

Safeguarding Children & Adult Policy

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XXX	Freedom to Speak Up Policy		
XXX	Disciplinary Policy		
XXX	Safeguarding Supervision Policy		
XXX	Management of Allegations Guidance		
XXX	Domestic Abuse Policy		
XXX	Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards Policy		
XXX	Prevent		
Overview & purpose			
<p>Dudley Integrated Health and Care (DIHC) NHS Trust has a statutory duty to safeguard and promote the welfare of children and young people (Children Act 1989, 2004) and adults with care and support needs, (Care Act 2014). This policy outlines corporate and individual responsibilities in accordance with legislation, guidance and standards.</p>			

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1 KEY PRINCIPLES

1.1 Summary of Policy

- Working Together to Safeguard Children (2018) and the Care Act (2014) make clear that patients must be at the heart of the NHS Services and services will be accountable to patients for the quality of care.
- Dudley Integrated Health and Care (DIHC) NHS Trust has a statutory duty to safeguard and promote the welfare of children and young people (Children Act 1989, 2004) and adults with care and support needs, (Care Act 2014). This policy outlines corporate and individual responsibilities in accordance with legislation, guidance and standards.
- The Children Act 2004 requires organisations to have clear lines of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children to include:
 - a senior board level lead with the required knowledge, skills and expertise or sufficiently qualified and experienced to take leadership responsibility for the organisation's safeguarding arrangements;
 - a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services;
 - clear whistleblowing procedures which reflect the principles in Sir Robert Francis¹ review and are suitable referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed;
 - clear escalation policies for staff to follow when their child safeguarding concerns are not being addressed within their organisation or by other agencies;
 - arrangements which set out clearly the processes for sharing information, with other professionals and with the Safeguarding Partners (previously the Local Safeguarding Children Board);
 - a Head of Safeguarding and or, for health provider organisations, named professionals for child safeguarding. Their role is to support other practitioners in their organisation to recognise the needs of children, including protection from possible abuse or neglect. The Head of Safeguarding role should always be explicitly defined in job descriptions. Practitioners should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively;
 - safer recruitment practices and on-going safe working practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a criminal record check;
 - appropriate supervision and support for staff, including undertaking safeguarding training;

¹ Sir Robert Francis Freedom to speak up review

- creating a culture of safety, equality and protection within the services they provide;
- In addition:
 - employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role;
 - staff should be given a mandatory induction, which includes familiarisation with safeguarding and child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare;
 - all practitioners should have regular reviews of their own practice to ensure they have knowledge, skills and expertise.
 - to be engaged in the CSPR process to identify and embed learning in relation to safeguarding children
- Statutory Safeguarding Duties of the Care Act 2014 constitute the Statutory Adult Safeguarding Framework in which Local Authorities are required to:
 - Lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens.
 - Make enquiries, or request others to make them when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed.
 - Establish Safeguarding Adults Boards with the Local Authority, NHS and Police as core members and develop, share and implement a joint safeguarding strategy.
 - Carry out a Safeguarding Adult Review when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the Local Authority or its partners could have done more to protect them.
 - Arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

Health organisations, including provider Trusts have a duty to support the LA to discharge their statutory duties in relation to safeguarding.

- The purpose of this policy is to ensure all DIHC NHS Trust staff are compliant with statutory requirements to safeguard children and adults. It outlines corporate and individual responsibilities in accordance with legislation and is aligned with the Dudley Peoples Partnership Board, Safeguarding Children Group and Safeguarding Adults Boards' Multi-Agency Safeguarding Policies, West Midlands Adults and Childrens Safeguarding procedures all available on the intranet, and will promote the Think Family approach to safeguarding.
- All staff have a duty to identify, respond to and refer safeguarding concerns to the Local

Authority and inform DIHC Safeguarding team that they have made a referral. The Safeguarding team provides expert advice and support to staff on all safeguarding concerns.

- All directly and indirectly employed staff of the organisation and other people working within the Trust are required to report suspected or actual cases of child and/or adult abuse. Where an employee does not report incidents of abuse known to them, the organisation will undertake an investigation into this. The consequences of not reporting a safeguarding concern may have far reaching implications for patients, relatives, the public and staff. It is imperative that all concerns are reported. The organisation reserves the right to consider disciplinary action against staff who do not report known concerns.
- All referrals should be made to the Local Authority with DIHC's Safeguarding team notified that a referral has been made. The safeguarding referral process provides all the required contact details required by staff to make a referral (see Appendix 1).

