

SAFEGUARDING CHILDREN POLICY

POLICY REFERENCE NUMBER	CLP37
VERSION NUMBER	[3]
KEY CHANGES FROM PREVIOUS VERSION	Three year review Policy – updated to include contextual safeguarding and revised training competency frameworks. For Procedure changes see Procedure document
AUTHOR	Gill Parker, Project Lead for Safeguarding
CONSULTATION GROUPS	Trust Safeguarding team, Mental Health Act and Safeguarding Committee
IMPLEMENTATION DATE	April 2017
AMENDMENT DATE(S)	May 2023
LAST REVIEW DATE	May 2023
NEXT REVIEW DATE	May 2026
MENTAL HEALTH & SAFEGUARDING SUB-COMMITTEE APPROVAL:	2 nd May 2023
RATIFICATION BY POLICY OVERSIGHT AND RATIFICATION GROUP:	9 May 2023
COPYRIGHT	<i>Copyright © Essex Partnership University NHS Foundation Trust [2017-2023]. All rights reserved. Not to be reproduced in whole or in part without the permission of Essex Partnership University NHS Foundation Trust.</i>

POLICY SUMMARY
The Safeguarding Children Policy outlines the statutory and regulatory responsibilities that the Trust must discharge.
The Trust monitors the implementation of and compliance with this Policy in the following ways:

Services	Applicable	Comments
Trustwide	✓	

**The Director responsible for monitoring and reviewing this policy is
Executive Nurse**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

SAFEGUARDING CHILDREN POLICY

CONTENTS

This is an interactive contents page, by clicking on the titles below you will be taken to the section that you want.

- 1.0 INTRODUCTION**
- 2.0 DUTIES**
- 3.0 DEFINITIONS**
- 4.0 PRINCIPLES**
- 5.0 MONITORING OF IMPLEMENTATION AND COMPLIANCE**
- 6.0 POLICY REFERENCES / ASSOCIATED DOCUMENTATION (EXTERNAL)**
- 7.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES (INTERNAL)**
- 8.0 GLOSSARY**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST
--

SAFEGUARDING CHILDREN POLICY

Assurance Statement

Equality and Diversity Statement

The Trust is committed to ensuring that equality, diversity, and inclusion is considered in our decisions, actions and processes. The Trust and all trust staff have a responsibility to ensure that they adhere to the Trust principles of equality, diversity, and inclusion in all activities. In drawing up this policy all aspects of equality, diversity, and inclusion have been considered to ensure that it does not disproportionately impact any individuals who have a protected characteristic as defined by the Equality Act 2010

1.0 INTRODUCTION

- 1.1 The Trust believes that the welfare of children and young people is paramount and at all times and in all situations, a child or young person has the right to feel safe and protected from any situation or practice resulting in them being harmed or at risk of harm.
- 1.2 This policy sets out the principles of Safeguarding Children and gives guidance to staff on what to do if concerned for the welfare and protection of a child or young person.
- 1.3 This policy applies to those working in mental health and community health settings and contains a number of appendices which staff should read in conjunction with Local Safeguarding Partnership guidance:
- Central Bedfordshire <https://www.centralbedfordshirelscb.org.uk/lscb-website/home-page>
 - Bedford Borough Council <https://www.bedford.gov.uk/social-care-and-health/children-and-families/safeguarding-children-partnership>
 - Luton <https://lutonlscb.org.uk/>
 - Southend, Essex & Thurrock www.escb.org.uk.
 - Suffolk www.suffolkscb.org.uk
 - Pan London www.londoncp.co.uk
- 1.4 All National, Local and EPUT policies, guidance and protocols are available on the trust Safeguarding Intranet site.
- 1.5 This policy has been developed in line with the Trust principles of Equality and Diversity and is underpinned by the following standards:
- The child's needs come first regardless of who is the primary Trust client;
 - The child's welfare and safety is everyone's responsibility;
 - Staff must work together, understand and appreciate other professionals roles and responsibilities;
 - No one must be discriminated against on the grounds of age, ethnicity, religion, culture, class, sexual orientation, gender or disability.

- 1.6 Where English may not be the service users first language the Trust interpreter services, or those services to meet a child or parent's communication needs must be accessed and details recorded in case notes.

2.0 DUTIES

- 2.1 Whilst parents and carers have primary care for their children, health have specific duties to safeguard and promote the welfare of all children in their area. (WTSC, 2018)
- 2.2 Health practitioners have a duty to safeguard and promote the welfare of all children in their area defined as:
- protecting children from maltreatment
 - preventing impairment of children's mental and physical health or development
 - ensuring that children grow up in circumstances consistent with the provision of safe and effective care
 - taking action to enable all children to have the best outcomes
- 2.3 This policy applies to all employees (permanent or temporary) and volunteers of the Trust and those people that perform work on behalf of the Trust.
- 2.4 This policy complements all professional or ethical rules, guidelines and codes of professional conduct on child protection. (e.g. Nursing & Midwifery Code of Professional Conduct, General Social Care Council, Health and Care Professions Council and General Medical Council).
- 2.5 The Children Act (CA 1989/2004) makes it clear that Safeguarding Children is everyone's responsibility. It imposes a duty on the Trust to ensure that its functions are discharged with regard to the need to safeguard and promote the welfare of children as per Section 11 of the Children Act 2004. Health Partners must assist Local Authorities in carrying out enquiries into whether or not a child is at risk of significant harm (Section 47, CA 1989). It also requires the Trust to take part in Local area Safeguarding Partnership Arrangement functions and duties.

3.0 DEFINITIONS

- 3.1 The Government document, Working Together to Safeguard Children 2018 refers to a child or young person as a person up to their 18th birthday.
- 3.2 Working Together to Safeguard Children (2018) states that;
- Everyone who works with children has a responsibility for keeping them safe
 - Health Professionals are in a strong position to identify welfare needs or safeguarding concerns regarding individual children and, where appropriate, provide support.
 - Effective Safeguarding of children can only be achieved by putting children at the centre of the system, and by every individual and agency playing their part, working together to meet the needs of our most vulnerable children.
 - For services to be effective they should be based on a clear understanding of the needs and views of children.
- 3.3 Staff are required to co-operate with police and the Local Authority when approached for a formal statement or a request to attend court as a witness. In these circumstances staff must inform the relevant Safeguarding Team and their line

manager. Appendix 10 of the Procedures gives further advice, guidance and support for Trust staff.

- 3.4 The Department of Health, Working Together to Safeguard Children 2018 defines safeguarding children as;

'protecting children from maltreatment, preventing impairment of health or development, ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and taking action to enable all children to achieve their best outcomes'

3.5 **Child Protection**

Child Protection refers to the activity that is undertaken to protect children where there is reasonable cause to suspect a child or young person is suffering or is likely to suffer significant harm.

3.6 **Significant Harm**

The Children Act 1989 (Section 47) introduces the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of the child. It gives local authorities a duty to make enquiries to decide whether they should take action to safeguard and promote the welfare of a child suffering or likely to suffer significant harm. Harm is defined as the ill treatment or impairment of health and development.

- 3.7 Significant harm relates to four categories of abuse. These are physical, emotional, sexual abuse and neglect.

3.8 **Abuse**

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

3.9 **Physical abuse**

A form of abuse which 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.

3.10 **Emotional abuse**

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

3.11 **Sexual abuse**

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. Sexual abuse can take place online, and technology can be used to facilitate offline abuse.

3.12 **Child sexual exploitation**

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for

something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. Working Together to Safeguard Children further describes exploitation by criminal gangs, organised crime groups, trafficking, online abuse, sexual exploitation, and the influences of extremism leading to radicalisation.

3.13 Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

3.14 Where Trust staff are aware that a child has suffered or is at risk of suffering significant harm, a referral to Children's Social Care must be made.

3.15 Contextual Safeguarding

Contextual Safeguarding is an approach to understanding and responding to young people's experiences outside of their families. It acknowledges the relationships that young people can form in school, online and in their community and how these can feature violence and abuse. Their parents and carers can have little influence over these context and young people's experiences of inter-familial abuse can undermine the parent-child relationship. Contextual Safeguarding therefore widens the child protection system to include the recognition that young people may be vulnerable to abuse in a range of social contexts.

3.16 Children in Need

3.17 Local Authorities have a duty to safeguard and promote the welfare of children in need.

3.18 Children who are defined as being 'in need' under Section 17 of the Children Act 1989 are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development without the provision of services. This includes those children who are disabled and have specific additional needs.

3.19 Early Help

3.20 Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Practitioners should be alert to the potential need for early help for a child who:

- Has special education needs regardless of a Statutory Education Health Care Plan.
- Is disabled and has specific additional needs
- Is a young carer
- Is showing signs of anti-social or criminal behaviour
- Is frequently missing from care/home
- Is at risk of modern slavery, trafficking or exploitation
- At risk of being radicalised (see appendix 11 for more guidance)
- Are misusing drugs or alcohol
- Are within family circumstances facing challenges such as drug and alcohol misuse, parental mental health issues and domestic abuse
- Is a privately fostered child or returned home from care
- Is showing early signs of abuse or neglect

- 3.21. Effective early help relies upon local agencies working together to:
- Identify children and families who would benefit from early help;
 - Undertake an assessment of the need for early help by the Lead Practitioner; and
 - Provide targeted early help services to address the assessed needs of a child and their family, which focuses on activity to significantly improve the outcomes for the child.
- 3.22 **Looked After Children**
- 3.23 The term Looked after Child (LAC) was introduced by the Children Act 1989 and refers to children who are subject to care orders or voluntarily accommodated. The Local Authority has responsibility for Looked after Children.
- 3.24 Looked after Children have often experienced abuse or neglect and will have additional health care needs. The Local Authority has a statutory responsibility to ensure the health care needs of children and young people are being assessed. Community Health Services work closely with the Local Authority to ensure that health care plans set out how identified health needs will be addressed.
- 3.25 For detailed information on LAC procedures, staff should refer to the specific protocol in their area and refer to the Local Safeguarding partnership arrangement guidance accordingly.

4.0 PRINCIPLES

- 4.1 It is important that consideration be given to a co-ordinated 'Think Family' approach and partnership working, where it is identified that both a parent and their child or young person are service users.
- 4.2 Staff who work directly with children should ensure that safeguarding and promoting their welfare forms an integral part of all stages of care and services offered. Staff who come into contact with children, parents and carers in the course of their work need to be aware of their safeguarding responsibilities and be able provide preventative support through proactive work
- 4.3 When a child and parent are both receiving a service from the Trust, staff including doctors from both adult and child services should discuss cases and consider a joint assessment and support plan where appropriate.

4.4 TRAINING

- 4.4.1 All safeguarding and looked after children training will comply with the standards and requirements set by the National Safeguarding (2019) and Looked after Children (2020) Competency Frameworks, statutory guidance (2018) and Local Safeguarding Partnership arrangements for Children's Training strategies. Further details are contained within the accompanying Procedures (Appendix 1).
- 4.4.2 The Trust Safeguarding Training Framework outlines the requirement that all Trust staff must receive Safeguarding Adult and Children Training every three years. Level of training required is dependent on Trust staff role, specialism and contact with service user. Staff must access training within 3 months of starting their post.

4.4.3 Compliance for all safeguarding training is set at 95% of the total of staff. Compliance is discussed at all senior management meetings and the Trust Mental Health Act and Safeguarding Sub-Committee.

4.4.4 Some staff working directly with children will also require supplementary Looked after Children training relevant to their role. The training is competency based and mapped against the Intercollegiate Framework for Looked after Children. (2020).

4.5 SUPERVISION

4.5.1 All clinical staff must attend supervision in accordance with the Trust One to One Support and Appraisal Policy (HR48) and further details for safeguarding children supervision are detailed within the procedural guidelines. (Appendix 2)

4.5.2 Specific safeguarding supervision is available from members of the Safeguarding Team in accordance to local protocols.

4.5.3 A record of supervision attendance is maintained by the safeguarding team and staff should record the outcome of safeguarding supervision within the service user's clinical records. Data on attendance may be used and made available for audit and reporting purposes.

4.6 CONSENT, CONFIDENTIALITY & INFORMATION SHARING

4.6.1 The Department for Children, Schools and Families (DCSF) and the DoH guidance on the duties of doctors and other health professional's states.

'When investigating allegations of child abuse or assessing injuries or symptoms which may arise from child abuse, professionals first duty should be owed to the child. They should not be distracted from that duty by a parallel duty to anyone else including the parents or carers' (2007)

4.6.2 The welfare of the child is paramount and staff have a duty to pass on information relating to (Sec 47 Children Act 1989) suspected child abuse to Children's Social Care. Staff should clarify with Social Care if consent from the parent or child (where appropriate) has been obtained in order to share information. Staff should also clarify with Social Care the exact nature of the information required.

4.6.3 Consent from a parent or child is not required where;

- Seeking permission is likely to increase risk to children;
- Place an adult at risk of serious harm
- Permission has been refused but sufficient professional concern remains to justify disclosure;
- Seeking permission is likely to impede a criminal investigation.

4.6.4 Guidance is similar for Trust Doctors and Consultants. The General Medical Council (GMC) guidance on 'Confidentiality Protecting and Providing Information' (2009) is clear that information may be released without consent to third parties e.g. Children's Social Care, Police in circumstances where:

- Failure to disclose information may expose the patient or others to risk of death or serious harm;
- Third parties may have direct relevance to child protection e.g. adults who may pose a risk to children;
- A child or young person may be the subject of abuse.

4.6.5 Staff should consult their Line Manager, or a member of the Safeguarding Team for advice.

4.7 RECRUITMENT

4.7.1 The Trust is required to comply with the Disclosure and Barring Service (DBS), which aims to ensure that unsuitable people do not work with children on a paid or voluntary basis.

4.7.2 All Trust staff working with children and adults will undergo a DBS check. Procedures are contained within the Human Resources Policy (HRPG57). The Executive Director of People and Culture is responsible for ensuring compliance.

4.7.3 All job descriptions for new staff contain a statement regarding staff responsibility for adhering to Trust policies on Safeguarding children and adults.

4.8 CARE QUALITY COMMISSION (CQC)

4.8.1 Any Child Safeguarding Practice review, formally known as a Serious Case Review, agreed by the Local Safeguarding Partnership arrangements which involves a child or family known to the Trust will be reported to the Designated Nurse for Safeguarding Children in the appropriate Integrated Care Board (ICB). The ICB will inform NHS England Midlands & East or who will inform the CQC within one month of notification. (See appendix 8 for further guidance)

4.8.2 The Trust liaises with the CQC regularly through formal processes arranged with their Relationship Manager. The safeguarding team meet with the Relationship Manager to discuss cases where safeguarding concerns have been raised.

4.9 RESPONSIBILITIES

4.9.1 **Chief Executive Officer** - To raise the profile, support the policy, and promote the development of initiatives to ensure the protection of children.

4.9.2 **Executive Nurse** – Is the Trust Board Executive Lead for Safeguarding children and adults and takes responsibility for governance systems and the organisational focus on safeguarding. The Executive Nurse represents the Trust at Local Safeguarding Partnership arrangements and is the Chair of the Trust Mental Health Act and Safeguarding Sub-committee.

4.9.3 **Executive Medical Director** – Is the Trust Named Senior Officer for managing allegations against staff.

4.9.4 Trust's Named Professionals (Doctor, Nurse, Specialist Practitioner)

4.9.5 Named professionals have a key role in promoting good professional practice and providing advice and expertise for staff. They support the Clinical Governance role within the Trust by ensuring audits, supervision and training is provided and Safeguarding issues are integrated into Clinical Governance Systems.

4.9.6 Named Professionals will provide regular reports to the Trust Committees.

4.9.7 Named Professionals and relevant senior staff are responsible for linking with the Local Safeguarding Partnership arrangements to share information and provide specialist advice to those networks in respect of services or information provided by the Trust.

4.10 **Managers**

- 4.10.1 Managers will be responsible for ensuring that staff are equipped and supported in dealing with Safeguarding concerns.
- 4.10.2 Managers are responsible for ensuring staff attend the correct level of Safeguarding training and supervision according to role and with the appropriate, signed study leave form completed in accordance with the Training Framework. (See Appendix 1 for further guidance)
- 4.10.3 Managers should support those staff working with families where there are Safeguarding concerns and following a child safeguarding practice review regarding decision making and monitoring of actions. (See Appendix 8 for further guidance)
- 4.10.4 Managers should ensure Safeguarding issues are routinely addressed during supervision and ensure that actions are carried through. (See Appendix 2 for further guidance)
- 4.10.5 Managers should discuss staff safeguarding competencies during annual appraisal with staff and identify any training or development needs required.

4.11 **All staff**

- 4.11.1 All staff must be aware of and follow the legislation, and guidance regarding Child Protection and Safeguarding Children as stated in these and the Local Safeguarding Partnership arrangements. This includes accessing training and updates of Safeguarding matters.

5.0 MONITORING OF IMPLEMENTATION AND COMPLIANCE

- 5.1 The Executive Directors, Clinical Directors and Service Directors are responsible for implementing this policy and the associated procedural guidelines.
- 5.2 All clinical areas will have access to these policies, procedural guidance and the Local Safeguarding Partnership arrangement Procedures via Trust Intranet Safeguarding site.
- 5.3 The Executive Nurse will be responsible for the overall monitoring and review of this policy.
- 5.4 This policy will be reviewed every three years.
- 5.5 An audit of key parts of this policy will be undertaken every three years with a rotating theme, for example; recommendations from Local Child Safeguarding Practice Reviews formally known as Serious Case Reviews, Referral process to Social Care, training uptake.

6.0 POLICY REFERENCES / ASSOCIATED DOCUMENTATION (EXTERNAL)

Confidentiality Protecting and Providing Information (GMC, 2009)

Intercollegiate Document Safeguarding Children and Young People: Roles & Competencies for Health Care Staff (2019)

Looked After Children: Roles & Competencies of HealthCare Staff (2020)

Working Together to Safeguard Children (Department of Health, 2018)

7.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES (INTERNAL)

One to One Support and Appraisal Policy (HR48)
Recruitment and retention Procedure (HRPG57)

8.0 GLOSSARY

Term	Meaning
<i>CQC</i>	<i>Care Quality Commission</i>
<i>DBS</i>	<i>Disclosure and Barring Service</i>
<i>ICB</i>	<i>Integrated Care Board</i>
<i>LAC</i>	<i>Looked after Child</i>

END

SAFEGUARDING ADULTS POLICY

POLICY REFERENCE NUMBER	CLP39
VERSION NUMBER	3
KEY CHANGES FROM PREVIOUS VERSION	Three year review Updated to include new Prevent training competency frameworks For changes to Procedure & Appendices see Procedure document
AUTHOR	Deborah Payne Named Professional Safeguarding
CONSULTATION GROUPS	Safeguarding Team, Mental Health and Safeguarding Sub-Committee
IMPLEMENTATION DATE	April 2017
AMENDMENT DATE(S)	November 2019; May 2023
LAST REVIEW DATE	May 2023
NEXT REVIEW DATE	May 2026
MENTAL HEALTH & SAFEGUARDING SUB-COMMITTEE APPROVAL:	2 nd May 2023
RATIFICATION BY POLICY OVERSIGHT AND RATIFICATION GROUP:	9 May 2023
COPYRIGHT	<i>Copyright © Essex Partnership University NHS Foundation Trust [2017-2023]. All rights reserved. Not to be reproduced in whole or in part without the permission of Essex Partnership University NHS Foundation Trust.</i>
POLICY SUMMARY	
This policy sets out the roles and responsibilities of Trust staff in working together with other professionals and agencies in promoting the welfare of adults and safeguarding them from abuse and neglect. The policy complies with the Care Act 2014, the Local Authority Safeguarding Adults Boards guidance in Bedfordshire, Southend, Essex, Thurrock and Suffolk and associated statutory guidance including the principles of the Safeguarding Vulnerable People in the NHS- Accountability and Assurance Framework 2022.	
The Trust monitors the implementation of and compliance with this Policy in the following ways:	
(only to be used if Policy is standalone without supporting Procedures)	

Services	Applicable	Comments
Trustwide	✓	

The Director responsible for monitoring and reviewing this policy is
Executive Nurse

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

SAFEGUARDING ADULTS POLICY

CONTENTS

This is an interactive contents page, by clicking on the titles below you will be taken to the section that you want.

- 1.0 INTRODUCTION**
- 2.0 DUTIES**
- 3.0 DEFINITIONS**
- 4.0 PRINCIPLES**
- 5.0 MONITORING OF IMPLEMENTATION AND COMPLIANCE**
- 6.0 POLICY REFERENCES / ASSOCIATED DOCUMENTATION (EXTERNAL)**
- 7.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES (INTERNAL)**
- 8.0 GLOSSARY**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST
--

SAFEGUARDING ADULTS POLICY

Assurance Statement

This policy sets out the roles and responsibilities of Trust staff in working together with other professionals and agencies in promoting the welfare of adults and safeguarding them from abuse and neglect.

The policy complies with the Care Act 2014, the Local Authority Safeguarding Adults Boards guidance in Bedfordshire, Southend, Essex and Thurrock, Suffolk and London and associated statutory guidance including the principles of the Safeguarding Vulnerable People in the NHS- Accountability and Assurance Framework 2015.

