

Safeguarding Policy

V3.0

Document Information

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1. Introduction

Millbrook Healthcare is a national service provider to the NHS and Local Authorities for community equipment services, wheelchair services, home improvements and assistive technology. The Millbrook Healthcare Board understands that safeguarding means protecting people's rights to live in safety, free from abuse and neglect. Safeguarding of both adults and children is about people and organisations working together to prevent and stop both the risks and experience of abuse and neglect.

Living a life that is free from harm and abuse is a fundamental right of every person. When abuse does take place, it needs to be dealt with quickly, effectively and in ways that are proportionate to the issues identified. Similarly, the individual at risk and at the centre of any safeguarding alert must stay as much in control of decision making as possible. This is about making safeguarding personal. The right of the individual to be heard throughout the process is a key element in striving to ensure a more personalised approach to their care, support and treatment.

Millbrook Healthcare's central mission is the provision of all services is based on the premise that the needs of service users are the driving force of the service. We must address matters related to service user safety with a high level of importance. A multi-agency approach to sharing responsibility in this area is a prerequisite.

2. Aims and objectives

The overall aim of this policy is to outline the organisation's purpose and ensure that all staff promote the wellbeing of all our service users and that it is embedded throughout the organisation and forms an integral part of everyday practice. All staff must act positively to prevent harm, abuse or neglect and to respond effectively when concerns are raised. Millbrook Healthcare is committed to a culture which prevent abuse and neglect and has a zero tolerance of practice that harms service users.

This policy is to ensure that all employees meet the required levels of competence to ensure consistency in the safety, wellbeing and quality of all service provided across the organisation.

Aims:

- Comply with legal and contractual obligations and meet the requirements of commissioners, external regulators and other relevant bodies;
- Ensure that the Board of Directors are provided with accurate and relevant information where concerns identified and disclosure received are proactively referred to local authorities if they meet the relevant threshold and learn and share lessons to better inform policy and decision making; and
- Provide assurance of continuous service and quality improvement and safety of service users, staff and others are central to the activities of the organisation.

Objectives:

- Integrate safeguarding and the promotion of service user safety, choice and wellbeing into the organisational culture and everyday practice for all staff;
- Ensure that service users are treated with compassion, dignity and respect;
- Ensure that the human rights of individuals at risk who are suffering, or who are at risk of abuse, neglect or exploitation, are respected and upheld;
- Demonstrate the organisation's approach and commitment to learning from incidents and sharing the lessons learned;
- Encourage and support incident reporting with an open, fair and just culture by providing training and feedback to staff;

- Encourage the completion of incidents and near misses by all levels of staff;
- Maintain a central incident log of all incidents reported including a regime of regular incident reviews and thematic analysis; and
- Ensure that all staff are aware of their obligations regarding incident reporting.

3. Scope

This policy applies to all staff employed by Millbrook Healthcare regardless of their job role, length of service, seniority, type of employment, length of contract, place of employment or the service they are employed in. The policy also applies to all work related activities regardless of the actual location i.e. staff working from home, a service user's home, a private or company vehicle in transit, an external venue or another organisation's premises.

The policy will be applied fairly and consistently to all employees regardless of any protected characteristics as defined by the Equality Act 2010 i.e. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.

The organisation will also make reasonable adjustments to the processes within this policy so as not to disadvantage any employees with disabilities. Any employee who has difficulty in communicating, verbally or in writing, will have arrangements put in place as necessary to ensure that this policy and the processes within are understood and that the employee is not disadvantaged in any way.

4. Duties and Responsibilities

The **Safeguarding and Serious Incident Review Group** will facilitate and develop a culture that embraces safeguarding as everybody's business and ensures that Millbrook Healthcare provides a safe system that safeguards children and adults across all the services it provides. The Group will co-ordinate safeguarding activities within a learning environment and will promote and ensure that the safeguarding of service users remains a high priority across the whole organisation.

The Group will provide an independent and objective review of, and assurances, in the compliance with legislative, mandatory and regulatory requirements. It will also monitor and manage the risks highlighted through safeguarding activities. This will be done on a monthly basis through the review of all safeguarding related incidents and concerns reported, the action(s) taken in response to the concerns raised and also review staff training compliance.