<https://safeguarding.dudley.gov.uk/tell-us>

1.2 Introduction

- Every person has the human right to live their life free from abuse or harm. NHS organisations have a statutory duty to safeguard and promote the welfare of children and young people, (Children Acts 1989, 2004) and Adults at Risk, (Care Act 2014).
- DIHC NHS Trust has a statutory duty to safeguard and promote the welfare of children and young people (Children Act 1989, 2004) and adults with care and support needs, (Care Act 2014). This policy outlines corporate and individual responsibilities in accordance with legislation, guidance and standards, including 'Working Together to Safeguard Children' (HM Government 2018).'

1.3 Scope

- This policy applies to all DIHC NHS Trust Staff, both clinical and non-clinical, bank, locum, permanent and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), Non-Executive Directors, and those undertaking research working within DIHC NHS Trust, in line with DIHC NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, Agency workers, and other workers who are assigned to DIHC NHS Trust.
- DIHC NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equality of Opportunities for users of services, carers, the wider community and our staff.
- The needs of the unborn child must be considered as well as any child under the age of 18 years as research indicates that the impact of adverse circumstances on the unborn child can be life-long. Intervention to ensure their future well-being is encompassed within safeguarding children practice

1.4 Think Family

- Think family means building the family dimension into every aspect of safeguarding, with the aim of securing better outcomes for children, young people and families.
- When there are concerns about children and adults at risk of abuse, a 'think family' approach must be adopted. Staff providing services for adults may be aware that problems faced by their clients can impact on their capacity to parent effectively and are required to share this information, without delay, with Children's Social Care, (CSC) and with other professionals and agencies working with the child and the family. This methodology is also applicable to staff who provide services to children. Where it is identified by Children's Services, in the context of their work with children and families, that an adult at risk is experiencing abuse, then the concern must be referred to Adult Services. The Think Family approach ensures that opportunities are not missed to put preventative support in place for the family.
- Information, however small, could help CSC and other professionals to gain greater clarity about a family's circumstances, to keep children safe and to offer additional help.
- When a concern relates to a child and an adult at risk, a decision will be made as to who will lead the safeguarding process, whether it is Adult Social Care or Children's Social Care. Regardless of who takes the lead, there should be appropriate representation from both Adults and Children's Services within this joint process. The Safeguarding referral process clarifies how to make a referral to Social Care and is available on the safeguarding pages on the intranet (see Appendix 1).
- Staff can seek advice on any safeguarding concern from the safeguarding children and adults teams: dihc.safeguarding@nhs.net

1.5 Safeguarding children and young people – underpinning principles

- Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.
- Safeguarding and promoting the welfare of children is defined in statutory guidance² as:
 - Protecting children from maltreatment
 - Preventing impairment of children's health or development
 - Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
 - Acting to enable all children to have the best outcomes
- Safeguarding children and young people is everyone's responsibility. DIHCNHS Trust is committed to ensuring that every member of staff, at every level of the organisation and in both adult and children and young people's services, have access to appropriate advice, support and training to enable them to identify and respond appropriately to concerns about children and young people's safety and wellbeing

² HM Government (2018) Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children.

- The DIHC Safeguarding Team is a resource of expert advice and support and should be contacted at an early stage when safeguarding concerns arise.
- Safeguarding children and young people is a multiagency activity and frequently depends upon partnership working with other statutory and non-statutory agencies. It is essential therefore that this policy is read in conjunction with the Regional West Midlands Safeguarding Children Procedures available via the DSSPB website.

1.5.1 Underpinning Principles

- A child centred approach is fundamental to safeguarding and promoting the welfare of every child. A child centred approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families.
- The Children Acts 1989 and 2004 state that the welfare of children is paramount and they are best looked after within their own families, with their parents playing a full part in their lives unless compulsory intervention in family life is necessary. Statutory intervention from children's social care will be deemed necessary if the child is thought to have suffered or be at risk of significant harm.
- Children have said they need: (from Working Together to Safeguard Children 2018):
 - Vigilance, to have adults notice when things are troubling them;
 - Understanding and action, to be heard and understood and to have that understanding acted upon;
 - Stability: to be able to develop an on-going relationship of trust with those who help them;
 - Respect: to be treated with the expectation that they are competent rather than not;
 - To be informed about and involved in procedures, decisions, concerns and plans involve them;
 - Explanation: to be informed about the outcome of assessments and decisions, and reasons should be given when their views have not met with a positive response;
 - Support in their own right as well as a member of their family;
 - Advocacy: to be provided with advocacy to assist them in putting their views forward
 - Protection from all forms of abuse and discrimination and the right to special protection for those who are refugees.
- Children should be listened to, and their views should be taken seriously. Special provision should be put in place to support those with communication difficulties, unaccompanied migrant children and those who are victims of modern slavery and/or trafficking.

