index.aspx?articleid=109989>
7. **Herefordshire Adults Safeguarding Board**  
[https://www.herefordshire.gov.uk/health-and-social-care/adult-services/herefordshire-safeguarding-adults-board-\(hsab\)/](https://www.herefordshire.gov.uk/health-and-social-care/adult-services/herefordshire-safeguarding-adults-board-(hsab)/)
8. Royal College of Paediatrics and Child Health (RCPCH).(2014) *Safeguarding Children and Young People; roles and responsibilities for health care staff*. Intercollegiate Document. London. RCPCH
9. Safeguarding Adults: Multi Agency Policy and Procedures for West Midlands  
<https://www.herefordshire.gov.uk/media/7360973/report60.pdf>
10. South West Safeguarding Adults Threshold Guidance March 2011  
<http://www.torbaycaretrust.nhs.uk/ourservices/SafeguardingAdults/Documents/ADASS%20South%20West%20Regional%20Thresholds.pdf>
11. [West Midlands Adult Safeguarding Editorial Group \(2014\)Adult Safeguarding: Multi-agency policy & procedures for the protection of adults with care & support needs in the West Midlands.Great Britain.](#)

## 17. EIA Assessment

Initial Assessment – does the document affect one group less or more favourably than another on the basis of:-	Yes/No	Comments
<ul style="list-style-type: none"> <li>• Race</li> <li>• Ethnic origins (including gypsies and travellers)</li> <li>• Nationality</li> <li>• Gender</li> <li>• Culture</li> <li>• Religion or belief</li> <li>• Sexual orientation including lesbian, gay and</li> </ul>	NO	

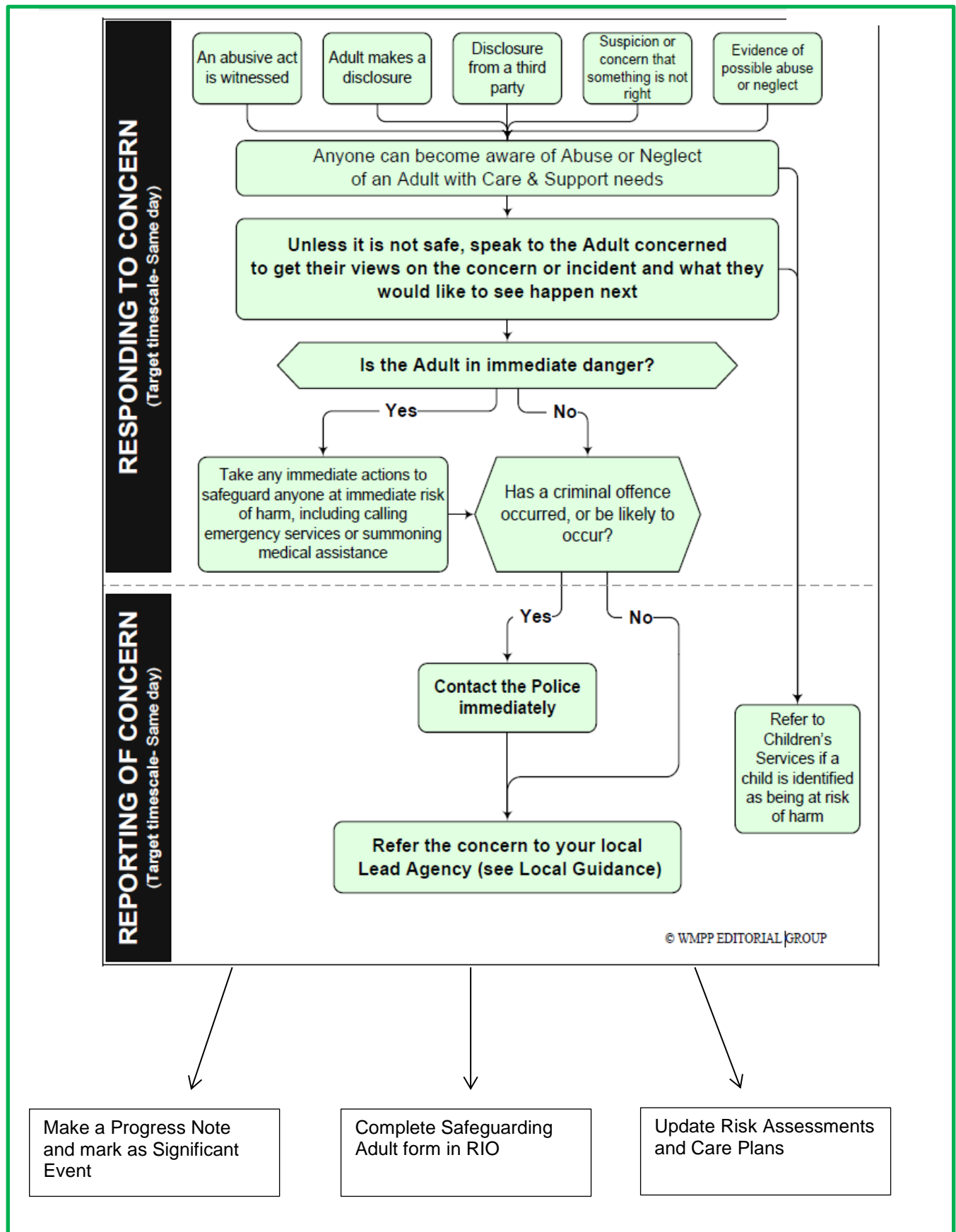
bisexual people <ul style="list-style-type: none"> <li>• Age</li> <li>• Disability – <i>learning disabilities, physical disability, sensory impairment and mental health problems</i></li> </ul>		
Is there any evidence that some groups are affected differently?	NO	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
Is the impact of the document likely to be negative?	NO	
<ul style="list-style-type: none"> <li>• If so can the impact be avoided?</li> <li>• What alternatives are there to achieving the document without the impact?</li> <li>• Can we reduce the impact by taking different action?</li> </ul>		
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		

*The Outcome of the Initial Screening Assessment was that the policy does not discriminate against individuals or groups on the basis of their ethnic origin, physical or mental abilities, gender, age religious beliefs or sexual orientation.*

*Please see 2GNHSFT Policy, Procedure and Guidance for the Development and Management of Policy, Procedure and Guidance documents.*

## Appendix 1

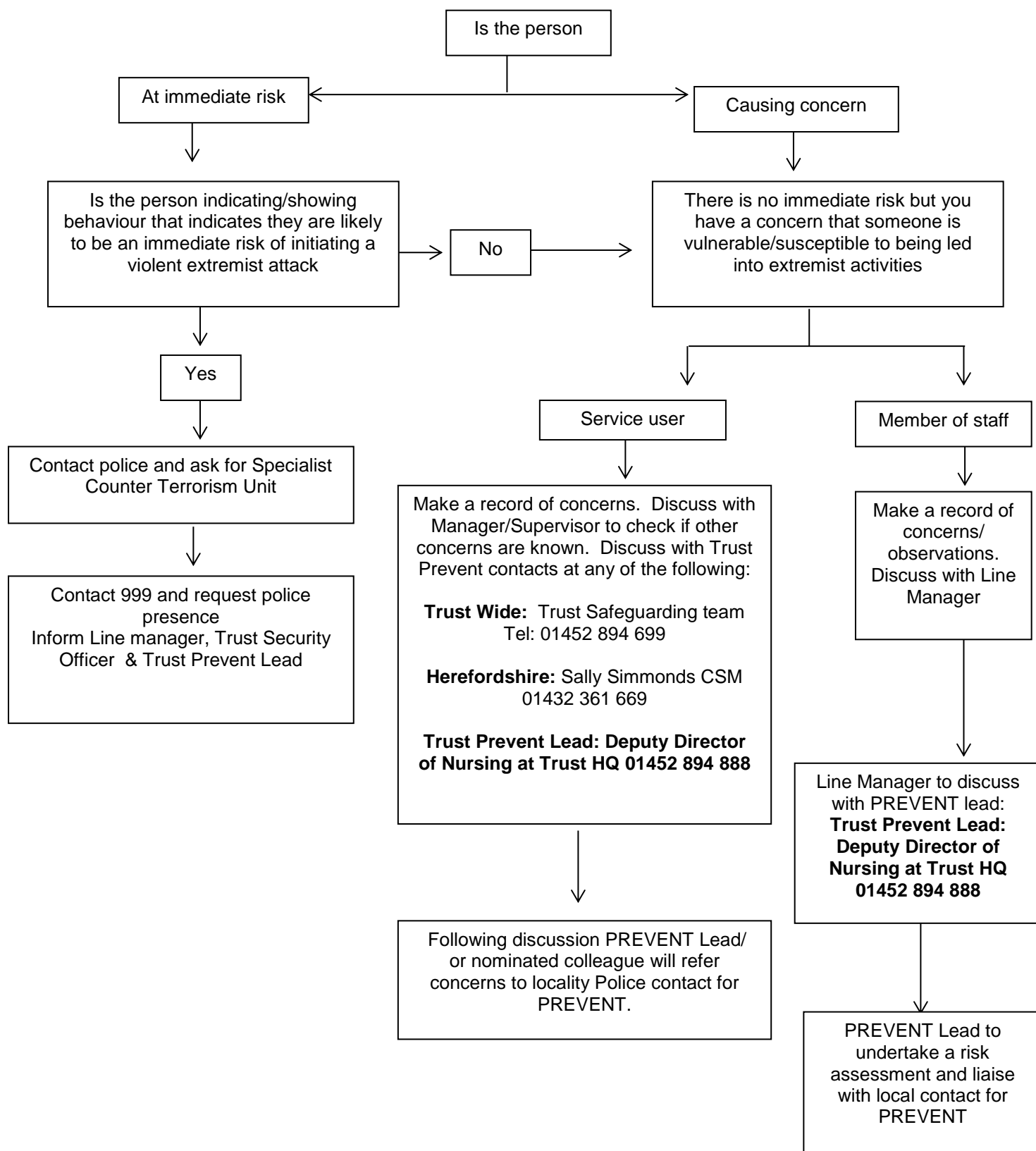
# Adult Safeguarding Concerns: Responding & Reporting