The **Managing Director** has overall accountability for ensuring that Millbrook Healthcare has effective governance, risk management and incident reporting processes in place, including safeguarding. The Managing Director is also chair for the Safeguarding and Serious Incident Review Group.

The **Designated Safeguarding Lead (DSL)** is responsible for the day to day management of safeguarding within the organisation.

The **Designated Safeguarding Officer (DSO)** will support the Designated Safeguarding Lead in promoting safeguarding across the organisation and ensuring ongoing compliance with up to date training and legislative requirements. The Designated Safeguarding Officer will also deputise for the Designated Safeguarding Lead when they are on annual leave, sick leave or during a period of absence.

Both the DSL and DSO are responsible for dealing with any allegations and suspicions of abuse and/or neglect. They will:

- Receive and record information from staff members, service users, carers or any other individuals, parties or agencies that have concerns around the safety or wellbeing of a service user;
- Assess the information promptly and carefully, clarifying or obtaining more information about the matter as appropriate;

- Formally deciding and recording whether the concern(s) raised meets the threshold for making a safeguarding alert to the local authority;
- Consult with respective commissioners as appropriate or discuss with Social Services if there is any uncertainty or any existing support for the individual(s) concerned; and
- Make a formal referral to a statutory agency without delay, where appropriate.

If an alert is raised by any member of staff and, upon receipt of the incident report, the DSL or DSO do not deem the concerns to meet the threshold for a safeguarding alert, the incident reporter will receive feedback as to why it is not reportable to the local authority.

The DSL and/or DSO will not decide if a person has been abused, this is the task of the local authority. The DSL and/or DSO will be responsible for dealing with any enquiries from the media if an incident or allegation of abuse arises. All staff should be clear that any media enquiries are to be directed to the Integrated Governance Officer and under no circumstances should any other response be given.

All **Service Managers** and **Line Managers** are responsible for ensuring their direct reports are up to date compliant with their safeguarding training, this includes the bi-annual face to face refresher training. Managers will support the DSL and DSO when they are contacted to arrange training and will ensure that their staff are available to complete the training and will make every effort to ensure that those required to attend are given the protected time to complete the training.

All **staff** are responsible for ensuring they fully understand and comply with this policy, associated policies and any relevant legislation. They must ensure that if they have been asked to attend any related training that they make themselves available for training and complete any online assessment following the training in a timely manner. They must ensure that any and all reports of abuse or neglect, suspected or otherwise, are submitted in a timely manner and within 24 hours of witnessing the concern or receipt of the disclosure. They must also engage with any subsequent investigation into the concerns raised. All staff must ensure they discharge their duties in line with relevant legislation and best practice. If staff are unsure about what to do or the next steps then they can contact the DSL or DSO for advice and support.

5. Definitions

Term	Definition
Abuse	A form of maltreatment of a child or an adult. Somebody may abuse or neglect an individual by inflicting harm, or by failing to act to prevent harm. Abuse includes physical, sexual, emotional, psychological, financial, neglect, acts of omission, discriminatory and organisational abuse.
Alert	A concern that a person at risk is or may be a victim of abuse, neglect or exploitation. An alert may be a result of a disclosure, an incident, or other signs or indicators.
Best Interest Decision	A decision made in the best interests of an individual when they have been assessed as lacking the mental capacity to make a particular decision. The best interest decision must take into consideration anything relevant such the past or present wishes of the person, a lasting power of attorney or advance directive. There is also a duty to consult with relevant people who know the person (e.g. a family member, friend, GP or advocate).
Child	Anyone under the age of 18. Even though 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, in custody does not change their status or entitlements to services or protection.

Child in need	<p>Section 17 of the Children Act 1989 defines a child in need as a child who:</p> <ul style="list-style-type: none"> a) Who is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services to them by a local authority b) Whose health or development is likely to be significantly impaired, or further impaired, without the provision for them of such services; or c) They are disabled, <p>and “family”, in relation to such a child, includes any person who has parental responsibility for the child and any other person with whom they has been living.</p>
Child protection	<p>Park 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.</p> <p><i>(Definition provided by Working Together 2015)</i></p>
Child Sexual Exploitation (CSE)	<p>The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive “something” (e.g., food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of their performing, and/or another or others performing on them, sexual activities.</p>
Controlling Behaviour	<p>A range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.</p>
Coercive Behaviour	<p>An act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.</p>
Disclosure and Barring Service (DBS)	<p>The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.</p>
Deprivation of Liberty Safeguards (DOLS)	<p>Measures to protect people who lack the mental capacity to make certain decisions for themselves and is part of the Mental Capacity Act 2005. It applies to people in care homes or hospitals where they may be deprived of their liberty.</p>
Female Genital Mutilation (FGM)	<p>Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons.</p>
Hidden Harm	<p>The impact of parental substance misuse on children and young people.</p>
Human Trafficking	<p>The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.</p>