Equality and Diversity Statement

The Trust is committed to ensuring that equality, diversity, and inclusion is considered in our decisions, actions and processes. The Trust and all trust staff have a responsibility to ensure that they adhere to the Trust principles of equality, diversity, and inclusion in all activities. In drawing up this policy all aspects of equality, diversity, and inclusion have been considered to ensure that it does not disproportionately impact any individuals who have a protected characteristic as defined by the Equality Act 2010

1.0 INTRODUCTION

- 1.1 The Trust is committed to the safeguarding adults agenda and believes that the welfare of people is a priority and at all times people using Trust services have a right to feel safe and protected from any situation or practice that results in them being harmed or at risk of harm
- 1.2 This policy sets out the arrangements and principles of safeguarding adults and the procedural guidance which accompanies this policy gives guidance to staff on what to do if concerned for the welfare and protection of a vulnerable adult.
- 1.3 This policy relates to all those Trust service users aged 18 years or over, who are experiencing abuse or at risk of abuse. As many Trust service users are parents, this policy should be read in conjunction with the Safeguarding Children Policy CLP37.
- 1.4 This policy applies to all Trust staff working in Mental Health and Community Health Services. The Trust covers several Local Authority Safeguarding Boards and this policy and procedural guidance should be read in conjunction with the Local Safeguarding Adult Board guidance that can be accessed in Section 6.
- 1.5 All relevant Safeguarding forms and information are also available from the Trust Safeguarding site via InPut or by direct contact with the safeguarding team.
- 1.6 The procedural guidance contains a number of appendices to support this policy and procedure including, Key Contacts, Training protocol, Care Quality Commission reporting, Domestic Homicide Reviews and Safeguarding Adult Reviews

2.0 DUTIES

- 2.1 All people accessing TRUST services have the right to:
- live a life that is free from violence, fear and abuse
 - be protected from harm and exploitation
 - Independence which may involve a degree of risk
- 2.2 The purpose of this policy is to outline the safeguarding agenda and staff responsibilities in responding to concerns regarding abuse or risk of abuse of Trust service users.
- 2.3 It is the responsibility of all Trust staff to recognise, suspected or actual abuse and to take appropriate action in line with the procedures. This includes discussing concerns with the line manager and, or the safeguarding team
- 2.4 The dignity, safety, and well-being of individuals will be a priority consideration in all activity. Support provided should be appropriate to that person's physical and mental abilities, culture, religion, gender and sexual orientation.
- 2.5 The Care Act 2014 outlines six key principles which staff must consider in all aspects of safeguarding work.
- | | |
|-------------------------|--|
| Empowerment: | Presumption of person led decisions and consent |
| Protection: | Support and representation for those in greatest need |
| Prevention: | Prevention of neglect, harm and abuse is a primary objective |
| Proportionality: | Least intrusive response appropriate to the risk presented |
| Partnership: | Local solutions through services working with communities |
| Accountability: | Accountability and transparency in delivering safeguarding |
- 2.6 This policy applies to all employees (permanent, temporary or voluntary) of the Trust and those people that perform work on behalf of the Trust
- 2.7 This policy complements all professional or ethical rules, guidance and codes of professional conduct on Safeguarding Adults such as; Nursing & Midwifery, Allied Health Care Professionals Council, and General Medical Council codes of professional conduct.

3.0 DEFINITION

- 3.1 Safeguarding is defined as 'protecting an adult's right to live in safety, free from abuse and neglect' (Care and Support Statutory Guidance, Ch. 14)7. It is not about holding anyone or organisation to account as other processes exist for that. The aims of adult safeguarding are to:
- Stop abuse or neglect wherever possible
 - Prevent harm and reduce the risk of abuse or neglect
 - Safeguard adults in a way that supports them in making choices and having control about how they want to live
 - Promote an approach that focuses on improving life for the adults concerned
 - Raise awareness so that communities play their part in preventing, identifying and responding to abuse and neglect
 - Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and how to raise a concern and

- Address what has caused the abuse.
- 3.2 Safeguarding duties apply to a person over 18 years who:
- have needs for care and support (whether or not 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 or neglect, or
 - they are a carer who may be experiencing intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with.
- 3.3 Abuse can vary from treating someone with disrespect in a way which significantly affects the person's quality of life, to causing actual physical suffering. This includes behaviour towards a person that either deliberately or unknowingly, causes people harm or endangers their life or civil rights.
- 3.4 Abuse can be passive or active; it can be an isolated incident or repeated. It may occur as a result of a failure to undertake action or appropriate care tasks. Abuse is not just about "poor care" but a failure to tackle issues of poor care could also amount to abuse.
- 3.5 Anyone can be a perpetrator of abuse. Abuse can occur in any relationship. An individual, a group or an organisation may perpetrate abuse.
- 3.6 The person who is responsible for the abuse is very often well known to the person abused and could be a paid carer or volunteer, a health worker, social care or other worker, a relative, friend or neighbour, another resident or service user or an occasional visitor or someone who is providing a service
- 3.7 Categories & Indicators**
- Indicators of abuse often include the misuse of power by one person over another For example where one person is dependent on another for their physical care or due to power relationships in society e.g. between a professional worker and a service user, a man and a woman and a person belonging to the dominant race / culture and a person belonging to an ethnic minority.
- 3.8 There are ten categories of abuse which may occur alone or in combination they are:
- Discriminatory abuse
 - Financial abuse or material abuse
 - Organisational abuse
 - Neglect & acts of omission
 - Physical abuse
 - Psychological abuse
 - Sexual abuse
 - Modern Slavery
 - Domestic Abuse
 - Self-Neglect.

Other types of abuse include: Sexual Exploitation, Hate Crime, Mate Crime, Cuckooing, Radicalisation, Female Genital Mutilation, Cyber Abuse, Honour Based Violence, and Forced Marriage. The procedural guidance gives details of indicators and risk factors associated with each of the above categories.

- 3.9 An individual, a group or an organisation may perpetrate abuse which can be deliberate or the result of ignorance, lack of training, knowledge or understanding.

4.0 PRINCIPLES

- 4.1 The Care Act Guidance makes it clear and includes the principles of Making Safeguarding Personal (MSP) which involves asking the adult at risk what they would like to happen.

The aim of MSP is to

- engage people throughout the process from the outset with a focus on outcomes for the Adult at Risk
- make people feel safe
- make people feel empowered and in control
- use an asset-based approach to help identify individuals' strengths and networks.

- 4.2 Practice in relation to safeguarding adults nationally has long been criticised for being driven by policy and process rather than focused on what the adult wants and Essex is no exception to this. Embedding Making Safeguarding Personal in practice has been acknowledged nationally as a culture change, moving away from process to personalisation. Making Safeguarding Personal is an evolving process and one which will be subject to regular review across Essex to ensure safeguarding practice is focused on outcomes which have been identified by adults at risk.

4.3 Mental Capacity

- 4.3.1 The Mental Capacity Act 2005 provides a comprehensive framework to safeguard and empower people over 16 who are unable to make all or some decisions themselves. The Act includes a range of principles, powers and services which must be considered as a part of a safeguarding plan for a person lacking capacity who may be at risk of being abused. The main principles of the Act include:

- 4.3.2 Staff should consult the Trust policy and procedure for Mental Capacity for full details and adhere to the following standards in all aspects of safeguarding work.

A presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.

- Capacity is not always fixed but can fluctuate according to different states of illness or wellness.
- The right for individuals to be supported to make their own decisions - people must be given all appropriate help before anyone concludes that they cannot make their own decisions.
- Individuals must retain the right to make what might be seen as eccentric or unwise decisions.
- Best interests – anything done for or on behalf of people without capacity must be in their best interests.
- Least restrictive intervention – anything done for or on behalf of people without capacity should be the least restrictive.

4.3.3 Independent Mental Capacity Advocate

- 4.3.4 An Independent Mental Capacity Advocate (IMCA) is a type of statutory advocacy introduced by the Mental Capacity Act 2005 and is appointed to support a person

who lacks capacity if there are no family members or relevant others to act in their best interests.

- 4.3.5 Where a person who lacks capacity is alleged to have been abused or to have abused another person, consideration must be given to appointment of an IMCA in line with the local Mental Capacity Act policy and the Care Act 2014.

4.4 Deprivation of Liberty Standards (DoLS)

- 4.4.1 The Government has added provisions to the Mental Capacity Act 2005 called the Deprivation of Liberty Safeguards. The standards do not apply to those people detained under the Mental Health Act but does apply to those people in a hospital, care home or living in their own home who have been assessed as not having capacity to make decisions regarding treatment and accommodation.
- 4.4.2 The safeguards focus on those people who for their own safety and in their own best interests need to be accommodated under care and treatment regimens that may have the effect of depriving them of their liberty.
- 4.4.3 Staff should consult and apply the standards in the Trust MCA and DoLS policy (MCP2) for **all** inpatients who lack capacity regarding their care and to contact the Supervisory Body which is the local authority from where the patient has ordinary residence for authorisation in each proposed case of deprivation of liberty
- 4.4.4 A safeguarding referral must be made in all cases where a person in a care home or hospital ward (who is not detained under the Mental Health Act) is deprived of their liberty and where a DoLS application has not been made

4.5 Think Family

- 4.5.1 The Trust adopts the "Think Family" approach, which refers to the steps taken by services to identify wider family need and risk which extend beyond the individual they are supporting and/or living with. This also includes others supporting the individual in a voluntary/paid caring capacity.
- 4.5.2 A Think Family approach refers to the steps taken by children's, young people's and adult's practitioners to identify wider family needs which extend beyond the individual they are supporting. Think Family means securing better outcomes for adults, children and families by coordinating the support and delivery of services from all organisations.

4.6 Confidentiality & Information Sharing

- 4.6.1 Good information sharing practice is at the heart of good safeguarding practice. Information sharing is covered in legislation principally by the General Data Protection Regulation (GDPR) 2016.
- 4.6.2 Staff should use this policy in conjunction with the Trust Policy document for Data Protection and Confidentiality (CP59) the Information Sharing and Consent Policy (CP60) and multi-agency information sharing agreements.
- 4.6.3 Staff should obtain the consent of the client for the sharing of information as part of the safeguarding investigation. Where an individual is unable to give consent staff must follow the requirements of the Mental Capacity Act 2005, and the Care Act 2014.

4.6.4 Staff cannot give assurance of confidentiality where there are concerns about abuse or the risk of significant harm particularly where other people may be at risk of significant harm.

4.6.5 Disclosure without consent may be justified where:

- Seeking consent is likely to increase risk to the adult in question or other
- Permission has been refused but sufficient professional concern remains to justify disclosure;
- Seeking permission is likely to impede a criminal investigation

4.7 Safeguarding Links with Patient Safety Incidents, Complaints, Claims, Patient Advisory Liaison Service (PALS) and Duty of Candour

4.7.1 All allegations of abuse will be reported to the Trust Integrated Risk Team via the Datix system. The Safeguarding Team, Risk Team and Complaints Department work closely together to ensure a consistent approach to investigations

4.7.2 Patient Safety Incidents involving abuse of an adult may meet the criteria for reporting as safeguarding, as well as review/investigation under the Patient Safety Incident Response Framework (PSIRF). Such incidents are outlined within the Trust's Patient Safety Incident Response Plan (PSIRP) and collaborative reports will be considered where appropriate.

4.7.3 Serious Incidents involving abuse of an adult may meet the criteria for reporting as Safeguarding as well as a under the PSIRF. Such incidents are likely to include:-

- death or injury to a vulnerable adult where abuse or neglect is suspected to be a factor;
- where a vulnerable adult has suffered harm as a result of staff failing to follow agreed procedures or acceptable practice;
- Other situations may be considered including Grade3 /4 pressure ulcer that is found after admission, or any pressure ulcers developed whilst an inpatient where there are concerns regarding the care provided. Repeated falls where a care plan has not been developed. Repeated /serious medication errors

4.7.4 All Complaints or concerns expressed via PALs where there are safeguarding concerns will be sent to the Safeguarding Team for advice and support.

4.7.5 Where there is an allegation against staff the Trust Safeguarding Team and the Human Resource team will meet to decide the effective planning of an investigation. The Safeguarding team will focus on the needs of the client whilst the HR department focuses on the disciplinary process. A communication pathway will be established between the Safeguarding Team and HR department to ensure all matters are dealt with in a timely and effective manner.

The HR Department will send the results of an HR investigation to the Safeguarding team to ensure outcomes of all safeguarding issues are collected.

4.7.6 Good safeguarding practice requires openness, transparency and Trust. There is a legal 'duty of candour' in which staff must explain, (in person and in writing) apologise and advise people, where severe or moderate harm has occurred. Staff should refer to Communicating Patient Safety Events: Being Open and Duty of Candour Policy (CP36) for additional information.

4.8 Reporting Arrangements to the Care Quality Commission (CQC)

- 4.8.1 Safeguarding Cases are reported to the CQC either directly via the National Patient Safety Association or via the Local Authority Safeguarding Departments as outlined below.

The Trust Safeguarding Team have regular meetings with CQC to provide information and updates on safeguarding and potential safeguarding cases. All safeguarding cases are recorded on Datix.

Trust Safeguarding Case	Reporting to Local Authority	Reporting to CQC
All cases occurring on Trust Property sent to Risk Team via DATIX	Trust informs LA	Trust informs NHS England who report to CQC on the National Reporting and Learning System (NRLS).
All cases of service user to service user abuse is reported to Risk Team via DATIX	All Cases sent to the LA	Trust informs NHS England who report to CQC.
All allegations made against staff are reported to Risk Team via DATIX and to HR	Trust informs LA	Trust Informs NHS England who report to CQC Trust share the open LADO cases with CQC.
All other cases where the state is imputable (registered providers) are sent to Risk Team via DATIX.	Trust informs and send information to LA	LA send to CQC In some cases, Trust informs the CQC.

- 4.8.2 The Trust Safeguarding Team will ensure that local arrangements are in place to inform the CQC and Local Authority of all relevant information on safeguarding cases in compliance with the reporting framework above.

4.9 Training

- 4.9.1 The Local Safeguarding Adult Boards make it clear that agencies should provide training for staff and volunteers on the policy, procedures and professional practices that are in place with regard to the adult safeguarding processes.
- 4.9.2 The Trust Safeguarding Training Framework (*Appendix 1*) outlines the requirement that **all** TRUST staff and volunteers must receive safeguarding training at a level dependant on their role, specialism and contact with adults. They should access training within three months of starting their post.
- 4.9.3 Training can be accessed via the Trust E-Learning system, Trust training programmes, Local Safeguarding Adult Boards, and National Conferences etc.
- 4.9.4 The Trust training tracker identifies staff training requirements and staff are automatically booked onto the appropriate safeguarding session.

4.9.5 The Workforce Development and Training Department will report monthly on compliance levels to the Trust Executive Team and the Trust Safeguarding Group. Compliance for all Core Practice training fields is set at a minimum of 90% of the total number of staff.

4.9.6 Compliance is also reviewed each month during supervision and training needs are reviewed during supervision and appraisal

4.10 Supervision

4.10.1 All clinical staff must attend supervision in accordance with the Trust 1:1 Support and Appraisal Policy (HR48). Supervision regarding Safeguarding must routinely take place to ensure that a robust strategy is developed, risks are analysed, an exploration of information is considered and any actions identified are implemented.

4.10.2 It is the Line Managers responsibility to identify where additional support is necessary for staff e.g. during a Safeguarding Adult Review or Safeguarding Enquiry.

4.10.3 The Trust Safeguarding Team provides specific safeguarding supervision where required.

4.10.4 Staff can access additional support and advice regarding Trust well-being resources via the Staff Engagement Team.

4.11 Staff Recruitment

4.11.1 The Trust is required to comply with the Disclosure and Barring Scheme which aims to ensure that unsuitable people do not work with vulnerable adults on a paid or voluntary basis. The Trust has a duty to refer to the Disclosure and Barring Service to make decisions regarding safe recruitment.

4.11.2 All Trust staff working with children and adults will undergo a DBS check. Procedures are contained within the Recruitment and Retention Procedure (HRPG57). The Director of Human Resources is responsible for ensuring compliance.

4.11.3 All job descriptions for new staff contain a statement regarding staff responsibility for adhering to Trust policies on Safeguarding children and adults.

4.12 Roles and Responsibilities

4.12.1 **The Trust Mental Health Services** are responsible for undertaking safeguarding enquiries in accordance with Local Authority processes as defined by Section 75 Agreements.

Staff in Community Health and Mental Health Services in some LA areas are responsible for contributing toward Local Authority enquiries where appropriate.

4.12.2 **The Executive Nurse** has overall responsibility for the safeguarding arrangements in the Trust, and for the performance of the Trust in supporting the work of the local Safeguarding Adults Boards. Representation at the Safeguarding Adults Boards may be delegated to other senior managers as required.

4.12.3 **The Executive Nurse** is the Trust Board Executive Lead for Safeguarding Adults and Children and takes responsibility for Governance systems and the organisational focus on safeguarding.

4.12.4 **The Executive Chief Operating Officer** has delegated authority from the Chief Executive to report directly to the Director of Social Services on matters relating to the Partnership Agreement and the delegated statutory duties of a Director of Social Services.

4.12.5 **The Safeguarding Team** has responsibility for Children and Adult Safeguarding arrangements in Trust. The team supports a network of safeguarding champions within teams and works closely with Partners in Local authorities and other agencies

The Safeguarding Team has a key role in promoting good professional practice, providing advice and expertise.

The Safeguarding Team supports the clinical governance role by ensuring that safeguarding issues are part of the Trust governance system.

The Safeguarding Team will maintain a data base of safeguarding alerts and monitor the outcomes. Activity reports will be provided for the Executive Team, Mental Health and Safeguarding Sub-Committee, the Trust Safeguarding Children & Adult Group as appropriate, Trust Quality & Safety Meetings and Commissioning Bodies.

The Safeguarding Team and relevant senior staff are responsible for representing the Trust at the meetings and working groups of the local Safeguarding Adults Boards to maintain and develop joint working arrangements and provide information to those networks in respect of services provided by the Trust.

4.12.6 **Managers** will be responsible for ensuring that staff are equipped and supported in dealing with Safeguarding concerns.

Managers are responsible for ensuring the quality of the clinical work and adherence to the timeframes of a safeguarding enquiry including quality checking identifying and implementing any 'lessons 'learned' from cases.

Managers are responsible for ensuring staff attend the correct level of safeguarding training according to the Training Framework.

Managers should ensure Safeguarding issues are routinely addressed during supervision and ensure that actions are carried through.

4.12.7 **All staff** must be aware of and follow the guidance regarding Safeguarding Adults as required by their role, and as stated in these and the Local Safeguarding Adults Boards multi agency procedures. This includes attendance at training.

Staff must adhere to the timeframes and processes for safeguarding adult enquires.

5.0 MONITORING OF IMPLEMENTATION AND COMPLIANCE

5.1 The Executive Medical Director, Clinical Directors and Service Directors are responsible for implementing this policy and the associated procedural guidelines

5.2 This policy and related procedural guidance is available via the Intranet under the policy section or within the Safeguarding Team page.

5.3 The Executive Nurse will be responsible for the overall monitoring and review of this policy. Monitoring of implementation and compliance of this policy and associated procedural guideline will be undertaken by the Trust Safeguarding Group and the Mental Health and Safeguarding Sub-Committee.

- 5.4 An audit of key parts of this policy will be undertaken every three years with a rotating theme for example; recommendations from Safeguarding Adult Reviews and the referral process. The results will be presented to all appropriate committees for review and action.

6.0 POLICY REFERENCES / ASSOCIATED DOCUMENTATION (EXTERNAL)

The Care Act	(2014)
Care and Support	
Domestic Abuse Act	(2021)
Deprivation of Liberty Safeguards	(2009)
Statutory Guidance	(2014)
General Data Protection Regulation	(2016)
Mental Capacity Act	(2005)
Southend Essex & Thurrock (SET)	www.essexsab.org.uk/
SET Procedures	http://www.escb.co.uk/media/2016/set-procedures-may-2019-final.pdf
Luton	www.luton.gov.uk
Central Bedfordshire	www.centralbedfordshire.gov.uk/
Bedford Borough	www.bedfordborough.gov.uk
Suffolk	pandp.suffolkcc.gov.uk

7.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES (INTERNAL)

1:1 Support and Appraisal Policy HR48
 Communicating Patient Safety Events: Being Open and Duty of Candour Policy CP36
 Data Protection & Confidentiality CP59
 Information Sharing & Consent Policy CP60
 Mental Capacity Act and Deprivation of Liberty Safeguards Policy MCP2
 Recruitment and Retention Procedure HRP57
 Safeguarding Children Policy CLP37
 Safeguarding Training Framework Appendix 1

8.0 GLOSSARY

CQC	Care Quality Commission
DBS	Disclosure and Barring Service
DoLS	Deprivation of Liberty Safeguards
IMCA	Independent Mental Capacity Advocate
LA	Local Authority
LADO	Local Authority Designated Officer
MCA	Mental Capacity Act
MSP	Making Safeguarding Personal
NRLS	National Reporting & Learning System
PALS	Patient Advisory and Liaison Service
PSIRF	Patient Safety Incident Response Framework
PSIRP	Patient Safety Incident Response Plan
HR	Human Resources

END

SAFEGUARDING CHILDREN PROCEDURAL GUIDANCE

PROCEDURE REFERENCE NUMBER	CLPG37
VERSION NUMBER	[3]
KEY CHANGES FROM PREVIOUS VERSION	Three year review Procedure updated to include statutory changes to Domestic Abuse and FGM Appendix 1 – training framework updated – new competencies and delivery models post-Covid. Now includes new standalone integrated child & adult training framework Appendix 2 - new supervision requirements Appendix 4 for Domestic Abuse – section on Domestic Abuse updated Appendix 7 – updated to update guidance for safer working practices as a result of staff feedback Appendix 11 – updated to reflect Home Office guidance for Prevent Appendices 12 & 13– new Appendices
AUTHOR	Gill Parker, Project Lead for Safeguarding
CONSULTATION GROUPS	Safeguarding Team, Mental Health Act and Safeguarding Sub-Committee
IMPLEMENTATION DATE	April 2017
AMENDMENT DATE(S)	May 2023
LAST REVIEW DATE	May 2023
NEXT REVIEW DATE	May 2026
MENTAL HEALTH AND SAFEGUARDING SUB-COMMITTEE APPROVAL:	2 nd May 2023
RATIFICATION BY POLICY OVERSIGHT AND RATIFICATION GROUP	9 May 2023
COPYRIGHT	<i>Copyright © Essex Partnership University NHS Foundation Trust [2017-2023]. All rights reserved. Not to be reproduced in whole or in part without the permission of Essex Partnership University NHS Foundation Trust.</i>

PROCEDURE SUMMARY

This procedure provides guidance to staff on safeguarding processes when working with children, young people and their families.

