Document Details	
Title	**GCR06 - Safeguarding Children and Adults at Risk – All ICB Areas**
Author	CIC Board
Quay Primary Healthcare CIC ref no:	GCR06
Version	1.10

Approval process	
Approved by	CIC Board
Date approved	01/07/2024
Lead Director	Medical Director
Category	Clinical Governance
Sub Category	Risk Management and Safety
Next Review Date	02/07/2026
Superseded document (If applicable)	

Distribution	
Who the policy will be distributed to	All Quay Primary Healthcare CIC Team
Method	Email

Version Control		
No:	Date	Amendment
1.1	July 2015	CCG safeguarding policy (V3) for Primary Care adopted
1.2	May 2018	Full policy revision following handover of CCA practices
1.3	May 2020	Policy review and revision – change of organisation name
1.4	Jan 2022	Change of organisation name - Quay Primary Healthcare CIC
1.5	Feb 2023	Updated link to Safeguarding adults policy from ICB – Intranet update
1.6	July 2024	Amendments to Policy Recommended by the ICB Integration of Adults and Children's Safeguarding Policy into one policy
1.7	July 2024	Amend policy following ICB Feedback – Making Region Specific
1.8	July 2024	Added Quay's deputy safeguarding lead to the policy
1.9	November 2024	Added 'Children not brought to appointment' guidance to policy
1.10	August 2025	Addition of LADO – PiPOT, MCA Cross reference , Data Sharing Principles

Contents:

1. Policy Statement

1.1. Quay Primary Healthcare CIC is committed to ensuring that vulnerable people are free from harm or abuse whilst receiving care or treatment, and that working practices minimise the risk of such harm or abuse. All staff, including Board members, volunteers, agency staff and students have a duty to identify concerns about the care of vulnerable adults or abuse and report them. Quay Primary Healthcare CIC will adopt the policy of the ICB in which the person is located

1.2. For all ICB Areas this policy must be read in conjunction with the Local Safeguarding Children Partnerships and Safeguarding Adults Boards Multiagency Policies and Procedures ICB Safeguarding Children Partnerships and Safeguarding Adults Boards Multi-Agency Policies and Procedures links can be accessed at the relevant ICB website for the patients area. A list of relevant links is held on the intranet.

2. Scope of the Policy

2.1. This policy aims to ensure that no act or omission by Quay Primary Healthcare CIC as an organisation, or via the services it provides, puts a service user at risk; and robust systems are in place to proactively safeguard and promote the welfare of children and young people, and to protect adults from abuse, or the risk of abuse, and to support staff in fulfilling their obligations.

2.2. The policy applies to Quay Primary Healthcare CIC as an organisation, its employees, contractors, agency staff and visitors.

3. Discharge of Legislative Responsibilities

3.1. In discharging safeguarding statutory duties / responsibilities the Quay Primary Healthcare CIC and the services it provides must take account of:

- The Children Act (1989/2004)
- Working Together to Safeguard Children (2018/2023)
- The Care Act (2014)
- Safeguarding Children, Young People and Adults at Risk in the NHS.
- Safeguarding Accountability and Assurance Framework. NHS England (2022)

- Human Rights Act (1998)
- Mental Capacity Act (2005)
- Deprivation of Liberty Safeguards (2009)
- Mental Capacity (Amendment) Act (2019)
- Mental Capacity Act 2005: Code of Practice (2007)
- Equality Act (2010)
- Mental Health Act (2007)
- Criminal Justice Act (2003)
- Criminal Justice and Courts Act (2015)
- Counter Terrorism and Security Act (2015)
- Data Protection Act (2018)
- Health and Social Care Act (2008)
- Home Office Prevent Strategy (2011)
- Serious Crime Act (2015)
- Care Standards Act (2000)
- Domestic Violence Crime and Victims Act (2004)
- Domestic Abuse Act (2021)

4. Implementation

4.1. Safeguarding Lead Dr Quincy Chuka is the designated Safeguarding Children and Adults Lead for Quay Primary Healthcare CIC, including Mental Capacity Act, Deprivation of Liberty Safeguards, and PREVENT. Dr Richard Wong is the deputy Safeguarding Children and Adults Lead.

His role is to:

- Assure the Board that Quay Primary Healthcare CIC implements the safeguarding children or adults at risk policy
- Ensure safe recruitment procedures
- Support reporting and complaints procedures
- Advise Quay Primary Healthcare CIC management and staff about any concerns that they have
- Ensures that Quay Primary Healthcare CIC management and staff receive adequate support when dealing with safeguarding adults concerns
- Lead on analysis of relevant significant events
- Make recommendations for change or improvements in Quay Primary Healthcare CIC procedural policy
- Act as a focus for external contacts

- Have regular meetings with others in Quay Primary Healthcare CIC to discuss particular concerns

5. Principles

5.1. Quay Primary Healthcare recognise that safeguarding children, young people, and adults at risk is a shared responsibility, with the need for effective joint working between agencies and professionals who have different roles and expertise, to protect these vulnerable groups in society from harm. To achieve effective joint working, there must be constructive relationships at all levels, promoted and supported by:

5.1.1. The commitment of Quay Primary Healthcare CIC senior managers and executive members to safeguarding children, young people, adults at risk and children in care.

5.1.2. Clear lines of accountability within the organisation for work on safeguarding and children in care.

5.1.3. Service developments that take account of the need to safeguard all service users, which is informed, where appropriate, by the views of service users.

5.1.4. Staff training and continuing professional development so that staff understand their roles and responsibilities, and those of other professionals and organisations in relation to safeguarding children and adults at risk and children in care.

5.1.5. Safe working practices including recruitment and vetting procedures. The Recruitment Policy sets out safer recruitment requirements that should be followed.

5.1.6. Effective interagency working, including effective information sharing at the earliest point.

5.1.7. Working with other public sector bodies as a key partner in helping to protect vulnerable individuals and those around them from exploitation or harm, including from exploitation through radicalisation and harm outside of the home and family environment.

5.1.8. Promoting effective partnership working (WTG 2023) whilst building strong, positive, trusting, and co-operative relationships to working with Local Authorities, and other key stakeholders, to improve health outcomes for all.

5.1.9. The above principles reflect the expectations of the NHS Safeguarding Assurance and Accountability Framework and statutory guidance as referenced within this policy.

6. Roles & Responsibilities

6.1. CIC Board

6.1.1. To provide strategic leadership to the implementation of the multi-agency policy and procedures within the Quay Primary Healthcare CIC.

6.1.2. To promote a culture of openness in order that staff are empowered to report concerns.

Service Managers

6.1.3. To ensure that all staff undertake appropriate training on Safeguarding Children and Vulnerable Adults and that they aware of the policy and procedures for reporting suspected abuse.