1.6 Transitions between Adult and Children's Services

- Robust joint working arrangements between Children's and Adult Services need to be put in place to ensure that the medical, psychosocial, educational and vocational needs of children moving from Children's to Adult Services, including children with health or disability needs, or leaving care, are addressed as they move to adulthood and there are no gaps left in assessments of needs and service provisions.

- The care needs of the young person should be at the forefront of any support planning and require a co-ordinated multi-agency approach. Assessments of care needs at this stage should include issues of safeguarding and risk. Care planning needs to ensure that the young adult's safety is not put at risk through delays in providing the services they need to maintain their independence and well-being and choice.
- Safeguarding Adults Reviews and similar investigations frequently find that transitions between services (whether trust-trust, adult-adult, or children's-adults) are often identified as points where improvement is needed. DIHC NHS staff should therefore be particularly diligent when/if such situations arise for their patients.

1.7 Safeguarding Adults with Care and Support Needs

- The Care Act 2014 creates new duties of co-operation between partners and also establishes the importance of organisations sharing vital information related to abuse or neglect with the Safeguarding Adult Boards. The revision of the Statutory Guidance, (March 2016), added requirement to manage allegations against people of in a position of trust (PiPoT). (This duty applies to cases involving both children and adults, where it is alleged that a person has acted in a way that may have harmed an adult or child or that a criminal offence may have been committed).

Further details can be found in the Management of Allegations Guidance – <https://safeguarding.dudley.gov.uk/safeguarding/child/work-with-children-young-people/management-of-allegations/>

<https://safeguarding.dudley.gov.uk/media/15050/pipot-process-flowchart9aad-under-review.pdf>

- Abuse of a person at risk may consist of a single act or repeated acts affecting more than one person. It may occur as a result of a failure to undertake action or appropriate care tasks. It may be an act of neglect or an omission to act, or it may occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which they do not, or cannot, consent. Abuse can occur in any relationship and any setting and may result in significant harm to or exploitation of, the individual. In many cases abuse may be a criminal offence. Intent is not an issue at the point of deciding whether an act or a failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that individual.

1.7.1 Underpinning Principles

- The Care Act 2014 statutory guidance outlines a number of fundamental principles that must now underpin the care and support system including adult safeguarding, with a fundamental shift to Making Safeguarding Personal, (MSP, West Midlands Safeguarding Adults Policy and Guidance).
- MSP sees people as experts in their own lives and aims to working alongside them to enable them to reach better resolution of their circumstances and recovery. It also sets common expectations for how Local Authorities (LA's) should approach and engage with people when assessing need and providing support:
 - The principle of promoting wellbeing applies in all cases where a Local Authority is carrying out a care and support function, or making a decision, in relation to a person, including the support provided in the context of adult safeguarding.

- People must be supported to achieve the outcomes that matter to them in their life with practitioners focusing on the needs and goals of the person concerned. The importance of beginning with the assumption that the individual is best placed to make judgments about their own wellbeing. Building on the principles of the Mental Capacity Act 2005, practitioners should assume that the person themselves knows what is in their best interests in relation to outcomes, goals and wellbeing.
 - The importance of a preventive approach because wellbeing cannot be achieved through crisis management. By providing effective intervention at the right time, risk factors may be prevented from escalating.
 - The importance of the individual participating as fully as possible in decisions about them and being given the information and support necessary to consider options and make decisions rather than decisions being made from which the person is excluded.
 - Promoting participation by providing support that is co-produced with individuals, families, friends, carers and the community. 'Co-production' is when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered. This approach promotes resilience of individuals and helps to develop self-reliance and independence, as well as ensuring that services reflect what the people who use them want. The importance of considering a person in the context of their family and wider support networks, taking into account the impact of an individual's need on those who support them, and take steps to help others access information or support.
 - The need to protect people from abuse and neglect. In carrying out any care and support functions the Local Authority and its partner agencies should consider how to ensure that the person is and remains protected from abuse or neglect. This is not confined only to safeguarding issues, but should be a general principle applied in every case.
 - The need to ensure that any restriction on the individual's rights or freedom of action is kept to the minimum necessary. Where action has to be taken which places restrictions on rights or freedoms, the course followed must be the least restrictive necessary.
- In May 2013, the Department of Health published the government's policy on Adult Safeguarding. This outlines six key principles for use by Local Safeguarding Adult Boards and member agencies for both developing and assessing the effectiveness of their local safeguarding arrangements. These describe in broad terms, the outcomes for adult safeguarding, for both individuals and organisations. The following principles have also been incorporated into the Care Act 2014 statutory guidance and should inform adult safeguarding policy and practice:
 - Empowerment
 - Prevention
 - Proportionality
 - Protection
 - Partnerships
 - Accountability