## Appendix 2

### PREVENT REPORTING FLOWCHART FOR RAISING CONCERNS IN HEREFORDSHIRE AND GLOUCESTERSHIRE

**Action to take if you suspect an individual is being radicalised/self-radicalised into extremist activities**



## APPENDIX 3 Gloucestershire Contact Details

Gloucestershire County Council (Adult Help Desk) **01452 426868**  
email [socialservicesenq@gloucestershire.gov.uk](mailto:socialservicesenq@gloucestershire.gov.uk)

Gloucestershire Fire and Rescue Service Community Safety Team **01452 753333**  
email [fire@glosfire.gov.uk](mailto:fire@glosfire.gov.uk)

Gloucestershire Police **101**  
[www.gloucestershire.police.uk](http://www.gloucestershire.police.uk)Opens new window

Gloucestershire Trading Standards **01452 426201**  
[tradstds@gloucestershire.gov.uk](mailto:tradstds@gloucestershire.gov.uk)

Victim Support **01452 317444**  
[www.victimsupport.org.uk](http://www.victimsupport.org.uk)Opens new window

NHS Direct **0845 4647**

Gloucestershire Community PALS (Patient Advice And Liaison Service) **0800 015 1548**  
[glccg.pals@nhs.net](mailto:glccg.pals@nhs.net)  
[www.palsglos.org.uk](http://www.palsglos.org.uk)Opens new window

Healthwatch Gloucestershire **0800 652 5193** or **01452 504989**  
[info@healthwatchgloucestershire.co.uk](mailto:info@healthwatchgloucestershire.co.uk)  
[www.healthwatchgloucestershire.co.uk](http://www.healthwatchgloucestershire.co.uk)Opens new window

Age UK (formerly Age Concern and Help the Aged) **01452 422660**

Alzheimer's Society **01452 525222**

Benefit Enquiry Line **0800 882200**

Citizens Advice Bureau **01453 762084**

### ***Cross Roads Caring for Carers:***

- Forest of Dean - **01594 823414**
- Cheltenham and Tewkesbury - **01242 584844**
- Stroud and Gloucester - **01453 755999**

Dementia Care Trust **01452 550066**

### ***Gloucestershire County Council Drop in Centres:***

- Cheltenham, 350 The High Street, Cheltenham **01242 244950**
- Gloucester, Three Cocks Lane, Gloucester **01452 529 663**
- Stroud, The Shambles, Stroud **01453 757081**

Gloucester Disability Forum **01452 530184**

Gloucester Health Access Centre **01452 336290**

Gloucestershire Older Persons' Assembly **01452 313999**

## **APPENDIX 4      Herefordshire Contact Details**

### **Adult safeguarding contacts**

The Advice and Referral Team **The team will discuss your safeguarding concerns, give you advice and take referrals:**

- Telephone: 01432 260715 (weekdays 9am-5pm)
- Secure email: [safeguarding@herefordshire.gcsx.gov.uk](mailto:safeguarding@herefordshire.gcsx.gov.uk)
- Fax: 01432 261943
- Out of hours (emergency) contact number for referrals: 0330 123 9309 (after 5pm, weekends and public holidays)

### **Emergencies**

If someone is injured or in immediate danger: Telephone: 999 - police, fire, ambulance, coastguard

**Police:-** To report abuse when there is no immediate emergency (for example, you have witnessed an incident)

- West Mercia Police telephone: 0300 333 3000

Care Quality Commission (CQC):-If you are concerned about a service that is regulated by the CQC

- Telephone: 0300 061 6161 weekdays 8.30am to 5.30pm

### **Agencies that make Herefordshire a safer place**

For more information please visit the Community Safety Partnership:  
<https://www.herefordshire.gov.uk/community-safety/community-safety-partnership>

For information on Equality and Diversity visit:  
<https://www.herefordshire.gov.uk/equality-and-diversity>

Victims of discrimination or harassment can contact the [Equality and Diversity](#) team on:

- Telephone: 01432 260244
- Fax: 01432 260299 (not for confidential information)
- Email: [diversity@herefordshire.gov.uk](mailto:diversity@herefordshire.gov.uk)

Trading Standards :- You can find support and advice on how to deal with a range of consumer issues, including cold calling, doorstep selling and scams at: [Trading standards advice and support for consumers](#). The [Citizens Advice Bureau](#) also offers consumer advice for a range of products and services.



## West Mercia Women's Aid

A specialist service provider, working primarily with women and children affected by domestic abuse, providing emotional and practical support to empower women and children to take control of their own lives.

- 24hr Domestic Violence Helpline for Herefordshire: 0800 783 1359
- General enquiries: 01432 356146
- Email: [hereford@westmerciawomensaid.org](mailto:hereford@westmerciawomensaid.org)

## Related pages

- [Hate crime](#)

### [How do I report a hate crime?](#)

If you have been the victim of a hate crime, you should report it. You can also report a hate crime if you witness it, or if you have been told about it by someone else. The police will take your complaint seriously, and thoroughly investigate it.

There are a number of ways you can report a hate crime:

In an emergency, always dial 999

- By phone to West Mercia Police on 0300 333 3000
- Online via the [True Vision website](#)
- Visit a police station
- The Citizens Advice Bureau can be contacted by telephone only on: 0844 826 9685

External links

<https://www.victimsupport.org.uk/help-and-support/get-help/supportline>

Contact details for local support for male or female victims or witnesses

- [Respect](#)

For perpetrators of domestic violence seeking to address their abusive behaviour

- [West Mercia Women's Aid](#)



## Appendix 5

### SAFEGUARDING TRAINING PLAN MAY 2017

TRAINING TOPIC	COURSE TITLE	WHO NEEDS THE TRAINING?	HOW IS IT DELIVERED?	HOW IS IT ACCESSED?	HOW OFTEN?
Safeguarding – Child Protection Level 1 <b>Gloucestershire</b>	n/a	All staff	Face to Face Training	Delivered as part of Corporate Induction	Once Only
Safeguarding – Child Protection Level 1 <b>Herefordshire</b>	n/a	All staff	Face to Face Training	Delivered as part of Corporate Induction	Once Only
Safeguarding – Child Protection Level 2 <b>Gloucestershire</b>	<b>Think Family</b>	All clinical staff  Administrative staff working in CYPS/CAMHS	Face to Face Training  1 Day Course	Booked via the Learn <sup>2</sup> gether Training System	Within 6 months of start date.  Then every three years unless required to do Level 3
Safeguarding – Child Protection Level 2 <b>Herefordshire</b>	<b>Think Family</b>	All clinical staff  Administrative staff working in CYPS/CAMHS	Face to Face Training  1 Day Course	Provided by Hoople but booked via the Learn <sup>2</sup> gether Training System	Within 6 months of start date.  Then every three years unless required to do Level 3
Safeguarding – Child Protection Multi Agency Level 3 <b>Gloucestershire</b>	<b>Inter-Agency Child Protection Training</b>	All clinical staff Band 5 and above (including medics) working in CYPS/CAMHS *  Otherwise all clinical staff Band 6 and above (including medics).	Face to Face Training provided by Gloucestershire Safeguarding Children's Board  1 Day Course  ½ Day Refresher	Access via the Safeguarding Intranet pages or Learn <sup>2</sup> gether, listed as Multi-Agency Safeguarding Training	Within 3 years of start date.  Then every three years thereafter.
Safeguarding – Child Protection Multi Agency Level 3 <b>Herefordshire</b>	<b>Herefordshire Targeted Working Together to Safeguard Children Training</b>	All clinical staff Band 5 and above (including medics) working in CYPS/CAMHS *  Otherwise all clinical staff Band 6 and above (including medics).	Face to Face Training provided by Herefordshire Safeguarding Board  1 Day Course  ½ Day Refresher	Access via the Safeguarding Intranet pages or Learn <sup>2</sup> gether, listed as Multi-Agency Safeguarding Training	Within 3 years of start date.  Then every three years thereafter.