6.1.4. To notify the appropriate agencies if abuse is identified or suspected

6.1.5. To ensure that the Safeguarding Lead is made aware of any concerns which do not meet the threshold to trigger safeguarding procedures.

6.1.6. To support and, where possible, secure the safety of individuals and ensure that all referrals to services have full information in relation to identified risk and vulnerability;

6.1.7. To ensure that appropriate checks, including Disclosure and Barring Checks and two employment references, are undertaken on staff that work or will be working with children or vulnerable adults within regulated activities.

6.1.8. To undertake annual risk assessments (or more frequently if indicated) to ensure that risks to the wellbeing and safety of vulnerable adults are identified and minimised.

6.1.9. To enable employees to be familiar with the Local ICB and Place level Policies and Procedures for Children's Safeguarding and Adult Safeguarding

6.1.10. To undertake training as required by Quay Primary Healthcare CIC (see Appendix A)

6.1.11. To take appropriate action in line with the policy.

6.1.12. To declare any existing or subsequent convictions.

7. Incident reporting

7.1. Any care concerns relating to children's safeguarding or vulnerable adults at risk, which do not meet the threshold to trigger safeguarding procedures should still be reported through Quay Primary Healthcare CIC's incident reporting procedure, and the Safeguarding Lead informed. Any allegations of abuse or suspected abuse by members of Quay Primary Healthcare CIC staff should be treated as Serious Untoward Incidents. The Care Quality Commission must also be informed immediately. An outline of the reporting procedure is contained in Appendix B.

8. Equality Impact Assessment

		YES/NO	COMMENTS
1	Does the policy/guidance affect one group less or more favourably than another on the basis of;	No	
	• Race/ethnic or national origin/colour/nationality	No	
	• Disability	No	
	• Gender	No	
	• Religion / belief culture	No	
	• Sexual orientation	No	
	• Age	No	
	• Marital status	No	
	• Pregnancy or maternity	No	
2	Is there any evidence that some groups are affected differently?	No	
3	If you have identified potential discrimination, are any exceptions valid, legal and/ or justifiable?	No	
4	Is the impact of the policy/ guidance likely to be negative?	No	
5	If so can the impact be avoided?	N/A	
6	What alternatives are there to achieving the policy/ guidance without the impact?	N/A	
7	Can we reduce the impact by taking different action?	N/A	

Appendix A – Mandatory Safeguarding Training for Staff

The schedule below outlines mandatory training for all staff relevant to this policy.

Training Title	Update	Training Covered	Applicable to
Information Governance	**1 year**	**Information Governance**	**All staff**
Safeguarding Adults and Children **All competencies should be met within 12 months of starting the post.** **THEN**	**4 Hours over a three-year period**	**Safeguarding Adults (level 2)**	**All staff who have regular face to face contact with patents, their families or carers, or the public**
	8 Hours over a three-year period	**Safeguarding Adults (level 3)**	**All registered health and social care staff working with adults who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role).**
	4 Hours over a three-year period	**Safeguarding Children (level 2)**	**Non-clinical and clinical staff who, in their role, have face to face contact (however small) with children, young people and/or parents/carers or adults who may pose a risk to children**
	8 Hours over a three-year period	**Safeguarding Children (level 3)**	**All clinical staff • working with children, young people and/or • their parents/carers and/or • any adult who could pose a risk to children and • who could potentially contribute to assessing, planning, intervening and/or evaluating the needs of a child or young person and/or parenting capacity (regardless of whether there have been previously identified child protection /safeguarding concerns or not)**
	Should form part of level 2 safeguarding adult requirements	• **Mental Capacity Act** • **Deprivation of Liberty Safeguards**	**Registered and unregistered clinical staff**
Equality & Diversity	**3 year**	**Equality & Diversity**	**All staff**
Consent	**3 year**	**Consent**	**All staff**
PREVENT	**2 year**	**PREVENT E LEARNING**	**All staff**
OLIVER MCGOWAN	**3 year**	**Learning Disability**	**All staff**

Appendix B – Reporting Concerns

1. It is important that all staff who work with adults, children, young people, and their families are able to identify, assess and manage risks when dealing with safeguarding concerns. Furthermore, staff should report and respond to these at the appropriate level.

2. Internal reporting should always be undertaken. Where staff members have a concern they must, if working in a GP practice, raise this with the GP practice safeguarding lead, in writing copying in Quay Primary Healthcare safeguarding lead/ speaking up lead on quincy.chuka@nhs.net AND admin cimb-war-quayofficeadmin@nhs.net . The referral to external agencies must not be delayed, as any delay may increase risk of harm to a child or adult at risk.

   2.1. Please note professionals may be asked to complete online safeguarding referral forms by the relevant local authority.

   2.2. Local Authority Contact Details (note please check the Local Authority website for the relevant area to ensure you have the latest process and details available. The contact details are outlined below, however, **ALL STAFF MUST ACCESS THE RELEVANT LOCAL AUTHORITY WEBSITE TO ACCESS**

   2.3. ON LINE REFERRAL FORMS. THIS MAY REQUIRE LOG ON REGISTRATION WITH THE LOCAL AUTHORITY. For example Warrington have specific links to report online (see below)

   2.4. Report abuse of a vulnerable adult. Some adults may have to rely on other people to help them to meet their day to day needs. This may be due to their age, frailty, disability, illness or lifestyle. Sometimes they can't protect themselves, or express their feelings and because of this, the risk of them being abused, neglected or exploited may be higher.https://www.warrington.gov.uk/report-abuse-vulnerable-adult.

   2.5. Report abuse of children and young people. If you are concerned that a child, young person or a vulnerable adult, is at risk of or experiencing abuse or neglect, or you yourself are a victim of abuse, you should report it straight away so that the appropriate services can take the appropriate actions to prevent harm. https://www.warrington.gov.uk/mars.

   2.6. For Children and young people ach Local Authority has a 'LADO' (Local Authority Designated Officer), for safeguarding children. The Local Authority Designated Officer role is to oversee and manage allegations of abuse or misconduct against individuals who work with children. The LADO ensures these allegations are handled fairly and effectively, prioritizing child protection while also ensuring individuals are not unfairly treated. They coordinate investigations, provide guidance on safeguarding procedures, and liaise with relevant agencies like the police and social care.

Appendix C – Confidentiality and Information Sharing

1. Effective information sharing is key to safe and effective safeguarding practice. All staff must have due regard to the relevant data protection principles and Caldicott Guardian Principles which allow them to share personal information. Information should be shared to help protect an adult or child who may be subject to or potentially at risk of harm or abuse, or to prevent or detect a crime. In addition, there are some specific statutory provisions under the Children Act and Care Act for sharing information in relation to the operation of the Safeguarding Adult Boards and Safeguarding Children Partnerships.