- Local Authority are required to promote safer communities in order to prevent harm and abuse and to deal effectively with suspected or actual cases. The Local Authorities (LA's) are required to lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens.
- The main statutory agencies, which include DIHC NHS Trust, have a duty to work with the local authorities' Safeguarding Adults Boards whose purpose is to develop an overall safeguarding adult's strategy, oversee effective inter-agency working and ensure the dissemination of good practice.
- There may be a number of factors which increase a person's vulnerability to abuse, neglect or exploitation. A needs assessment will provide a useful insight into a person's situation and any vulnerability factors and the support planning process is an opportunity to try and resolve these.
- The reason for submitting a safeguarding concern is when a person with care and support needs is experiencing, or is at risk of abuse, neglect or exploitation by a third party, or where a person at risk may be being harmed by others usually in a position of trust, power or authority.
- Not all concerns will necessarily result in a safeguarding process for example, where there are no care and support needs: when there is no abuse; or the person requires signposting to another service, or a review of their current care. In order to prevent a delay in raising concerns, staff MUST complete a datix incident report

Making a referral for children and adults

- Immediate action to be taken following a concern or disclosure of abuse:
 - Ensure the safety of the individual and if in immediate danger, contact the relevant emergency services such as police, ambulance.
 - Report the incident / concern to your manager on duty or supervisor.
 - Support and reassure the person, recording what is said/ and or observed.
 - Record the nature of the alleged abuse, any information given or witnessed, actions taken, who was present at the time, dates and times of incident.
 - Preserve evidence, for example body maps, clothing. Ensure all discussions and decisions are recorded objectively stating facts.
 - With the adults consent (or child's consent if appropriate), make a referral to ~~the~~ appropriate Adult or Children's Social Care, and complete a datix
- Adults: Staff should obtain the consent of the adult to raise a concern. The mental capacity of the adult and their ability to give their informed consent to a referral being made and action being taken under these procedures is significant, but not the only factor in deciding what action to take. The test of capacity in this case is to find out if the person at risk has the mental capacity to make informed decisions about:
 - A safeguarding concern.
 - Actions which may be taken under the multi-agency Safeguarding Policy and Procedures.
 - Their own safety or that of others, including an understanding of longer term harm as well as immediate effects.

- Their ability to take action to protect themselves from future harm.
- If the adult has capacity and does not consent to a referral and there are no public or vital interest considerations, they should be given information about where to get help if they change their mind or if the abuse or neglect continues and they subsequently want support to promote their safety. The staff member must assure themselves that the decision to withhold consent is not made under undue influence, coercion or intimidation. The adult will need to be informed that a concern will still need to be raised and as a minimum and a record must be made of the concern, as well as the adult's decisions with reasons. A record should also be made of what information the person at risk was given.
- It is vital that a written record of any incident or allegation of crime is made as soon as possible after the information is obtained. Patient records must reflect as accurately as possible what was said and done by the people initially involved in the incident. The notes must be kept safe as it may be necessary to make records available as evidence and to disclose them to a court. An accurate record should be made at the time, including
 - Date and time of the incident
 - Exactly what the person at risk said, using their own words (their account) about the abuse and how it occurred or exactly what has been reported to you
 - Appearance and behaviour of the person at risk
 - Any injuries observed
 - Name and details of any witnesses
 - Any witness to the incident should write down exactly what they saw
 - The record should be factual, but if it does contain opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence
 - Information from another person should be clearly attributed to them
 - Name and signature of the person making the record (if a written document)
 - When raising a concern, where possible, provide the following information.
 - Your details (contacts, relationship to adult at risk...)
 - Details of adult (name, DOB, others in household information about health and care needs.)
- **Children:** Professionals in all agencies have a responsibility to refer a child to local authority children's social care when it is believed or suspected that the child or unborn child:
 - has suffered [significant harm](#)
 - is likely to suffer [significant harm](#)
 - has a disability, developmental and welfare needs which are likely only to be met through provision of social work led family support services (with agreement of the child's parent) under the Children Act 1989
 - is a [Child in Need](#) whose development is likely to be impaired without provision of services.