Local Authority Designated Officer (LADO)	Local Authority Designated Officer (for allegations against staff). Has the responsibility to oversee allegations against members of staff across all organisations.
Local Safeguarding Adult Board (LSAB)	A statutory, multi-organisation partnership committee, co-ordinated by the local authority, which gives strategic leadership for adult safeguarding, across the local authority. A SAB has the remit of agreeing objectives, setting priorities and coordinating the strategic development of adult safeguarding across its area.
Local Safeguarding Children's Board (LSCB)	Local Safeguarding Children's Boards (LSCBs) are a statutory bodies established in each local authority area under Section 14 of the Children Act 2004. The purpose of LSCBs is: a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and b) to ensure the effectiveness of what is done by each such person or body for those purposes.
Looked After Children (LAC)	Children cared for by the local authority. They may live with foster carers, other family members or in residential care.
Making Safeguarding Personal	An approach to safeguarding work which aims to move away from safeguarding being process driven and instead, to place the person at risk at the centre of the process and work with them to achieve the outcomes they want.
Modern Slavery	Modern slavery is a crime and a violation of fundamental human rights. It takes various forms, such as slavery, servitude, forced and compulsory labour and human trafficking, all of which have in common the deprivation of a person's liberty by another in order to exploit them for personal or commercial gain
Multi-Agency Safeguarding Hub (MASH)	A joint service made up of Police, Adult Services, NHS and other organisations. Information from different agencies is collated and used to decide what action to take. This helps agencies to act quickly in a co-ordinated and consistent way, ensuring that the person at risk is kept safe.
Neglect	The persistent failure to meet a basic physical and/or psychological needs, likely to result in the serious impairment of health or development in the case of a child.
Physical abuse	A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to an individual. Physical harm may also be caused when a parent, guardian, relative or carer fabricates the symptoms of, or deliberately induces, illness in a child.
PREVENT	The Government's counter terrorism strategy. The aim is to: a) respond to the ideological challenge of terrorism and the threat from those who promote it b) prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support c) work with organisations where there are risks of radicalisation that need to be addressed
Radicalisation	Involves the exploitation of susceptible people who are drawn into violent extremism by radicalisers often using a persuasive rationale and charismatic individuals to attract people to their cause. The PREVENT Strategy seeks to stop people becoming terrorists or supporting terrorism.
Referral	A request for services to be provided by a local authority. A case can become current only after a referral has been made.

Safeguarding	Activity to protect a person's right to live in safety, free from abuse and neglect. It involves people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that their wellbeing and safety is promoted.
Safeguarding Adults Review	A Safeguarding Adults Review is a process for all partner agencies to identify the lessons that can be learned from particularly complex or serious safeguarding adults cases, where an adult in vulnerable circumstances has died or been seriously injured and abuse or neglect has been suspected. Millbrook Healthcare may be asked to contribute to this process.
Section 17	Section 17 of the Children's Act 1989 imposes on every local authority a duty to safeguard and promote the welfare of children in the area who are in need.
Section 47	Section 47 of the Children Act requires every local authority to make enquiries about children thought to be at risk, enabling them to decide whether they need to take further action to safeguard and promote the child's welfare.
Self-Neglect	The inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the self-neglecters and perhaps even to their community.
Serious Care Review (SCR)	Serious Case Reviews are undertaken by local safeguarding children boards for every case where abuse or neglect is known, or suspected, and either a child dies or is seriously harmed and there are concerns about how organisations or professionals worked together to protect the child. Millbrook Healthcare may be asked to contribute to SCRs.
Significant Harm	This is not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development.
Vital Interest	A term used in the Data Protection Act 1998 to permit sharing of information where it is critical to prevent serious harm or distress, or in life threatening situations.
Wellbeing	The achievement of the best outcomes for service users.
Wilful Neglect	An intentional or deliberate omission or failure to carry out an act of care by someone who has care of a person who lacks capacity to care for themselves. Section 44 of the Mental Capacity Act 2005 makes it a specific criminal offence to wilfully ill-treat or neglect a person who lacks capacity.

