

Policy Document Control Page

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New policy which will replace :

**CL10 Child Safeguarding Policy
CL18 Adult Safeguarding Policy**

Originated By:

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Safeguarding Lead Nurse

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Policy to be uploaded to the Trust's External Website? YES

Review

Review Date: July 2020

Responsibility of: Bernadette Dean

Designation: Safeguarding Lead Nurse

This policy is to be disseminated to all relevant staff.

This policy must be posted on the Intranet.

Date Posted: 6th September 2017

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1. Purpose

The aim of this policy is to ensure that Pennine Care NHS Foundation Trust meets the standard of compliance required by National guidance for safeguarding Children and adults and to ensure that no act or omission puts a child or adult at risk. The purpose of the policy is to enable Pennine Care NHS Foundation Trust to:

- Have a structured framework for all healthcare staff in arrangements for safeguarding children and adults which are in line with national standards and guidance
- To provide appropriate interventions for children and adults to ensure their safety and protection and to have an understanding of multi-disciplinary partnerships and systems which might be utilised to safeguarding children and adults.

1. Introduction

Pennine Care NHS Foundation Trust as do all other trusts has responsibilities to make arrangements to safeguard children and adults and to make arrangements which reflect the needs of the families they provide a service for. The target audience for this policy is all staff employed by PCFT including:

- Qualified and unqualified clinical staff
- Non clinical staff
- Volunteers
- Independent contractors

Throughout this policy the term “adult at risk” replaces the term vulnerable adult in order to reflect up to date government guidance.

Pennine Care is fully signed up to work in multi-agency partnership with Local Safeguarding Children Boards and Local Safeguarding Adult boards and membership is agreed locally in each borough ensuring that statutory regulations are adhered to.

This policy encompasses Pennine Care NHS Foundation Trust requirements whilst acknowledging the multi-agency link cross all boroughs and the following links will clarify the process for each borough (search ‘adult safeguarding’ or ‘child safeguarding’ for each borough):

<http://www.bury.gov.uk/>

<http://www.rochdale.gov.uk/social-care-and-support/Pages/safeguarding-adults-at-risk.aspx>

<http://www.rochdale.gov.uk/children-and-childcare/Pages/child-protection.aspx>

<https://www.stockport.gov.uk/>

<http://www.tameside.gov.uk/>

<https://www.oldham.gov.uk/>

<http://www.trafford.gov.uk/residents/residents.aspx>

Children and young people should be able to grow and develop in circumstances where they are safe and supported, so that they can reach optimal outcomes throughout childhood, their teenage years and into adulthood. Agencies therefore need to work together to promote children's welfare and to prevent harm. Children and Young people are safeguarded best when safeguarding procedures are followed. Working Together 2015 (HM government 2015) states that health services have a duty under Section 11 of the Children Act (HM Government 2004) to ensure that they consider the need to safeguarding promote the welfare of children when carrying out their functions.

The Care Act 2014, implemented in April 2015 introduced a new statutory framework for safeguarding adults and put adult safeguarding on a legal footing thus ensuring that safeguarding of adults at risk is a shared responsibility between agencies and professionals to share expertise and protect those at risk from harm.

In carrying out safeguarding functions the following must be taken account of:

- The Children Act 1989 and 2004
- Working Together to Safeguard Children (HM Government 2015)
- Promoting the health and well-being of Looked After Children. Statutory guidance for local authorities, clinical commissioning groups and NHS England (DfE, DH 2015)
- Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework: NHS England (2015)
- The policies and procedures of the Local Safeguarding Children Boards (LSCB) and Local Safeguarding Adults Boards (LSABs) across the PCFT footprint.
- The Care Act (HM government 2014)
- Mental Capacity Act 2005

2. Scope

Pennine Care has robust systems in place to proactively safeguard children and adults from abuse and to support staff to fulfil their safeguarding obligations. This policy should be read alongside local procedures and protocols as outlined above in respect of each borough. Pennine Care NHS Foundation Trust provides services in the following areas:

Community Services	Mental Health Services	CAMHS
HMR	HMR	HMR
Oldham	Oldham	Oldham
Trafford		Trafford
Bury	Bury	Bury
	Stockport	Stockport
	Tameside	Tameside

3. Principles

Safeguarding is a shared responsibility at all levels, with the need for effective multi-agency working to protect children and adults, supported by the organisation at a strategic level.