TRAINING TOPIC	COURSE TITLE	WHO NEEDS THE TRAINING?	HOW IS IT DELIVERED?	HOW IS IT ACCESSED?	HOW OFTEN?
Safeguarding Child Protection - Specialist Safeguarding Level 4 <b>Gloucestershire</b>	<b>Safeguarding Children: Level 4</b>	Named Nurse for Safeguarding, Deputy Director of Nursing & Director of Quality.	Face to Face Training provided by NHS England/NSPCC  1 Day Course	NSPCC/Commissioned Course Providers.	One day per year, following Level 3 Training.
Safeguarding Child Protection - Specialist Safeguarding Level 4 <b>Herefordshire</b>	<b>Safeguarding Children: Level 4</b>	Named Nurse for Safeguarding, Deputy Director of Nursing & Director of Quality.	Face to Face Training provided by NHS England/NSPCC  1 Day Course	NSPCC/Commissioned Course Providers.	One day per year, following Level 3 Training.
Safeguarding – Adults Protection Level 1 <b>Gloucestershire</b>	n/a	All staff	Face to Face Training	Delivered as part of Corporate Induction	Once Only
Safeguarding – Adults Protection Level 1 <b>Herefordshire</b>	n/a	All staff	Face to Face Training	Delivered as part of Corporate Induction	Once Only
Safeguarding – Adults Protection Level 2 <b>Gloucestershire</b>	<b>Think Family</b>	All clinical staff (other than clinical staff Band 5 and above working in CYPS).  Administrative staff working in CYPS/CAMHS	Face to Face Training  1 Day Course	Booked via the Learn <sup>2</sup> gether Training System	Within 6 months of start date.  Then every three years unless required to do Level 3
Safeguarding – Adults Protection Level 2 <b>Herefordshire</b>	<b>Think Family</b>	All clinical staff (other than clinical staff Band 5 and above working in CAMHS).  Administrative staff working in CYPS/CAMHS	Face to Face Training  1 Day Course	Provided by Hoople but booked via the Learn <sup>2</sup> gether Training System	Within 6 months of start date.  Then every three years unless required to do Level 3

TRAINING TOPIC	COURSE TITLE	WHO NEEDS THE TRAINING?	HOW IS IT DELIVERED?	HOW IS IT ACCESSED?	HOW OFTEN?
* Safeguarding – Adults Protection Level 2  <b>Herefordshire &amp; Gloucestershire</b>	Safeguarding Adults – Level 2	All clinical staff Band 5 and above working in CYPS/CAMHS	By e-learning.	Accessed via the Learn <sup>2</sup> gether Training System	Within 6 months of start date.  Then every three years thereafter.
Safeguarding – Adults Protection Multi Agency Level 3  <b>Gloucestershire</b>	<b>Inter-Agency Adult Protection Training</b>	All clinical staff Band 6 and above (including medics).	Face to Face Training provided by Gloucestershire Safeguarding Adult's Board  1 Day Course  ½ Day Refresher	Access via the Safeguarding Intranet pages or Learn <sup>2</sup> gether, listed as Multi- Agency Safeguarding Training	Within 18 months of start date.  Then every three years thereafter unless required to do Level 4
Safeguarding – Adults Protection Multi Agency Level 3  <b>Herefordshire</b>	<b>Herefordshire Targeted Inter-Agency Adult Protection Training</b>	All clinical staff Band 6 and above (including medics).	Face to Face Training provided by Herefordshire Safeguarding Adult's Board  1 Day Course  ½ Day Refresher	Access via the Safeguarding Intranet pages or Learn <sup>2</sup> gether, listed as Inter- Agency Safeguarding Training  <b>N.B This training is not currently available.</b>	Within 18 months of start date.  Then every three years thereafter unless required to do Level 4
Safeguarding Adults Protection - Specialist Safeguarding Level 4  <b>Gloucestershire</b>	<b>Specialist Safeguarding Adults: level 4</b>	All Social Workers (Band 5 and above) and Team Managers (Band 7 and above) working in Working Age Adult Services (excluding medics).	Face to Face Training provided by Gloucestershire Safeguarding Children's Board  2 Day Course  ½ day refresher	Access via Gloucestershire Safeguarding Adult Board Training Team (GSAB website)	Once Only

## Safeguarding Children Policy

Policy Number	
Version:	Version 6
Purpose:	To advise all staff of safeguarding responsibilities towards children
Consultation:	Practice Policy Group & all SSU Directors
Approved by:	Director of Quality (John Trevains)
Date approved:	14 <sup>th</sup> March 2019
Author:	Alison Feher
Date issued:	March 2019
Review date:	3 Years – December 2021
Audience:	All 2gether staff for Gloucestershire and Herefordshire
Dissemination:	Trust wide
Impact assessments:	Equality Impact Assessment.

### Version History

Version	Date	Reason for Change
1	Date ratified	Policy development
2	August 11	Policy Review – Val Porter
3	March 12	Policy review Val Porter
4	April 14	Policy review by Alison Feher
5	October 15	Amendment to policy to reflect changes in PREVENT duties and also policy release, consultation and distribution
	May 2017	Policy Review to update on training requirements. Alison Feher
6	December 2018	Policy Review – Alison Feher

## **SUMMARY**

The Department of Health (July 2018) guidance “Working Together to Safeguard Children”, clearly states that everyone who comes into contact with children and families has a role to play in safeguarding children and protecting them from harm.

**All Trust staff have a duty to safeguard and promote the welfare of children.**

This policy relates to safeguarding children guidance for 2gether NHS Foundation Trust services in Gloucestershire and Herefordshire.

## **1. INTRODUCTION**

The aim of this policy is to direct staff on how the Trust meets its statutory safeguarding responsibilities, follows guidance and promotes best practice. This policy defines the local arrangements, roles and responsibilities and how as a Trust staff work together with other agencies to safeguard children.

Section 11 of the Children Act 2004 places a duty on key people and bodies (including NHS Foundation Trusts) to make arrangements to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children. Section 16 of the Children Act 2004 states that ‘regard must be given to the new working guidance ‘Working Together to Safeguard Children, A Guide to Inter-Agency Working to Safeguard and Promote the Welfare of Children’ (March 2015).

A child is defined as anyone who has not yet reached their 18th birthday; children means children and young people. This extends to the unborn child.

## **2. PURPOSE**

This Policy provides guidance and direction for Trust staff on the subject of safeguarding children in line with local lead agency policies and procedures.

## **3. SCOPE**

This policy covers all children receiving a service from the Trust. It also includes any child connected to an adult service user of the Trust. It is to be applied and actioned by all staff employed by the Trust in Gloucestershire and Herefordshire.

## **4. DUTIES**

Chapter 2 of ‘*Working Together to Safeguard Children*’ (HMGov2018) sets out the roles and responsibilities of all organisations with regard to safeguarding children.

At Trust level the ultimate responsibility for safeguarding children arrangements lies with the Chief Executive Officer of the Trust.

## **5. DOCUMENT DETAIL**

The statutory guidance set out in ‘Working Together to Safeguard Children’ (July 2018) is a document that will be complied with ‘unless exceptional circumstances arise’.

The two key principles outlined: that safeguarding is everyone’s responsibility and for a child-centred approach, is stressed as essential for effective safeguarding.

Clear local arrangements for collaboration between professionals and agencies to

improve multi agency working and to ensure effective safeguarding systems are child centred should be in place. "Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them, or placing the interests of adults ahead of the needs of children" (March 2015).