The Trust monitors the implementation of and compliance with this procedure in the following ways:

Services	Applicable	Comments
Trustwide	✓	

The Director responsible for monitoring and reviewing this procedure is Executive Nurse

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

SAFEGUARDING CHILDREN PROCEDURAL GUIDELINE

CONTENTS

This is an interactive contents page, by clicking on the titles below you will be taken to the section that you want.

- 1.0 INTRODUCTION**
- 2.0 PROCESS**
- 3.0 PROCEDURE REFERENCES / ASSOCIATED DOCUMENTATION (EXTERNAL)**
- 4.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES (INTERNAL)**
- 5.0 GLOSSARY**

APPENDICES

- APPENDIX 1 – SAFEGUARDING TRAINING FRAMEWORK**
- APPENDIX 2 – SAFEGUARDING SUPERVISION**
- APPENDIX 3 – CHILD PROTECTION CONFERENCES**
- APPENDIX 4 – DOMESTIC ABUSE, DOMESTIC ABUSE NOTIFICATIONS & MARAC**
- APPENDIX 5 – WELFARE OF UNBORN BABIES**
- APPENDIX 6 – WHEN ILLNESS IS FABRICATED OR INDUCED**
- APPENDIX 7 – SAFER WORKING PRACTICES WITH CHILDREN**
- APPENDIX 8 – CHILD SAFEGUARDING PRACTICE REVIEWS**
- APPENDIX 9 – UNEXPECTED CHILD DEATH AND LDMR PROCESS**
- APPENDIX 10 – COURT APPEARANCE AND FORMAL STATEMENTS**
- APPENDIX 11 – PREVENT**
- APPENDIX 12 – SAFEGUARDING CHILDREN/YOUNG PEOPLE ADMITTED OR VISITING PSYCHIATRIC WARD**
- APPENDIX 13 – CHILD ABUSE LINKED TO FAITH OR CULTURE**

ANNEXES

- ANNEX 1 – NATIONAL ASSESSMENT FRAMEWORK (cf SECTION 2.9) – at end of Procedure**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**SAFEGUARDING CHILDREN PROCEDURAL GUIDELINE****Assurance Statement****Equality and Diversity Statement**

The Trust is committed to ensuring that equality, diversity, and inclusion is considered in our decisions, actions and processes. The Trust and all trust staff have a responsibility to ensure that they adhere to the Trust principles of equality, diversity, and inclusion in all activities. In drawing up this policy all aspects of equality, diversity, and inclusion have been considered to ensure that it does not disproportionately impact any individuals who have a protected characteristic as defined by the Equality Act 2010

1.0 INTRODUCTION

- 1.1 Safeguarding is everyone's responsibility and as such the Trust is committed to Safeguarding and promoting the welfare of children and young people. A child is defined as those up to their 18th birthday and it is the responsibility of all Trust staff to follow these procedures and the associated policy to safeguard children/young people regardless of which member of the family is the primary service user.
- 1.2 These procedural guidelines provide the knowledge base and guidance on what actions to take when there are concerns, allegations or disclosures of actual harm or risk of harm to children/young people. The appendices outlined provide additional information on key statutory guidance and local Safeguarding Partnership procedures.
- 1.3 Staff should follow these overarching procedures but note that there are also a number of local Operational Protocols that may be relevant for specific areas. These should be referred to where required and are available on the Trust intranet. Members of the Safeguarding Team are available for advice, support and assistance for any Safeguarding matter.
- 1.4 These procedural guidelines and the associated policy should be read in conjunction with the Local Safeguarding Partnership arrangement procedures of areas staff may work in.

2.0 PROCESS AND DEFINITIONS**2.1 Incident Reporting**

- 2.1.1 Any Patient Safety Incident or unexpected deaths involving children must be reported to the Trust Risk Department via Datix. Child Deaths are also reported to the Local Child Death Review Administrator in line with the Child Death and Learning Disabilities Mortality Review process. (Appendix 9)
- 2.1.2 Regular meetings are in place between the Serious Incident and Safeguarding teams to share information and ensure consistent notification, processing and learning from any Patient Safety Incidents that involve a safeguarding issue.

- 2.1.3 The Care Quality Commission is the independent regulator of health and adult social care services in England. The CQC has a set of essential levels of safety and quality that are to be maintained.
- 2.1.4 The Trust reports on all Local Child Safeguarding Practice reviews, Domestic Homicide Reviews, and safeguarding referrals to the CQC via the Local Safeguarding Partnership arrangements and Designated Nurse within the Integrated Care Boards (ICB). (Appendix 8 Local Child Safeguarding Practice Reviews).
- 2.1.5 The Trust Safeguarding team meet regularly with the CQC Relationship Manager to discuss cases where a safeguarding concern is identified. The team monitors these and updates are provided to the Relationship Manager until the safeguarding concerns have been investigated and are closed.

2.2 Definition, Recognition & Indicators of Child Abuse

Concerns for a child's welfare may arise when a member of staff is not entirely satisfied with the clinical, social or emotional picture that is presented or where abuse is suspected. The Children Act 1989 (Section 47) introduced the concept of significant harm as a definition of abuse;

- Harm means ill treatment or the impairment of health or development, including for example, impairment suffered from seeing or hearing the ill-treatment of another e.g. domestic abuse;
- Significant relates to the child's health and development and the comparison with that which could reasonably be expected of a similar child.

Significant harm relates to four categories of abuse, these are physical, emotional, sexual abuse and neglect.

2.2.1 Physical abuse

Physical abuse includes any form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, female genital mutilation 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. (Appendix 6 gives further guidance).

- 2.2.2 Bruising/injury to an immobile baby must be referred to Children's Social Care, with the expectation that a Child Protection Medical will be undertaken. Further guidance is available within Local Safeguarding Partnership procedures for the management of suspicious, unexplained injuries or bruising in children available on the local working area intranet site.

- 2.2.3 Any bruise/mark on a child should be considered in light of the history provided; location of the bruise/mark; and the age and developmental stage of the child/infant. If the child is under 6 months of age; not independently mobile; or under 18 years of age and there is suspicion of non-accidental injury; the professional must refer the child/family into Children's Social Care, following the Local Child Protection and Safeguarding Procedures.

- 2.2.4 If the child/infant is under 6 months of age, and/or immobile, Health/Medical professionals may use a pre-assessment tool to assist in an assessment of the bruise/mark. If in any doubt the professional must refer the child/family into Children's Social Care, following local area procedures.

2.2.5 Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued

only in so far as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation, radicalisation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

2.2.6 Neglect

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 because of maternal substance abuse. (Appendix 5 for further guidance) 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.

2.2.7 Sexual Abuse

Sexual abuse Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

2.2.8 Sexual abuse may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, child sexual exploitation, grooming a child in preparation for abuse including via the internet or the use of technology. Sexual abuse can be perpetrated by men, women or other children. Sexual abuse should be considered for those children who run away from home. Pregnancy in a young person or a concealed pregnancy may also raise concerns of sexual abuse.

2.2.9 Sexual Activity and Legal Implications

Cases of underage sexual activity that present a cause for concern should be handled sensitively and staff should seek advice where required. The Law clearly states that;

2.2.10 Under 13 years

Sexual activity with a child under 13 years is a criminal offence as the child is not legally capable of consenting to sexual activity (Sexual Offences Act 2003). Trust staff must report any known cases to their line manager, the Trust Safeguarding Team. Such cases must always be referred to Children's Social Care or police.

2.2.11 Age 13 - 15

Sexual activity with a child under 16 is an offence. Where it is consensual it may be less serious than if the child were under 13 but may nevertheless have serious consequences for the welfare of the young person. Staff should seek advice when they are concerned.

2.2.12 Age 16 – 17

It is an offence for a person to have a sexual relationship with a 16-17 year old if that person holds a position of trust or authority in relation to them e.g. teacher, doctor, Nurse. Staff must report any known cases to their line manager, the Trust Safeguarding Team and be referred to Children's Social Care or the police.

2.3 Child Sexual Exploitation (CSE) and Online based forms of abuse (E-Safety)

Information communication technology is a medium for a wide range of abuse and exploitation for physical, sexual and emotional abuse including bullying via mobile telephones or online (Internet) with verbal and visual messages. The sexual exploitation of children and young people involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (for example, food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and or others performing on them, sexual activities. It is a form of sexual abuse and occurs when an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive the child.

- 2.3.1 Child sexual exploitation can occur through use of technology without the child's immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and /or economic or other resources." The victim may have been sexually exploited even if the sexual activity appeared to be consensual. Exploited children should be treated as victims of abuse, not as offenders.
- 2.3.2 The term E-safety is the process of limiting the risks to children and young people when using Internet, Digital and Mobile Technologies (IDMTs) through a combined approach including policies and procedures, infrastructures and training. The aim is to reduce the risk of exploitation through online technologies. The impact of online based sexual abuse for children and young people includes the visual record of the abuse and the sharing of this over the internet re-victimises the victim each viewing. Youth Produced Sexual Imagery or sexting is defined as children under 18 years of age exchanging messages or images with or without consent. Grooming of a child online can include the development of a "special relationship" with the child which remains a secret in preparation for an offline meeting to take place. Abusers may use child sexual abuse images to break down a child's barriers to sexual behaviours and diminish the child's inhibitions.
- 2.3.3 The Trust has an Executive Director responsible for E-Safety within the Trust. The Trust has a number of policies and procedures aimed to protect staff and service users and which contain risk assessment tools. Trust sites contain leaflets and information on E-Safety measures for Young people and parents. Young people in Adolescent Mental Health Units have supervised access to mobile phones and the computers used in the schoolroom. However, staff should ensure that young people have access to information and resources, which aims to keep them safe. (Appendix 7)
- 2.3.4 The Trust are active members of Strategic Child Sexual Exploitation groups In Essex, Southend and Bedford and contribute toward the development of CSE Toolkits and

other resources to help staff respond to concerns and service users in gaining knowledge and support. The Trust Intranet Safeguarding site offers more information and advice such as the Child Exploitation and Online Protection Centre. <http://www.ceop.police.uk> and Childnet International website <http://www.childnet-int.org/>

2.4 Criminal Exploitation, County Lines and Cuckooing

Child Criminal Exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology. Criminal exploitation of children includes for instance children forced to work on cannabis farms or to commit theft. (Home Office 2018)

- 2.4.1 Criminal exploitation involves taking advantage of vulnerable people, often the very young, the impoverished or the infirm. Forcing them to engage in various forms of criminal activity such as begging, pick-pocketing, credit card, benefit fraud and the cultivation of cannabis for drug dealers. The Home Office (2017) describes the Criminal Exploitation (CE) of children and vulnerable adults as “a geographically widespread form of harm that is a typical feature of County Lines activity”. County Lines is the term used by the police for urban gangs that supply drugs to suburban areas as well as market and coastal towns through the use of dedicated mobile lines referred to as “deal lines”.
- 2.4.2 County lines is about modern slavery, human trafficking and exploitation, alongside drug supply and violent crime. County lines may involve the commission of the offences of ‘slavery, servitude and forced or compulsory labour’ and ‘human trafficking’ as defined by the Modern Slavery Act 2015. Children’s travel may be ‘arranged and facilitated by a person, with the view to them being exploited’, which amounts to human trafficking according to section 2 of the Modern Slavery Act 2015. Children may then be forced to work for the drug dealer, often held in the vulnerable adult’s home against their will and under the force of threat if they do not do as they are told. This meets the definition of ‘slavery, servitude and forced or compulsory labour’ in section 1 of the Modern Slavery Act 2015.
- 2.4.3 The definition of a gang tends to fall into three categories Peer Groups, Street Gangs and Organised Crime Groups. It can be common for groups of children and young people to gather together in public places to socialise. Although some peer group gatherings can lead to increased antisocial behaviour and youth offending, these activities should not be confused with the serious violence of a street gang. A street gang can be described as a relatively durable, predominantly street-based group of children who see themselves (and are seen by others) as a discernible group for whom crime and violence is integral to the group’s identity. An Organised criminal group is a group of individuals normally led by adults for whom involvement in crime is for personal gain (financial or otherwise). This involves serious and organised criminality by a hard core of violent gang members who exploit vulnerable young people and adult.
- 2.4.4 The criminal exploitation of children includes a combination of:
- Pull factors: children performing tasks for others resulting in them gaining accommodation, food, gifts, status or a sense of safety, money or drugs; often the hook is through the perpetrator supplying Class B drugs such as cannabis to the child or young person;

- Push factors: children escaping from situations where their needs are neglected and there is exposure to unsafe individuals, where there is high family conflict or the absence of a primary attachment figure;
- Control: Brain washing, violence and threats of violence by those exploiting the child particularly when the child or young person is identified by the police, they are expected to take full responsibility for the offences for which they are charged – i.e. possession and supply of illegal substances.

2.4.5 Child Criminal Exploitation occurs as a result of gangs/groups using children or vulnerable people to distribute drugs and money. A base is established in the local area typically taking over the home of a vulnerable adult by force or coercion referred to as Cuckooing. Children may be sent to another area of the country to live with a vulnerable adult whose home has been taken over by the gang in exchange for a continued supply of drugs referred to as 'cuckooing'. It can affect both vulnerable adults and children and the activity may appear consensual. It is perpetrated by individuals, groups, males and females and young people or adults. There is typically a form of power imbalance which favours those perpetrating the exploitation and the power imbalance can be as a result of gender, cognitive ability, physical strength, status and available access to economic or other resources.

2.4.6 A key part of the exploitation is the presence of an exchange which could be carrying drugs in return for something. Children as young as 12 years old have been exploited by gangs/groups to courier drugs but the common age range is 15-16. Social media is used to make contact with young people and Class A drug users are targeted in order to take over their home for supply (cuckooing).

2.4.7 Some young people are more vulnerable to being exploited as a result of their vulnerability and this includes:

- Those who have experienced neglect, physical and or sexual abuse.
- Being in Care particularly those in residential homes
- Having mental health or substance misuse issues
- Having physical or learning disabilities
- Homeless or insecure accommodation
- Connections with other people involved in gangs
- Living in a chaotic and dysfunctional household.
- Attending school or being friends with young people who are sexually or criminally exploited
- Unsure about their sexual orientation or unable to disclose sexual orientation to their family
- Accompanied or unaccompanied migration or those that have been trafficked into the country

2.4.8 Staff should be alert to the indicators that a young person may be being exploited and any sudden changes in their lifestyle may be an indicator. Indicators of county liners and exploitation involvement are:

- Persistent missing episodes from school or home or found to be out of area.
- Sudden unexplained appearance of money, clothes or mobile phones.
- Excessive receipt of texts or phone calls
- Relationships with controlling/ older individuals or groups
- Suspicion of physical assault/ unexplained injuries
- Carrying a weapon
- Significant decline in school performance
- Self-harming and isolation from peer and social networks

Any staff member that is concerned that a young person may be being exploited should follow the local safeguarding procedures for referral to social care. Advice and

support is available from line managers and the Trust Safeguarding team. Staff should evaluate and record their concerns using the local assessment templates for CSE risk and vulnerabilities and make the appropriate referrals for support or protection as required.

2.5 Modern day slavery (see appendix 4)

The Government introduced the Modern Slavery Bill in March 2015. This recognises that modern slavery is one of the world's largest crime industries and the scale in the UK is significant, affecting adults and children under 18 years. Modern Slavery can take many forms and involves a whole range of types of exploitation, many of which occur together. These include but are not limited to:

- Trafficking of children
- Sexual exploitation
- Domestic Servitude
- Forced Labour
- Criminal exploitation
- Other forms of exploitation e.g. begging, forced marriage
- Drug dealing- most often linked to County Lines and drug mules or decoys
- Credit card and benefit fraud

2.5.1 Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. Trafficking is often an integral part of exploitation and should therefore be considered when identifying, assessing and responding to all forms of exploitation. Trafficking is the "act of recruitment, transportation, transfer, harbouring or receipt of persons by the means of the threat or use of force or other forms of coercion, abduction, fraud, deception, abuse of power or of position of vulnerability or of the giving/receiving of payments or benefits to achieve the consent of having control over another person"

2.5.2 Children (those aged under 18) are considered victims of trafficking, whether or not they have been coerced, deceived or paid to secure their compliance. They need only have been recruited, transported, received or harboured for the purpose of exploitation. From November 1st 2015 police and Local Authorities have a 'duty to notify' the Home Office of any one they believe is subject to slavery or human trafficking.

2.5.3 If staff have concerns or suspect slavery then a referral to social care must take place. Consent of the young person will not be required and staff should consult with the Trust Safeguarding team to discuss notifying police.

2.6 Female Genital Mutilation (FGM) (see appendix 13)

Female Genital Mutilation is a severe form of child abuse and violence against women. It comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. FGM is a procedure where the female genital organs are injured or changed. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways like severe pain, difficulties in childbirth or causing dangers to the child.

2.6.1 FGM is illegal in the UK and it is illegal to take or assist a person travelling abroad for the purposes of FGM. The procedure may be carried out when the girl is new born, during childhood or adolescence, just before marriage or during the first pregnancy. However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk. It is believed that FGM happens to British girls in the UK as well as overseas (often in the family's country of origin). Girls of school age who are subjected to FGM overseas are

thought to be taken abroad at the start of the school holidays, particularly in summer, in order for there to be sufficient time for her to recover before returning to her studies.

- 2.6.2 When working with families where there is good reason to suspect a child under 18 is at risk of FGM, a safeguarding children referral to Social Care must be made and the Safeguarding Team should be contacted. It is mandatory for all staff to report any concerns regarding FGM by speaking to a member of the Safeguarding team and record FGM or those at risk of FGM within the service user's records. The Trust records all reports of FGM on the enhanced data set system specific to NHS services.
- 2.6.3 Staff working in Adolescent Mental Health units must consider FGM as part of initial assessments. The Trust Safeguarding and Local Safeguarding partnership intranet sites contains additional advice & support for staff and service users.

2.7 Extremism (Appendix 11)

Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society.

- 2.7.1 Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist. (Appendix 11 for further guidance)
- 2.7.2 Radicalisation is the process by which people come to support terrorism and violent extremism and sometime to participate in terrorist groups. There is no profile of a person likely to become involved in extremism and the process of radicalisation is different for every individual. Potential indicators include:
- Use of inappropriate language and the expression of extremist views
 - Possession of extremist literature
 - Association with known extremists and seeking to recruit others to ideology
 - Advocating violent actions and means

2.8 Vulnerability & Risk Factors

There are certain factors and situations that may place children at particular risk of suffering significant harm. The presence of one or more of these factors does not automatically imply that abuse will result, but may increase the likelihood. Staff should be aware of the vulnerability and risk factors for children living with a parent or carer with mental illness, learning disabilities, substance misuse, or in an environment where there is domestic abuse.

2.8.1 Mental Illness

The majority of parents who suffer significant mental ill health are able to care for and safeguard their children/young people and/or unborn child but it is essential always to assess the implications for any children involved in the family. Children most at risk of significant harm are those who feature within parental delusions and children who become targets for parental aggression or rejection, or who are neglected as a result of parental mental illness. The following parental risk factors may justify a referral to Children's Social Care for an assessment of the child's needs:

- Previous history of parental mental health especially if severe and / or enduring condition;

- Predisposition to, or severe post-natal illness;
- Delusional thinking involving the child;
- Self-harming behaviour and suicide attempts (including attempts that involve the child);
- Altered states of consciousness e.g. splitting / dissociation, misuse of drugs, alcohol, medication;
- Obsessive compulsive behaviours involving the child;
- Non-compliance with treatment, reluctance or difficulty in engaging with necessary services, lack of insight into illness or impact on child;
- Disorder designated 'untreatable' either totally or within time scales compatible with the child's best interests;
- Mental illness combined with domestic violence and/or relationship difficulties;
- Unsupported and/or isolated mentally ill parents;
- Parental inability to anticipate needs of the child.

Care Programme Approach (CPA) assessments, Multi-Disciplinary meetings (MDT) or Professionals meetings about parents who have mental health difficulties, must include consideration of any needs or risk factors for the children concerned. Psychiatrists should be involved in clinical decision making for services users who may pose a risk to children as above. This includes discharge planning and arrangements for home leave. Where an adult, who is also a parent / carer, is deemed to be a danger to self or others a referral must be made to Children's Social Care. Children's Social Worker and Community Health Services e.g. Health Visitor, School Nurse, midwife must be invited to any relevant planning meetings and contribute toward a risk assessment if required.