2. Staff must adhere to the following Quay Primary Healthcare CIC ; Confidentiality and Data Protection Act Policy; Information Security Policy; and Records Management Policy.

3. Where there are concerns regarding the sharing of information regarding an adult at risk or child this can be discussed with the safeguarding team. Locally agreed Information Sharing protocols will also support the appropriate sharing of information.

4. Sharing of information must follow the 7 core principles of Information Sharing

    4.1. Remember that the Data Protection Act is not a barrier to sharing information
    4.2. Be open and honest
    4.3. Seek advice
    4.4. Share with consent where appropriate
    4.5. Consider safety and well-being
    4.6. Necessary, proportionate, relevant, accurate, timely and secure
    4.7. Always keep a record

Appendix D – Safeguarding Children

1. As in the Children Act (1989 / 2004), a child is anyone who has not yet reached their 18th birthday.

2. Safeguarding and promoting the welfare of children Is defined in Working Together to Safeguard Children (2023) as:

   - Protecting children from maltreatment.
   - Preventing impairment of children's 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 have the best life chances.

3. A child centred and co-ordinated approach to safeguarding (Working Together 2023) states the effective safeguarding arrangements in every local area should be underpinned by two key principles:

   - Safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part; and

   - A child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

4. **Child Protection** forms a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

   4.1. Abuse and neglect are forms of maltreatment of a child; it may be a single act or repeated acts. Someone may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger, for example via the internet. Children may be abused by an adult or another child.

   Types of child abuse
   Working Together to Safeguarding children 2023 recognise the following types of abuse:

   i. Physical abuse
   ii. Sexual abuse
   iii. Emotional abuse
   iv. Neglect
   v. Domestic abuse/ Harmful Practices
   vi. Bullying/cyberbullying
   vii. Harm outside the Home
   viii. Other types of abuse include online abuse, grooming, sexual exploitation, child criminal exploitation, modern day slavery and radicalisation.

5. **Young Carers** are children and young people who assume important caring responsibilities for parents or siblings, who are disabled, have physical or mental health problems, or misuse drugs or alcohol. If a local authority considers that a young carer may have support needs, it must carry out an assessment under section 17ZA of the Children Act 1989. The local authority must also carry out such an assessment if a young carer, or the parent of a young carer, requests one. Such an assessment must consider whether it is appropriate or excessive for the young carer to provide care for the person in question, in light of the young carer's needs and wishes.

6. **Early help**, also known as early intervention, is a term given to the provision of support to children and families as soon as the need arises and can be at any stage in a child or young person's life (DfE 2018). Moreover, there is a need to consider family functioning and how each family member impacts upon the other in the context of early help (WTG 2023). The ethos of early help provision is to build upon existing strengths already present by working with children and families at the earliest point to provide tailored support which reduces the likelihood of harm and supports the prevention of any intrusive statutory or crisis intervention. The need for the provision of early help to children and families can be met by the support of a single agency. In some instances, there is a need to deliver that early help offer to a child and family via a formal multi-agency offer known as an early help assessment and plan. Any proposed offers of early help would require the consent of the child's parent or, where the child is of an age to make decisions and has capacity to do so then the child can also provide consent.

7. **Child in Need**

7.1. A child in need is defined under section 17 of the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired without the provision of services; or a child is disabled. Children in need may be assessed under section 17 of the Act by a social worker.

8. Local Child Safeguarding Practice Reviews

8.1. The Safeguarding Children Partnerships (SCP) are responsible for initiating a Local Child Safeguarding Practice Review (CSPR) in circumstances where there has been a death or serious injury to a child, abuse or neglect is known or suspected, and there are opportunities for learning in relation to inter-agency working. The purpose of the Review is to:

- Establish whether there are any lessons to be learnt from the case and from the way in which local professionals and organisations worked together to safeguard and promote the welfare of children and young people.
- Identify clearly what those lessons are, how they will be acted on, what is expected to change as a result and within what timescale; and
- As a consequence, improve inter-agency working to better safeguard and promote the welfare of children and young people.

Links to our local Child Safeguarding Practice Reviews can be found via the links to each Safeguarding Children's Partnership websites.

9. **Child Death Overview Panels**

9.1. The death of any child is a tragedy. It is vital that all child deaths are carefully reviewed.

9.2. All Local Safeguarding Children Partnerships are required to have a Child Death Overview Panel (CDOP) to see whether we can learn lessons from child deaths, in order to improve the health, safety and wellbeing of other children. Through this, we hope to prevent further child deaths. The death of all children under the age of 18 must be reviewed by the Child Death Overview Panels, where multi agency professionals meet to review all the child deaths in the area. The Panel is not given the names of any children who died - all the details are dealt with anonymously. The main purpose is to learn how to prevent future deaths.

The key functions of a CDOP are to:

i Review all child deaths, excluding those babies who are stillborn and planned terminations of pregnancy carried out within the law.
ii Determine whether the death was preventable (if there were modifiable factors which may have contributed to the death)
iii Decide what, if any, actions could be taken to prevent such deaths happening in the future.
iv Identify patterns or trends in local data and reporting these to the Safeguarding children partnership.
v Refer cases to the Safeguarding Children Partnership Chairs where there is suspicion that neglect, or abuse may have been a factor in the child's death. In such cases, a Child Safeguarding Practice Review may be required.
vi Agree local procedures for responding to unexpected child deaths.

Appendix E – Safeguarding Adults At Risk

1. An adult is defined as a person who is aged 18 years or over. Adult Safeguarding is about protecting a person's right to live in safety, free from abuse and neglect. It is the promotion of the welfare of individuals and refers to the activity that is undertaken to protect specific adults who are at risk of harm or abuse as described in the Care Act 2014, and which may affect an individual at different times during their lives.

2. An adult at risk (previously referred to as a vulnerable adult), is defined as an adult who:
   a. Has needs for care and support (whether or not the local authority is meeting any of those needs) and:
   b. Is experiencing, or at risk of, abuse or neglect and:
   c. 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.

   An adult at risk may be a person who:
   a. Is frail due to age, ill health, physical disability or cognitive impairment, or a combination of these.
   b. Has a learning disability.
   c. Has a physical disability, a sensory impairment and/or speech, language and communication needs.
   d. Has mental health needs including dementia or a personality disorder.
   e. Has a long-term illness / condition.
   f. Misuses substances or alcohol.