Before making a referral it is important that professionals understand their responsibilities, particularly in relation to:

- [listening to the child](#)
- [consulting parents](#) (normally a referral should only be made with the knowledge and

informed consent of at least one person who holds parental responsibility, although there are exceptions to this)

- [considering diversity](#)
 - [seeking urgent medical attention](#)
 - [sharing information](#), and
 - the information that will be required when making a referral. Professionals should also familiarise themselves with the relevant [threshold/level of need criteria](#)
- Referrals should be made to the local authority children's social care for the area where the child is living or is found. For these purposes, 'found' means the physical location where the child suffers, or is identified to be at risk of, harm or neglect.
 - If the child is known to have an allocated social worker, the referral should be made to them, or in their absence to the social worker's manager/the duty children's social worker. Referrals should not be delayed if the child's allocated social worker cannot be contacted.
 - Where the allegation or concern involves a member of staff or occurs in the organisation's directly provided services, the Manager must report the incident to Human Resources (HR) and the DIHCs Head of Safeguarding
 - Further details regarding the management and referral of safeguarding concerns for both children and adults can be accessed via the following links

Children <https://westmidlands.procedures.org.uk/>

Adults https://www.safeguardingwarwickshire.co.uk/images/downloads/West-Midlands-Policy-and-Procedure/WM_Adult_Safeguarding_PP_v20_Nov_2019.pdf

1.8 Escalation of Concerns

- In most circumstances, there is mutual agreement between professionals as to the application of thresholds when working together to safeguard children and young people. However, when there are professional concerns or disagreements over another professional's decisions, actions or lack of actions in relation to a referral, an enquiry or assessment / intervention, the repercussions can be extremely serious for the children and/or adult concerned. When communicating disagreement, professionals should remain respectful of each other at all times and this should be evidenced in both their direct and written communication, and throughout the escalation resolution process.
- Where a practitioner does identify a concern, then that practitioner/agency has responsibility for communicating such concerns through agreed child and adult safeguarding procedures, on the same working day. Advice should be sought from DIHC Safeguarding Team. dihc.safeguarding@nhs.net

1.9 Information Sharing

- Information Sharing Guidance recognises that information sharing between organisations is essential to safeguard children, young people and adults at risk of abuse, neglect and exploitation. The Data Protection Act 2018 includes 'safeguarding of children and adults

at risk' as one of the conditions that allows practitioners to share information with others. Information will be shared within and between organisations in line with Information Governance and the General Data Protection Regulations, (GDPR):

- Remember General Data Protection Regulations are not a barrier to sharing information
 - Be open and honest with the person from the outset. Seek advice where in doubt
 - Share with consent where appropriate and where possible, respect the wishes of those who do not consent to share (unless sufficient need to override the lack of consent)
 - Always consider the safety and well-being of the person and others
 - Ensure information is accurate, up to date, necessary, shared securely with appropriate people & timely
 - Record reasons for decision on whether it is to share or not
- There will be occasions where practitioners believe it key that information is shared without consent or delay, such as in emergency or life threatening situations. However, where similar circumstances arise but not in an emergency situation, the decision to share information without consent should only be made after a risk assessment carried out by the organisation, rather than the individual practitioner. In all cases, the decision and rationale should be fully documented. Advice should be sought from the Safeguarding Team and/or Clinical Governance Team.
 - Caution should be exercised before making any disclosure. The risk to the individual should be considered, although it should not outweigh the potential risk to others, were disclosure not to be made. The individual retains his/her rights under the Human Rights Act 1998 and consideration must be given to whether those rights are endangered as a consequence of the disclosure.
 - All Staff within this organisation must contact their line manager, safeguarding team or the Clinical Governance Team for advice before 'sharing information without consent' (unless in an emergency or life threatening situations).

1.10 Domestic Abuse

- Domestic abuse or violence / harm are defined as "Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. This includes issues of concern to black and minority ethnic (BME) communities, for example 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group".
- Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.
- Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and

intimidation or other abuse that is used to harm, punish, or frighten their victim.