2.8.2 Safeguarding Children/Young People admitted or visiting a Psychiatric Ward (Appendix 12)

The Mental Health Act Code of Practice gives guidance on children visiting or having contact with adults or other young adults who are in a psychiatric unit. The guidance gives clarity to the processes to manage risks and safeguard the well-being of children/young people when on the wards. Safe and regular contact for children should be promoted with service users in psychiatric placements, whenever it is appropriate to maintain relationships, which are of importance to the child. The child's interests must remain paramount and take precedence over the interests of the adults involved when decisions are made about whether visits are appropriate. Any risks to the child should be identified and managed. These may be from the patient or from the environment in which visiting will take place and the setting may be potentially frightening for a child. (Appendix 12 for further guidance)

2.8.3 Drug and Alcohol Misuse

As with mental illness in a parent, it is important not to generalise, or make assumptions about the impact on a child of parental drug and alcohol misuse. Parental problem drug use can and does cause serious harm to children at every age from conception to adulthood. Parental misuse of drugs (prescribed and illegal) and/or alcohol is strongly associated with significant harm to children. A Child Protection referral to Children's Social Care must always be made when:

- Combined domestic abuse and mental illness;
- The substance misuse of a parent or carer is chaotic or out of control;
- Drugs and paraphernalia (e.g. needles) are not kept safely out of reach of children;
- Children are passengers in a car whilst a drug or alcohol misusing carer is driving.

2.8.4 Domestic Abuse (see Appendix 4)

The issue of children living with domestic abuse and violence is now recognised as a matter for concern in its own right by both government and key children's services agencies. The Domestic Abuse Act 2021, explicitly states that children are victims of domestic abuse if they see, hear or experience the effects of the abuse and the child is related to either the victim or the abuser.

2.8.4.1 Domestic abuse refers to threatening behaviour, violence or abuse including, psychological, physical, sexual, financial or emotional. It also includes Female Genital Mutilation, Modern Day Slavery and Honour Based Violence. (Appendix 4 for further guidance) The definition of domestic abuse is the "Behaviour of a person (perpetrator) towards another person (victim) if they are each aged 16 or over and are "personally connected" to each other, and the behaviour is abusive. The behaviour is defined as abusive if it consists of any of the following:

- (a) physical or sexual abuse;
- (b) violent or threatening behaviour;
- (c) controlling or coercive behaviour;
- (d) economic abuse;
- (e) psychological, emotional or other abuse; and it does not matter whether the behaviour consists of a single incident or a course of conduct.

2.8.4.2 Where there is evidence of domestic abuse, the implications for any children in the household must be considered and referral to Children's Social Care must be made where staff are aware of;

- A child's direct involvement with a domestic abuse incident or injury;
- A woman is pregnant. Pregnant women frequently experience punches and kicks directed at the abdomen, risking injury to both mother and foetus;
- Any child injured during episodes of violence or is witnessing the physical and emotional suffering of a parent.

2.8.4.3 The three objectives of any interventions when working with children and families where domestic abuse is a feature is:

- Protect the children
- Support the carer (non-abusive partner) to protect themselves and the children
- Hold the abusive partner to account for their violence and offer opportunities for change

2.9 Procedure where there are concerns that a Child has suffered or is likely to suffer Significant Harm. (See Annex 1 of this procedure (at end of document) for the National Assessment Framework tool to aid referral)

If staff are concerned that a child or unborn baby has suffered or is likely to suffer significant harm then a referral to the relevant Children's Social Care Department must be made using the appropriate referral form for the area the family is living in. All referral forms are available via the Trust Intranet or via Local Authority.

2.9.1 Some Local Safeguarding Partnerships (LSP) may use models as part of their child protection framework to support assessment of risk and provide a proforma on how child protection referrals should be made to share information and make decisions on whether a protection plan is needed reducing the risk of harm to a child. Three such models used by the LSP that EPUT work with are the Strengthening Families approach, Graded Care Profile and Signs of Safety. Staff can access further information and support with these approaches through the safeguarding clinical team.

- 2.9.2 When there has been a serious injury or death of a child, staff are responsible for considering the welfare of other children in the household and reporting those concerns to their line manager, Safeguarding Team or Children's Social Care accordingly. All actions taken must be clearly recorded. Where a child or parent discloses information to staff the staff member should record a clear and exact account of what was observed or said to them: In reference to child disclosures staff should.
- Listen to the child rather than directly questioning further.
 - Never stop a child who is freely recalling significant events.
 - Write what was said verbatim, as well as time, setting and people present.
- 2.9.3 Staff should discuss any referral to Children's Social Care with the family unless this may:
- Place a child at increased risk of significant harm e.g. by the behavioural response from parent/ carer
 - Place the staff member at risk;
 - Lead to the risk of loss of evidential material.
- Reasons for not discussing the referral with the family should be recorded in case notes and within the referral. Staff should not rely on a parent to pass on information about family difficulties to other professionals. Referrals to Children's Social Care should be made within one day and may be made by telephone in some Local Safeguarding Partnership arrangement areas but must be followed up in writing within 48 hours using the relevant referral form depending on the Local Authority area. Forms are accessible via the Trust Intranet Safeguarding page or for electronic systems directly on the appropriate safeguarding partnership website. The National Assessment Framework tool to aid referral can be found at Appendix 1 of this guidance. The responsibility for undertaking section 47 enquiries lies with the local authority children's social care in whose area the child lives or is found.
- 2.9.4 Whenever a referral is made staff should make clear exactly what the risks are or category of abuse. As much information as possible relating to the concern is required in order for Children's Social Care to make informed decisions regarding action to be taken. This includes an Early Help Assessment if used, relevant past medical/social history, staff involvement with family members, previous referrals, and views on parenting capacity. All decisions and actions taken must be recorded in the relevant child/ adult/family records.
- 2.9.5 Children's Social Care must acknowledge referrals within 1 working day of receipt of the written referral. Where no acknowledgement is received within 3 working days, the referrer must contact Children's Social Care again. Where Children's Social Care decides to take no action, the referrer should anticipate feedback about that decision and its rationale. Where there is a disagreement or concern regarding actions taken following a child protection referral then the Team Manager of the Social Care Team or the Trust Safeguarding Team should be contacted as per the local agreed escalation procedure. Where there is a difference of opinion between Trust senior professionals regarding a risk to a child, the Named Nurse /Practitioner, Trust Safeguarding Team or the Service Director should be contacted.
- 2.9.6 If a referral needs to be made outside normal working hours then the Local Authority Emergency Duty Team or Police should be contacted Staff should contact the Manager on call via switchboard and record all discussions information and actions taken in the child/adults record.
- 2.9.7 Staff working with pregnant women should consider the need for a referral as soon as possible to Children's Social Care, so that assessments are undertaken and

family support services can be provided as early as possible. (Appendix 5 for further guidance)

2.9.8 When a patient is admitted to an Adolescent Mental Health Inpatient Unit the admitting professional should contact Children's Social Care to check if a young person is known to them. Staff should record any safeguarding concerns that do not meet the threshold for a referral to social care and store in the young person's records. If a young person does not have an allocated social worker the young person/ family should be offered a referral to social care for early help provision or as a child in need if required. Where a young person has been referred to Children's Social Care, the Police and Social Care must be invited to all discharge planning meetings where appropriate. Where a Looked After Child is admitted to an adolescent mental health inpatient unit the LAC Nurse and Social Worker must be informed and invited to all meetings including the discharge planning meeting. The admitting professional must request a copy of most recent LAC review including care plan from the allocated social worker.

2.9.9 Reports of suspected child abuse by a third party must be taken seriously and staff have a duty to advise the reporter to contact Children's Social Care directly. Staff cannot keep information confidential and have a responsibility to contact Social Care to ensure the concerns have been reported. All information and actions taken must be recorded in the child/adults records as appropriate.

2.10 Parental Responsibility

Staff working in partnership with families should have knowledge of who holds parental responsibility as this will guide staff on how they share information and whose consent should be gained for actions taken on behalf of a child who is not old enough to have the capacity to make decisions. Parental responsibility gives a parent the rights, duties, powers, responsibilities and authority of a child by law. A mother always has parental responsibility. A father has parental responsibility if married to the mother at the time of birth or has acquired legal responsibility through:

- Jointly registering the birth of a child with the mother (from Dec 1st 2003)
- By parental responsibility agreement with the mother
- By a parental responsibility order via a court.

The Family Court system can also grant parental responsibility in circumstances such as, emergency protection orders, adoption, or court orders etc. The Local Authority can acquire parental responsibility via a Care Order.

2.11 Staff working with children and young people must give due consideration to the child's wishes and feelings as far as is reasonably practicable giving due regard to the child's age and understanding. There will be occasions when it is not possible to ascertain the child's wishes and feelings. In these circumstances, professionals should record in writing the reasons.

2.12 Cross Boundary referrals

If a child lives outside the Trust area then the referral will need to be made to the relevant Local Authority where the child usually resides.

2.13 Record Keeping and Liaison

The findings from a number of Local Child Safeguarding Practice Reviews have identified record keeping as a significant concern. The consequence of inadequate record keeping can result in confusion for professionals and may directly place a child or young person at risk. All recordings regarding a child or adult constitute a legal document and can be used in court proceedings; therefore it is important to include all relevant information for all household members regardless of who the primary service user is.

2.13.1 All staff working directly with parents or carers should routinely record details of children in appropriate service user record e.g. Care Programme Approach (CPA) records, electronic records etc. Information must include the name, age and where the child is living. Additional information i.e. is the child registered with a GP and regularly attending school are important factors. Genograms must be used by all professionals where there are complex family structures or where this assists in identifying support needs or risks for the child. Genograms within CPA should be completed and updated regularly.

2.13.2 All records and assessments of parents and children must consistently record the racial, linguistic and religious identity and needs of the child and family. Staff should follow the Trust Record Keeping Policy. All discussions, decisions, actions and rationale for why no action is deemed necessary must be recorded contemporaneously with a date, name and signature. All recordings should be based on fact or professional opinion and made in the service user's records. At each new contact with a child or parent, the basic information about the child/ren/ young people should be checked and updated where applicable. The records of service users who have children with a Protection Plan should indicate this clearly e.g. on significant event sheet or the appropriate local forms.

2.13.3 Recording of relevant adult information by Community Health staff

Community Health staff should use the relevant electronic/paper record to record information regarding parents/carers and significant others including.

- Relevant adult's individual care plans
- All appropriate medical information/reports.
- Relevant social details and background, place of residence, relationship to child.

2.13.4 Where available, relevant child /adult records and electronic service users systems should indicate or use an alert flag, that a child has a Child Protection Plan and include the category of abuse or neglect the child has suffered and the decisions in the plan relating to the member of staff's role. Additional alerts can be used to indicate domestic abuse, looked after children and exploitation within children's community records.

2.13.5 Relevant information from the child protection plan, Child in Need Plan /Partnership meeting relating to the parents/carers or significant others should be recorded in the adult records. When a Protection Plan has been discontinued an entry in the Child Record/relevant adult record must indicate this. It is important that all records, including the parent/carers adult records are kept together and if appropriate transferred together. If part of the record has to be separated there must be an entry in the electronic/paper record stating where the retained record can be located.

2.14 Personal Child Health Record (Red Book)

- Normally contains all the findings and actions for the child from each visit.
- Should be used by all Community Health Professionals in contact with the child
- Will normally be completed with the parent /carer.

2.15 Child Community Health Record

- Contains all information relevant to the child e.g. chronology of significant event, domestic incident reports, case conference reports. (adult family member's information must be recorded in the appropriate record e.g. adult record).
- Records must indicate other Professionals involved including the GP
- Should reflect the needs assessment for the individual child.
- Include the discussions that have taken place with the family.

- Reflect points of discussion recorded in the parent held record.
- Child's views should be recorded.
- Observation of parent /child interaction or assessment of attachment should be recorded in the child's record
- A summary of assessment of need and outcome of the contact with a clear action plan should be made.

2.16 Use of body Maps

A Body Map must be completed whenever there are injuries or unusual findings including birthmarks, Mongolian Blue Spots and bruises or injury. On the body map record:

- The child's details (Name, Dob, NHS no.)
- The size, shape, appearance and position of all unusual marks/ injuries
- An explanation as how the injuries were sustained.
- The behaviour and demeanour of both carer and child.
- Print staff name, designation and date.

2.16.1 Information that should be recorded includes:

- If the mark has been present from birth or early life
- Mark in suspicious area, around mouth or eyes, on ear which you think is a bruise
- Any bruise in a pre-mobile infant (under six months old)
- Infant with nose bleed, mouth bleed
- Skin blister in newborn/ infant
- Infant unwell or injured in any way
- Mongolian blue spots are purple, present in sacral area and satellite spots.
- No general welfare concerns + looks like a birth mark
- In most cases of inflicted 'precursor' bruise, parents usually concede mark is a bruise but the explanation suggests unreasonable force, e.g. held while feeding, or is implausible e.g. lying on dummy.
- An entry should be made in the child's record referring to the body map.

2.17 Liaison

The Trust has liaison services and processes in place to support its Think Family approach. The process incorporates appropriate information sharing between Essex Accident and Emergency Departments, Essex Partnership University NHS Trust (EPUT) Mental Health Services and Essex Community Children's Service Providers regarding children and their parents/carers who attend hospital for emergency / unplanned care, the maternity unit or for babies admitted to Neo-natal Intensive Care.

2.17.1 When an Adult client is seen and assessed by the EPUT Assessment and Intervention or Crises teams in Essex A&E department's consideration will be given to whether there are safeguarding concerns where there is unborn – 18 year old child/children within the household. The Assessment and Intervention or Crises team will discuss any identified concerns with the hospital's safeguarding team and where appropriate will make a safeguarding referral. When a safeguarding concern is identified a mental health notification form will be sent to the relevant community practitioner via the Paediatric Liaison Service. (EPUT Standards for Paediatric Liaison Service)

2.17.2 When there are concerns from the midwifery department or Primary Care for pregnant women an early ante natal referral liaison will take place with the relevant community children and where appropriate Perinatal Mental Health Team. Consideration should always be given as to whether a pre-birth assessment is

indicated depending on the level of risk that is presented. (Appendix 5 for further guidance) Additionally if there are concerns from the in-patient midwifery team regarding additional care needs during the immediate post-natal period not previously identified it is expected that a liaison notification will be made to the relevant adult mental health or Children's Community Services practitioners involved in the clients care from the midwifery team.

2.18 ACCESS TO INFORMATION

All Trust staff have a duty to assist Social Care with Section 47 enquiries when a child is believed to be suffering or at risk of suffering significant harm. If a member of staff is approached via telephone for information on a child by a Social Worker or other professional, the member of staff must identify whom they are speaking to and if they do not recognise the caller phone back. Record details of caller and time and the action taken in the Child and relevant Adult Record. Safe sharing of information principles must be applied including:

- Ensuring information is to a secure email address or the document is password protected which is sent separately.
- Child/family details should not be emailed to any other agency outside of health unless a secure system is used in accordance to the Trust security policy.
- Posted information should be marked private and confidential and include a compliment slip from sender.

If any other person, including parents/carers, request information about a child, parent or third party staff should contact the line manager or the Safeguarding Team for advice. Health records will not normally be released to persons outside the Health Service except on Court Orders. However parents have a right of access to their child's records. If a request is made for access, contact the Line Manager in the first instance. Further advice can be sought from the Named Nurse Safeguarding Children or Trust Information Governance Manager or Trust Legal Representative. Further guidance can be found within the Trust 'access to records' policy.

2.19 Formal statements & Court Process (Appendix 10)

Staff are required to co-operate with police and the Local Authority when approached for a formal statement. In these circumstances staff must inform the relevant Safeguarding Team and their line manager. The Trust Legal Advisor can be contacted for advice and support. Appendix 11 gives additional guidance for those staff giving formal statements or attending court as a witness.

2.20 Missed Appointments

Parents/Carers failure to attend health appointments for a child/ren/ young people has been a feature of a number of Local Child Safeguarding Practice Reviews formally known as Serious Case Reviews and staff working with children should note all missed appointments and consider any safeguarding concerns. It is the weight and significance placed on missed appointments, in conjunction with their frequency and cumulative impact on the health of children which may constitute neglect by their parents, who either by omission or commission fails to safeguard their children's health by not attending a recommended contact with health services.

2.20.1 Missed appointments to health services should be notified to the referrer, the GP and relevant health professional (Health Visitor or School Nurse etc.). Staff should also consider if patterns of missed appointments has been seen in other children in the family. Where there are failed telephone contacts with other professionals or parents/carers regarding a child then staff should formalise this in writing requesting contact and stating how this can be achieved. If there continues to be no response then staff should escalate this to the named Social Worker (if child has one) and the

Safeguarding Team. The GP should be notified where appropriate. All attempts at contact should be fully documented in the health record.

2.20.2 Staff working with parents who fail to attend health appointments should consider the impact this may have on the parenting capacity of children or for pregnant women, the impact on the unborn. Mental health staff or those working in Community Drug & Alcohol or Adult Learning Disability Teams should consider discussing missed appointments with the relevant health visitor, school nurse or midwife in order to share information and assess levels of concern and risk.

2.20.3 Parents should be notified when failing to attend appointments and offered an alternative appointment or discussion on any assistance required in order to facilitate attendance. If staff are concerned regarding the impact of failing to attend appointments for an adult or child on a child's welfare they should:

- Discuss with their line manager or manager of service
- Discuss with a member of the Safeguarding Team
- Consider a partnership meeting
- Consider a referral to children's social care
- Add this information to the Chronology of significant events

2.21 Hostile or non-compliant parent/carers

Staff should ensure that the needs of the child in a family are paramount regardless of who the primary service user is. Hostile parents refer to those who are or have been violent, aggressive, threatening or intimidating in a physically, verbally or emotionally damaging way. This may be directed at staff, partners, children or animals. In these circumstances staff must consider the safety of any child/ren/ young people in the home and discuss with the parents key worker if a Trust service user, line manager or the Named Safeguarding Nurse/Practitioner.

2.22 Non-compliance

This includes a wide range of deliberate behaviours and attitudes intended to restrict the effectiveness of any intervention in place to safeguard the child/ren e.g. child protection plan. It can include actively undermining efforts to bring about change or passively not complying with plans or disguised compliance whereby parents do not admit to their lack of commitment to change but work subversively to undermine the process.

2.22.1 Staff working with the adult parent or child should be mindful of underlying reasons for non-compliance or lack of co-operation. Factors associated with hostility and non-compliance include Domestic Abuse, Fear of statutory services, Isolation, Immigration status etc.

2.22.2 It is important that staff should consider the impact of non-compliance on the child/rens/ young people welfare and safety and all identified risks should be shared with both health and multi-agency colleagues working with a particular family. This includes Children's Social Worker GP, Psychiatrist etc. Workers must recognise when the family is not engaging so as to avoid collusion or avoidance. Early recognition of family resistance is critical.

2.22.3 The line manager and the Named Nurse / Practitioner Safeguarding should be informed and staff should give regard to the Lone Working Policy. Community Health staff making home visits where there are child protection concerns must see the child. Any risk assessment should be recorded in the child's health records. Where staff are not entirely satisfied with compliance, the clinical, social or emotional picture that is presented or where maltreatment is suspected they should consider a child protection referral to Children's Social Care.

2.23 Historical Abuse Allegations

Adult or child service users who disclose they have been abused in the past e.g. sexual abuse or female genital mutilation must be treated sensitively. Service users should be offered information, support or counselling etc. Police must be informed about allegations of a crime at the earliest opportunity. Whether they become involved in an investigation will depend on several factors including the victim's wishes and public interest. Staff may discuss this with the Police Child Abuse Investigation Unit or the Trust Safeguarding Team.

2.24 Vulnerability, Complex Factors & Additional Needs

Staff working with children or adults must consider the support needs required to maintain a child's welfare in all aspects of their work. This should be considered within the Care Programme Approach (CPA), Community Health Service and Adolescent Mental Health or Children's Learning Disability assessments and revisited at each contact with a parent or child. When working in either adult or child settings, staff should be aware that a number of Vulnerability Factors will affect children's welfare such as; Social Exclusion, Bullying, Missing Children/Families, Forced Marriages, Honour Based Violence, Migrant Children, Disabled Children, Child Sexual Exploitation and Female Genital Mutilation, Modern day slavery and those at risk of violent extremism or radicalisation etc.

2.25 Community Based Violence

Significant harm and additional vulnerability factors can apply to young people, from community based violence such as gang, group and knife crime. In these circumstances staff need to ensure that the safeguarding process responds effectively to involve both the perpetrators and victims of violent activity. Exposure to, or involvement with, groups or individuals who condone violence as a means to a political end is a particular risk for some children. Children and young people can be drawn into violence themselves or they can be exposed to messages through direct contact with members or, increasingly, through the internet. This can put a young person at risk of being drawn in to criminal activity or recruited by violent extremists.

2.26 Prevent (Appendix 11 for further guidance)

CONTEST is the Government's national counter terrorism strategy, aims to reduce the risk to the United Kingdom and its interests overseas from international terrorism, so that people can go about their lives freely and with confidence.

The strategy has four 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

2.26.1 Prevent aims to stop people from becoming terrorists or supporting terrorism. The Trust guidance on Prevent reflects the Home Office Strategy. The Prevent Strategy addresses all forms of terrorism including extreme right wing but continues to prioritise according to the threat posed to our national security. The aim of Prevent is to stop people from becoming terrorists or supporting terrorism and operates in the pre-criminal space before any criminal activity has taken place. The Trust Prevent protocol reflects the Home Office policy May 2015. Staff concerned that a child or family may be affected by violent extremism must consult their line manager, or a member of the Safeguarding Team.