Safeguarding work with adults is ultimately about a safe risk management process.

Section 11 of the Children Act (2004) places duties on organisations and individuals to ensure that their functions and any services they contract out are discharged having regard to the need to safeguard and promote the welfare of children. This includes NHS organisations including NHS Foundation Trusts and requires the following to be in place:

The following principles will apply to safeguarding adults and children:

- Safeguarding is everybody's business
- Senior board level leadership to be responsible for the organisations safeguarding arrangements
- Partner agencies working actively together.
- Staff should be given a mandatory induction which includes familiarisation with safeguarding responsibilities and procedures to be followed if abuse is suspected.
- Appropriate supervision and support is provided for staff, including undertaking safeguarding training appropriate to their role.

- Pennine Care NHS Foundation Trust is responsible for ensuring that their staff are competent to carry out responsibilities for safeguarding and need to create an environment where staff feel able to raise concerns, whilst feeling supported in their safeguarding role.
- Safe recruitment practices for individuals whom the organisation permits to work regularly with children and adults at risk, including when to obtain a criminal records check.
- Named professionals support other professionals to recognise the needs of children and adults at risk, to include the need to protect from potential abuse.
- All professionals should have regular reviews of their own practice to ensure they improve over time.
- Clear policies in line with those from Local Safeguarding Children Boards and Local Safeguarding Adult Boards for dealing with allegations against people who work with children and adults at risk.
- A clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children and adults at risk.
- There should be a culture of listening to children and taking into account their wishes and feelings, both in individual decisions and in the development of services. Safeguarding should be child centred.
- Empowerment of adults at risk underpins all adult safeguarding work
- Every person has the right to live free from abuse, neglect or fear.
- Every person should be able to access information about how to gain safety from abuse and violence.
- Maximise the empowerment, consent and involvement of the adult at risk.

5. Definitions

5.1 Children

- 5.1.1 Children – Anyone who has not yet reached their 18th birthday as defined in the Children Act 1989 and 2004. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate does not change his/her status or entitlements to services or protection. Once children reach the age of 16, they are presumed in law to be competent. The Mental Capacity Act (2005) applies to children 16 years or over.
- 5.1.2 Safeguarding and promoting the welfare of children as defined in Working together to Safeguard Children (2015):

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

5.1.3 Child Protection - refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

5.1.4 Looked After Children – This is generally used to mean those looked after by the state, according to relevant legislation

5.1.5 Abuse – a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or failing to prevent harm. Children can be abused in a family, institution or community setting by those known to them or, more rarely, by others (e.g. via the internet). They can be abused by an adult or adults, or another child or children. (See *appendix 1*)

5.2 Adults

5.2.1 Adult at Risk - The Care Act (2014) requires each local authority to make enquires, or cause others to do so, if it believes an adult is experiences, or is at risk of abuse or neglect. The Care Act refers to an adult at risk as:

- Somebody who has need for care and support
- Is experiencing or at risk of abuse or neglect
- As a result of these needs is unable to protect him/herself against abuse of neglect or risk from it.
 - It is important to remember that a person is not necessarily at risk just because of age, fragility or disability. People who have capacity are free to make choices and take risks in their lives. It is important to recognise possible abuse taking place and ensure risk management and adult safeguarding principles are applied (see appendix 2)

5.2.2 Safeguarding Adults procedure – applies to all adults over the age of 18 and to all adults at risk.

5.2.3 6 principles of adult safeguarding – These principles as defined in the Care Act (2014), should inform the ways in which professionals and other staff work with adults (see appendix 3)

- *Empowerment – Presumption of person led decisions and informed consent*
- *Prevention – It is better to take action before harm occurs*
- *Protection – Support and representation for those in greatest need*
- *Proportionality – Proportionate and least intrusive response appropriate to the risk presented*
- *Partnership – Local solutions through services working within communities.*
- *Accountability – Accountability and transparency in delivering safeguarding*