- DIHC recognise that people working within the organisation may be victims or perpetrators of Domestic Abuse. For advice refer to HR or the Safeguarding team and consult the DIHC Domestic Abuse policy for managers.

1.11 Prevent (Building Partnerships Staying Safe)

- The Prevent agenda requires healthcare organisations to work with partner organisations to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals who may be at greater risk of radicalisation and making safety a shared endeavour.
- The Government's national counter terrorism strategy is called CONTEST. CONTEST aims to reduce the risks from any/all types of terrorism, so that people can go about their lives freely and with confidence.
- CONTEST has four national work streams:
 - Pursue: to stop terrorist attacks
 - Protect: to strengthen our protection against terrorist attack
 - Prepare: where an attack cannot be stopped, to mitigate its impact
 - Prevent: to stop people becoming terrorists or supporting terrorism

1.12 Training

- All staff at all levels of the organisation should undertake relevant safeguarding training in accordance with the intercollegiate documents Safeguarding Children and Young Looked after Children Safeguarding Adults
 - Safeguarding Children and Young People Roles and Competencies for Healthcare Staff (2019)
 - Looked After Children Roles and competencies of Healthcare Staff
 - Adult Safeguarding Roles and Competencies for Healthcare Staff
- Bespoke training and support for staff groups may be requested where needed from the Safeguarding Team. For those staff who require specialist training for their role, multiagency safeguarding training is available via the DSPP.

1.13 Counter Fraud Statement

In creating this policy, the authors, reviewers, and Committee have considered and minimised any risk which might arise from discharging its duties in relations to fraud, theft, bribery, or other illegal acts and are ensured that the terms of reference are robust enough to withstand evidential scrutiny in the event of a criminal investigation. Where appropriate, they have sought advice from the Trust's Local Counter Fraud Specialist.

1.14 Fair Blame statement

The Trust is committed to developing an open learning culture. It has endorsed the view that, wherever possible, disciplinary action will not be taken against members of staff who report near misses and adverse incidents, although there may be clearly defined occasions where disciplinary action will be take

2 REFERENCES

- Children Acts 1989 and 2004
- Care Act 2014
- Mental Capacity Act 2005
- HM Government (2018) Working Together to Safeguard Children and Young People – a guide to interagency working to safeguard and promote the welfare of children and young people
- Intercollegiate Documents for Safeguarding Children, Adults and Children Looked After
- Safeguarding Vulnerable Groups Act 2006
- The Dudley Safeguarding People Partnership Board – Practice guidance
- West Midlands Safeguarding Adults Multi-Agency Policy and Safeguarding Children Multi-Agency Policy - https://www.safeguardingwarwickshire.co.uk/images/downloads/West-Midlands-Policy-and-Procedure/WM_Adult_Safeguarding_PP_v20_Nov_2019.pdf
- Information sharing: advice for practitioners providing safeguarding services (published 2015, updated July 2018) – <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

APPENDIX 1: Safeguarding Referral-Process

- The safeguarding process on the intranet provides all the required contact details required by staff to make a referral:

Children

For practitioners and those working with children.

If you are concerned about a child or young person please call the telephone numbers below.

- During office hours call the children's services service on 0300 555 0050 selecting option 4 (9:00 – 5:00 Mon-Fri).
- Out of office hours contact the Emergency Duty Team on 0300 555 8574.
- In an emergency call 999.

Follow up with a written referral within 24 hours using the form via the link below

The [Dudley Multi Agency Referral Form](#) is an electronic form for referring safeguarding concerns regarding children and young people.

Please complete the form electronically and send it via secure email or encrypted to the single point of access team at MASH_Referrals@Dudley.gov.uk.

For an **Early Help Assessment** (non statutory) please go to our [Early Help](#) pages for more information.

For further guidance go to:

- [West Midlands Child Protection and Safeguarding Procedures Manual](#)
- [Dudley Multi Agency Safeguarding Hub \(MASH\)](#)

Adults

For Adults (aged 18+)

If you have concerns about the safety of an adult please use the details below to report your concerns or make a referral:

- Call us Adult MASH on **0300 555 0055** and select option 1 (between 9am - 5pm)
- Alternatively you can use the form below
- Outside of office hours call 0300 555 8574

If you are contacting us from any agency or organisation regarding allegations or concerns about potential abuse of an adult at risk.

[For Professionals- Report a Concern or a referral](#)

If, for any reason, that the Adult safeguarding alert/referral online form is unavailable please use this download and complete this form - contact details included.