2.27. Early Help Assessment (EHA)

All staff are required to identify emerging problems and potential unmet needs for individual children and families and to share information with other professionals to support early identification and assessment. Professionals should be alert to the potential need for early help for a child who:

- Is disabled and has specific additional needs
- Has Special Educational Needs (SEND) whether or not they have a statutory Education, Health Care Plan (EHCP)
- Is a young carer
- Is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised criminal groups
- Is frequently missing/goes missing from care or from home
- Is at risk of modern slavery, trafficking or exploitation
- Is at risk of being radicalised or exploited
- Is in a family circumstance presenting challenges for the child such as substance misuse, adult mental health problems or domestic abuse
- Is misusing drugs or alcohol themselves
- Has returned home to their family from care
- Is showing early signs of abuse or neglect.

2.27.1 The Early Help Assessment (EHA) is a holistic and generic assessment of a child or young person's needs for additional services. It is a helpful tool for staff working in partnership with parents to identify extra support when there is a concern about how well a child (or unborn baby) or young person is progressing, when their needs are unclear, or broader than Trust services can address on its own. A common assessment would help identify the needs, and provide a basis for getting other services involved. Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.

2.27.2 Effective early help relies upon local agencies working together to:

- Identify children and families who would benefit from early help;
- Undertake an assessment of the need for early help; and
- Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child. Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency cooperation to improve the welfare of children.

2.27.3 Children and families may need support from a wide range of local agencies. Where a child and family would benefit from coordinated support from more than one agency (e.g. education, health, housing, police) there should be an inter-agency assessment. These early help assessments should identify what help the child and family require preventing needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989.

2.27.4 The early help assessment should be undertaken by a lead professional who should provide support to the child and family, act as an advocate on their behalf and coordinate the delivery of support services. The lead professional role could be undertaken by a General Practitioner, family support worker, teacher, health visitor and/or special educational needs coordinator. Decisions about who should be the lead professional should be taken on a case by case basis and should be informed by the child and their family.

2.27.5 The EHA process must be undertaken in partnership with parents and children and the principles will also be incorporated into the Trust Care Programme Approach (CPA) Handbook, and the Trust Safeguarding Intranet Link. All Local Safeguarding Partnership areas within the Trust will use their own Early Help Assessment form so staff should refer to the Trust safeguarding or Local Safeguarding Partnership arrangements intranet sites for their local forms. If parents and/or the child do not consent to an early help assessment, then the lead professional should make a judgement as to whether, without help, the needs of the child are likely to escalate and place the child at risk of significant harm. If it is felt that this is so, a referral into local authority children's social care may be necessary.

3.0 PROCEDURE REFERENCES / ASSOCIATED DOCUMENTATION (EXTERNAL)

Central Bedfordshire <https://www.centralbedfordshirelscb.org.uk/lscb-website/home-page>
 Bedford Borough Council <https://www.bedford.gov.uk/social-care-and-health/children-and-families/safeguarding-children-partnership>
 Luton <https://lutonlscb.org.uk/>
 Southend, Essex & Thurrock www.escb.org.uk
 Suffolk www.suffolkscb.org.uk
 Pan London www.londoncp.co.uk
 The Framework for the Assessment of Children in Need and their Families (DoH 2000)
 Working Together to Safeguard Children (Department of Health DOH, 2018)

4.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES (INTERNAL)

Adverse Incident Policy (CP3)
 Child Death & Learning Disabilities Mortality Review process (CLPG37 Appendix 9)
 Court Appearance and Formal Statements (CLPG37 Appendix 10)
 IT & T Information Governance & Security Policy (CP50)
 Lone Working Policy (RM17)
 Managing Allegations and Safer Working Practices (CLPG37 Appendix 7)
 Mobile Phone policy (CP54)
 Prevent (CLPG37 Appendix 11)
 Safeguarding Children/Young People admitted or visiting a Psychiatric Ward (CLPG37 Appendix 12)
 Safeguarding Practice Learning Reviews (CLPG37 Appendix 8)
 Welfare of Unborn Babies (CLPG37 Appendix 5)
 When Illness is Fabricated or Induced (LCPG37 Appendix 6)

5.0 GLOSSARY

Please list all technical terms, abbreviations and acronyms in the glossary table given below. Common acronyms such as 'NHS' or 'EPUT' can be omitted. If the policy does not contain any technical terms or acronyms then a glossary is not required.

Term	Meaning
A&E	Accident and Emergency
CE	Criminal Exploitation
CPA	Care Programme Approach
CQC	Care Quality Commission
CSE	Child Sexual Exploitation
EHA	Early Help Assessment

CLPG37 SAFEGUARDING PROCEDURAL GUIDANCE

<i>EHCP</i>	<i>Education, Health Care Plan</i>
<i>ICB</i>	<i>Integrated Care Board</i>
<i>LAC</i>	<i>Looked after Child</i>
<i>LSP</i>	<i>Local Safeguarding Partnerships</i>
<i>SEND</i>	<i>Special Educational Needs</i>

END

SAFEGUARDING ADULTS PROCEDURAL GUIDANCE

PROCEDURE REFERENCE NUMBER	CLPG39
VERSION NUMBER	[3]
KEY CHANGES FROM PREVIOUS VERSION	<p>Three year review:</p> <p>Procedure – updated to include statutory changes to Domestic Abuse & FGM</p> <p>Appendix 1 – Training framework updated to include new Prevent competencies and delivery models post Covid. Now includes standalone integrated child and adult training framework</p> <p>Appendix 2 – Updated with new guidance for reviews and statutory changes from Domestic Abuse Act</p> <p>Appendix 3 – updated to reflect Home Office guidance for Prevent</p> <p>Appendix 4A – updated to reflect LA leading enquiry</p> <p>Appendix 4B – updated to reflect updates to SET Adult Safeguarding Guidelines</p> <p>Appendix 5 – updated with updates on guidance for hoarding</p> <p>Appendix 6 – updated for statutory guidance for modern slavery</p> <p>Appendix 7 – Section on Domestic abuse updated</p>
AUTHOR	<p>Tendayi Musundire Associate Director</p> <p>Deborah Payne Named Professional Safeguarding</p>
CONSULTATION GROUPS	Safeguarding Team, Mental Health and Safeguarding Sub-Committee
IMPLEMENTATION DATE	April 2017
AMENDMENT DATE(S)	November 2019; May 2023
LAST REVIEW DATE	May 2023
NEXT REVIEW DATE	May 2026
MENTAL HEALTH & SAFEGUARDING SUB-COMMITTEE APPROVAL:	2 nd May 2023
RATIFICATION BY POLICY OVERSIGHT AND RATIFICATION GROUP	9 May 2023
COPYRIGHT	<i>Copyright © Essex Partnership University NHS Foundation Trust 2017-2023]. All rights reserved. Not to be reproduced in whole or in part without the permission of Essex Partnership University NHS Foundation Trust.</i>

PROCEDURE SUMMARY

These procedural guidelines provide detailed operational guidance for staff about safeguarding adult processes in Bedfordshire, Southend, Essex, Thurrock and Suffolk. It will enable staff to recognise and take appropriate action when there is a safeguarding adult concern or allegation of abuse or neglect. These procedures are not static documents but subject to amendments and version control as services develop.

The procedures comply with the Care Act 2014, the Local Authority Safeguarding Adults Boards guidance and reflects the principles of the Safeguarding Vulnerable People in the NHS- Accountability and Assurance Framework 2022.

The Trust monitors the implementation of and compliance with this procedure in the following ways:

Safeguarding Business Meeting
Internal and External Audit
Compliance Reports to ICB and Local safeguarding Boards
Operational Quality and Safety Meetings
Mental Health Act and Safeguarding Sub Committee

Services	Applicable	Comments
Trustwide	✓	

**The Director responsible for monitoring and reviewing this procedure is
Executive Nurse**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST
--

SAFEGUARDING ADULTS PROCEDURAL GUIDANCE

CONTENTS

This is an interactive contents page, by clicking on the titles below you will be taken to the section that you want.

- 1.0 INTRODUCTION**
- 2.0 PROCESS**
- 3.0 PROCEDURE REFERENCES / ASSOCIATED DOCUMENTATION (EXTERNAL)**
- 4.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES (INTERNAL)**
- 5.0 GLOSSARY**

APPENDICES**APPENDIX 1 – SAFEGUARDING TRAINING FRAMEWORK****APPENDIX 2 – SAFEGUARDING ADULT AND DOMESTIC HOMICIDE REVIEWS****APPENDIX 3 – PREVENT****APPENDIX 4A – SAFEGUARDING ADULTS FLOWCHART – EPUT NOT LEADING****APPENDIX 4B – SAFEGAURDING ADULTS FLOWCHART – EPUT LEADING****APPENDIX 5 – HOARDING GUIDANCE****APPENDIX 6 – MODERN SLAVERY****APPENDIX 7 – DOMESTIC ABUSE GUIDANCE**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

SAFEGUARDING ADULTS PROCEDURAL GUIDANCE

Assurance Statement

Equality and Diversity Statement

The Trust is committed to ensuring that equality, diversity, and inclusion is considered in our decisions, actions and processes. The Trust and all trust staff have a responsibility to ensure that they adhere to the Trust principles of equality, diversity, and inclusion in all activities. In drawing up this policy all aspects of equality, diversity, and inclusion have been considered to ensure that it does not disproportionately impact any individuals who have a protected characteristic as defined by the Equality Act 2010

1.0 INTRODUCTION

- 1.1 The Trust believes that the welfare of adults is of the highest importance and at all times in all situations an adult has the right to feel safe and protected from any situation or practice that results in them being abused or at risk of abuse or neglect.
- 1.2 Safeguarding Adults is everyone's responsibility and this Safeguarding Adults Procedure provides guidance for all Trust staff who are concerned that a service user is suffering or is at risk of or suffering abuse.
- 1.3 This procedure applies to those staff working in mental health and community health settings and contains a number of appendices which staff should read in conjunction with Local Authority Safeguarding Adult Boards Policies for the area in which they work.
- 1.4 All information, Safeguarding forms and additional guidance is available via the Trust intranet Safeguarding and via Local Authority websites. Members of the Safeguarding Team are available for advice, support and assistance for any Safeguarding matter.

2.0 PROCESS AND DEFINITIONS

2.1 Care Act 2014

- 2.1.1 The Care Act 2014 defines Safeguarding Adults as relating to any adult over 18 years:
 - Who has needs for care and support (whether or not the local authority is meeting any of those needs)
 - 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 or neglect.
- 2.1.2 The Care Act 2014 also recognises that a safeguarding response may be required for a carer for example;
 - A carer may witness or speak out about abuse or neglect.
 - A carer may be experiencing intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with.

- A carer may unintentionally or intentionally harm or neglect the adult they support on their own or with others.

2.1.3 Safeguarding is defined as ‘protecting an adult’s right to live in safety, free from abuse and neglect’ (Care and Support Statutory Guidance, ch. 14) It is not about holding anyone or organisation to account as other processes exist for that. The aims of adult safeguarding are to:

- Stop abuse or neglect wherever possible
- Prevent harm and reduce the risk of abuse or neglect
- Safeguard adults in a way that supports them in making choices and having control about how they want to live
- Promote an approach that focuses on improving life for the adults concerned
- Raise awareness so that communities play their part in preventing, identifying and responding to abuse and neglect
- Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and how to raise a concern and
- Address what has caused the abuse.

2.1.4 Staff should read these policies and procedures in conjunction with the Trust Safeguarding Children Policy and procedures. Where there are Safeguarding adult concerns then the welfare of any children must be considered. Staff should note that the child’s needs are paramount regardless of who is the primary service user and the ‘Think Family’ approach should be considered at each contact.

2.2 Guiding Principles: Making Safeguarding Personal

2.2.1 Making Safeguarding Personal (MSP) is a person-centred approach which means that adults are encouraged to make their own decisions about how they live their lives and how they manage their safety and are provided with support and information to empower them to do so. This approach recognises that adults have a general right to independence, choice and self-determination including control over information about themselves. Staff should strive to deliver effective safeguarding consistent with all the above principles. Under MSP the adult is best placed to identify risks, provide details of its impact and whether they find the mitigation acceptable. Working with the adult to lead and manage the level of risk that they identify as acceptable creates a culture where:

Adults feel more in control	Adults are empowered and have ownership of the risk	There is improved effectiveness and resilience in dealing with a situation
There are better relationships with professionals	Good information sharing to manage risk, involving all the key stakeholders	Key elements of the adult’s quality of life and wellbeing can be safeguarded

2.2.2 The six key principles below should underpin all adult safeguarding work. It is vital that the person is kept at the centre of all safeguarding activity. This can also include family, friends or an advocate as appropriate.

Staff must consider integrating the following principles in all aspects of safeguarding.

Empowerment	Adults are encouraged to make their own decisions and are provided with support and information.	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens.
Prevention	Strategies are developed to prevent abuse and neglect that promotes resilience and self-determination.	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.
Proportionate	A proportionate and least intrusive response is made balanced with the level of risk.	I am confident that the professionals will work in my interest and only get involved as much as needed.
Protection	Adults are offered ways to protect themselves, and there is a co-ordinated response to adult.	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.
Partnerships	Local solutions through services working together within their communities.	I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that organisations will work together to find the most effective responses for my own situation.
Accountable	Accountability and transparency in delivering a safeguarding response.	I am clear about the roles and responsibilities of all those involved in the solution to the problem.

Source: Southend, Essex & Thurrock Safeguarding Adults Guidelines (2022)

2.3 Categories & Indicators of Abuse

Abuse can take place in any setting; individual's private home, care home, hospital, day service, public transport, park, police station, college etc. Abuse can consist of a single or repeated act; that it can be intentional or unintentional or result from a lack of knowledge. Abuse can be an act of neglect or an omission or a failure to act. Abuse can cause temporary harm or exist over a period of time and can occur in any relationship. Abuse can be perpetrated by anyone, individually or as part of a group or organisation. Importantly, abuse can often constitute a crime.

2.3.1 There are ten categories of abuse including;

- Discriminatory abuse
- Financial or material abuse
- Organisational abuse
- Neglect & acts of omission
- Physical abuse
- Psychological abuse
- Sexual abuse
- Modern Slavery
- Domestic Abuse
- Self-Neglect.

Other types of abuse include: Sexual Exploitation, Hate Crime, Mate Crime, Cuckooing, Radicalisation, Female Genital Mutilation, Cyber Abuse, Honour Based Violence, and Forced Marriage.

- 2.3.2 Any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance. Incidents of abuse may be multiple, either to one person in a continuing relationship or service context or to more than one person at a time. This makes it important to look beyond the single incident or breach of standards to the underlying dynamics and patterns of harm.

Further detailed information and advice on the categories of abuse can be accessed via the safeguarding site on the Trust Intranet.

2.3.3 Physical abuse

The non-accidental infliction of physical force that results (or could result) in bodily injury, pain or impairment including; Assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions, accumulation of minor accidents without seeking medical assistance.

Indicators include unexplained bruising, cowering or flinching, bruising consisted with being hit, unexplained burns, unexplained fractures, scalds especially with well-defined edges e.g. from emersion in water.

2.3.4 Sexual abuse

Direct or indirect involvement in sexual activity without consent or ability to give consent this includes rape, indecent assault, indecent exposure or exposure to explicit sexual behaviour, material or images.

Adults may be exposed to sexual exploitation which involves exploitative situations, contexts and relationships where a person may receive 'something' (for example, food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and or others performing on them, sexual activities.

Sexual exploitation can occur through use of technology without the person's immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. In all cases those exploiting the person can have power over them by virtue of their age, gender, intellect, physical strength and /or economic or other resources.

Indicators that sexual abuse may be taking place include:

- Sexually transmitted diseases or pregnancy
- New tendency of withdrawn behaviour
- Tears or bruises in genital/anal areas
- Soreness when sitting
- Sexualised behaviour
- Deliberate self-harm
- Incontinence and bedwetting
- Excessive washing

2.3.5 Sexual Activity and legal implications

It is an offence under the Sex Offenders Act (2003) (s.30 – 44) for any person aged 18 or over to abuse a position of Trust with any person with a mental disorder.

It is also an offence where:

- the victim is unable to agree to the sexual activity because of a mental disorder which impedes their choice
- the victim has agreed to the sexual activity but because of a mental disorder which makes them vulnerable to inducements, threats or deceptions
- the victim is in care and their consent was not or could not be deemed to have been given freely

All allegations of sexual abuse made against staff should be reported to the police. Where there is an ongoing risk of that person in a position of trust causing harm to other adults or children consideration should be given to contacting the Local Authority Designated Officer (LADO) for children or adults, so they can assess the need for further action. Staff must ensure an allegation made against a staff member is recorded on the Datix incident reporting system but that the service user's details should not be recorded within the incident.

It is important to appreciate that where a person with a mental disorder is able to consent freely to sexual activity, they have the same rights to engage in consensual activity as anyone else. Likewise, where a person with a mental disorder did not consent to the sexual activity, there are other offences such as rape or sexual assault which could also apply.

2.3.6 Historical Allegations of Abuse

Adults who disclose they have been abused in the past, for example sexually abused in their childhoods, should be offered information, victim support organisations or counselling etc.

Police must be informed about allegations of a crime at the earliest opportunity as the person alleged to have caused harm may continue to have access to vulnerable people or children. Whether the police become involved in an investigation will depend on several factors including the victim's wishes and public interest. Staff can discuss this with the Police or the Trust Safeguarding Team.

2.3.7 Psychological abuse

Acts or behaviour which impinges on the emotional health of or which causes distress or anguish to individuals. This may also be present in other forms of abuse. Some examples include: emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Indicator could include; disturbed sleep, anxiety, confusion, extreme submissiveness or dependency, sharp changes in behaviour in the presence of certain people, self-abusive behaviours, loss of confidence, loss of appetite

2.3.8 Financial or material abuse

Unauthorised, fraudulent obtaining and improper use of funds, property or any resources of an adult at risk from abuse.

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

Indicators could include unexplained or sudden inability to pay bills, unexplained withdrawal of money from accounts, personal possessions going missing, contrast being known income and actual living conditions, unusual interest by friend/relative/neighbour in financial matters, pressure from next of kin for formal arrangements being set up.

2.3.9 Neglect and acts of omission

Ignoring or withholding physical or medical care needs which result in a situation or environment detrimental to individual(s). Ill-treatment and wilful neglect of a person who lacks capacity are now criminal offences under the Mental Capacity Act.

Examples including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Indicators could include poor hygiene/cleanliness of the person who has been assessed as needing assistance, repeated infections, dehydration/weight loss/malnutrition, repeated or unexplained falls or trips, withholding of assistance aids e.g. hearing aids or walking devices. Practitioners must respect the rights of the service users whilst seeking to ensure that their behaviour does not harm themselves or others. This means that there is an inherent right for the service user to take risks and a responsibility for the practitioner to help them identify and manage potential and actual risk to themselves and others. However, ignoring the risk or making the risk worse (intentionally or unintentionally) and placing an individual at harm is a safeguarding matter.

2.3.10 Discriminatory abuse

Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals.

Examples including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion. In practice this may look like acts or comments motivated to harm and damage including inciting others to commit abusive acts, lack of effective communication provision e.g. interpretation, the adult being subjected to racist, sexist, ageist, gender based abuse, or abuse specifically about their disability

2.3.11 Modern slavery (See CPLG 39, Appendix 6)

The Government introduced the Modern Slavery Bill in March 2015. This recognises that modern slavery is one of the world's largest crime industries and the scale in the UK is significant.

Modern Slavery can take many forms and involves a whole range of types of exploitation, many of which occur together. From November 1st 2015 police and Local Authorities have a '**duty to notify**' the Home Office of any one they believe is subject to slavery or human trafficking.

If staff have concerns or suspect slavery then a Safeguarding alert must take place. Consent will not be required and staff should consult with the Trust Safeguarding team to discuss notifying police.

Indicators include

poor physical appearance, isolation, poor living conditions, few or no personal effects, restricted freedom of movement, unusual travel habits, reluctance to seek help.

2.3.12 Self Neglect

This covers a wide range of behaviours neglecting to care for one's personal hygiene, health or surroundings and includes hoarding. Self-neglect is characterised as the behaviour of a person that threatens his/her own health or safety. Self-neglect generally manifests itself as a refusal or failure to provide himself/herself with adequate food, water, clothing, shelter, personal hygiene, medication (when indicated), and safety precautions. Self-Neglect includes hoarding which can cause a risk of fire to property including neighbour property. Hoarding includes material such as papers, boxes and can include animals. (Please refer to CPLG 39, Appendix 5)

Self-neglect may or may not be a safeguarding issue, however agencies must assess concerns raised under their statutory duties; having consideration for an individual's right to choose their lifestyle, balanced with their mental health or capacity to understand the consequences of their actions.

Indicators include, dehydration, malnutrition, untreated or improperly attended medical conditions, and poor personal hygiene; hazardous or unsafe living conditions/arrangements (e.g. improper wiring, no indoor plumbing, no heat, no running water); unsanitary or unclean living quarters (e.g. animal/insect infestation, no functioning toilet, faecal/urine smell); inappropriate and/or inadequate clothing, lack of the necessary medical aids (e.g. glasses, hearing aids, dentures, walking aids); grossly inadequate housing or homelessness

2.3.13 Domestic Abuse (See CLPG39 Appendix 7)

A new Statutory Definition of Domestic Abuse was introduced in the Domestic Abuse Act, 2021, and is defined as:-

'Abusive behaviour between two people who are both aged 16 or over and are 'personally connected' to each other'.