5.3 Prevent and radicalisation

The governments Prevent Strategy (2011) is part of the UK strategy for countering terrorism (CONTEST). The aim of the strategy is to reduce the threat of terrorism, by stopping people becoming terrorists. There are 4 strands to the policy:

- *Pursue – investigation and disruption of terrorist attacks*
- *Prevent – work to stop people becoming terrorists or supporting terrorism and extremism*
- *Protect – improving our protective security to stop a terrorist attack*
- *Prepare – working to minimise the impact of an attack and to recover from it as quickly as possible.*

5.3.1 Radicalisation – the process of grooming an individual to support, encourage or condone violence to advance terrorist ideology.

NB - Refer to the Pennine Care NHS Foundation Trust Prevent policy and to

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215251/dh_131934.pdf for further guidance.

6 Roles and Responsibilities

All NHS providers are required to identify a Named Doctor and a Named Nurse for safeguarding for children, who have key role to play in promoting good professional practice, providing advice and expertise and ensuring that

safeguarding training is in place. They should work closely with the Local Safeguarding Children Boards, the organisation safeguarding lead and designated professionals. (see appendix 4 for details of PCFT responsibilities)

The Trust has and MCA (Mental Capacity Lead to provide support and advice to practitioners in individual cases and ensure that the trust is compliant with the MCA

- See Appendix 5 for link to Intercollegiate Document (2014) 'safeguarding children and young people: roles and competences for health care staff'
- See Appendix 6 for Intercollegiate Document (2015) 'Looked After Children: Knowledge, skills and competences of health care staff'

Responsibility for LSCB/LSAB representation for PCFT will be the Directors within each borough.

7. Implementation

This policy will be disseminated through normal channels, including the Safeguarding Families Governance and Assurance Group. Responsibility for ensuring adherence to this policy rests with service line managers. Responsibility for development of appropriate training and provision of information rests with the Safeguarding Families Governance and Assurance Group, Integrated Safeguarding Strategy Group and Safeguarding Families Teas in conjunction with Learning and Development.

Where there are breaches in policy, for whatever reason, the Named Nurse or Safeguarding Lead must be notified on a case to case basis and action plan formulated. Breaches of the policy without prior discussion will be escalated to the Service Director and may lead to disciplinary action being taken.

8. Monitoring compliance

- Section 11 of the Children Act 2004 places duty on an organisation to ensure that processes are in place to protect and safeguard children
- NHS England published the 'Safeguarding vulnerable people in the Reformed NHS Accountability and Assurance Framework 2015' which sets out roles and responsibilities for all NHS organisations ensuring assurance is robust in working with children, adults at risk and Looked After Children.

- Working Together (2015) statutory guidance sets out key features which agencies need to take account of when undertaking their safeguarding functions.
- Each borough in the PCFT footprint will need to adhere to Local Safeguarding Children Board and Local Safeguarding Adult Board policies and procedures.
- In order to comply with the above, PCFT will:
 - Deliver safeguarding training at all levels
 - Ensure safeguarding supervision is embedded into practice
 - Provide evidence that the board is sighted on safeguarding via Board Reports
 - Publish annual reports into safeguarding which will be available on the Trust website, therefore accessible to the public
 - Undertake internal annual safeguarding audits
 - Participate in multi-agency audit as part of the LSCB and LSAB contribution
 - Comply with Children Act 2004 requirements
 - Comply with CQC safeguarding inspection requirements
 - Contribute to OFSTED inspections, including thematic inspections.
 - Comply with NHS England and commissioner arrangements
 - Comply with monitor requirements
 - The Weekly patient safety Improvement Group (PSIG) will review all untoward incidents and investigation reports and lessons learned will be discussed and monitored at divisional and borough governance groups.
 - The Learning and Development Department will produce a report of compliance against required training to the integrated governance group and where there are areas of concern an action plan will be developed.