It is essential that all staff understand what they need to do, and what they can expect of one another, to safeguard children. Within this 'Safeguarding Children Policy', information is drawn from Gloucestershire and Herefordshire Locality Safeguarding Boards and associated Policies and Procedures. This in turn is based on the South West Child Protection Procedures for Gloucestershire and the West Mercia Child Protection Procedures for Herefordshire and the 'Working Together to Safeguard Children – A guide to inter-agency working to safeguard and promote the welfare of children (July 2018).

## **6. PROCESS FOR MONITORING COMPLIANCE**

The Trust participates in any monitoring undertaken, e.g. monitoring the implementation of recommendations from Serious Case Reviews through Governance Committee.

**Commissioning Services Standards for Safeguarding Children:** All employees of a service commissioned by NHS Gloucestershire and NHS Herefordshire have a statutory responsibility to safeguard and promote the welfare of children under section 11 of the Children Act 2004.

**Incident Reporting:** The Trust uses the Serious Incident (SI) Reporting Process to ensure that any incidents relating to safeguarding issues within the Trust are fully investigated and the lessons learned are cascaded to practitioners. This should also be linked to the Child Death Review Process and Serious Case Reviews

**Care Quality Commission:** Essential Standards of Quality and Safety Outcome 7 is safeguarding people who use service from abuse in line with Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

**Audit:** The Named Professionals are responsible for the review of health service specifications and standards for child protection practice and for the development and maintenance of child protection audit systems to monitor the application of child protection standards within the Trust. The audit programme for child protection will include audit of child protection records.

The work is reported to the Quality and Risk Committee and Governance Committee to ensure that the effectiveness of safeguarding work is continuously being monitored.

## **8. REFERENCES**

*Children Act 1989. London: HMSO*

*Children Act 2004. London: HMSO*

*Department for Education and Skills (2004) Statutory Guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004*

*Department for Education and Skills (2004) Every Child Matters – Change for Children*

*Department for Education and Skills (2006b) The Children Act 1989 Report 2004 and 2005.*

*Department for Children, Schools and Families (2008) Safeguarding children in whom illness is fabricated or induced. Supplementary guidance to Working Together to Safeguard Children HM Government 2008*

*HM Government (July 2018) Working Together to Safeguard Children.*

*Human Rights Act (1998) London: HMSO*

*National Health Service Executive (1999) Safety, Privacy and Dignity in Mental Health Units.*

*Royal College of Paediatricians and Child Health. (March 2014) Safeguarding children and young people: roles and competencies for health care staff.*

## **9. ASSOCIATED DOCUMENTS**

- Trust Safeguarding Children policy
- Mental Capacity Act and the Deprivation of Liberty Safeguards
- Prevent Duty Guidance 2015

Also please see:

- Child Death Review Process
- Allegations Management
- Visiting of Patients by Children Policy
- Health and Social Care Records Policy and Procedures
- Operational Policy for Young People Receiving Care and Treatment in Adult
- Working with Mothers and Their Unborn Babies where there are Concerns for the Welfare of the Unborn Child
- Commissioning Services Standards for Safeguarding Children
- 2getherNHSFT Safeguarding Training Policy

Resolution of Professional disagreements in work relating to the safety of children - Escalation Policy

## **MAIN BODY OF POLICY**

**Safeguarding Children Lead Director responsibilities:** the Trust has an identified lead Executive Director for safeguarding children at board level. This is the Trust's Director of Quality;

- who will keep the board fully informed of their accountability to the Gloucestershire Safeguarding Childrens Board (GCSB) and Herefordshire Safeguarding Childrens Board (HSCB)
- who is responsible for the appointment of the Trust named professionals
- who will support and ensure the named professionals fulfil their responsibilities
- who will ensure an annual safeguarding children report is presented to the Trust Board and that other executive and non-executive directors are briefed appropriately
- who will ensure that safeguarding children is an integral aspect of the Trust's



governance arrangements; that there is organisational compliance with clinical standards and requirements for child protection; that these issues are always considered when monitoring or planning new services.

- who will ensure that the Trust works effectively with other relevant organisations to identify, assess and manage children and young people in need of protection
- who will have explicit working links with the named professionals in the Trust and ensure that the named professionals are appropriately line managed.
- who will ensure clinical records, both electronic and hard copy, meet the required standards.
- who will ensure that staff in all areas respond positively and sensitively to the needs of individual children and young people; environments in which children and young people are cared for are safe and appropriate.

**Management Responsibilities:** The manager for each locality will ensure that

- all staff have access to and know how to seek specialist safeguarding children advice
- all staff have a DBS check, to the appropriate level, as part of the recruitment process; this includes bank staff, agency staff, students and volunteers
- all staff have undertaken child protection training at the right level for their role, and they have updates at the appropriate time interval
- all staff have access to the GSCB and HSCB Child Protection Procedures [www.gscb.org.uk](http://www.gscb.org.uk) and <http://hscb.herefordshire.gov.uk/>
- there is a regular audit of child protection practice, to include audit of child protection record keeping
- staff are supported to participate in individual management reviews and serious case reviews, as appropriate.

**Named Professional Responsibilities:** *'Working Together to Safeguard Children'* (HMGov 2018), states that each NHS Trust must identify a named nurse and a named doctor for safeguarding children. Named professionals have a key role in promoting good professional practice within the Trust, and provide advice and expertise for fellow professionals and will:

- support the Trust in its clinical governance role, by ensuring that audits on safeguarding are undertaken and that safeguarding issues are part of the trust's clinical governance system
- attend and provide a quarterly report to the Trust Governance Committee
- take responsibility for conducting the Trust's Internal Management Reviews (IMRs) for Serious Case Reviews and other learning models except where there has been personal involvement in the case
- have a key role in ensuring a safeguarding training strategy is in place and working with the designated professionals and other named professionals to develop and deliver in-house safeguarding children training within the Trust.
- support and advise other professionals on the management of more complex cases of child abuse
- participate in GSCB / HSCB activities in agreement with and shared with other named and designated professionals
- promote good practice and effective communication within and between trusts and all agencies on all matters relating to the protection of children working closely with the designated and other named professionals
- ensure that safeguarding is an integral part of the Trust's risk management

strategy

- ensure that GSCB/ HSCB Child Protection policies and procedures are accessible to and understood by Trust staff
- attend relevant local, regional and national forums and maintain up-to-date skills and competencies

**This document requires approval from the Governance Committee.**

**Individual Responsibilities of staff:**

- All staff should actively safeguard and promote the welfare of children
- Concerns that children are at risk of, or suffering from, child abuse or neglect should always be shared with a senior member of staff. Reasons for the concern and actions taken must be documented in the service user notes as per RiO and IAPTus guidance:  
<http://2gethernet.glos.nhs.uk/Interact/Pages/Content/Document.aspx?id=2671>  
<http://2gethernet.glos.nhs.uk/Interact/Pages/Content/Document.aspx?id=1476>  
Band 5 staff and below, should always discuss with a senior member of staff prior to making a referral.
- Help and advice can be sought from 2gether NHSFT Safeguarding Team, the Named Nurse or Doctor, Safeguarding Children Service with the Local Authorities or Emergency Duty Teams (out of hours) .
- If a decision is made that a child may be at risk of significant harm a referral must be made to the Multi Agency Safeguarding Hub (MASH) of the Local Authority. A referral phone call may be made in the first instance to:-

**Gloucestershire - 01452 426565**

**Herefordshire - 01432 260800**

This must be followed up in **writing** using the referral form (Multi Agency Referral Form – MARF) and **emailed securely** to the MASH within 48 hours. This can be found on the Trust website and the Gloucestershire or Herefordshire Children's

Safeguarding Boards websites: [www.gscb.org.uk](http://www.gscb.org.uk) and  
<http://hscb.herefordshire.gov.uk/>

- Gloucestershire Secure Email:  
[Childrenshelpdesk-gcsx@gloucestershire.gcsx.gov.uk](mailto:Childrenshelpdesk-gcsx@gloucestershire.gcsx.gov.uk)
- Herefordshire Secure Email:  
[cypd@herefordshire.gcsx.gov.uk](mailto:cypd@herefordshire.gcsx.gov.uk)

Out of hours contact the Emergency Duty Team:

**Gloucestershire - 01452 614194 (Gloucestershire) or**  
**Police Control Room 101**

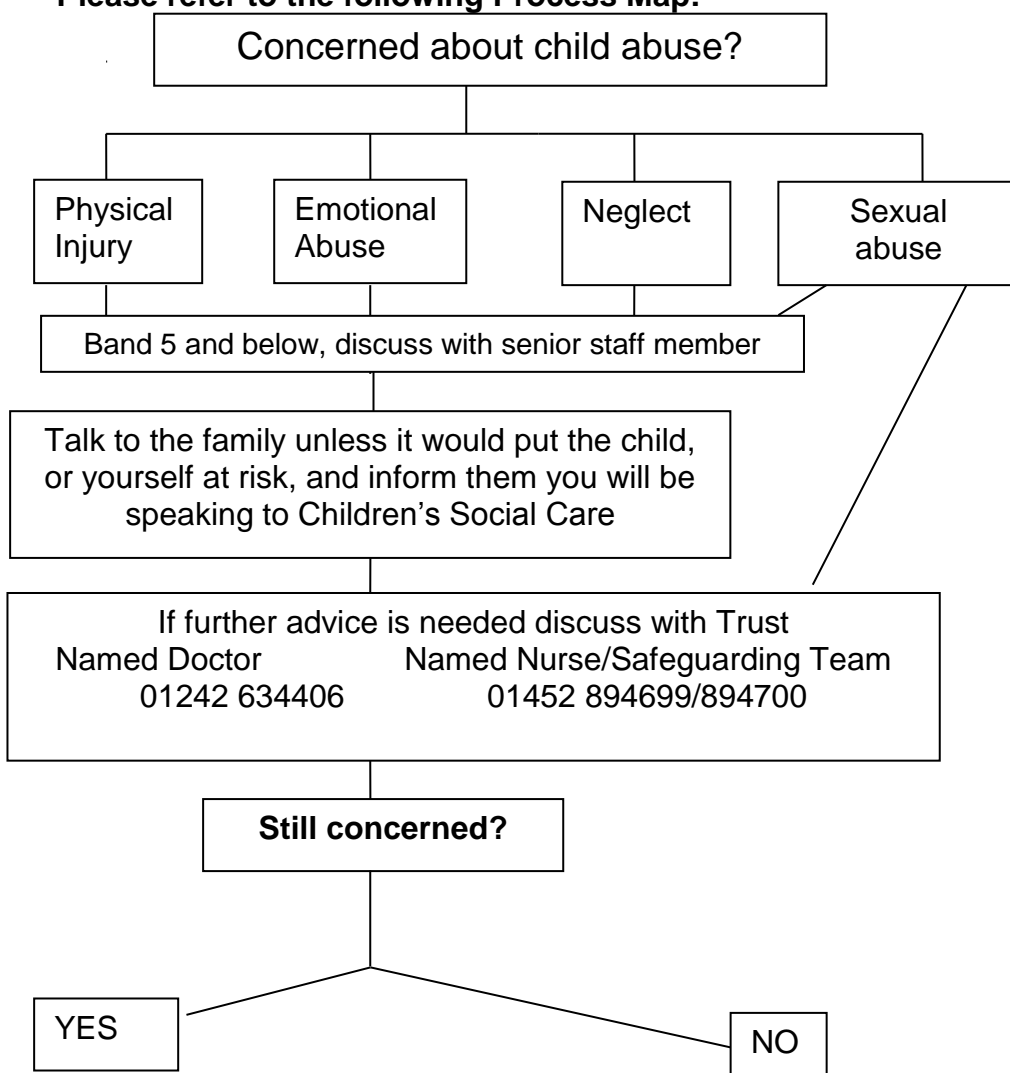
**Herefordshire - 01432 260000 or Police Control Room 101**

- The reasons for the referral will normally be discussed with the parents and the

child if age appropriate and consent given, unless such a discussion would place an adult (including staff) or the child (or other children) at increased risk. If sexual abuse is suspected, the family should not be informed.

- It is the responsibility of the person who identifies the concern to make the referral. Staff should be mindful that Health is not an 'investigating agency' (unlike the police and Children's Social Care) but does have a 'duty to inform' where there are issues concerning the welfare of children and young people. Please refer to the relevant 'Levels of Intervention Guidance found at:
  - <https://herefordshiresafeguardingboards.org.uk/herefordshire-safeguarding-children-board/for-professionals/>
  - <https://www.gscb.org.uk/media/1517680/gloucestershire-revised-loi-guidance-version-30-final-300118.pdf>
- If staff disagrees with the action from the referral, then the Escalation Process should be implemented. This is found on the GSCB and HSCB website and also on the Trust website.

**Please refer to the following Process Map:**



- Discuss with family if appropriate
- Contact MASH Tel: 01452 426565/01432 260800
- Social worker will discuss and agree action.
- Follow up with a written referral (on MARF)
- Record accurately in service user notes. Liaise with other professionals working with the family if appropriate
- Complete safeguarding form on RiO
- Click as significant event

If you feel your concerns have not been addressed appropriately use the 'Resolution/Escalation Policy' [www.gscb.org.uk](http://www.gscb.org.uk) [www.herefordshire.gov.uk/hscb](http://www.herefordshire.gov.uk/hscb)

- Record information and reason for decision
- Liaise with other professionals if appropriate
- Agree any follow up within own service

**Referral** to Children's Social Care: day: 01452 426565/01432 261628

**Out of hours:** Emergency Duty Team: 01452 614194/01432 260000  
Police control room 101

**Information and further guidance:**  
Gloucestershire Safeguarding Children Board: [www.gscb.org.uk](http://www.gscb.org.uk)

Herefordshire Safeguarding Children Board:

<https://herefordshiresafeguardingboards.org.uk/herefordshire-safeguarding-children-board/hscb-board/>

**10.1** All staff have a duty to follow the policy and procedures laid down by the Locality Safeguarding Children Board.

**10.2 Young Carers:** There may be situations where children and young people are providing care for their parents or taking on responsibilities greater than you would normally expect for their age. While this is not abusive it may have negative effects on them both in practical terms and emotionally.

If you are concerned that a child is providing an inappropriate level of care to a Parent, which may be the case when a Service User becomes unwell, a referral to Children's Social Care may be appropriate.

Young Carers may be able to offer advice and support:

<http://www.glosyoungcarers.org.uk/> / 01452 733060.

[www.herefordshirecarerssupport.org](http://www.herefordshirecarerssupport.org) / 01432 356068

**10.3 Child Sexual Exploitation (CSE):** Child sexual exploitation is a child protection issue for all children under the age of 18.

Definition: Sexual exploitation of children and young people under 18 years involves the exploitative situations, contexts and relationships where young people receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing sexual activities.

### **What to do if you suspect a child is being sexually exploited**

1. If in immediate danger – contact the Police – 999
2. Discuss with your manager and include consideration to:
  - a child under 13 is not legally capable of consenting to sex
  - sexual activity with a child under 16 is an offence
  - it is an offence to have a sexual relationship with a 16 or 17 year old if in a 'position of trust' to that young person
3. If concerns remain, commence Safeguarding Procedures and refer to Local Authority Children's Social Care at the Multi Agency Safeguarding Hub (MASH).

### **Gloucestershire** – 01452 426565

The Gloucestershire Safeguarding Children's Board (GSCB) Website can be found at: <http://www.gscb.org.uk>

- Complete CSE Screening Tool Refer to 'Multi Agency Protocol for Safeguarding Children who are at risk of abuse through child sexual exploitation
- Out of hours – Emergency Duty Team (EDT)  
01452 614 194

### **Herefordshire** – 01432 260800

The Herefordshire Safeguarding Children's Board (HSCB) Website can be found at: <http://hscb.herefordshire.gov.uk>

- Out of hours – Emergency Duty Team (EDT)  
01905 768 000

**10.4 Safeguarding Children Supervision:** All Trust staff will have access to child protection support and supervision through the Named Doctor, Named Nurse and safeguarding team, either formal (team supervision) or informal (by discussion). It should also be incorporated into operational and professional supervision for all staff. All staff working directly with children should attend three formal 'Reflective Safeguarding Supervision' sessions per year.

#### **10.5 Training:**

The Trust is committed to the adoption of the Gloucestershire and Herefordshire Safeguarding Children Boards Child Protection Training Strategies; *Safeguarding Children and Young People: Roles and Competences for Health Care Working Together to Safeguard Children (HMG 2015)* and Section 11 of *The Children Act (DOH 2004)*

Following every Serious Case Review of child abuse or neglect there is considerable consternation that greater progress has not been made to prevent such occurrences. Reviews and enquiries across the UK, over the last three decades, often identify the same issues – among them, poor communication and information sharing between professional and agencies, inadequate training and support for staff, and a failure to listen to children.