6. Recruitment Procedures

Millbrook Healthcare safeguards against possible abuse of children and adults in vulnerable situations through a rigorous selection process, suitable training and the provision of a safe environment for children and adults. This is achieved through the following:

- Through the Disclosure and Barring Service (DBS).
- No member of staff may start work in an unsupervised activity until a satisfactory enhanced DBS check is received and checked by the HR department and references have been checked. Exceptions are reported to the Safeguarding and Serious Incident Review Group on a monthly basis where DBS checks and renewals are a standing agenda item.

- All appointments to work with children and adults (including internal transfers) will be subject to a probationary period performance review period for internal transfers.
- All staff are required to declare all convictions, cautions and warnings. Any declarations will be verified by the HR department and a senior manager to assess whether the applicant is eligible for employment.
- It is made clear to all applicants that if any convictions, cautions or warnings are not previously declared and which subsequently appear on the enhanced criminal record check, their application for employment will be refused or their employment may be terminated with immediate effect.
- All staff are required to notify their line manager and the HR department in the event that they receive a conviction, caution or warning.
- Employees involved in the provision of care, support and administration will be required to apply for an enhanced DBS check every 3 years. Any convictions, cautions or warnings that appear and that have not been previously notified to the HR department, may lead to disciplinary action.
- All staff are required to attend safeguarding training as part of the induction training programme. An e-learning package is to be completed within the first 2 weeks and a face to face training session is to be attended within 12 weeks of joining the organisation.
- All Millbrook Healthcare staff undergo level 3 safeguarding training in line with the Adult Safeguarding Levels and Competencies for Healthcare Professionals Inter Collegiate Document (2016) and the Safeguarding Children and Young People: Role and Competencies for Health Care Staff Inter Collegiate Document (March 2014).

7. Recording, Reporting and Referring Safeguarding Concerns (Incident Reporting)

All safeguarding and modern slavery concerns must be reported via the AssessNET Portal and referred to the Safeguarding Team as per the Incident Reporting Policy. However, staff are also encouraged to contact their local authority directly to refer an alert and complete an incident report once this has been done. Should any concerns identified or disclosures made present an immediate threat to life then staff must call the emergency services on 999 immediately.

When any signs of suspected or actual abuse or neglect are witnessed, an incident report must be reported as soon as practically possible. Staff are responsible for ensuring that they complete an incident report form via the AssessNET portal. All desktop computers and laptops have a desktop icon and staff can report an incident without the need for a user ID or password.

The incident report is to contain factual and relevant information only, no jargon and no opinions. The report form should be treated as a professional document and should be written to the same standard. If any information is omitted then this may delay the investigation and review of the incident whilst the incident reporter is contacted for additional information.

Millbrook Healthcare will be required to report some incidents to external agencies, stakeholders and third parties. If any incident report is to be shared then it will be redacted to remove any personal identifiable and sensitive information in accordance with Data Protection Act 1998.

All safeguarding alerts reported will be reviewed by the Safeguarding Leads upon receipt and will also be reviewed on a monthly basis at the Safeguarding and Serious Incident Review Group. This review will also highlight any trends and themes and to share learning.

The organisation also recognises that as a healthcare provider we are obliged to comply with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Duty Of Candour, in that we 'act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity'. The Duty requires providers to offer an apology and state what further action is to be taken. In practice, this means that we are open and honest with our service users when things go wrong

with the service we provide. Please also refer to the Incident Reporting Policy for further information.

8. Pressure ulcers and safeguarding triggers

A safeguarding incident report should be made for all pressure ulcers where there is a concern that a service user is at risk or may be a victim of abuse and/or neglect.

An incident report should also be raised if there are concerns that the adult at risk's carers are refusing assessment, treatment or equipment for the individual.

If it is decided that the concerns raised do not meet the threshold for a referral to the local authority nor requires an investigation, advice will be given to the incident reporter by the Safeguarding Team. Please refer to Appendix A for contact details for the Safeguarding Team.

Please also refer to the Pressure Ulcer Management Policy for further information.