Behaviour is 'abusive' if it consists of any of the following:-

- a) physical or sexual abuse
- b) violent or threatening behaviour
- c) controlling or coercive behaviour
- d) economic abuse
- e) psychological or emotional abuse

Two people are 'personally connected' to each other if any of the following applies: -
They are or have been:-

- a) in an intimate personal relationship with each other;
- b) married or civil partners to each other;
- c) involved in an agreement to marry or enter into a civil partnership with one another;
- d) formerly or currently in a parental relationship in relation to the same child;
- e) relatives / family members

Domestic abuse is an inclusive way to describe a range of behaviours which include violence as well as other forms of abuse:

- Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality
- Includes: psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence; Female Genital Mutilation; forced marriage.

Domestic abuse involves an incident or pattern of incidents of controlling coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality.

Domestic abuse is not just about partners but all family relationships. This includes: psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence; Female Genital Mutilation; forced marriage. Domestic abuse involves all the categories of abuse involving partners, other relatives or household members. Domestic abuse is frequently repeated by the perpetrator and can escalate over time. Both men and women can be victims of domestic abuse though a greater proportion of women experience all forms of domestic abuse and are more likely to be seriously injured or killed by their partner or ex-partner.

People suffering domestic abuse may remain with an abusive partner for many years without considering leaving or sometimes not recognising that they are living within an abusive relationship. A person cannot be forced to leave an abusive situation but staff should consider a risk assessment and appropriate support and advice where possible to ensure the safety and protection of the person being abused and any others. All allegations and actions must be recorded within service user's records

Where an interpreter is required, never use a family member as in cases of honour based violence there is a high likelihood that this will increase the risk of serious harm to the victim and any children in the household

Indicators can include people being prevented from seeing family/friends, prevented from attending college/work/appointments, being followed or continually being asked where they are, accusations regarding other relationships unjustly, feeling scared of others, being threatened personally or threats against other family/friends, prevented from leaving the home, withholding finances, being forced to do something unwanted for their partner

2.3.14 Domestic Abuse Stalking & Harassment (DASH), Multi-Agency Risk Assessment Conference (MARAC) (See CLPG 39, Appendix 7)

Where staff have concerns regarding a victim's safety, following the receipt of a domestic incident form, or where they are asked to act on a safeguarding enquiry, a DASH risk assessment tool can be used to help aid a discussion between staff and victim and assess the level of risk to victim and any others including children. The DASH tool is available via the Trust Safeguarding Intranet site or via the Safeguarding Team.

Where a DASH has been completed with the service user and reaches the threshold (14 ticks) then a referral to the Multi Agency Risk Assessment Conference (MARAC) should be made.

The purpose of a MARAC is to share information about very high risk victims in order to prevent serious harm and develop a safety plan. MARAC meetings are attended by local representatives from organisations which may be involved in supporting

victims, or working with the perpetrator. MARAC's occur regularly (monthly or more frequently) across the Trust area and are chaired by police. The Trust is represented at MARAC by identified practitioners e.g. care co-ordinators, psychiatrists, psychology, psychotherapy, short term assessors, criminal justice teams, ward's and specialist community health service staff.

2.4 Other Types of Abuse

2.4.1 Female Genital Mutilation

Female Genital Mutilation is defined as "all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons" (World Health Organisation, 1996).

FGM is a criminal offence in the UK since the 1985 (Prohibition of Female Circumcision Act) but this was extended in 2003 (Mutilation Act) by making it illegal to take a child abroad to undergo FGM, whether or not it is lawful in that country. It is additionally illegal to aid, abet, counsel or procure the carrying out of FGM.

FGM practice can be found in communities around the world and despite the harm it can cause, many women from FGM practising communities consider FGM normal to protect their cultural identity perceived to be in accordance with religious/cultural beliefs. The procedure may be carried out when the girl is new born, during childhood or adolescence, just before marriage or during the first pregnancy. However it is predominantly undertaken between the ages of 4-13 and believed to:

- Brings status and respect to the girl
- Preserves a girl's virginity / chastity
- Is a rite of passage
- Gives a girl social acceptance, especially for marriage
- Upholds the family honour
- Helps girls and women to be clean and hygienic.

Female genital mutilation is classified into four types: (WHO)

- Type 1: Circumcision - Excision of the prepuce with or without excision of all/part of the Clitoris
- Type 2: Excision - Excision of the clitoris with partial/total excision of the Labia Minora.
- Type 3: Infibulation - most severe form involves the complete removal of the Clitoris, the Labia Minora and at the anterior two-thirds/whole of the medial part of the Labia Majora
- Type 4: Unclassified - This includes all other procedures on the female Genitalia

Female Genital Mutilation is a form of child abuse and violence against women. It is frequently a very traumatic and violent act for the victim and can cause harm like severe pain, difficulties in childbirth or causing dangers to the child.

Staff regulated as a nurse, doctor or social worker have a mandatory duty (2015) to report FGM to the police if they believe it has not already been reported by another regulated professional. Staff must record FGM or those at risk of FGM within the service user's records and report any concerns regarding FGM to a member of the

Safeguarding team. The Trust records all reports of FGM on the enhanced data set system specific to NHS services.

For service users where female genital mutilation is disclosed or suspected a safeguarding alert should be considered especially where there are female children in the family. In all such circumstances, the Trust Safeguarding team must be contacted.

Staff can access further information from the Trust Safeguarding as well as Local Safeguarding Board intranet sites for advice & support for staff and service users.

2.4.2 Honour Based Violence (See CLPG 39, Appendix 7)

Honour based abuse is 'an incident or crime involving violence, threats of violence, intimidation, coercion or abuse (including psychological, physical, sexual, financial or emotional abuse) , which has or may been committed to protect or defend the honour of an individual, family and or community for alleged or perceived breaches of the family and/or community's code of behaviour'. (The National Police Chiefs Council, 2015)

Honour based violence and abuse can take many forms:

- threatening behaviour
- assault
- rape
- kidnap
- abduction
- forced abortion
- threats to kill
- false imprisonment committed due to so called 'honour'

The most extreme consequence of honour based violence is the death of a service user or family member in which they are killed for perceived immoral behaviour, which is deemed to have breached the honour code of a family or community, causing shame.

Staff should respond to concerns for honour based abuse in the same way they would for service users subject to domestic abuse by facilitating disclosure, developing individual safety plans, ensuring the service users safety by according them confidentiality in relation to the rest of the family and completing individual risk assessments.

A service user who is at risk of or suffering honour based abuse is at significant risk of physical harm (including being murdered) and/or neglect, and may also suffer significant emotional harm through the threat of violence or witnessing violence directed towards another family member.

The behaviours that are perceived to have been immoral and having breached the honour code can be:

- Inappropriate make-up or dress
- The existence of a boyfriend or a perceived unsuitable relationship (gay/lesbian relationship)
- Kissing or intimacy in a public place
- Rejecting a forced marriage
- Sexual activity outside of marriage
- Pregnancy outside of marriage

- Being a victim of rape Inter-faith relationships (or same faith, but different ethnicity)
- Leaving a spouse or seeking divorce.
- Alcohol and/or substance use/misuse

When receiving a disclosure from a service user, staff need to recognise the seriousness/immediacy of the risk of harm as there may be only the one opportunity to intervene. A service user reporting to staff that they have fears of honour based abuse in respect of themselves or a family member requires a lot of courage, and staff must respond by making an appropriate supportive referral or if imminent danger call the police. Specifically, under no circumstances should staff allow the service users family or social network to find out about the disclosure, so as not to put them at further risk of harm. Members of the local community are not used for interpretation.

When recording the incident staff should make an accurate, detailed, clear account and include the date, service users own words in quotation marks, document any injuries including body maps. The records should only be available to those directly involved in the person's case to protect their confidentiality.

2.4.3 Forced Marriages (See CLPG 39, Appendix 7)

A forced marriage, as distinct from a consensual 'arranged' one, is a marriage conducted without the full informed consent of both parties and where capacity to consent and where duress is a factor. Duress is not justifiable on religious or cultural grounds.

In 2021 the government updated the definition of domestic abuse and consequently forced marriage now come under this definition. In June 2014, it became a criminal offence to force someone to marry.

Some forced marriages take place in the UK with no overseas element, while others involve a partner coming from overseas or a British national taken abroad. The reasons given by parents who force marriage include protecting their children, building stronger families, strengthening family links, protecting family honour, retaining or acquiring wealth or appeasement.

The warning signs staff should be alert to include:

- Family history of an older sibling leaving the country suddenly without returning or marrying early.
- Anxiety, depression or emotionally withdrawn. This may present as self-harm or attempted suicide
- Absence from regular activity.
- Fear of forthcoming visits to their country of origin.
- A service user going missing/running away.
- A service user being in conflict with their parents
- A service user being accompanied to all appointments and settings
- A service user talking about an upcoming family holiday they are worried about.
- Surveillance or restrictions by family members- house arrest.
- A service user directly disclosing that they are worried s/he will be forced to marry.

Staff suspecting Forced Marriage should contact the Trust Safeguarding Team immediately. They should not approach or discuss with the family. Staff should follow the same guidance as indicated for Honour Based abuse in relation to record

keeping and seeing the service user alone. Staff should assist with facilitating a disclosure, developing individual safety plans, and ensuring the service users safety by according them confidentiality in relation to the rest of the family, completing individual risk assessments.

2.4.4 Hate Crime/Incidents

Hostility or prejudice towards an identifiable group of people (race, religion, disability or sexual orientation). Incidents often involve physical assault, bullying, hate mail.

2.4.5 Violent Extremism PREVENT strategy (See CLPG 39, Appendix 3)

Prevent is part of the Governments' counter terrorism strategy called CONTEST. Its aim is to stop people becoming terrorists or supporting terrorism. Prevent aims to stop people from becoming terrorists or supporting terrorism, expressed as the need to "prevent people from being drawn into terrorism". The aim is to re-enforce safeguarding at the heart of Prevent to ensure our communities and families are not exploited or groomed into following a path of violent extremism.

Vulnerable adults or young people including those with mental health issues or learning disabilities may be susceptible to exploitation into violent extremism by radicalisers. Violent extremists often use persuasive rationale and charismatic individuals to attract people to their cause. The aim is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause.

Where staff have concerns that a person may be exploited into extremism or a potential perpetrator of extremism a safeguarding alert should be raised and the safeguarding team contacted. All staff will receive training in Prevent appropriate to their role via the Safeguarding training programmes (Training Framework Appendix 1). Level 1 training covers Prevent Awareness, level 2 Prevent referrals and level 3 covers Channel or Prevent Multi-agency panel available via the government link to support people vulnerable to radicalisation at

<https://www.support-people-vulnerable-to-radicalisation.service.gov.uk/portal>

2.5 Mental Capacity

Staff should read this in conjunction with the Trust Mental Capacity Act Policy (MCP2) and Procedure (MCPG2) which provides a statutory framework to empower and protect those who may lack mental capacity to make decisions for themselves; and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the adult safeguarding process must comply with the Act.

2.5.1 All people have the right to follow a course of action that others judge to be unwise including one which may lead to them being abused. Where a person has mental capacity and chooses to live with a risk of abuse the safeguarding plan must with their consent include access to services that help minimise the risk. Staff should recognise clients who may lack the capacity to make their own decisions or protect themselves or their assets and risk becoming vulnerable to abuse or exploitation.

2.5.2 Where a service user has capacity and requests not to engage in a safeguarding investigation, staff must consider if undue pressure is placed on the service user to make certain decisions.

2.5.3 Where a service user with capacity decides to live with a risk which places other vulnerable adults or children at risk of harm staff have a duty of care to intervene for the protection of the other individuals.

2.5.4 Safeguarding and Assessment of Capacity

Mental Capacity must be considered in all aspects of Safeguarding and a capacity assessment (MCA) must be undertaken where there are concerns that a person has not got capacity to make a specific decision. When raising a safeguarding adult concern and the adult has capacity to state their views, then they should be asked what they want to happen, and this should be recorded on the safeguarding adult concern form. It is important to remember that people retain the right to make unwise decisions and personalisation in safeguarding requires effective use of the Mental Capacity Act. Adults at risk have the right to make decisions that others might regard as being unwise or eccentric and a person cannot be treated as lacking capacity for these reasons. It is important to remember that everyone has their own values, beliefs and preferences, which may not be the same as yours. You cannot treat people as lacking capacity because they hold different values, beliefs or preferences from your own. However it is important to remember in circumstances where other adults could be at risk a safeguarding adult concern should be raised regardless of the adults views.

2.5.5 Consent in Relation to Safeguarding

2.5.6 Adults at risk should have accessible information available so they can make informed choices about safeguarding: what the choices mean, risks and benefits and possible consequences. Organisations will need to clearly define the various options to help support them to make a decision about their safety.

2.5.7 Adults at risk may not give their consent to a concern being raised, a safeguarding enquiry or the sharing of safeguarding information for several reasons. For example, they may:

- be unduly influenced, coerced or intimidated by another
- be frightened of reprisals
- fear losing control
- not think they are at risk
- not trust social services or other partners or
- fear that their relationship with the person alleged to have caused harm will be damaged.

2.5.8 Reassurance and appropriate support may help to change their view on whether it is best for the adult at risk to share information. Staff should consider the following and:

- Explore the reasons for any concerns – what are they worried about?
- Explain the concern and why you think it is important to share the information
- Tell the adult with whom you may be sharing the information with and why
- Explain the benefits, to them or others, of sharing information – could they access better help and support?
- Discuss the consequences of not sharing the information – could someone come to harm?
- Reassure them that the information will not be shared with anyone who does not need to know
- Reassure them that they are not alone and that support is available to them

2.5.9 If, after this, the adult refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, in general, their wishes should be respected.

2.5.10 However, there are circumstances where staff can override such a decision, including:

- The adult at risk lacks the mental capacity to make that decision about sharing the information
- Emergency or life-threatening situations may warrant the sharing of relevant information with the emergency services without consent
- Others that are, or may be, at risk, including children
- Sharing the information could prevent a crime
- A criminal offence is suspected to have been committed
- The risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference referral
- Staff are implicated
- There is a court order or other legal authority for taking action without consent
- The person alleged to have caused harm has care and support needs and may also be at risk
- The adult at risk has the mental capacity to make that decision, but there are suspicions they may be under duress or being coerced

2.5.11 The circumstances above can be found in various pieces of [legislation. Article 85 Data Protection Act](#) provides for a lawful ground for the processing of personal data of an adult at risk, without consent if the circumstances justify it and where it is in the public interest, and necessary for:

- (i) protecting an individual from neglect or physical, mental or emotional harm or
- (ii) protecting the physical, mental or emotional well-being of an individual.

2.5.12 In such circumstances, it is important that consent is sought and that a record of the decision-making process is kept. Advice should be sought from managers if unsure before overriding the adult's decision, except in emergency situations. Managers should make decisions based on whether there is an overriding reason which makes it necessary to take action without consent and whether doing so is proportionate because there is no less intrusive way of ensuring safety. Legal advice should be sought where appropriate. If the decision is to take action without the adult's consent, then unless it is unsafe to do so, the adult should be informed that this is being done and of the reasons why.

2.5.13 If the decision is not to share safeguarding information, or not to intervene, staff should:

- Support the adult at risk to weigh up the risks and benefits of different options
- Ensure they are aware of the level of risk and possible outcomes
- Offer to arrange for them to have an advocate or peer supporter
- Offer support for them to build confidence and self-esteem if necessary
- Agree on and record the level of risk the adult is taking
- Record the reasons for not intervening or sharing information
- Regularly review the situation
- Try to build trust to enable the adult at risk to better protect themselves

2.5.14 It is important that the risk of sharing information is also considered. In some cases, such as domestic abuse or hate crime, it is possible that sharing information could increase the risk to the adult. Safeguarding partners need to work jointly to provide advice, support and protection to the adult at risk to minimise the possibility of worsening the relationship or triggering retribution from the person alleged to have caused harm.” (SET, 2019).

2.6 Capacity and Consent to a Safeguarding Issue being raised

Service users **MUST** be involved in all stages of a safeguarding enquiry and consent should be obtained where possible. The allocated staff member conducting the enquiry should contact the service user immediately or within one working day and ascertain their wishes and feelings regarding action that may be taken and gain consent regarding conducting an enquiry and sharing information. They must also ensure any immediate safeguarding measures are put in place. It is important to ascertain from the person what outcomes they want from the enquiry.

2.6.1 Lacks Capacity

If there are doubts about a persons’ capacity to consent to a safeguarding investigation, an assessment of capacity must be conducted and the outcome recorded on form MCA. If an adult lacks capacity to consent to a Safeguarding Investigation, it is usually the service user’s best interests to proceed with a Safeguarding enquiry.

2.6.2 Lacks Capacity and no Family/Friends

If the mental Capacity Assessment (MCA) determines the service user lacks capacity to consent to a Safeguarding enquiry and has no family or friends, then an Independent Mental Capacity Advocate (IMCA) must be provided. The IMCA can be accessed by sending the completed MCA form to the Safeguarding Team

2.6.3 Has capacity but refuses safeguarding

Staff should respect that where a client has mental capacity they may not want an enquiry into the abuse to take place. However this can be overridden in certain circumstances for example:

- The abuse involves a paid employee of an organisation providing services to the person.
- The abuse involves someone who has access to other vulnerable adults
- Where a criminal act has taken place.

2.6.4 Where the client states a wish that the alleged abuse is not investigated, this must be respected but should not prevent staff from continuing to offer support and advice. Staff must also consider if a service user is under undue pressure or coercion to make a decision that the abuse is not investigated

This decision must be provided in writing in person. A letter must not be sent to a service user’s home regarding a Safeguarding Investigation as this can potentially generate further risks. The letter must include information on the service user’s right to change their mind about consenting to a safeguarding investigation at any time.

2.6.5 Duress and Coercion

Where the Adult at Risk has capacity, but you suspect they are under duress or coercive control please consult safeguarding team. The person undertaking the

capacity assessment will be the decision maker. The decision maker must act in the person's best interest and family and friends can be consulted and involved.

- 2.6.6 An Independent Mental Capacity Advocate (IMCA) is a type of statutory advocacy introduced by the Mental Capacity Act 2005. An IMCA must be appointed for those people who have been assessed as not having capacity and where there are no appropriate family or friends to represent the client's best interest. An IMCA can challenge the decision maker on behalf of the client lacking capacity if necessary.

The Trust can instruct an IMCA to support and represent a person who lacks capacity where:

- It is alleged that the person has been abused or neglected by another person
- It is alleged that the person is abusing or has abused others

2.7 Deprivation of Liberty

- 2.7.1 The Government added further provisions to the Mental Capacity Act 2005 called the Deprivation of Liberty (DoLS) Safeguards. The DoLS process is a legal requirement where the deprivation of a person's liberty to prevent them leaving a hospital ward, regulated care home or supported living accommodation is required in order to provide care or treatment needed.

- 2.7.2 This only applies to those who lack capacity to consent to treatment or services being offered and who are not detained under the Mental Health Act or where there is a Power of Attorney in place.

- 2.7.3 A safeguarding alert/referral must be made in all cases of a person in a care home or hospital (who is not detained under the Mental Health Act) where a DoLS application has not been made and the person lacks capacity to consent to the care being offered. This is to ensure a person's liberty is not unlawfully restricted. The Trust MCA DoLS Practitioner can be contacted for advice and support

2.8 Procedure when there are concerns that an adult has suffered or is likely to suffer significant harm

- 2.8.1 All Trust staff have a professional duty to report a safeguarding concern. If staff are concerned that a service user has suffered or is likely to suffer significant harm from the actions or inactions of others, or is unable to protect themselves against the actions or inactions of others, then a Datix and Safeguarding Adults alert must be made unless the adult has capacity and refuses consent to the breaching of their confidentiality or an alert being made.

- 2.8.2 All members of the Trust, either paid staff or volunteers, must discuss any safeguarding concerns with their line manager or a member of the safeguarding team. Staff are not required to prove the abuse reported their role is to recognise signs or a possible disclosure and report any concerns.

- 2.8.3 Depending on the degree and seriousness of potential abuse, staff should ensure the immediate safety of the adult and assess the level of continued risk to others.

- 2.8.4 Where English is not the first language the Trust Interpreter services must be used. Family or friends should not be used as interpreters where there are allegations of abuse

2.9 Persons alleged to have caused harm who are service users

- 2.9.1 Whilst the protection of the person who may have been abused remains paramount, Trust staff also have responsibilities to those service users who are perpetrators of abuse.
- 2.9.2 Abuse of one adult by another can occur in group or communal settings such as a ward, day centre or a residential or nursing home and a safeguarding alert/alert should be considered for all such cases. In these cases it will be necessary to consider the needs of the alleged victim and the person alleged to have caused harm separately. Some of the issues that may need to be explored include:
- The extent to which the person alleged to have caused harm is able to understand his or her actions.
 - The extent to which the abuse reflected that individual's own needs and situation.
 - The likelihood of the person alleged to have caused harm alleged further abusing the victim or other service users.
 - The effectiveness of any plans put in place to protect service users and additional plans to prevent a service user harming people
- 2.9.3 Where a criminal offence appears to have been committed the person alleged to have caused harm has the right to an 'Appropriate Adult' under the terms of the Police and Criminal Evidence procedures and a legal representative must be provided when the person alleged to have caused harm is interviewed by the Police.