The intercollegiate document Third Edition: March 2014) outlines the five levels of training/competency which are categorised as follows:

**Level 1: (Universal) All staff including non-clinical managers and staff working in health care settings.**

All staff will attend a 60 minute face to face presentation on Safeguarding Children and Adults as part of the Corporate Induction programme.

**Level 2: (Targeted) Minimum level required for non-clinical staff who have some degree of contact with children and young people and/or their parents/carers.**

All clinical staff working within the Trust, irrespective of grade, should complete this level 2 Mandatory Training. Consideration should also be given to administrative and other staff attending these sessions if they have significant contact with service users and their families either in person or on the telephone. All staff as identified above must attend an update session every three years. This training is provided within the 'Think Family' training day and should be repeated every 3 years as a refresher. This includes administrators for safeguarding teams, nurses working in adult acute/community services allied health care practitioners and all other adult orientated secondary care health care professionals ...'

### **Level 3 - Multi Agency Training (Specialist)**

Following Level 2 training, all Clinical Staff working with children and young people (band 6 and above in other service areas) should attend one of the multi-agency Safeguarding Children courses. Details of these are available on the Board websites.

Clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns.

This includes GPs, forensic nurses urgent and unscheduled care staff, all mental health staff (adult and CAMHS - all psychiatrists providing care to adults with a history of substance misuse or severe mental illness and often there are dependent children), child psychologists, child psychotherapists, adult learning disability staff, learning disability nurses, specialist nurses for safeguarding health professionals working in substance misuse services all children's nurses.

In effect, all Band 6 staff (and above) working with adults and children require level 3 multi agency training for safeguarding children.

Over a three-year period, professionals should receive refresher training equivalent to a **minimum** of 6 hours (for those at Level 3 core this equates to a **minimum** of 2 hours per annum) and a **minimum** of 12-16 hours (for those at Level 3 requiring specialist knowledge and skill). Training at Level 3 will include the training required at Level 1 and 2 and will negate the need to undertake refresher training at Level 1 and 2 in addition to Level 3.

A refresher session should be undertaken every 3 years.. This will negate the need to repeat the 'Think Family' Level 2 day.

**Level 4: Named Professionals (Specialists). This includes named doctors; named nurses...**Named professionals should attend a **minimum** of 24 hours of education, training and learning over a three-year period. This should include non-clinical knowledge acquisition such as management, appraisal, and supervision training. Named professionals should participate regularly in support groups or peer support networks for specialist professionals at a local and National level, according to professional guidelines (attendance should be recorded). Training at level 4 will include the training required at levels 1-3 and will negate the need to undertake refresher training at levels 1-3 in addition to level 4. This refers to Named Doctors and Named Nurses for safeguarding.

**Level 5: Designated professionals. This applies to designated doctors and nurses, consultant/lead nurses for Safeguarding (Strategic).**

To complete training as above. The child protection system in the UK is the responsibility of the government of each of the UK's four Nations. Each government is responsible for passing legislation, publishing guidance and establishing policy frameworks. There may be specific duties relating to the Designated/ consultant/lead nurses, in each nation. It is the joint responsibility of both Managers and individual Clinicians to ensure they have adequate Child Protection Training.

## 11. Statutory Safeguarding Responsibilities:

**Allegations management:** If a member of staff has a concern about another member of staff or a volunteer where they have:

- behaved inappropriately in a way that has harmed or may have harmed a child or
- possibly committed a criminal offence against or related to a child or
- behaved towards a child in a way that indicates s/he is unsuitable to work with children (within work or outside of work time).

They must consult with a Manager or Named Nurse and refer to Deputy Director of Nursing who is the Allegations Manager for the Trust and must be included in any decisions made and actions taken. Any allegations made against a member of staff must be reported to the Local Authority Designated Officer (LADO) by the Deputy Director of Nursing or the Named Nurse and the Trust will cooperate fully with any subsequent investigation or recommendations made. Staff can be confident that allegations will be dealt with fairly and in line with the GSCB/HSCB and national guidance. For more information

<https://www.gscb.org.uk/i-work-with-children-young-people-and-parents/the-role-of-the-lado-and-the-allegations-management-process/>

and <http://hscb.herefordshire.gov.uk>

### 11.1 The Disclosure and Barring Service (DBS)

The core purpose is to prevent unsuitable people from working or volunteering with children and vulnerable adults. Employers retain their responsibilities for ensuring safe recruitment and employment practices.

The Safeguarding Vulnerable Groups Act 2006 sets out the scope of the scheme for England, Wales & Northern Ireland.

A regulated activity (work that a barred person must not do) in relation to children is:

- (i) Unsupervised activities: teach, train, instruct, care for or supervise children, or provide advice/guidance on well-being, or drive a vehicle only for children;
- (ii) Work for a limited range of establishments (specified place) with opportunity for contact eg. schools, children's home, child care premises. Not work by supervised volunteers.

Work under (i) or (ii) is regulated activity only if done regularly (see Department of Education Regulated Activity in Relation to Children: Scope).

Further information can be found at:

[www.gov.uk/government/organisations/disclosure-and-barring-service](http://www.gov.uk/government/organisations/disclosure-and-barring-service)

**11.2 Multi- agency working:** the Trust must demonstrate that it works effectively with its partner agencies.

**11.3 Information Sharing:-** the Trust must ensure that there are robust mechanisms in place for sharing information with partner agencies in order that:

- information on vulnerable children and young people is passed efficiently



- between agencies and
- each child or young person receives a service that meets their needs.

Health professionals have a key role to play in actively promoting the health and well-being of children. There is a growing recognition of the importance of the mental health of parents and how they might impact on children. Lessons learned nationally from Serious Case Reviews highlights the importance of interagency working in the field of safeguarding.

Close collaboration and liaison between services involved with a family and provided by the Trust and Children's Social Care are essential. This may require the sharing of information to safeguard and promote the welfare of children or protect a child from significant harm.

For advice if you are unsure about what information to share with whom, contact:

*Information Governance Manager: 01452 894166*  
*Caldicott Guardian: 01452 894701*

**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

*Information Sharing: Guidance for practitioners and managers. (HM Gov, 2008)*

**11.4 Collaboration:** the Trust promotes a culture of multi-agency collaboration and any issues or disputes will be dealt with promptly and at the appropriate level in order to demonstrate effective conflict resolution. See GSCB and HSCB websites and the Trust intranet for Escalation Policy.

**11.5 Child Death Reviews:-** *Working Together to Safeguard Children (2018)* requires that child death review partners must make arrangements to review all deaths of children normally resident in the local area. The Named Doctor for Safeguarding is a partner on this panel. Guidance is provided within 'Working Together' (Chapter 5)

**11.6 Safeguarding Practice Reviews (Serious Case Reviews):**

Duty on local authorities to notify incidents to the Child Safeguarding Practice Review Panel 16C(1) of the Children Act 2004 (as amended by the Children and Social Work Act 2017) states;

Where a local authority in England knows or suspects that a child has been abused or neglected, the local authority must notify the Child Safeguarding Review Panel if-

- (a) The child dies or is seriously harmed in the local authority's area, or
- (b) While normally resident in the local authority's area, the child dies or is seriously harmed outside England.

A rapid review of the incident must be arranged.

The purpose of the Practice Review (CR) is:

- To establish whether there are lessons to be learned about the way in which local professionals and organisations work together to safeguard and promote the welfare of children
- To identify clearly what those lessons are, how they will be acted upon, and what is expected to change as a result; and
- As a consequence, to improve inter-agency working and better safeguard and promote the welfare of children (*Working Together to Safeguard Children (2015)*).

The SCR is undertaken by all agencies involved in the case each agency produces an Internal Management Review (IMR) which examines their involvement with the child and any relevant adults. All the IMRs are then collated to produce an Overview Report with recommendations.

Executive Summaries of all SCRs undertaken in Gloucestershire can be found at [www.gscb.org.uk](http://www.gscb.org.uk) and in Herefordshire at <https://herefordshiresafeguardingboards.org.uk/hscb>

## 12. Definitions

**12.1 Safeguarding:** Safeguarding and promoting the welfare of children is defined for the purpose of statutory guidance under the Children Acts 1989 and 2004 respectively as:

- Protecting children from maltreatment
- Preventing impairment of the child's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.

And undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

**12.2 Child in Need:** Under Section 17 of the Children Act 1989/04, children in need are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services, and those who are disabled. The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989/04 are what will happen to a child's health and development without services, and the likely effect the services will have on the child's standard of health and development.