3. The aims of adult safeguarding are to:

   a. Stop abuse or neglect whenever possible.
   b. Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
   c. Safeguard adults in a way that supports them in making choices and having control about how they want to live.
   d. Promote an approach that concentrates on improving life for the adults concerned.
   e. Raise public awareness so that communities, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.
   f. Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult and address what has caused the abuse or neglect.

4. The Care Act 2014 requires agencies to work together to develop shared strategies for safeguarding adults at risk. All health, social care professionals and care workers play a key role in safeguarding of adults at risk who are in receipt of health or care services. It is everybody's responsibility to protect adults at risk from abuse, harm and omissions of care.

5. Effective safeguarding is seeking to promote an adult's rights as well as about protecting their physical safety and taking action to prevent the occurrence or reoccurrence of abuse or neglect. It enables the adult to understand both the risk of abuse and actions that she or he can take, or ask others to take, to mitigate that risk.

6. Types of Adult Abuse and Neglect

6.1. The Care Act 2014 identifies patterns of abuse and neglect which can take many different forms with different circumstances in which they may take place. This list is not exhaustive.

1. Physical abuse
2. Psychological or emotional abuse
3. Sexual abuse
4. Neglect and acts of omission.
5. Financial or material abuse
6. Modern slavery
7. Discriminatory abuse
8. Self -neglect
9. Domestic and sexual violence and abuse
10. Organisational abuse

6.2. Other forms of abuse include hate crime; mate crime; forced marriage; honour-based violence, female genital mutilation and exploitation. Exploitation is a hidden crime, involves vulnerable individuals being coerced into doing something that they don't want to do for someone else's gain. This can include sexual exploitation, financial exploitation, radicalisation to violent extremism, and criminal exploitation.

7. The following six principles apply to all sectors and should inform the ways in which professionals and other staff work with adults at risk.

Six key principles underpin all adult safeguarding work are:

1. Empowerment
2. Protection
3. Prevention.
4. Proportionality
5. Partnership
6. Accountability

8. Safeguarding Adults Section 42

8.1. Section 42 of the Care Act 2014 sets out local authorities' duty to make safeguarding enquiries:

8.1.1. (Section 1) This section applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there) –(a) has needs for care and support (whether or not the authority is meeting any of those needs),

8.1.1.1. is experiencing, or is at risk of, abuse or neglect, and

8.1.1.2. as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

8.1.2. (Section 2) The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.

8.2. Section 42 Enquiries and Consent

8.2.1. Where the requirements of section 42 (1) are met, the local authority 'must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom' (section 42(2)).

8.2.2. Whilst the Local Authoiry does not require the person's consent to undertake the enquiry, it must take steps to facilitate the person's involvement at the beginning of the enquiry and throughout the safeguarding adults process (Care and support statutory guidance, 14.80).

8.2.3. The person may require the support of an appropriate person, such as a relative, or, if unavailable, an independent advocate, because it appears that the person would have 'substantial difficulty' in 'being involved' (see safeguarding enquiries and reviews, section 68 of the Care Act 2014).

9. Safeguarding Adults Reviews (SARs)

9.1. A Safeguarding Adult Review (SAR) is a multi-agency process that considers whether or not serious harm experienced by an adult, or group of adults at risk of abuse or neglect, could have been predicted or prevented. The process identifies learning that enables the partnership to improve services and prevent abuse and neglect in the future.

10. "PIPOT safeguarding"

10.1. PIPOT safeguarding refers to the procedures for managing situations where someone in a position of trust (PIPOT) is suspected of harming or potentially harming adults with care and support needs. This process involves assessing the risk posed by the individual and taking appropriate action, which may include reporting to relevant authorities and implementing measures to protect vulnerable adults. Concerns can arise from various situations, including criminal offenses, domestic abuse, or child protection cases that suggest a potential risk to adults with care and support needs.

Appendix F – Domestic Abuse

1. The Domestic Abuse Act 2021 creates, for the first time, a cross-government statutory definition of domestic abuse, to ensure that domestic abuse is properly understood, considered unacceptable and actively challenged across statutory agencies and in public attitudes.

2. It is defined across Government as "Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or who have been intimate partners or family members, regardless of gender or sexuality. The abuse can encompass but is not limited to psychological, physical, sexual, financial or emotional abuse."

3. Often, when people hear the term 'domestic abuse' they picture acts of physical violence, but there is also a more subtle form of behaviour that is equally harmful. Since 2015, the offence of coercive and controlling behaviour within a relationship has been illegal in England and Wales. While this abuse takes many forms, it typically involves manipulation, humiliation, intimidation, and isolation to control and instil fear in people who are harmed, leaving lasting effects.

4. Domestic abuse can result in lasting trauma for victims and their extended families, especially children and young people who may not see the abuse but may be aware of it or hear it occurring. The Domestic Abuse Act 2021 makes clear that children irrespective of whether they are injured or see the offending are deemed to be victims of domestic abuse if they live in an abusive household. The impact of domestic abuse can range from loss of self-esteem to loss of life.

5. Harmful practice is a collective term for several different forms of abuse which all share a similar characteristic, that they are seen as acceptable practices within sections of society. Harmful practices can cover, amongst other forms of abuse, child marriage, forced marriage, female genital mutilation, breast flattening/ironing, hate crimes, child abuse linked to faith or belief and so called "honour-based" abuse.

6. Female Genital Mutilation (FGM) refers to procedures that intentionally alter and cause injury to the female genital organs for non-medical reasons. It is classed as child abuse and leads to severe short and long term physical and psychological consequences and is illegal within the UK, as is taking a child abroad to undergo this practice.

7. The Serious Crime Act 2015 introduced a duty on all registered health and social care professionals to notify the police of any known cases where FGM has taken place on a child (i.e., anyone under the age of 18). it is therefore your duty to report it directly to the Police, as well as notifying your designated safeguarding lead. If you believe there is a risk of a child being taken away for female genital mutilation you contact the place local authority immediately, without seeking consent from the family.

8. Honour Based Abuse

    8.1. 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 have 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. It can be distinguished from other forms of abuse as it is often committed with some degree of approval and / or collusion from family and/or community members.

    8.2. This type of violence and abuse includes physical, emotional, financial, and sexual abuse of the victims. Victims may have multiple perpetrators not only in the UK; Honour Based Violence can be a trigger for a forced marriage.

8.3. Professionals should respond in the same way to cases of honour Based abuser as with domestic abuse.

9. A Forced Marriage is one where either or both parties do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used against them. Forced marriage, as distinct from a consensual 'arranged' one, is a marriage conducted without the full consent of both parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds. It is illegal in the UK and recognised as a form of abuse and a serious abuse of human rights. Forced Marriage is an offence under section 121 of the Anti-Social Behaviour, Crime and Policing Act (2014).