APPENDIX 2: Responsibilities

Title	Responsibilities
Chief Executive	<ul style="list-style-type: none">For the strategic and operational management of the organisation, including ensuring all policies are adhered to. Operational accountability for policy management is delegated to the Head of Governance and Quality
Directors, Clinical Directors, Operational Directors	<ul style="list-style-type: none">Ensuring that their directorate has management and accountability structures that deliver safe and effective services in accordance with statutory, national and local guidance and safeguarding principles for safeguarding children, young people and adults.

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Title	Responsibilities
Managers and Service Leads	<ul style="list-style-type: none"> • Ensuring that service plans, specifications and contracts include reference to safeguarding children and adult standards; • Ensuring that when recruiting staff who will work with children, young people and adults or handle information on children, young people or adults, that HR are aware of potential safeguarding risks, that references are always verified, a full employment history is always available with satisfactory explanations for any gaps in employment history, that qualifications are checked and that Disclosure and Barring checks are undertaken in line with national and local guidance; • At least one member of any interview panel must have undertaken the safer recruitment training • Ensuring there are procedures in place for dealing with allegations of abuse against members of staff and volunteers; • Ensure there are procedures in place that enable staff to voice a concern and that a culture exists that enables safeguarding issues to be addressed; • Ensure that staff are trained and competent to be alert to the potential indicators of child and adult maltreatment and particularly neglect and know how to act on those concerns in line with local and national guidance; • Ensure safeguarding responsibilities are reflected in all job descriptions and the Knowledge and Skills Framework relevant to the job role; • Ensure relevant staff have access to regular safeguarding children and adult supervision in line with DIHC NHS Trust's Safeguarding Supervision Policy • Ensure that all services have implemented procedures for assessing risk to children, young people and adults who are not brought to appointments or whose parents/ carers disengage from services.

Title	Responsibilities
Head of Safeguarding and the Safeguarding Team	<ul style="list-style-type: none">• Providing effective support, advice and training to Trust staff to enable them to fulfil their safeguarding roles and responsibilities.• Ensuring that National and Local Legislation and Guidance is disseminated to all staff.• Engage with the DSPPB and associated subgroups• Provide assurance to the Board that the organisation is fulfilling its statutory safeguarding requirements• Support staff in the agency report writing of IMRs/CSPR/SAR/DHR

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Title	Responsibilities
All staff	<ul style="list-style-type: none"> • Ensuring that they listen to children and adults, considering their views and keep them informed of planned actions; • Being alert to the potential indicators of abuse or neglect of children and adults and know how to act on those concerns in line with local and national guidance; • Being aware of parental conditions such as drug and alcohol misuse, domestic violence and mental ill health that impact on their parental/caring capacity and pose a risk to a child • Undertake training in accordance with National Guidance so that they maintain their skills and are familiar with procedures aimed at safeguarding children and adults; • Understanding the principles of consent, confidentiality and information sharing in line with local and national guidance; • Contributing when requested to do so, to the multi-agency meetings established to safeguard and protect children and adults. • Seeking advice and guidance from the Head of Safeguarding, Named / Designated professionals if unsure about how to act upon a concern about a child or parent/ carer or adult at risk; • Escalating safeguarding issues to relevant operational and senior managers when professional disagreements arise in relation to the management of a safeguarding concern, either within DIHC NHS Trust or with other organisations with reference to multiagency procedures

Title	Responsibilities
<p>All staff (continued)</p>	<ul style="list-style-type: none"> • Practitioners who work with adults are equally responsible to act upon safeguarding concerns about children with whom their client has contact. Practitioners should contact professionals working with the children to share information when necessary to do so, or where the harm threshold is met, and make a referral to the multiagency safeguarding hub (MASH) • Keeping accurate, contemporaneous records in accordance with professional and organisational policy. All information exchanged or shared with other agencies should be documented in the client's clinical records. All discussions with parents, managers, social workers or professionals from other agencies must be documented. • Copies of all referrals into children's and adult social care from DIHC staff MUST be copied to the safeguarding team
<p>Named Professionals within the NHS</p>	<ul style="list-style-type: none"> • NHS Named professionals with responsibility for safeguarding children are a statutory requirement (HM Government 2018). DIHC required to employ a named doctor/professional and a named nurse for safeguarding children and adults. These practitioners have a key role in promoting good professional practice within their organisation providing advice and expertise for fellow practitioners and ensuring safeguarding training is in place and evaluated. They should work closely with the Head of Safeguarding on the executive board, designated health professionals and other statutory safeguarding partners (i.e. local authority and police).