Children with a new or an enduring significant disability are by definition 'children in need' under Section 17, as are children who have been in-patients in hospital for more than 3 months.

**12.3 Child Protection:** Some children are in need of protection because they have suffered or are likely to suffer significant harm. Section 47 of the Children Act 1989/04 gives the local authority Children's Social Care the duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering or is likely to suffer significant harm.

It identifies significant harm as the threshold that justifies compulsory intervention in family life in the best interest of the child. A person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

It is essential that all Trust staff are able to recognise any concerns or risks relating to safeguarding children and to take the appropriate action in response to this concern or risk.

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

### **12.5 Types of Abuse:**

- Physical abuse ~ may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
- Sexual abuse ~ involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (eg rape, vaginal, anal or oral sex) or non – penetrative acts. They may involve non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.
- Neglect ~ is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance 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)
  - ensure access to appropriate medical care or treatment

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

- Emotional abuse ~ is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effect on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious

bullying, causing children to be frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

### **12.6 Fabricated & Induced Illness – (Factitious Illness)**

Concerns may be raised when it is considered that the health or development of a child is likely to be significantly or further impaired by a parent or caregiver who has fabricated or induced illness by the:

- fabrication of signs and symptoms- this may include fabrication of past medical history
- fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids- this may also include falsification of letters and documents
- induction of illness by a variety of means.

These are not mutually exclusive.

Alerting features that should prompt you to **consider** fabricated or induced illness:-

- A child's history, physical or psychological presentation, or findings of assessments, examinations or investigations, leads to a discrepancy with a recognised clinical picture, even if the child has a past or concurrent physical or psychological condition.

Alerting factors that should prompt you to **suspect** fabricated or induced illness:

- A child's history, physical or psychological presentation, or findings of assessments, examinations or investigations leads to a discrepancy with a recognised clinical picture plus one or more of the following, even if the child has a past or concurrent physical or psychological condition;
- reported symptoms and signs are only observed by, or appear in the presence of, the parent or carer
- an inexplicably poor response to prescribed medication or other treatment
- new symptoms are reported as soon as previous symptoms stop
- biologically unlikely history of events
- despite a definitive clinical opinion being reached, multiple opinions from both primary and secondary care are sought and disputed by the parent or carer and the child continues to be presented for investigation and treatment with a range of signs and symptoms  
child's normal daily activities (for example, school attendance) are limited, or they are using aids to daily living (for example, wheelchairs) more than expected from any medical condition that the child has.

### **12.8 Mental Health and Safeguarding**

The majority of parents who suffer mental ill-health are able to care for and safeguard their children and/or unborn child. Some parents, however, will be unable to meet the needs and ensure the safety of their children and at the most extreme, parental mental ill-health has been identified as a clear factor in a significant number of child deaths. The welfare of the child must be paramount.

Where professionals suspect a child and/or unborn child has suffered or is at risk of suffering significant harm as a result of commission or omission on the part of the

parent/carer, the referral process must be followed.

A referral to Children's Social Care **must** always be made where there is evidence of any of the following high risk indicators:-

- psychotic beliefs particularly if focussed on or involving the child e.g. command led hallucinations suggesting harm to the child.
- persistent negative views expressed about a child, including rejection
- ongoing emotional unavailability, unresponsiveness and neglect, including lack of praise and encouragement, lack of comfort and love and lack of age-appropriate stimulation
- inability to recognise a child's needs and to maintain appropriate parent-child boundaries
- ongoing use of a child to meet a parent's own needs
- suicide plans which include the child
- distorted, confusing or misleading communications with a child including involvement of the child in the parent's symptoms or abnormal thinking. For example, delusions targeting the child, incorporation into a parent's obsessional cleaning/contamination rituals, or a child kept at home due to excessive parental anxiety or agoraphobia
- ongoing hostility, irritability and criticism of the child or young person, inconsistent and/or inappropriate expectations of child
- serious neglect of the child.

The following are other negative indicators which, if present, increase the risk of abuse:

- combination of depression, substance misuse and personality disorders at various points in time are the most frequently reported psychiatric conditions affecting parents who abuse their children
- mental illness combined with a background of domestic abuse
- both parents have a mental disorder or a lone parent with limited support has a mental disorder
- poor compliance with treatment
- Inability or unwillingness to take a child to Treatment sessions
- lack of insight into the disorder and its likely impact on the child
- self-harming behaviour and suicide attempts
- parental learning difficulties and mental illness

It is also important to consider the nature of the illness:

- **Pattern:** frequency of episodes, length of episodes. In general, an illness that has longer and more frequent episodes will have a greater impact than illnesses of short duration
- **Severity:** the impact of an illness will not be directly related to its severity, e.g. a parent with a short severe illness may be hospitalised and substitute care provided for the child with little impact on parenting.
- **Chronicity:** a less severe illness that is chronic may lead to substandard care or neglect of the child, if long term medication or the illness itself lead to cognitive and/or personality changes
- **Specificity:** what are the symptoms of the illness and their likely impact?

The following are positive indicators/protectors which may reduce the risk of

significant harm:

- older age of the child at the onset of their parent's illness (less exposure to difficulties and a greater range of potential coping resources)
- the more sociable child who is able to form positive relationships
- a more able child
- a parent who has discrete episodes of mental illness with a good return of parenting skills and abilities between episodes
- alternative support from adults with whom the child has positive, trusting relationship
- success outside of the home e.g. at school or in sport

Professionals can improve children's chances of avoiding significant harm by strengthening these protectors.

### **12.9. Substance Misuse and Safeguarding Children**

Substance misuse by parents does not, by itself, necessarily lead to concerns about parenting, child abuse and neglect. However, children are more at risk of harm and neglect if parents misuse drugs or alcohol. The category of neglect now includes the impact on the unborn child as a result of maternal substance abuse. Please see the Safeguarding Board websites for further guidance

#### **Impact on Children:**

- Serious effect on unborn child due to poor nutrition and lifestyle
- Lack of basic care and poor school attendance
- Child taking on caring role of siblings or parents
- Exposure to criminal or other inappropriate behaviour

#### **Impact on Parent/s:**

Can affect - parent's caring skills

perception and judgement

attention to basic physical needs

control of emotion

attachment to child

- The risk is greater where the substance misuse is chaotic and out of control and where both parents are misusing.
- Parent's needs may be prioritised above their children's needs and there may be less money available.
- There is a risk of physical harm if drugs and paraphernalia or alcohol are not kept safely out of a child's reach.
- Children may also be at risk from adults who are visiting the house when parents are not in a position to protect them.

**12.10 Safeguarding Children Risk Assessment Substance Misuse:** To be completed if the service user is a parent; has regular contact with children or lives in a household where there are children (i.e. the partner of someone who has children).

## 12.11 Domestic Abuse

### **The cross-government definition of domestic violence and abuse is:**

any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

(Home Office, November 2013)

Whilst it should be acknowledged that men also experience domestic abuse, most cases are committed by men against women. Women are also more likely to experience repeat incidents of abuse, be frightened or be injured after an attack, and they are the lead carers at home, so abuse against them affects their children (DOH 2005)

Domestic violence often starts or escalates during pregnancy ~ and the first few weeks following birth may also be a high risk period. Domestic violence is strongly associated with death during pregnancy, foetal death, miscarriage and depression.

### **There is a strong link between domestic violence and child protection.**

Prolonged and/or regular exposure to domestic abuse can have a serious impact on a child's development and emotional wellbeing:

- Physical assaults to pregnant women cause risk to both the foetus and mother
- Older children may suffer physical blows during episodes of violence
- Children may be greatly distressed by witnessing physical and emotional abuse
- There may be a negative impact on their ability to look after children by adults suffering physical and psychological abuse.
- Children may be drawn into the violence or emotional abuse or may be pressurised into concealing the abuse
- Children's exposure to parental conflict, even where violence is not present, can lead to serious anxiety and distress.
- The risks increase when violence is combined with drink or drug misuse.
- Children who are exposed to domestic violence are more likely to engage in harmful sexual behaviour.

***Where professionals are aware of domestic abuse, and there are children living in the house, a referral should be made to Social Care.***

### **Recognised Risk Factors:**

- **History**

Previous domestic assault is the simplest, most robust risk marker of subsequent domestic assault.





- **Escalation**

Minor violence is a predictor of escalation to major violence.

- **Separation**

Victims are at greatest risk of homicide at the point of separation or after leaving a violent partner.