2.10 Safeguarding Alert & Investigation Process

- 2.10.1 Some Trust Mental Health Service staff will be responsible for undertaking the enquiry. This is where the Trust has delegated responsibility from the LA for leading the enquiry as identified within a Section 75 agreement and Care Act 2014.
- 2.10.2 In Trust Community Health Service (CHS) settings and mental health staff practicing in Thurrock, Southend, Luton and Bedford the Local Authority Safeguarding Adult Team is responsible for leading and conducting enquires. Trust staff will remain responsible for contributing toward such enquires by supplying reports, chronology of involvement, attending safeguarding meetings, offering expert advice and completing action plans. Such meetings, reports and action plans must be prioritised to meet the agreed timeframe.
- 2.10.3 Trust staff must adhere to the timeframe and process and ensure all actions decisions and outcomes are recorded in detail on the correct Safeguarding forms and within clinical records.
- 2.10.4 Any safeguarding concerns must be recorded on DATIX and the alert form attached
- 2.10.5 Information on Safeguarding forms and procedures are available via the Trust InPut under 'Forms' and via the Safeguarding section.

2.11 Suspected Crime Process

- 2.11.1 If a potential crime has been alleged the safeguarding police team must be contacted and a copy of the alert sent. A criminal investigation by the Police takes priority over all other lines of enquiry within the Safeguarding process.

2.11.2 The following steps must be adhered to if a crime has been alleged:

- Dial 999 for emergency situations or 101 for the local police Safeguarding teams.
- Do not interview the adult who experienced the abuse or the alleged person causing the crime.
- Obtain only enough information to be able to tell police what is believed to have happened
- Do not touch or remove any items that may be used as evidence by police
- A medical examination and treatment should be arranged if indicated, and a body map completed where required.
- In the case of an observed or discovered incident - note down what happened, describe the whereabouts in the room, for example people, relevant objects, weapons etc. Describe what the whole scene looked like.
- In the case of an allegation or disclosure, record the disclosure in the persons own words.
- You may be required to make a statement at a later date, ensure that all records are signed by you and dated and retained for reference.
- Do not start the investigation yourself, do not contact the alleged abuser, and do not move any potential evidence.

2.11.3 For Safeguarding concerns outside normal working hours, staff should contact the Manager on call via switchboard.

2.12 Referral Process: (CLPG 39, Appendix 4A Flow chart) Trust Not Leading

2.12.1 For all cases where the Trust is not leading, staff must send a copy of a referral/alert to the appropriate Local Authority and the Trust Safeguarding Team within one working day and attach to DATIX. The Local Authority for such cases will be responsible for decisions and leading on all safeguarding enquiries.

2.12.2 The Local Authority will notify the Trust of their decision to progress or not to enquiry within 72 hours. The Trust may be asked to conduct the enquiry (where the concern is principally regarding a health issue) by completing initial fact finding and submit the information to the Local Authority.

2.12.3 The team manager will appoint a member of staff to work in partnership with the Local Authority Safeguarding Team, by attending safeguarding meetings and submitting reports and findings.

2.12.4 Trust staff must work in partnership by attending relevant safeguarding meetings and producing reports which contribute to the enquiry and safeguarding action plans. Staff should adhere to the timescales set out in any safeguarding action plans and ensure all information is recorded on the patients electronic patient record.

2.12.5 Where a response from the Local Authority is not received within 72 hours then staff should contact the Local Authority for further advice and updates. The Trust Safeguarding Team is able to assist in escalating concerns regarding non response to a referral.

2.13 Investigation Process & Staff responsibilities: Trust leading the enquiry (See CPLG 39, Appendix 4b flowcharts)

2.13.1 Mental Health Services Team managers will appoint a member of staff to carry out the enquiry. This may be a manager, Key Worker, Care Co-ordinator, Social Worker, Nurse etc. For inpatient service users, this should be the Care Co-ordinator for the client in conjunction with ward staff.

2.13.2 Mental Health Team Managers (or Senior Practitioner) of the team conducting an enquiry will take ultimate responsibility for ensuring all aspects of the safeguarding procedures are followed within the timeframes and will:

- appoint a suitably qualified and experienced person (must have received Safeguarding Adult Level 3 training) to work directly with the person subject to the enquiry and ensure their safety and complete a risk assessment.
- ensure that staff have the support and resources required to undertake the enquiry
- implement any lessons learnt and cascade examples of good practice as a result of the audit process

2.13.3 The staff member conducting the enquiry will:

- Be responsible for the risk assessment and supporting the person through the Safeguarding process. (The service user may also require support from other people as well to meet their needs; this could be an advocate or family member.)
- Undertake the enquiry process, liaising as needed with senior managers, managers/officers from units where the alert was raised and with partner agencies.
- Complete the enquiry process and ensure the protection arrangements are integrated into the CPA documents (or other care planning system if the service user is not on CPA). The allocated care co-ordinator should update the CPA plans and assessments based on the information from the person conducting the enquiry
- Update information systems and forward copies of paperwork to the Trust Safeguarding Team. After the quality assurance process has been completed the SGT will send back to clinical team for attaching to the electronic patient record.

2.14 Conducting an Enquiry (Investigation)

2.14.1 A risk assessment should take place immediately that the concern is raised to establish;

- If the alleged victim is in any immediate danger of harm
- Details of abuse and identifying any risk to others

2.15 Enquiry (Stage 2)

2.15.1 An enquiry should establish whether and what action needs to be taken to prevent or stop abuse or neglect. All enquiries need to be planned and coordinated as follows:

- Safeguarding management plan – immediately depending on level of risk or within 48 hours
- Safeguarding planning meeting should be arranged within 14 working days if required to agree actions/plan/risk management
- Target time for main enquiries to be completed within 20 working days
- Gather information & evidence from other agencies
- Confirm / approve protection plan.
- Formulate an inter-agency plan with clear roles responsibilities and timeframes for outcomes to be achieved.
- Consider any special measures that will be required such as 'Best Interest Decisions

2.15.2 Adults who have capacity and may be at risk must be invited to be involved as partners in strategy discussions where appropriate and those without capacity should be represented by an advocate or family member as appropriate.

2.15.3 At all stages in the Safeguarding process the safeguarding risk assessment and plan must be completed and updated until the case is closed. Closure of the enquiry should however be completed within 28 working days and not more than 3 months of the enquiry commencing unless there are unavoidable delays.

2.15.4 Safeguarding Adult Management Plan Review

For Mental Health Services a chairperson and note taker should be appointed and the appropriate Safeguarding Meeting (Stage 3/ Case Conference) template completed.)

2.15.5 The Safeguarding Conference/ Meeting will consider:

- The investigation findings from staff police etc.
- A review of the risk assessment
- Formulate a protection plan
- The persons views throughout the process
- Decide if process continues or should closed
- Identify lessons learnt

Safeguarding management plan and review, should be completed within 25 working days and not more than 3 months (dependent upon level of risk remaining)

2.15.6 Minutes of meetings should be distributed to all attendees and the service user where appropriate.

2.15.7 Safeguarding Closure

Case closure can take place after any stage of the process as long as it is clear that the safeguarding risks are reduced and all agree that the safeguarding case can be closed. Closure of the enquiry should however be completed within 28 working days and not more than 3 months of the enquiry commencing unless there are unavoidable delays.

2.15.8 When a decision to close a case is made the person responsible for the enquiry will inform:

- The service user (or representative) is to be notified of the outcome including any risk management plans.
- The referrer advised of the outcome. Where this is not possible it should be documented on the safeguarding closure form
- Person Alleged to have caused harm should be advised (as appropriate) of the closure

2.15.9 When completing the safeguarding closure form it is important that the reasons for closure are clear and the views of the service user ascertained. The safeguarding closure form must be sent to the Safeguarding Team for quality and assurance and also to ensure that the Local Authority are notified.

2.15.10 Staff should ensure that safeguarding cases are completed within timeframe unless there is a justified reason to continue. Examples of a justified delay include an ongoing police investigation, mental health or other assessments, legal processes etc. but do not include a lack of resources or a failure to send copies of documents to the Safeguarding Team in time.

2.15.11 Compliance with time frames is reported as part of the Trust Safeguarding Performance Indicators. Copies of forms should be sent to the safeguarding team. Where required, a safeguarding review may be necessary to assess post abuse needs and ensure effective ongoing care of the service user via the generic care, case management process e.g. CPA

2.16 Safeguarding Team Notification and reporting Process

Trust Safeguarding Team will be responsible for monitoring the safeguarding process across the Trust. Data is formulated into Key Performance Indicators to give assurance of effectiveness of processes in place. This is reported at various meetings.

2.16.1 Copies of all alerts must be sent electronically via a trusted and secure email as per Trust policy to the Safeguarding Team at: epunft.safeguarding@nhs.net. On receipt of an alert the Safeguarding Team will send the time frame form to the team manager to allocate the practitioner conducting the enquiry. This will outline the expected time frame for each stage of an investigation.

2.16.2 The Trust Safeguarding Team will ensure that local arrangements are in place to inform the CQC and Local Authority of all relevant information on safeguarding cases in compliance with the CQC reporting framework.

2.16.3 If there is a delay in receiving the strategy discussion form then the Safeguarding team will send a delay notification form to the appropriate manager and investigating officer requesting reasons for the delay e.g. justified reasons because of a police investigation. Where the required information is still not received then the safeguarding team will continue to request the required information and escalate to the appropriate Clinical Directors.

2.16.4 The system continues with the closure process and where a case is not closed within 28 working days and not more than 3 months, then the Safeguarding Team will send out a delay notification as above to ascertain reasons. Where there is a justified reason for keeping a case open, the Safeguarding Team will request regular updates.

2.17 Audit monitoring process

2.17.1 The Safeguarding Team complete an audit of cases in order to identify where lessons can be learned and good practice disseminated. Outcomes will be shared with managers and staff where relevant and outcomes reported as part of the performance indicators

2.18 Allegations against Staff

Staff working with service users have an individual responsibility to raise concerns about practices or individual members of staff who may be abusive to adults through their Line manager, Deputy Director or Director in accordance with the Human Resources Policy (HR 27A).

2.18.1 Staff can refer to the Trust Freedom to Speak Up/Whistle Blowing Policy (CP53) or contact a Freedom to Speak Up Champion for guidance should they wish to raise concerns confidentially, including those concerns about the management of a service. Staff members who raise genuine concerns via Freedom to Speak Up will be protected and the preservation of their anonymity will be maintained where possible.

- 2.18.2 In these circumstances the safeguarding investigating officer or appropriate manager will arrange a strategy meeting to co-ordinate the process and establish the facts. A discussion between the designated HR person, safeguarding investigating officer and police if required will take place to discuss roles and prioritise actions required.
- 2.18.3 Any police investigation will take precedence and the internal disciplinary case will run separately but parallel to the Safeguarding investigation. Negotiation will be required to ensure duplication of safeguarding and disciplinary investigation is minimised
- 2.18.4 Where concerns relate to a member of Trust staff or an agency staff member, it may be appropriate to suspend or change the role of the individual for a period of time depending on the seriousness of the concern.
Such action is a neutral act and Human Resources department advice should be sought in all cases and consideration given to reporting under serious incident procedures.
- 2.18.5 Care should be taken not to prejudice the investigation by providing information to the affected member of staff about the allegation at this stage. The staff member will be informed that they are being suspended and/or relocated as a result of '*An allegation being made against them under safeguarding procedures*'. No further information will be provided at the initial stages as clearance from the police will initially be required to ensure that potential evidence is not prejudiced as a result of sharing information regarding the allegations.
- 2.18.6 Staff who are the subject of allegations must have access to appropriate support through the subsequent investigation.
- 2.18.7 Good safeguarding practice requires openness, transparency and Trust. There is a legal 'duty of candour' in which staff must explain, (in person and in writing) apologise and advise people, where severe or moderate harm has occurred. Staff should refer to the Being Open and Duty of Candour Policy CP36 for additional information

2.19 Cross Boundary Issues

- 2.19.1 The Local Authority where the abuse occurs will have overall responsibility for co-ordinating the adult protection arrangements (the host authority). The placing authority (i.e. the authority with funding/commissioning responsibility) will have a continuing duty of care to the vulnerable adult.
- 2.19.2 Where a TRUST service user discloses abuse that has occurred outside the Trust area, staff should contact the Local Authority in the area the abuse took place within the Trust timescales and support the subsequent investigation by offering relevant information and supporting the service user.
- 2.19.3 Where there are concerns regarding cross boundary safeguarding enquiries, the Safeguarding Team should be contacted for advice and support.

2.20 Record Keeping

- 2.20.1 The findings from a number of Serious Case Reviews have identified poor record keeping as a significant concern. The consequence of poor record keeping can result in confusion for professionals and may directly place an adult at risk.
- 2.20.2 All recordings regarding safeguarding adults constitute a legal document and can be used in court proceedings.

- 2.20.3 Staff should follow the Trust Record Keeping Policy (CP9). All discussions, decisions, actions and rationale for why no action is deemed necessary must be recorded contemporaneously with a date, name and signature. All recordings should be based on fact or professional opinion and kept in the service user's records.
- 2.20.4 Managers should read and sign every form in a safeguarding investigation to demonstrate oversight of the process
- 2.20.5 All records and assessments must consistently record the racial, linguistic and religious identity and needs of the service user.

3.0 PROCEDURE REFERENCES / ASSOCIATED DOCUMENTATION (EXTERNAL)

The Care Act	(2014)
Care and Support	
Statutory Guidance	(2014)
Data Protection Act	(2018)
Domestic Abuse Act	(2021)
Modern Slavery Act	(2015)
General Data Protection Regulation	(2016)
Mental Capacity Act	(2005)
NHS Prevent Training & Competencies Framework	(2022)
Sex Offenders Act	(2003)
Southend Essex & Thurrock	www.essexsab.org.uk/
Luton	www.luton.gov.uk
Central Bedfordshire	www.centralbedfordshire
Bedford Borough	www.bedfordborough
Suffolk	pandp.suffolkcc.gov.uk

4.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES (INTERNAL)

Being Open & the Duty of Candour Policy (CP36)
 Disciplinary Conduct Policy (HR27A)
 Mental Capacity Act and Deprivation of Liberty Policy (MCP2)
 Mental Capacity Act and Deprivation of Liberty Procedure (MCPG2)
 Prevent (CLPG39, Appendix 3)
 Records Management Policy (CP9)
 Safeguarding Children Policy (CLP37)
 Safeguarding Children Procedure (CLPG37)
 Safeguarding Children Procedure (CLPG37, Appendix 13 Child Abuse linked to faith or culture)
 Safeguarding Children Procedure (CLPG37, Appendix 4 Responding to Domestic Abuse & Domestic Incident Reports)
 Safeguarding Adult Procedure for Hoarding (CLPG39, Appendix 5)
 Training Framework (CLPG39, Appendix 1)
 Freedom to Speak Up/Whistleblowing Policy (CP53)

5.0 GLOSSARY

Term	Meaning
<i>CHS</i>	<i>Community Health Service</i>
<i>CPA</i>	<i>Care Programme Approach</i>
<i>CQC</i>	<i>Care Quality Commission</i>
<i>DASH</i>	<i>Domestic Abuse Stalking & Harassment</i>
<i>DoLS</i>	<i>Deprivation of Liberty Safeguards</i>
<i>FGM</i>	<i>Female Genital Mutilation</i>
<i>HR</i>	<i>Human Resources</i>
<i>ICB</i>	<i>Integrated Care Board</i>
<i>IMCA</i>	<i>Independent Mental Capacity Advocate</i>
<i>LADO</i>	<i>Local Authority Designated Officer</i>
<i>MARAC</i>	<i>Multi-Agency Risk Assessment Conference</i>
<i>MCA</i>	<i>Mental Capacity Assessment</i>
<i>MSP</i>	<i>Making Safeguarding Personal</i>
<i>RCA</i>	<i>Root Cause Analysis</i>

END

BEING OPEN AND THE DUTY OF CANDOUR POLICY

POLICY REFERENCE NUMBER:	CP36
VERSION NUMBER:	2
KEY CHANGES FROM PREVIOUS VERSION	Update of CQC Regulation 20 The Duty of Candour (June 2022) Policy renamed from 'Communicating Patient Safety Events, 'Being Open'
AUTHOR:	Fiona Thomas, Head of Patient Safety Incident Management
CONSULTATION GROUPS:	Learning Lessons Oversight and Scrutiny Committee, Identified Leads, Community and Mental Health staff
IMPLEMENTATION DATE:	1 July 2017
AMENDMENT DATE(S):	March 2023 (3 year review)
LAST REVIEW DATE:	March 2023
NEXT REVIEW DATE:	March 2026
APPROVAL BY CLINICAL GOVERNANCE & QUALITY SUB-COMMITTEE:	March 2023
RATIFIED BY POLICY OVERSIGHT & RATIFICATION GROUP:	March 2023
COPYRIGHT	<i>Copyright © Essex Partnership University NHS Foundation Trust [2017 - 2022]. All rights reserved. Not to be reproduced in whole or in part without the permission of Essex Partnership University NHS Foundation Trust.</i>

POLICY SUMMARY

The Trust recognises and acknowledges the importance of openness and good communication between staff and patients, families and carers at all times, not just when things go wrong. This policy and associated procedural guidance aims to ensure that the Trust has an open, honest and consistent approach to communication with patients, relatives, staff or relevant others in the event of any patient safety incident, complaint or claim. The procedural guidance describes the process for acknowledging, apologising and explaining when things go wrong and also outlines the professional, contractual and statutory Duty of Candour to which staff must comply to ensure that when cases of severe or moderate harm occur, patients and relatives are fully informed and involved in the review or investigation process.

The Trust monitors the implementation of and compliance with this policy in the following ways:

The Trust Clinical Governance & Quality Sub-Committee will undertake monitoring of implementation and compliance with this policy and associated procedural guideline.

Services	Applicable	Comments
Trustwide	✓	
Essex MH&LD		
CHS		

The Director responsible for monitoring and reviewing this procedure is the Executive Nurse

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

BEING OPEN – DUTY OF CANDOUR POLICY

CONTENTS

THIS IS AN INTERACTIVE CONTENTS PAGE, BY CLICKING ON THE TITLES BELOW YOU WILL BE TAKEN TO THE SECTION THAT YOU WANT

- 1.0 INTRODUCTION**
- 2.0 BACKGROUND**
- 3.0 DEFINITIONS**
- 4.0 SCOPE**
- 5.0 RESPONSIBILITIES**
- 6.0 KEY PRINCIPLES**
- 7.0 PROCEDURAL CONTENT**
- 8.0 IMPLEMENTATION OF POLICY**
- 9.0 POLICY REVIEW AND MONITORING**
- 10.0 ASSOCIATED DOCUMENTS AND GUIDANCE**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

BEING OPEN AND THE DUTY OF CANDOUR POLICY

Assurance Statement

This Policy is intended to provide a robust framework for ensuring an open, honest and consistent approach to communication with patients, relatives, staff or relevant others in the event of any patient safety incident, complaint or claim.

1.0 INTRODUCTION

1.1 Essex Partnership University NHS Foundation Trust (EPUT) is committed to the provision of high quality health care and encourages principles of good practice throughout all services. The Trust recognises that when an incident occurs or when things go wrong resulting in the harm of a patient it is essential that honest and open communication between healthcare teams and patients/families/carers be carried out in a timely and appropriate manner. Ensuring good communication when a patient safety incident occurs is essential and can aid in the prevention of incident recurrence.

1.2 Being Open

The culture of being open should be intrinsic throughout the Trust. It involves:

- Acknowledging, apologising and explaining when things go wrong;
- Conducting a thorough investigation into the incident and reassuring patients, their families and carers that identified learning will help prevent the incident recurring;
- Providing support for those involved to cope with the physical and psychological consequences of what happened.

Promoting a culture of being open in all communication is therefore a prerequisite to providing high quality healthcare and improving patient safety. It is important to remember that saying sorry is not an admission of liability and is the right thing to do.

1.3 Duty of Candour

The Duty of Candour is the requirement for all registered health and social care providers to act in an open and transparent way with people receiving care or treatment from them. The regulation also defines 'notifiable safety incidents' and specifies how providers must apply the duty of candour when these incidents occur.

There are two types of duty of candour – statutory and professional. Both the statutory duty of candour and professional duty of candour have similar aims – to make sure that those providing care are open and transparent with the people using their services, whether or not something has gone wrong.

The Care Quality Commission (CQC) regulates the statutory duty of candour, while the specific healthcare professional regulators such as the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC) oversee the professional duty of candour.

The statutory duty includes specific requirements for certain situations known as 'notifiable safety incidents'. If something qualifies as a notifiable safety incident, carrying out the professional duty alone will not be enough to meet the requirements of the statutory duty.

1.4 Saying Sorry

A crucial part of the duty of candour is to apologise. Apologising is not an admission of liability and often it is the lack of a timely apology that leads people to take legal action against providers. To fulfil the duty of candour, the Trust must apologise for the harm caused, regardless of fault, as well as being open and transparent about what has happened.

NHS Resolution is the organisation that manages clinical negligence claims against the NHS – their 'Saying Sorry' leaflet confirms that apologising will not affect indemnity cover:

"Saying sorry is:

- Always the right thing to do
- Not an admission of liability
- Acknowledges that something could have gone better
- The first step to learning from what happened and preventing it recurring."

1.5 Notifiable Safety Incidents

'Notifiable safety incident' is a specific term defined in the duty of candour regulation and should not be confused with other types of safety incidents or notifications.

A notifiable safety incident must meet all three of the following criteria:

1. It must have been unintended or unexpected.
2. It must have occurred during the provision of a CQC regulated activity.
3. In the reasonable opinion of a healthcare professional, already has, or might, result in:
 - the death of the person - directly due to the incident, rather than the natural course of the person's illness or underlying condition
 - led to the person experiencing severe harm, moderate harm or prolonged psychological harm.