9.1. If a person does not consent or lacks capacity to consent to marriage, that marriage must be viewed as a forced marriage whatever the reason for it taking place. Capacity to consent can be assessed and tested but is time-and-decision specific. Professionals should respond in the same way to forced marriage as with domestic abuse.

9.2. If you are worried about someone being forced into a marriage, contact the police on 101 or contact the Forced Marriage Unit at the Foreign & Commonwealth Office. (Telephone: 020 7008 1500. From overseas: +44 (0)20 7008 1500).

9.3. If the person involved is a child or adult at risk at risk of female genital mutilation, so honour-based abuse or forced marriage then please follow your local safeguarding reporting procedures.

10. Safeguarding Children Involved in Domestic Abuse

10.1. Witnessing domestic abuse is a form of child abuse. It has a significant emotional impact on children and is a safeguarding concern. Due to the damaging impact that witnessing domestic abuse has on children, if an individual who discloses domestic abuse has children, a referral will always need to be made to Children's Social Care. A referral to Children's Social Care is needed in all domestic abuse situations where there are children involved or live in the household. This is regardless of whether the child was physically hurt during the incident, or directly witnessed the incident (such as they were in another room, or asleep when the incident happened) or has been impacted emotionally by the abuse.

10.2. A referral is needed so that further enquiries can be made; assessments conducted, and appropriate safeguarding action taken. A referral should be made if the person who Is harmed by Domestic abuse is pregnant. A referral to Children's Social Care can create anxiety and stress for people who are harmed. It is important to reassure the individual that Children's Social Care will work with them so that they and their children can be protected and safe.

11. Safeguarding Adults at Risk Involved in Domestic Abuse

11.1. Adults with care and support needs The Care Act (2014) identified Domestic Abuse as a category of abuse in adult safeguarding. Evidence indicates that those experiencing physical, mental health and learning disabilities may be more vulnerable to Domestic Abuse. Their health difficulties may also make it harder for them to access support. Therefore, if an adult has care and support needs and they disclose Domestic Abuse, a

11.2. Safeguarding Adults Concern should be considered alongside the completion of your Domestic Abuse Risk Assessment.

12. A Domestic Homicide Review is a statutory review refers to a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by:

a. a person to whom s/he was related, or had been in an intimate personal relationship with OR

b. a member of the same household the purpose of the review is to:

a. establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims.

b. clearly identify what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result.

c. apply those lessons to service responses including changes to inform national and local policies and procedures as appropriate.

d. prevent domestic abuse and homicide and improve service responses for all domestic abuse victims and their children by developing improved intra- and inter-agency working.

Following the completion of a Domestic Homicide Review, it is submitted to the Home Office for quality assurance and review. Each local Community Safety Partnership are required to publish the anonymised executive summary and action plans once the Home Office has given approval.

13. Responding and Reporting Domestic Abuse

1. Consider Immediate safety – could the person and/or children be at risk if they return home? If yes, contact local police on 999 or 101. Safety of the person can be supported through domestic abuse support services. – if they give consent make a referral or signpost to your local domestic abuse service (links below).
2. Offer and complete the Domestic Abuse, Stalking and Harassment and Honour Based Violence Risk Assessment to determine referral to a local Multi-Agency Risk Assessment Conference.
3. The Domestic Abuse, Stalking and Harassment and Honour Based Violence Risk Assessment forms are available on the SafeLives page http://www.safelives.org.uk/
4. Follow safeguarding procedures for children, pregnancy, and adults at risk.
5. Encourage consent for information sharing – if consent given, share and exchange.
6. Share information with other professionals working with the adult and/or children.

1. All employees must refer to the employee support and assistance policy and seek advice from their manager where they have concerns about an employee's safety or well-being in relation to domestic abuse whether they are a person who is being harmed or a person who is causing harm.

Domestic abuse support Services Contact Details for people wo are harmed and people who cause harm are available on Quay intranet.

Appendix G – Contextual Safeguarding

1. Children and adults at risk may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school, other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and people can be vulnerable to multiple threats, including exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation.

2. Modern slavery is a complex crime that takes several different forms. It encompasses slavery, servitude, forced and compulsory labour and human trafficking. The Modern Slavery Act (2015) was introduced in the UK with the intention of combatting slavery and human trafficking. British and foreign nationals can be trafficked into, around and out of the UK. Children, women, and men can all be victims of modern slavery and are trafficked for a wide range of reasons including:

a. Sexual exploitation

b. Domestic servitude

c. Forced labour including in the agricultural, construction, food processing, hospitality industries and in factories.

d. Criminal activity including cannabis cultivation, street crime, forced begging and benefit fraud.

e. Organ harvesting.

3. Any child transported for exploitative reasons is a trafficking victim, whether or not they have been forced or deceived. This is partly because it is not considered possible for children in this situation to give informed consent. Even when a child understands what has happened, they may still appear to submit willingly to what they believe to be the will of their parents or accompanying adults. It is important that these children are protected.

4. Any agency, individual or volunteer who encounters a child or adult at risk who may have been exploited or trafficked regardless of their immigration status must make a safeguarding referral. In addition, a referral into the National Referral Mechanism must also be completed. This should continue in tandem with the local safeguarding adults board and children's partnership procedures.

5. Digital or Online Safeguarding Risks

   5.1. Online platforms are increasingly used to abuse ad gain access to children and adults at risk. People's relationship to technology is increasingly embedded across all walks of life and as such, we cannot address their wellbeing and safety effectively without considering the potential risks that this can bring. Technology by its nature is constantly evolving, bringing both new opportunities and new risks for all but particularly, for our children, young people, and adults at risk.

6. County lines is a national issue involving the use of mobile phone 'lines' by organised crime groups to extend their drug dealing business into new locations. These groups exploit vulnerable persons which involve both children and adults who require safeguarding. Fearless.org has further information and tips on how to spot a child who might be involved.

7. 'Cuckooing' is the term used to describe the practice where professional drug dealers/Crime Gangs take over the property of an adult at risk and use it as a place from which to run their drugs business/ crime activity. The criminals will target those who are vulnerable, potentially because of substance abuse, mental health issues, Learning Disability or loneliness, and befriend them or promise them drugs in exchange for being able to use their property. The gangs can send vulnerable young people and adults from their own area to stay at a house and distribute the drugs, again often intimidating and threatening them to stay. The impact of this is that vulnerable individuals become indebted to gang/groups and are forced into labour, slavery, and exploitation to pay off debts. Report anything suspicious to 101.