9. Allegations against staff

Allegations of abuse or neglect made against a member of staff must be reported immediately to a senior manager, and incident report be submitted and appropriate safeguarding actions taken, including referral to police if necessary (see also trust policies :

- Managing Allegations Against Staff Working With Children and young people
- Raising concerns at work (whistle blowing)
- Appropriate behaviour by staff towards adults at risk and children

If the member of staff or a volunteer works with children the LADO (Local Authority Designated Officer) should also be informed within one working day. The LADO oversees and manages individual cases and provides advice and guidance, liaises with the police and other agencies and ensures that cases are dealt with in a timely, fair and consistent manner.

If a member of staff or volunteer is removed from work due to an allegation that they pose a risk of harm to a child or vulnerable adult, then PCFT is required to make a referral to the DBS (Disclosure and Barring service). It is an offence to fail to make a referral without good reason. See for more information

<https://www.gov.uk/government/organisations/disclosure-and-barring-service>

If necessary the trust would make a referral to appropriate professional and regulatory bodies where including

- Nursing and Midwifery Council (NMC)
- General Medical Council (GMC)
- Health and Care Professionals Council (HCPC)

9.1 Seconded Staff, Bank staff and Agency staff

PCFT manages staff seconded from other organisations from time to time and these staff are authorised investigate safeguarding adult concerns on behalf of the trust. Where there are safeguarding concerns related to a seconded member of staff, investigation must be carried out by the employing authority unless it has a partnership agreement.

10. Confidentiality, information sharing and record keeping.

All practitioners need to be aware of their responsibilities in following guidance in the Data Protection Act 1998, the Human Rights Act 1998 and Common Law principles. See also the Trust confidentiality policy.

All staff must protect confidential information about children and families and must abide by professional codes of practice; however confidentiality can be overridden as necessary in order to protect a child or vulnerable adult.

10.1 Situations where consent is not required in the case of a child, but is good practice to inform the parent:

- Section 47 investigation (child protection)
- Information for court and care proceedings.

10.1.1 Situations where parents shouldn't be informed include:

- Suspected sexual abuse
- Suspected Fabricated Illness
- Suspected Forced Marriage
 - (refer to Greater Manchester safeguarding policies and procedures)
 - (see Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers)

10.2 Clear records must be kept detailing the nature of safeguarding concerns regarding any child or adult, including comprehensive and contemporaneous notes of all telephone conversations, contacts, discussions and supervision. See also trust policies on documentation.

11. Mental health Act 1983 and Mental Capacity Act 2005

Staff should make themselves aware of the criteria for detention and of their responsibility in relation to their role in respect of consent of an adult at Risk. The Mental Capacity Act provides a statutory framework to empower and protect people who are not able to make their own decisions, whilst DoLs (Deprivation of Liberty Safeguards) safeguards protect individuals from unlawful deprivation of their liberty. See the trusts Mental Capacity and DoLS policy.

12. Support systems

The trust recognise that reporting and dealing with safeguarding issues can be stressful and undertakes to ensure that staff are supported and that there are effective professional governance arrangements in place. Service managers are responsible for ensuring that staff have access to recognised appropriate staff

13. Standard procedures

Pennine Care is signed up to Greater Manchester Safeguarding Children Procedures which should be followed and will provide guidance relating to all child safeguarding concerns. These documents are regularly updated, therefore it is no recommended to save these or print them, but use them as 'live' up to date documents at the time when the suspected concerns are raised. Borough safeguarding teams are available for support and advice around any safeguarding issue. Details are in appendix 7 and are updated as necessary on the safeguarding

pages of the trust intranet.

<http://greatermanchesterscb.proceduresonline.com/index.htm>

See also Appendix 8 – What to do if you feel a child is being abused

See also Appendix 9 – PCFT safeguarding Adult flowchart

When considering safeguarding concerns for adults, staff should consider the 4 Rs – Recognise, Respond, Refer, Record (see appendix 9) taking into account the 6 principles of adult safeguarding as laid out in the Care Act (2014) whilst referring to Multi-agency processes in each Local authority.