**The Role of Health Professionals:**

Evidence shows that women find it difficult to raise the subject of domestic abuse themselves and that direct questions get more positive results than vague queries. Health professionals should be prepared to take a proactive approach.

- Never ask about domestic abuse when someone else is present. Find a way of seeing the woman alone.
- Ensure privacy and no interruptions. Consider that she might want to talk to someone else i.e. different gender, race.
- Be patient and understand that the woman may also have time pressures
- Aim to have a supportive conversation and avoid pushing her into revealing domestic abuse
- Never accept culture as an excuse for domestic abuse
- Might children be involved? Consider the link between domestic abuse and child abuse.

**If a Woman Discloses Domestic Abuse:**

- Focus on the woman's safety and that of her children, if she has any;
- Give her information and refer her to relevant agencies;
- Make it easy for a woman to talk about her experiences;
- Support and reassure her;
- Be non-judgemental and
- Look after yourself

(DOH 2005)

- Jointly complete the 'DASH' (Domestic Abuse, Stalking & Harassment) form to assist with assessment of risk. This can be found on the Safeguarding Board website.

**Further information and training:**

Gloucestershire Domestic Abuse Support Services (GDASS) 0845 6029035

This service is for agencies and individuals seeking support with domestic abuse in Gloucestershire

- Cases will be risk assessed, and all very high-risk cases will be referred into the Multi Agency Risk Assessment Conference (MARAC)
- Individuals will be supported through a Safety Plan

West Mercia Women's Aid: 0800 783 1359. This service is for agencies and individuals seeking support with domestic abuse in Herefordshire and includes support to male victims

## **12.12 The PREVENT strategy and safeguarding Children and Young people at risk of radicalisation**

### **PREVENT – an explanation**

The PREVENT strategy, published by the government in 2011, is part of the overall Government counter-terrorism strategy, CONTEST. The aim of the PREVENT strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

Section 21 of the Counter-Terrorism and Security Act 2015 (the Act) places a duty on certain bodies, listed in Schedule 3 to the Act – such as health, to have “*due regard to the need to prevent people from being drawn into terrorism*”. This guidance is issued under s24 of the Act. The Act states that the authorities subject to the provisions must have regard to this guidance when carrying out the duty.

The Office for Security and Counter Terrorism in the Home Office is responsible for providing strategic direction and governance on CONTEST.

**PREVENT** is one of the 4 key principles of the CONTEST strategy, which aims to stop people becoming terrorists or supporting terrorism.

**CONTEST**, which is primarily organised around four key principles/ programmes, each with a specific objective:

- PURSUE: to stop terrorist attacks
- **PREVENT: to stop people becoming terrorists or supporting terrorism**
- PROTECT: to strengthen our protection against a terrorist attack
- PREPARE: to mitigate the impact of a terrorist attack.

The NHS is a key partner in the PREVENT principle of this strategy, alongside charitable organisations and private sector bodies which deliver health services to NHS patients. It refers to anyone, inclusive of staff, patients, carers or visitors.

**PREVENT** has 3 specific strategic objectives:

1. Respond to the 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

The Health Sector contribution to PREVENT focuses primarily on objectives 2 and 3.

### **Why 2gether NHSFT is focused on PREVENT**

Health services have an important role on a number of levels with regard to PREVENT, Firstly, health services have a large number of daily contacts with a range of people across our populations. This enables a level of increased vigilance for signs and symptoms of those who may be at risk of or are in the process of being

radicalised. Secondly, those with a mental health problem or those with a learning disability are particularly vulnerable to radicalisation. Many of the precursors to radicalisation mirror that of mental ill health and social exclusion, i.e. loneliness, isolation and limited access to meaningful activity. PREVENT is not just focussed on service users it also relates to staff groups who are at task of radicalisation. Staff may recall the attempted Glasgow Airport bombing was carried out by a radicalised medic employed by an NHS Trust. Therefore the Trust has a duty to its staff as well as service users and carers.

Operationally PREVENT is firmly placed within the NHS's safeguarding domain. The risk of radicalisation and its significant detrimental impact upon the individual and potentially others is viewed as a risk factor that health services can play a part in preventing or endeavouring to remedy. An individual's risk of radicalisation can be seen along similar lines to that of the risk of being exploited criminally, sexually, financially or other areas of abusive conduct. There may be instances where safeguarding and PREVENT overlap, for example, some adults who are at risk of being or who have been subjected to violent extremism may have also experienced abuse or neglect.

### **What is the risk for 2gether NHSFT service users and staff?**

Practically, from our own knowledge base, local and regional police intelligence and national Home Office information, both the counties of Gloucestershire and Herefordshire are considered low risk of terrorist activity. The Trust is able to access annual assessments of extremist activity and associated risk profiles to inform its approach as part of the wider PREVENT network. It is important to note however that low risk does not mean no risk, so ongoing diligence is required.

### **How 2gether NHSFT delivers PREVENT within the Trust**

2gether NHSFT takes a proportionate and measured approach to delivering its PREVENT responsibilities. The Trust approach is in line with national guidance and policy, which in turn is overseen via NHS England, local CCG's and County Council leads via safeguarding arrangements. The Trust also reports its PREVENT related training and referral activity to NHS England on a quarterly basis..

The emphasis of PREVENT work is to help people in what is termed the "pre – criminal activity/space". The term **Pre-Criminal Activity/Space** refers to supporting and protecting those who might be susceptible to radicalisation, to be drawn away from becoming involved in 'criminal activities'; by offering advice/guidance and support via Multi-agency working to ensure that individuals are diverted away before any crime is committed. In simple language, it's about helping people before they become criminalised.

To support this, our Trust approach falls into three main areas of delivery. Training, referral and response.

### **Training:**

The single key issue for PREVENT training is for staff to be aware there is a risk of radicalisation and if they identify this that they know how to raise further attention to it.

The Trust has a layered approach to PREVENT training for staff – This is briefly described as follows.

1. All staff receive brief awareness of PREVENT at Corporate Induction training
2. All clinical staff receive more detailed awareness training as part of their Level 2 Safeguarding training day (Think family).
3. Those staff identified as requiring Level 3 Children's safeguarding training, will also undertake the level 3 Prevent e-learning package.
4. PREVENT is regularly raised via Trust safeguarding bulletins and organisational forums.

Please see NHS England-Prevent Training and Competencies Framework for further guidance.

A range of PREVENT related resources are available to staff on the Intranet via the Safeguarding pages.

### **Referral:**

Staff are instructed that if they have concerns that a service user/member of staff is experiencing radicalisation they should first report this to their immediate line manager for discussion. Where it is felt appropriate for onward action the line manager/individual member of staff should contact :

- 2gether NHSFT Safeguarding Team by telephone on: **01452 894699 and/or**
- Community Service manager for Herefordshire referrals or, if either of these are unavailable,
- Deputy Director of Nursing – Trust PREVENT lead at Trust HQ - **01452894000**
- Outside of business hours if it is an emergency situation discuss with on call manager, if not discuss with line manager at earliest opportunity.

The case will be discussed and any onward sharing of information will be agreed in line with multi agency arrangements for information sharing. Onward escalation is taken forward by the Trust safeguarding team/Deputy Director of Nursing. This is via the local Police "Channel" lead – West Mercia Constabulary manage Herefordshire referrals and Gloucestershire Constabulary manage Gloucestershire referrals.

Unless there are urgent and immediate safety/security concerns the individual case is referred for consideration by the specific counties "Channel" panel. This is a multiagency group that regularly meets to discuss cases and determines what positive remedial action can be applied to help the individual. 2GNHSFT is a floating member of the Channel Panel process, in that it can be called to present and contribute if the panel chair feels that our organisational expertise is required.

Documentation of these concerns must be recorded in an up to date Risk Summary/Assessment within the service users health and social care record.

### **Response:**

In simple terms this relates to work as a Trust that we may be asked to carry out as part of the Channel process. This may take the form of being part of an individual's package of support or advising/signposting on course of action or other services to be engaged.

**Reporting and board assurance**

PREVENT activity such as Channel referral's and training activity is reported on our Trust quarterly safeguarding dashboards. These dashboards are reported to the Trust Governance Committee and are also reported to our CCG quality monitoring arrangements. This information is also reported to the NHS England regional PREVENT coordinator, via the CCGs.

A Trust PREVENT flow chart is included in Appendix 1.

## PREVENT REPORTING FLOWCHART FOR RAISING CONCERNS IN HEREFORDSHIRE AND GLOUCESTERSHIRE

**Action to take if you suspect an individual is being radicalised/self-radicalised into  
extremist activities**