Appendix H – PREVENT

1. Prevent is part of the Government's Counter-Terrorism Strategy (2011) CONTEST, which is led by the Home Office. The health sector has a non-enforcement approach to Prevent and focuses on support for vulnerable individuals and healthcare organisations in recognising and helping stop vulnerable individuals from becoming terrorists or supporting terrorism.

1.1. CONTEST also includes the following elements in addition to Prevent:

- Pursue: to stop terrorist attacks.
- Protect: to strengthen our protection against a terrorist attack.
- Prepare: to mitigate the impact of a terrorist attack.

2. To deliver the Prevent agenda, three national objectives have been identified:

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

3. "Channel" forms a key part of the National Prevent Strategy. This is a multi- agency process to identify and provide support to individuals who are at risk of being drawn into terrorism.

4. Prevent Duty Guidance for England and Wales: Guidance for specified authorities in England and Wales on the duty in the Counter-Terrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism has been published and the Prevent Duty came into force on 1st July 2015.

5. Those at risk of radicalisation to violent extremism are safeguarded through the Prevent strand of the Government's overall counter-terrorism strategy Contest. The purpose of Prevent is to safeguard and support vulnerable people to stop them from becoming terrorists or supporting terrorism. Prevent works in a similar way to programmes designed to safeguard people from gangs, drug abuse, and physical and sexual abuse.

6. Understanding and Recognising the Risks and Vulnerabilities of Radicalisation There is no such thing as a 'typical extremist' and those involved in extremism come from a range of backgrounds and experiences, there is no obvious profile of a person likely to become involved in terrorist-related activity, or single indicator of when a person might move to support extremism. Vulnerable individuals who may be susceptible to radicalisation can be patients and/or staff. Radicalisers often use a persuasive rationale or narrative and are usually charismatic individuals who are able to attract people to their cause which is based on a particular interpretation or distortion of history, politics or religion.

7. Anyone can be drawn into violence, or they can be exposed to the messages of extremist groups by many means. These can include through the influence of family members or friends and/or direct

contact with extremist groups and organisations or, increasingly, through the internet. This can put a person at risk of being drawn into criminal activity and has the potential to cause significant harm.

8. The risk of radicalisation is the product of several factors and identifying this risk requires that staff exercise their professional judgement, seeking further advice as necessary. It may be combined with other vulnerabilities or may be the only risk identified.

9. Children and young people can be drawn into violence, or they can be exposed to the messages of extremist groups by many means. These can include exposure through the influence of family members or friends and/or direct contact with extremist groups and organisations or, increasingly, through the internet. This can put a young person at risk of being drawn into criminal activity and has the potential to cause significant harm.

10. Children and young people are vulnerable to exposure to, or involvement with, groups or individuals who advocate violence to a political or ideological end. Safeguarding children and young people from radicalisation are no different from safeguarding them from other forms of harm.

11. Where a concern is identified relating to a child or an adult at risk, the safeguarding processes must be followed.

12. The NHS Standard Contract requires all NHS funded providers to demonstrate that they comply with the requirements of the Prevent Duty. This includes ensuring that there is a named Prevent Lead and that there is access to quality training for staff in their organisation.

Training

Please refer to Appendix A

13. Guidance for Raising Prevent Concerns
14.

14.1. Concern that an individual may be vulnerable to radicalisation does not mean that you think a terrorist, it means that you are concerned they are prone to being exploited by others and so the concern is a safeguarding concern. In the event of being concerned, the individual member of staff should raise the issue with their Line Manager and the Integrated Care Board safeguarding team for your area. Your line manager and Place Safeguarding team will support you in deciding if a Prevent referral should be made.

14.2. Channel, alongside other supportive processes, provides a clear framework in which to respond to safeguarding concerns for those adults and young people who may be particularly susceptible to terrorist ideology and thereby at risk of becoming involved in terrorism. Intervention must include the individual's consent.

14.3. Where there are concerns that there is imminent danger to either the individual or to public safety then the Police should be contacted directly on 999 in addition to the standard process being followed.

15. Escalating concerns in relation to an employee

15.1. Although there are very few instances of healthcare staff radicalising others or being drawn into extremist acts, it is still a risk that the Integrated Care Board needs to be aware of and have processes within which to manage any concerns. Where an employee expresses views, brings materials into the organisation, uses or directs patients to extremist websites or acts in other ways to promote terrorism, the organisation will look to use human resources processes in order to address the concerns (see managing allegations against staff policy). All staff will be supported through this process by their line manager, the relevant HR and the relevant safeguarding team.

15.2. If you have concerns about a child or an adult being radicalised you can tell the local Police force about them by completing a quick and simple online form on the Prevent Referral Page.

16. In an emergency, please call 999 or you can call anonymously on 0800 789 321. You can also call the national police Prevent advice line 0800 011 3764, in confidence, to share your concerns with specially trained officers.

17. Professionals should also access information from their local Prevent Lead; please refer to your local Safeguarding Boards and Partnership procedures or contact your local Integrated Care Board safeguarding team for further advice. Further advice can be sought from Quay Primary Healthcare Chief Executive mark.dyson3@nhs.net , who is the PREVENT lead for the organisation.

Appendix I - Children not brought to appointments or meetings that relate to their welfare, care or health.

1.1. Introduction

1.2. Within the context of this guidance, a meeting or appointment is any such that relates to the welfare, care and health of a child, including but not limited to; medical appointments, dental appointments, home visits, meetings/appointments called by children's service etc.

For actions to take when a patient was not brought to an appointment or an appointment is cancelled by their parent or carer, please see point 7.2.

2. Rethinking 'did not attend'

2.1. Children rely on their parents to take them to meetings or appointments that relate to their welfare, care or health, and as a result they are sometimes not taken to them. This may mean that a practitioner may record them as having 'not attended', but it was because they were not brought.

2.2. Practitioners should use "Was Not Brought (WNB)" rather than "Did Not Attend" for recording or noting the non-attendance of children who are reliant on someone else to take them to a meeting or appointment. The phrase "Did Not Attend" implies that the child is responsible for not attending. Recording "Was Not Brought (WNB)" is a more accurate representation of the situation and enables a practitioner to consider the reasons why a child was not brought to a meeting or appointment, the implications for them not having been brought, and assess the potential risks or safeguarding concerns for them, especially if there is a repeat pattern of non-attendance.

2.3. Repeated cancelled and rescheduled appointments should also be treated with some curiosity and may occasionally indicate potential harm. This could be a sign of disguised compliance. Disguised Compliance involves a parent or carer giving the appearance of engagement, they may cancel appointments frequently at the last minute, or after a period of non-engagement may attend appointments to reduce professionals' concerns.