13.1 Safeguarding Procedures and Pressure Ulcers

There is a recognised link between safeguarding issues and pressure ulcers. Some pressure ulcers may be the result of neglect-either deliberate or by omission and safeguarding procedures must be instigated in the case of neglect or omission (please see the PCFT Managing Pressure Ulcer Policy <http://portal/Policy%20Live/Prevention%20and%20Management%20of%20Pressure%20Ulcers%20Guidelines%20-%20v1.pdf>)

References

HM Government (2015). Working together to safeguard children

<https://www.gov.uk/government/publications/working-together-to-safeguard-children-2>

HM Government (1989 & 2004) The Children Act

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

HM Government (2014). The Care Act

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Promoting the health and well-being of Looked After Children. Statutory guidance for local authorities, clinical commissioning groups and NHS England (DfE, DH 2015)

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

Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework: NHS England (2015)

<https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf>

The Care Act (HM government 2014)

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Mental Capacity Act 2005 <http://www.legislation.gov.uk/ukpga/2005/9/contents>

Appendix

Appendix 1– Types of Child Abuse



Types of Child
Abuse.docx

Appendix 2 – Types of Adult Abuse



Types of adult
abuse.docx

Appendix 3 – 6 principles of adult safeguarding and responding to adult safeguarding concerns.



6 Principles -
Final.docx



Adult Safeguarding
Flowchart_Updated J

Appendix 4 – details of roles and responsibilities within PCFT



PCFT roles and
responsibilities.docx

Appendix 5 – link to Intercollegiate documents

[http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%200%20%20%20\(3\)_0.pdf](http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%200%20%20%20(3)_0.pdf)

Appendix 6 – link to Looked After children intercollegiate documents

http://www.rcpch.ac.uk/system/files/protected/page/Looked%20After%20Children%2002015_0.pdf

Appendix 7 – Safeguarding team details

	Telephone	Address
Head of Nursing and Safeguarding	0161 716 3743	Trust HQ 225 Old Street Ashton- under – Lyne OL6 7SR
Safeguarding Lead Nurse	0161 716 3785	Trust HQ 225 Old Street Ashton- under – Lyne OL6 7SR
Stockport and Tameside Safeguarding Team	0161 770 3282	Maple House Southlink Business Park Hamilton Street Oldham, OL4 1DB
Oldham Safeguarding Team	0161 770 3282	Maple House Southlink Business Park Hamilton Street Oldham, OL4 1DB
Bury Safeguarding Team	0161 253 5955	Community and mental health services 3 rd Floor Humphrey House BL8 0EQ
HMR Safeguarding Team	0161 716 5979	2 nd Floor Brook House Oldham Road Middleton, M24 1HF
Trafford Safeguarding Team	0161 912 4134	Trafford Town Hall Talbot Road Stretford M32 0TH

Appendix 8 – what to do if you feel a child is being abused

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf

Appendix 9 – adult safeguarding flowchart

Safeguarding Adults

RECOGNISE – has abuse, neglect or an act of omission occurred?

Types of abuse you might identify are physical abuse, domestic abuse, sexual abuse, psychological or emotional abuse, financial abuse, modern slavery, discriminatory abuse, organisational or institutional abuse, neglect or acts of omission, self-neglect.



RESPOND – to the immediate safety of patients.

- Do they need immediate medical attention?
- Consider the preservation of any evidence.
- Consider the risk to other patients.

Mental Capacity Act (2005) – Does the patient have capacity to make decisions relating to the concern? Do they require and assessment of capacity?

Making Safeguarding Personal – speak to the patient at risk, establishes their views, wishes and feelings. Inform them of the next steps.



REFER

- The Nurse in Charge or manager on-call (out of hours).
- Complete a referral to the Local Authority Social Care adult safeguarding service.
- Where a crime is suspected, seek guidance from the Police Protection and Investigation Unit (PPIU).
- Notify the clinical lead and ward manager.
- Seek further advice and support from the PCFT Safeguarding Team.
- Handover to the next shift and nurse in charge.
- Has the adult at risk given consent to notify the carer (consider capacity)?
- Does the patient need/want an advocate?
- Consider referral to specialist services, for example St Marys SARC.



RECORD – all actions taken.

- Complete an PCFT incident form via the Intranet. Include details of risk management plan implemented to safeguard those involved and other patients who may also be at risk.
- Update care plan and risk management plan for any patients involved in the incident (alleged victim and perpetrator).

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Adult Safeguarding May 2017