APPENDIX 3: Glossary

Child	The legal definition of 'child', applies to those under 18 years of age, whether living with their families, in state care, or living independently. The term 'children' applies to children and young people throughout this policy. This is significant as young people aged 16 and 17 years with safeguarding needs may be accessing 'adult' services provided by the Trust.
Child Protection	<p>Child protection is an important part of safeguarding, but refers specifically to the actions undertaken to protect children and young people who are at risk of, or suffering from, significant harm.</p> <p>The four categories under which a child becomes subject of a Child Protection plan are;</p> <ul style="list-style-type: none"> • Physical • Sexual • Emotional • Neglect
Safeguarding duties	Safeguarding duties apply when an adult, (from age 18), has; a need for care and support (whether or not DIHCt or the Local Authority is meeting any of those needs) and is experiencing or at risk of abuse or neglect and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect.
Categories of Abuse	<p>Definitions of categories of abuse are taken from statutory guidance (HM Government 2018) and local guidance and include:</p> <ul style="list-style-type: none"> • Physical • Sexual • Child Sexual Exploitation • Psychological/Emotional • Financial or material • Neglect and acts of omission • Discriminatory • Domestic Abuse • Organisational Abuse • Modern Slavery • Honour Based Violence • Forced Marriage • Breast Ironing • Female Genital Mutilation • Self-Neglect • Prevent/radicalisation • Internet/Cyber bullying • County Lines • Cuckooing

Female Genital Mutilation (FGM)	<ul style="list-style-type: none"> • Female Genital Mutilation (FGM) is defined by the World Health Organisation as: ‘all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons’. FGM is sometimes also known as female circumcision. Staff have a duty to report any child cases of FGM and to identify and report children who may be at risk of FGM. When an adult discloses that they have experienced FGM their consent should be gained before it is reported. However if a child is also identified to be at risk of FGM, it should be reported and the adult informed of the professionals duty to do so. • Health Professionals have a mandatory reporting duty under the FGM Act 2003 • Adults who have been identified as victims of FGM need to be reported via the CAP (Central Audit Platform) in order to contribute to the FGM dataset collection and this applies to; NHS Trusts, Mental health trusts, GP practices
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APPENDIX 4: Equality Impact Statement

DIHC is committed to ensuring that the way we provide services and the way we recruit and treat staff reflects individual needs, promotes equality and does not discriminate unfairly against any particular individual or group. The Equality Impact Assessment for this policy has been completed and is readily available upon request. If you require this policy in a different format e.g. larger print, Braille, different languages or audio tape, please contact the HR Team or the Equality and Diversity lead.

APPENDIX 5: Sustainability Impact Statement

DIHC is committed to ensuring that the way we provide services is responsible and minimises the impact on the environment e.g. zero waste to landfill, recycling and reuse percentages, commuting and starts to support the reporting of the Trust’s annual carbon footprint and progress against Climate Change Act and NHS targets, and on progress against the Green Government Commitments and carbon reduction targets where applicable.

APPENDIX 6: Data Protection and Freedom of Information Statement

This statement reflects legal requirements incorporated within the Data Protection Act and Freedom of Information Act that apply to staff who work within the public sector. All staff have a responsibility to ensure that they do not disclose information about the Trust’s activities in respect of service users in its care to unauthorised individuals. This responsibility applies whether you are currently employed or after your employment ends and in certain aspects of your personal life e.g. use of social networking sites etc. The Trust seeks to ensure a high level of transparency in all its business activities but reserves the right not to disclose information where relevant legislation applies.

APPENDIX 7: Monitoring effectiveness of this policy

Document title – Monitoring Framework		
Auditable standard / KPI	Frequency / Method / Person Responsible	Where results and any associated action plan will be reported to and monitored
Compliance with the policy	Head of Safeguarding	<p>Compliance will be reported through Safeguarding Committee</p> <p>The Head of Safeguarding will report compliance to the Director of Nursing on a quarterly basis through the Safeguarding Committee</p> <p>Services will escalate to the Director of Nursing/Head of Safeguarding</p>

APPENDIX 8: Amendment history

Version	Date approved	Approved by	Date issued	Summary of change
1.0	dd/mm/yyyy	e.g. Quality & Safety Committee	dd/mm/yyyy	New document for DIHC (formally Dudley & Walsall Mental Health Trust)

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