2.4. Nottingham City Council, NHS Nottingham City ICB and the Safeguarding Partnership jointly commissioned a video animation to encourage practitioners to identify children as 'Was Not Brought' as opposed to 'Did Not Attend' when referring to them not being presented at medical appointments. You can watch this here - Rethinking 'Did Not Attend' - YouTube

2.5. Child Safeguarding Practice Reviews, both nationally and regionally, have featured 'missed' appointments as a precursor to serious child abuse and even child death.

2.6. Children not being brought to their appointments or meetings is a safeguarding concern. Non-attendance at or repeated cancellations of appointments and lack of access to the child on visits are indicators that should increase concern about the child's welfare. Missed health appointments in particular are a significant risk factor.

3. Seeing it from the child's perspective

3.1. When non-attendance relates to the parent or carer, particularly when mental illness, domestic abuse, learning difficulties or substance misuse is present; practitioners should ask themselves "What does this mean for the child's care and safety? What do I need to do?"

4. Seeing it from the parent/carers perspective

4.1. It is important to understand what factors may influence whether the parent/carer attends or continues to attend meetings, appointments and sessions which relate to their child's welfare, care or health.

4.2. Engagement is likely to improve when:

- Parents are given enough information about what is happening, why and what is expected from them
- - Parents and professionals have a shared understanding of what needs to change in the family
- Parents are confident their views and experiences are valued; practitioners should consider their working style and use of power, and how this will be perceived.

5. Exploring why appointments/ meetings are missed

5.1. Consider what influences a parent/carer to not attend a meeting/appointment. It may not always be an indicator of non-compliance.

5.1.1. Forgetfulness - parents forget or don't prioritise attending because they don't understand the significance of not going

5.1.2. Fear & Anxiety - it can be intimidating for parents who may already lack confidence and esteem to meet with practitioners

5.1.3. Logistics - house moves, letters going astray, poor communication, competing appointments at diverse locations, on consecutive days etc.

6. If a child doesn't attend an appointment or meeting, consider:

6.1. Are they reliant on someone else to make and/or take them to appointments or meetings?

6.2. What are the implications of them not attending the appointment or meeting? Are they missing needed medication or assessment, being denied the opportunity of inputting into a planned review, not being part of a discussion about their care, health and wellbeing.

6.3. Is this a one off, or is there is a repeat pattern? Is disguised compliance a concern? Use chronologies to record the child and parents attendance at appointments, meetings, assessments etc. to evaluate attendance patterns.

6.4. What could be the reason for their non-attendance? Be professionally curious. Is it forgetfulness, fear and anxiety, logistics or are there any other factors to consider, like coercion and control, or neglect.

7. Actions to take:

7.1. Record or note the non-attendance as "Was Not Brought (WNB)"
Within the notes state:
- that the child was reliant on someone else to bring them to the meeting
- any impact or safeguarding concern their non-attendance may have raised
- if this was the first or repeat non-attendance and identify any emerging patterns (where known)
- the action you have taken in response

7.2. Inform the patients registered practice that the child was not brought to, or cancelled, their appointment. Please ensure this is tasked through Systm1. The patient's registered practice should then follow their own internal policy in managing patients who are not brought to appointments.

7.3. Support the patients registered practice in its safeguarding investigations if further information and/or discussion is required.

7.4. Escalate – if you have concerns about the welfare of a child who was not brought to an appointment, an immediate referral should be made to social services as per Appendix B of this policy.

Appendix J Mental Capacity Act and Consent

The Patient Consent Policy addresses the Mental Capacity Act 2005 (the Act) provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. It is highly revenant in terms of contextual safeguarding. Everyone working with and/or caring for an adult who may lack capacity to make specific decisions must comply with this Act when making decisions or acting for that person, when the person lacks the capacity to make a particular decision for themselves. The same rules apply whether the decisions are life-changing events or everyday matters. For children, who do not have capacity, the decision making is normally undertaken by parental consent below the age of 18 years. Please refer to Appendix I for further information.

Where an adult patient does not have the capacity to give or withhold consent to a significant intervention, this fact should be documented, along with the assessment of the patient's capacity, why the health professional believes the treatment to be in the patient's best interests, and the involvement of people close to the patient. Standard consent forms should never be used for adult patients unable to consent for themselves. For more minor interventions, this information should be entered in the patient's notes.

The Mental Capacity Act introduced a duty on NHS bodies to instruct an independent mental capacity advocate (IMCA) in serious medical treatment decisions when a person who lacks the capacity to make a decision has no one who can speak for them, other than paid staff. The Act allows people to plan ahead for a time when they may not have the capacity to make their own decisions: it allows them to appoint a personal welfare attorney to make health and social care decisions, including medical treatment, on their behalf or to make an advance decision to refuse medical treatment. Further guidance is available in the Mental Capacity Act (2005) Code of Practice.

An apparent lack of capacity to give or withhold consent may in fact be the result of communication difficulties rather than genuine incapacity. You should involve appropriate colleagues in making such assessments of incapacity, such as specialist learning disability teams and speech and language therapists, unless the urgency of the patient's situation prevents this. If at all possible, the patient should be assisted to make and communicate their own decision, for example by providing information in non-verbal ways where appropriate.

Occasionally, there will not be a consensus on whether a particular treatment is in an incapacitated adult's best interests. Where the consequences of having, or not having, the treatments are potentially serious, a court declaration may be sought.

To be valid, consent must be given voluntarily and freely, without pressure or undue influence being exerted on the person either to accept or refuse treatment. Such pressure can come from partners or family members, as well as health or care practitioners. Practitioners should be alert to this possibility and where appropriate should arrange to see the person on their own in order to establish that the decision is truly their own. Coercion invalidates consent, and care must be taken to ensure that the person makes decisions freely. Coercion should be distinguished from providing the person with

appropriate reassurance concerning their treatment or pointing out the potential benefits of treatment for the person's health.

Deprivation of Liberty Safeguards (DOLs)

Article 5 of the Human Rights Act states that 'everyone has the right to liberty and security of person. No one shall be deprived of his or her liberty [unless] in accordance with a procedure prescribed in law'. The Deprivation of Liberty Safeguards (DoLS) is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm. A Supreme Court judgement in March 2014 made reference to the 'acid test' to see whether a person is being deprived of their liberty, which consisted of two questions:

1. Is the person subject to continuous supervision and control? and

2. Is the person free to leave? (permanently) – with the focus, the Law Society advises us, being not on whether a person seems to be wanting to leave, but on how those who support them would react if they did want to leave

Generally The Deprivation of Liberty Safeguards (DoLS) can only apply to people who are in a care home or hospital

Summary

- The Deprivation of Liberty Safeguards are an amendment to the Mental Capacity Act 2005. They apply in England and Wales only.
- The Mental Capacity Act allows some restraint and restrictions to be used – but only if they are in a person's best interests and necessary and proportionate.
- Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards.
- The Deprivation of Liberty Safeguards can only be used if the person will be deprived of their liberty in a care home or hospital. In other settings the Court of Protection can authorise a deprivation of liberty.
- Care homes or hospitals must ask a local authority if they can deprive a person of their liberty. This is called requesting a standard authorisation.
- There are six assessments which have to take place before a standard authorisation can be given.
- If a standard authorisation is given, one key safeguard is that the person has someone appointed with legal powers to represent them. This is called the relevant person's representative and will usually be a family member or friend.
- Other safeguards include rights to challenge authorisations in the Court of Protection, and access to Independent Mental Capacity Advocates (IMCAs).