2.0 BACKGROUND

Until 2014, there was no legal duty on care providers to share information with people who had been harmed, or their families. In 2013, the Francis Inquiry found serious failings in openness and transparency at Mid Staffordshire NHS Foundation Trust and recommended that a statutory duty of candour be introduced for all health and care providers, in addition to the existing professional duty of candour and the requirement for candour in the NHS standard contract.

This statutory duty of candour was introduced into law in 2014 for NHS Trusts and 2015 for all other providers and is now seen as a crucial, underpinning aspect of a safe, open and transparent culture.

<https://www.cqc.org.uk/guidance-providers/all-services/duty-candour-notifiable-safety-incidents>

3.0 DEFINITIONS

3.1 Definitions of Harm

Moderate harm

Harm that requires a moderate increase in treatment and significant, but not permanent, harm.

Severe harm

A permanent lessening of bodily, sensory, motor, physiologic or intellectual functions, including removal of the wrong limb or organ or brain damage, that is related directly to the incident and not related to the natural course of the patient's illness or underlying condition.

Moderate increase in treatment

An unplanned return to surgery, an unplanned re-admission, a prolonged episode of care, extra time in hospital or as an outpatient, cancelling of treatment, or transfer to another treatment area (such as intensive care).

Prolonged pain

Pain that a patient has experienced, or is likely to experience, for a continuous period of at least 28 days.

Prolonged psychological harm

Psychological harm which a patient has experienced, or is likely to experience, for a continuous period of at least 28 days.

4.0 SCOPE

- 4.1. This policy applies to all areas of the Trust and all staff involved in providing care and those involved in the investigation of incidents, complaints and claims.
- 4.2. This policy applies to communication by Trust staff with patients and/or their families/carers (and, where appropriate, other stakeholder organisations) following a notifiable safety incident, complaint and/or legal claim.
- 4.3. The **statutory** duty of candour applies to all notifiable safety incidents (see section 1.5 for definition).
- 4.4. The **professional** duty of candour requires all staff to be open and honest with patients and their families/carers when something that goes wrong with their treatment and/or care causes, or has the potential to cause, harm or distress. The requirements of the professional duty of candour are set out in the joint guidelines by the General Medical Council and Nursing and Midwifery Council (see Appendix 5).

5.0 RESPONSIBILITIES

The statutory and professional duty of candour do not apply to any incidents involving harm to members of staff or visitors, however the Trust encourages that in such instances the principles of being open and duty of candour are applied as a matter of good practice.

Chief Executive	The Chief Executive will ensure that this Policy is implemented across the organisation.
Executive Nurse	The Executive Nurse will maintain oversight of the Duty of Candour process and compliance with Regulation 20 requirements.
Executive Medical Director	The Executive Medical Director will ensure that there is effective training and guidance for medical staff in the implementation of this Policy.
Executive Chief Operating Officer	The Executive Chief Operating Officer will ensure that this policy and procedural guidance is embedded into clinical practice and will identify and implement training as appropriate.
Operational Directors and Senior Management	Operational Directors and Senior Managers will implement this Policy within their areas of responsibility through leadership, management systems and example. This will include: <ul style="list-style-type: none"> • Responsibility for the implementation of this policy when patients are harmed within their directorates.

	<ul style="list-style-type: none"> • Monitoring the implementation of this policy via clinical audit and supervision. • Ensuring staff receive effective training and that they are competent to implement being open and Duty of Candour principles. • Ensure training records are maintained • Ensure that the Risk Management Team is appropriately notified of all Patient Safety Events. • Be able to evidence that EPUT policies have been followed during any level of investigation.
<p>Learning Lessons Oversight Committee</p>	<p>The Learning Lessons Oversight Committee will:</p> <ul style="list-style-type: none"> • Ensure there is a measured approach to learning Trust-wide by sharing examples of good practice, and positive outcomes from Being Open/Duty of Candour following patient safety events that occur within the Trust. • Produce a quarterly report to provide assurance to the Board that the principles of Being Open/Duty of Candour are being upheld and that learning from experience is facilitated within the organisation aimed at improving quality of care and safety. • Undertake a regular and systematic analysis of adverse incidents including notifiable patient safety incidents. • Discuss any narrative or statistical information identified through the Being Open/Duty of Candour process about practice, patient or staff safety issues, which may not yet be reported or evidenced from which learning points can be identified and report to the Clinical Governance & Quality Sub-Committee. • Identify new risks emanating from Patient Safety Events that may require a risk assessment and subsequent entry on to the Trust Risk Register as appropriate. • Share learning opportunities with the wider Trust through the governance structure to facilitate changes in practice.
<p>Managers and other Persons in Charge / Team Leaders / Nursing Home Managers</p>	<p>Managers and other persons in charge / team leaders / nursing home managers will:</p> <ul style="list-style-type: none"> • Ensure the procedures and principles detailed within this policy and associated procedural guidance are followed, documented and monitored to meet all relevant guidance. • Follow this Policy’s procedural guidance Section 3.0 “Being Open” Process.

All Staff	<p>All staff must ensure that the principles and processes contained within this Policy and associated procedural guidelines are followed at all times.</p> <ul style="list-style-type: none"> • Have an awareness of this Policy. • Must ensure that they report all patient safety events, complaints or claims to their line manager immediately. • Have responsibility to ensure as part of continuing professional development they acquire, maintain and disseminate knowledge and skills to carry out where required the principles of being open and the Duty of Candour. • Through, clinical supervision and post incident reviews, can expect to receive support tailored to their individual need.
------------------	---

6.0 KEY PRINCIPLES

6.1 In 2009, the National Patient Safety Agency (NPSA) developed a framework consisting of 10 principles to help organisations create and embed a culture of Being Open. The principles of Being Open are separate to the Duty of Candour requirements, however there is likely to be considerable overlap between the two.

6.2 Ten Key Principles of “Being Open”

1. **Acknowledgement**

All patient safety incidents should be acknowledged and reported on Datix as soon as they are identified. Where a patient, their family or carers inform healthcare staff that something has gone wrong, they must be taken seriously from the outset, and treated with compassion and understanding by all staff. The person in charge will identify a person to communicate with the patient, relatives and/or carers.

2. **Truthfulness, Timeliness and Clarity of Communication**

A nominated appropriate person should give patients, families and carers clear, unambiguous information in a truthful and open manner. This information should not come from different staff, and must not conflict, be unnecessarily complex or use medical jargon that a layperson may not understand.

What happened should be explained step by step as soon as possible after the incident, based solely on what is known at the time and without making causal or outcome predictions. Staff should explain that new information may emerge from an investigation, and that patients, families and carers will be kept up-to-date. Patients, families and carers should be given a single point of contact for any questions or requests they may have.

3. **Apology**

Patients, families and carers should receive a meaningful apology as soon as possible – one that is a sincere expression of sorrow and regret for the harm resulting from a patient safety incident. Delay is likely to increase patient, family and carer anxiety, anger or frustration and no reason justifies it.

A verbal face-to-face apology is essential as soon as staff become aware of an incident. A written apology must follow clearly stating the organisation is sorry for the suffering and distress resulting from the incident.

4. **Recognising Patient and Carer Expectations**

Patients and/or carers should be fully informed of the issues surrounding an incident and its consequences, in a face-to-face meeting with a representative from the Trust. They should be treated sympathetically, with respect and consideration, and provided with support where required to meet their needs such as an independent advocate and or translator. Where appropriate, information on the Patient Advisory and Liaison Service (PALS) and other relevant support groups such as Cruse Bereavement Care should be provided, as soon as possible.

5. **Professional Support**

EPUT is committed to providing an environment in which all staff (including those independently contracted) are encouraged to report patient safety incidents. Staff should be supported throughout the incident investigation process because they too may have been traumatised by their involvement. They should not unfairly face disciplinary action, increased medicolegal risk or any threat to their registration. In line with this, EPUT follow the A Just Culture guide when concerns about individuals are raised. These concerns will be managed completely separately from the patient safety incident investigation.

6. **Risk Management and Systems Improvement**

Being Open principles are embedded in all EPUT strategies, policies and procedures associated with responding to patient safety incidents. This contributes to an integrated approach to reducing risk and improving patient safety following an incident. The Trust will undertake patient safety incident investigations and reviews in line with its Patient Safety Incident Response Plan and PSIRF Standard Operating Procedure.

7. **Multi-Disciplinary Responsibility (MDT)**

Any local policy on openness should apply to all staff who play key roles in patient care. That multidisciplinary teams provide most health care should be reflected in communications with patients, families and carers when things go wrong – to ensure that ‘being open’ is consistent with the philosophy that incidents usually result from system failures and rarely the actions of an individual.

For ‘being open’ principles to be followed consistently across disciplines, senior clinical, nursing and managerial leaders must support them and model behaviours by participating in incident investigation and clinical risk management. It is important to identify senior managers and senior clinicians to participate in incident investigation and clinical risk

management as per Trust Patient Safety Incident Response Plan, PSIRF Standard Operating Procedure and complaint investigation as per Trust Policy CP2.

8. Clinical Governance

Findings from investigations and reviews are analysed and disseminated across the Trust so that learning can be understood and embedded. Continuous learning programmes and audits are developed to allow monitoring of the implementation of changes in practice.

9. Confidentiality

Full consideration in respect of confidentiality and privacy must be appropriately maintained at all times. Consent of the individual concerned should be sought prior to disclosing information beyond the clinicians involved in treating the patient. The patient, relatives and/or carers will be informed who will be conducting and involved in the investigation before the investigation begins.

10. Continuity of Care

Patients are entitled to expect that they will continue to receive all usual treatment and continue to be treated with dignity, respect and compassion. If a patient expresses a preference for their healthcare needs to be taken over by another team appropriate arrangements will be made for them to receive treatment elsewhere.

7.0 PROCEDURAL CONTENT

7.1. Being Open is a process, rather than a 'one off' event and involves a number of stages. The Procedural Guidance documentation attached to this policy covers the following elements of implementation.

7.2. General considerations and foundation principles for Being Open and the Duty of Candour process:

- Incident detection/recognition and immediate actions
- Initial reporting and preliminary team discussions
- The initial discussion with patient/carer
- Investigation process and relevant follow up discussions
- Outcomes/process completion

7.3. The corresponding procedural guidance provides further detail around considering and dealing with specific patient issues/circumstances and the requirements for documenting all communication.

8.0 POLICY IMPLEMENTATION

8.1. This policy will be disseminated across the organisation through the Trust Intranet site.

8.2. In cases where the patients and/or carers inform healthcare staff when something untoward has happened, this must be explored immediately. Any concerns must be treated with compassion and understanding by all healthcare

staff. Denial of patients concerns in any way must be avoided at all costs, as this may make future open and honest communication more difficult.

9.0 POLICY REVIEW AND MONITORING

- 9.1. The Executive Nurse will ensure that this policy and associated procedural guidelines is reviewed every three years from the date of approval by the Trust Board of Directors.
- 9.2. An audit to monitor compliance and implementation of the process outlined will be undertaken at this time including as a minimum:
- Process for encouraging open communication between healthcare organisations, healthcare teams, staff, patients and/or their carers
 - Process for acknowledging, apologising and explaining when things go wrong
 - Requirements for truthfulness, timeliness and clarity of communication
 - Provision of additional support as required
 - Requirements for documenting all communication
- 9.3. The results will be presented to the Executive Team and appropriate Trust Committees for appropriate action to be taken.

10.0 ASSOCIATED DOCUMENTS AND GUIDANCE.

- 10.1. The Trust's documents of Policy and Procedural Guidance associated with this policy are:
- CP2 and CPG2 Complaints Policy and Guidelines.
 - CP10 Claims Policy
 - CP3 Adverse Incident Policy
 - PSIRF Standard Operating Procedure
 - EPUT Patient Safety Incident Response Plan
 - CL28 Clinical Risk Assessment and Management Clinical Guideline
 - CP53 Raising Concerns Policy (Whistleblowing Policy)
- 10.2. This Trust Policy and Associated Procedural Guidelines is consistent with the following professional and government bodies' guidance:
- Care Quality Commission Regulation 20: Duty of Candour Guidance. 2014, updated 2022.
 - National Patient Safety Agency (NPSA), Patient Safety Alert; "Being open", 2009.
 - National Patient Safety Agency (NPSA), Being Open Safer Practice Notice, 2005.
 - National Patient Safety Agency (NPSA), Being open; communicating patient safety incidents with patients their families and carers. 2009.
 - National Patient Safety Agency (NPSA). Seven steps to patient safety. The full reference guide. London. 2004.
 - NHS Litigation Authority Apologies and Explanations. Letter to Chief Executives and Finance directors. 2009.
 - General Medical Council, Good Medical Practice. 2001
 - Nursing and Midwifery Council, The Code: standards of conduct,

performance and ethics for nurses and midwives.

- Department of Health. The NHS Constitution for England. 2009.
- Department of Health, Listening, responding, improving – A guide to better customer care. 2009.

END

BEING OPEN AND THE DUTY OF CANDOUR PROCEDURE

PROCEDURE REFERENCE NUMBER	CPG36	
VERSION NUMBER	2	
KEY CHANGES FROM PREVIOUS VERSION	Three year review; Update of CQC Regulation 20 The Duty of Candour (June 2022) New Appendices	
AUTHOR	Fiona Thomas, Head of Patient Safety Incident Management	
CONSULTATION GROUPS	Learning Lessons Oversight and Scrutiny Committee, Clinical Governance & Quality Sub Committee, Identified Leads	
IMPLEMENTATION DATE	1 July 2017	
AMENDMENT DATE(S)	March 2023 (3 year review)	
LAST REVIEW DATE	March 2023	
NEXT REVIEW DATE	March 2026	
APPROVAL BY CLINICAL GOVERNANCE & QUALITY SUB-COMMITTEE	March 2023	
RATIFIED BY POLICY OVERSIGHT & RATIFICATION GROUP	March 2023	
COPYRIGHT	<i>Copyright © Essex Partnership University NHS Foundation Trust [2017-2023]. All rights reserved. Not to be reproduced in whole or in part without the permission of Essex Partnership University NHS Foundation Trust.</i>	
PROCEDURE SUMMARY		
The Trust recognises and acknowledges the importance of openness and good communication between staff and patients, families and carers at all times, not just when things go wrong. This procedure aims to ensure that the Trust has an open, honest and consistent approach to communication with patients, relatives, staff or relevant others in the event of any patient safety incident, complaint or claim.		
The Trust monitors the implementation of and compliance with this procedure in the following ways:		
The Trust Clinical Governance & Quality Sub-Committee will undertake monitoring of implementation and compliance with this policy and associated procedural guideline.		
Services	Applicable	Comments
Trustwide	✓	
Essex MH&LD		
CHS		

**The Director responsible for monitoring and reviewing this procedure is
Executive Nurse**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

BEING OPEN AND THE DUTY OF CANDOUR PROCEDURE

CONTENTS

This is an interactive contents page, by clicking on the titles below you will be taken to the section that you want.

- 1.0 INTRODUCTION**
- 2.0 BEING OPEN AND DUTY OF CANDOUR PROCESS**
- 3.0 PROCEDURE REFERENCES / ASSOCIATED DOCUMENTATION (EXTERNAL)**
- 4.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES (INTERNAL)**

APPENDICES

- APPENDIX 1** – Being Open Framework
- APPENDIX 2** – CQC Duty of Candour Requirements
- APPENDIX 3** – Being Open/Duty of Candour Process Map
- APPENDIX 4a** – Initial Contact Form Template
- APPENDIX 4b** – FLO Contact Form Template
- APPENDIX 5** – Openness and honesty when things go wrong

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

BEING OPEN & DUTY OF CANDOUR PROCEDURE

Assurance Statement

Equality and Diversity Statement

The Trust is committed to ensuring that equality, diversity, and inclusion is considered in our decisions, actions and processes. The Trust and all trust staff have a responsibility to ensure that they adhere to the Trust principles of equality, diversity, and inclusion in all activities. In drawing up this policy all aspects of equality, diversity, and inclusion have been considered to ensure that it does not disproportionately impact any individuals who have a protected characteristic as defined by the Equality Act 2010

1.0 INTRODUCTION

1.1 This procedure outlines the Trust's processes regarding the application of "Being Open" principles and compliance with statutory and professional Duty of Candour regulations. This includes:

- Acknowledging, apologising and explaining when things go wrong;
- Conducting a thorough investigation into the incident and reassuring patient, their family and carers that lessons learned will help prevent the incident recurring;
- Providing the support for those involved to cope with the physical and psychological consequences of what happened.

1.2 For the purpose of this guidance, the term incident will refer to any type of incident including a complaint, claim or a patient safety event.

2.0 BEING OPEN AND DUTY OF CANDOUR PROCESS

2.1 Step 1: Identification and reporting of event

In accordance with the Trust's Adverse Incidents Policy and PSIRF Standard Operating Procedure, when a patient safety incident occurs staff are required to complete a Datix.

Step 2: Harm grading and risk rating

All incidents will be graded for the degree of harm in line with the requirements of the National Reporting and Learning System (NRLS). This will be actioned as set out in the Trust's Adverse Incidents Policy.

The next steps will depend on the level of harm identified and the grading of the incident. The table below sets out the thresholds for Being Open and Duty of Candour in relation to the degree of harm caused to a patient. The Being

Open Principles are detailed in full in Appendix 1 and should be following for all Being Open conversations.

Degree of Harm	Impact on patient	Communication process
No harm (including prevented incident)	No impact	Being Open Principles Conversation with the patient by staff providing the patient's care. Record conversation on patient records (see Appendix 1).
Low	Requires extra observation or minor treatment (first aid, additional therapy or additional medication)	Being Open Principles Open discussion between staff providing the patient's care and the patient, their family/carers. Record conversation on patient records (see Appendix 1).
Moderate	Requires a moderate increase in treatment and significant but not permanent harm.	Being Open Principles and Duty of Candour
Severe	Permanent harm directly related to the incident and not related to the natural course of the patient's illness or underlying condition.	Being Open Principles and Duty of Candour
Death	Patient safety incident that directly resulted in the death of a patient.	Being Open Principles and Duty of Candour

Step 3:

No/Low harm – Being Open Principles apply

As outlined in the above table, staff providing the patient's care are required to have a conversation/discussion with the patient, following the Being Open Principles. This should be recorded using the "Initial FLO.DoC Contact Record" form in the patient records and on Datix. Please see Appendix 4a for first contact form template.

Moderate harm and above – Being Open Principles and Duty of Candour requirements apply

The Lead Clinician/Manager responsible for the patient's care is required to have a conversation/discussion with the patient and/or their family as soon as is practicable following the incident (but no more than 7 days post incident), following the Being Open Principles. This conversation should include an apology and expression of genuine sympathy/regret for the harm that has occurred. Please see Appendix 5 for further guidance on this conversation.

This should be recorded in the patient records and on Datix using the “*Initial FLO.DoC Contact Record*” form (please see Appendix 4a).

Steps 4 to 8: Duty of Candour Requirements

Step 4: Allocation of a Family Liaison Officer

For incidents that come under the remit of the Trust’s Patient Safety Incident Response Plan, the Patient Safety Incident Management Team will allocate a Family Liaison Officer to support the patient/family throughout the investigation/review process. Allocation will be within 10 days of notification of the incident.

Step 5: Written apology

A formal letter of apology and expression of sympathy/regret for the harm that has occurred will be sent to the patient or family (as appropriate) within 10 days of notification of the incident. This letter will be from the Head of Patient Safety Incident Management and will include details of the allocated Family Liaison Officer and lead investigator (if available at the time; if not then a further letter will be sent to confirm these details).

Step 6: Review

An investigation or review will be completed in line with the Trust’s Patient Safety Incident Response Plan; this will include the identification of any immediate safety actions and learning from the investigation.

Step 7: Feedback

The findings from the investigation/review will be shared with the patient/family. Wherever possible this should be via a face-to-face meeting facilitated by the allocated Family Liaison Officer and attended by the Lead Investigator and/or a member of the Patient Safety Management Team. The location of the meeting should be discussed with the patient/family to ensure that they are comfortable. The Patient Safety Incident Management Team will provide support and guidance to the Family Liaison Officer and Lead Investigator pre and post meeting.

A final letter of apology will be sent to the patient/family following this meeting/discussion along with a copy of the report if required. This letter will come from the Head of Patient Safety Incident Management.

Step 8: Immediate Safety Actions and Learning

All immediate safety actions identified during the course of the investigation/review will be shared with the Director of the service who will be responsible for ensuring these actions are addressed as soon as is practicable. The Patient Safety Incident Management Team will be responsible for monitoring completion of these actions and gathering evidence of completion.

Learning from the investigation/review will be fed through to either an incident specific Safety Improvement Plan or a Trustwide thematic Safety Improvement Plan. Actions required will be identified by the PSIRF Executive Assurance Group and will be monitored by the Patient Safety Incident Management Team to ensure timeframes are met and evidence is collated.

All learning identified through the investigation/review will be shared with the following:

- Operational team involved in the patient's care
- Operational service managers and directors for cascade to their services
- Locality Quality and Safety Meetings
- Lessons Team – for further dissemination as appropriate

3.0 PROCEDURE REFERENCES / ASSOCIATED DOCUMENTATION (EXTERNAL)

NMC & GMC: Openness and honesty when things go wrong: the professional duty of candour (2015, updated 2019, 2022).

CQC: Regulation 20 Duty of Candour Guidance for Providers (updated 2022).

NHS Resolution: Saying Sorry (2017).

NRLS: Being Open (2009).

4.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES (INTERNAL)

Adverse Incident Policy and Procedure CP3

PSIRF Early Adopter Standard Operating Procedure

Patient Safety Incident Response Plan

END