Requirements in GP Practice. All Medico staff should be aware of DOLs and the restriction of liberty concerns, which may relate to an incident at home or in a care facility, where unlawful application of DOLs may lead to safeguarding concerns. Please refer to the safeguarding policy.

Lasting Power of Attorney

A lasting power of attorney (LPA) is a legal document that lets a patient (the 'donor') appoint one or more people (known as 'attorneys') to help make decisions or to make decisions on their behalf. This gives the Attorney more control over what happens to a patient if they have an accident or an illness and cannot make their own decisions (you 'lack mental capacity'). This is a formal document issued by the Office of the Public Guardian. There should be documentary evidence available to professionals from the Donor. Lasting Power of Attorney can be issued for :-

Health and welfare lasting power of attorney

This LPA to gives an attorney the power to make decisions about things like:

- daily routine, for example washing, dressing, eating
- medical care
- moving into a care home
- life-sustaining treatment

Property and financial affairs lasting power of attorney

This LPA to gives an attorney the power to make decisions about money and property, for example:

- managing a bank or building society account
- paying bills
- collecting benefits or a pension
- selling a home or significant asset

Appendix K – Reference Documents

Statutory Guidance

NHS England (2022) *Safeguarding Accountability and Assurance Framework (2022)* Version 3, July 2022. https://www.england.nhs.uk/wp-content/uploads/2015/07/B0818_Safeguarding- children-young-people-and-adults-at-risk-in-the-NHS-Safeguarding-accountability- and-assuran.pdf

Department for Constitutional Affairs (2007) Mental Capacity Act 2005: Code of Practice, TSO: London

Department of Health (2000) *Framework for the Assessment of Children in Need and their Families*, London, HMSO

HM Government (2014) *The Care Act,*

Care Act 2014 (legislation.gov.uk)

HM Government (2014) *Care and Support Statutory Guidance: Issued under the Care Act 2014*. Department of Health

https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for- implementation

HM Government (2007) *Safeguarding children who may have been trafficked*. DCSF publications

HM Government (2007) Statutory *guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004*, DCSF publications.

HM Government (2008) *Safeguarding Children in whom illness is fabricated or induced*, DCSF publications.

HM Government (2009) *The Right to Choose: multi-agency statutory guidance for dealing with Forced marriage,* Forced Marriage Unit: London

HM Government (2023) *Working Together to Safeguard Children*, Nottingham, DCSF publications.

https://assets.publishing.service.gov.uk/media/65803fe31c0c2a000d18cf40/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf

Ministry of Justice (2008) *Deprivation of Liberty Safeguards Code of Practice to supplement Mental Capacity Act 2005,* London TSO

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 and DHSC (DoH). DCSF Publications

Non-statutory Guidance

Children's Workforce Development Council (March 2010) *Early identification, assessment of needs and intervention*. The Common Assessment Framework for Children and Young People: A practitioner's guide, CWCD

DH (March, 2011) Adult Safeguarding: The Role of Health Services

DH (May, 2011) Statement of Government Policy on Adult Safeguarding

HM Government (2015) *What to do if you're worried a child is being abused: advice for practitioners*, DfE

HM Government (2008) Information *Sharing: Guidance for practitioners and managers*, DCSF publications

Law Commission (May 2011) *Adult Social Care Report*
http://www.justice.gov.uk/lawcommission/publications/1460.htm

Royal College Paediatrics and Child Health et al (2019) *Safeguarding Children and Young people: Roles and Competencies for Health Care Staff*. Intercollegiate Document supported by the Department of Health

Royal College Paediatrics and Child Health et al (2020) *Looked After Children: Roles and Competencies of Healthcare Staff*

https://www.rcn.org.uk/professional-development/publications/rcn-looked-after- children-roles-and-competencies-of-healthcare-staff-uk-pub-009486

DOH (2011) Building Partnerships, Staying Safe: *The health sector contribution to*

HM Government's Prevent strategy: guidance for healthcare organisations: November 2011

Royal College of Nursing (2018) *Adult Safeguarding: Roles and Competencies for Healthcare Staff*
https://www.rcn.org.uk/professional-development/publications/pub-007069

Best Practice Guidance

HM Government (2015) *Information Sharing: Advice for Practitioners providing safeguarding services to children, young people, parents and carers*. DfE Department of Health (2009) *Responding to domestic abuse: a handbook for health professionals*

Department of Health (2010) *Clinical Governance and adult safeguarding: an integrated approach,* Department of Health

HM Government (2009) *Multi-agency practice guidelines: Handling cases of Forced Marriage*, Forced Marriage Unit: London

HM Government (2014) *Multiagency Practice Guidelines: Female Genital Mutilation,* Home Office and DfE

HM Government (2009) *Safeguarding Children and Young People from Sexual Exploitation: Supplementary Guidance*. DfE

NICE - National Institute for Health and Clinical Excellence (2009) *When to suspect child maltreatment*, Nice clinical guideline 89

Department of Health (2006) *Mental Capacity Act Best Practice Tool*, Gateway reference: 6703

NICE - National Institute of health and Clinical Excellence (2021) *Quality Standards for Looked After Children and Young People*

Care Quality Commission
Care Quality Commission (2009) *Guidance about compliance: Essential Standards of Quality and Safety*

Disclosure and Barring Service
The primary role of the Disclosure and Barring Service (DBS) is to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups including children.

Royal College of Nursing Children:

http://www.rcn.org.uk/development/practice/safeguarding/children_and_young_people

Adults: http://www.rcn.org.uk/development/practice/safeguarding/adult

Female Genital Mutilation Risk and Safeguarding; Guidance for Professionals (DoH 2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418564/2903800_DH_FGM_Accessible_v0.1.pdf

Modern Slavery Act 2015

Modern Slavery Strategy (DoH) 2014

Safeguarding Children Who May have been Trafficked (2011)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/177033/DFE- 00084-2011.pdf

Counter Terrorism and Security Act