9. Equipment provision and Deprivation of Liberty Safeguards (DOLs)

Community equipment, prescribed by clinicians has the potential to deprive a person of their liberty when used to restrict freedom of movement, for example bed side rails ('cot sides'), pressure mats/ alarms, tilt in space chairs and lap straps. A person can also be deprived of their liberty by withholding necessary equipment.

The prescriber must consider:

- Does the service user lack capacity to consent?
- Have all the options been considered? Are there ways to keep the person safe which do not limit their freedom? The emphasis should be on empowerment and enablement.
- How frequently and how long is the equipment to be used for?
- Does the individual have the choice to go/be elsewhere? And if so, are they empowered/ enabled to do/be so?
- Is the identified equipment the least restrictive option?
- Does the restriction caused by the equipment cause distress?
- Are the restrictions caused by the equipment considered to be in the person's best interest?
- Does the deprivation outweigh the potential harm that the service user is being protected from?

If the intended equipment clearly creates a deprivation of liberty, it must be authorised either by the prescribing OT or a clinical rationale must be provided by a Wheelchair Therapist.

Everyday furniture may also be used to limit an individual's movement. A person who lacks capacity and is unable to push their chair back from a table, can be sat at a table to eat their meals and carry out an activity, but if they are left there for the sole purpose of limiting their movement, with no opportunity or assistance given to move if desired, this is a clear deprivation of liberty. In this scenario it might be considered that there are other more suitable ways to keep a wandering or restless person safe.

It is essential to provide and maintain a written record of all that has been done for/with or in relation to a service user, including the clinical reasoning behind the care planning and provision. In this situation, it is important that the capacity assessment is clearly documented. It is also vital that the rationale for any decision made or action taken is comprehensive, demonstrating how the risks to the service user and their best interests were considered. (College of Occupational Therapists, (2015); 'Deprivation of Liberty Safeguards').

10. Safeguarding Allegation Management Advisor (SAMA)

The Allegations Management Framework (2016) sets the standards in relation to the management of allegations against people in a position of trust. This framework applies to anyone in a position of trust regardless of the sector.

Safeguarding Adult boards strongly recommend organisations have a Safeguarding Allegation Management Advisor (SAMA). This role is held by the organisation's Designated Safeguarding Lead.

The SAMA is responsible for co-ordinating complex cases where concerns or allegations about the harm or abuse of an adult at risk are raised against a member of staff of that organisation. If there is an allegation made about a Millbrook Healthcare member of staff, the line manager must make the SAMA aware and complete an incident report form.

In addition, Disclosure and Barring Service (see below) must be notified as soon as there is sufficient evidence of a risk of harm to children or adults at risk with supporting details of any action taken such as restriction of practice or exclusion. A referral may also be required to the professional body of the staff member concerned. Advice should be sought from HR alongside the SAMA, Governance Manager and Head of Risk, Governance and Training.

Where an internal safeguarding investigation establishes a suspected crime this will need to be reported to the police. This will be undertaken by either the DSL or DSO.

Where there is an allegation against a Millbrook Healthcare staff member unconnected to their employment, the line manager will consider the facts and will need to consider whether the actions of the employee pose a risk and warrant notifying the SAMA.

11. Disclosure and Barring Service (DBS)

The Disclosure and Barring Service is responsible for carrying out pre-employment checks, including criminal records checks and checks of vetting and barring. The DBS helps employers like Millbrook Healthcare to make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

The DBS will make all decisions about who should be barred and will hold a central register of those who are barred from working with children or adults at risk. It is a criminal offence for individuals barred by the DBS to work or apply to work with children and adults at risk in a wide range of posts.

All new DBS checks and renewals are reviewed at the monthly Safeguarding and Serious Incident Review Group. Exceptions are reported to the group by HR staff who sit on the group quorum. Any action require on the back of a check or renewal is agreed at this group. DBS checks for staff are reviewed every three years.

Please also refer to the Colleague Handbook for further details on the DBS process.

12. Freedom to Speak Up

The organisation's values include being open and honest in everything we do. We want to be open with our staff, and for staff to be open with our service users and their families, with each other and the organisation as a whole. By being candid, transparent, open and honest this will help lead to better service provision. Staff are encouraged to speak to their line manager should they have any concerns over the quality of service provision.

The Freedom to Speak Up policy has been written to enable staff to report concerns when something is wrong, has happened, or may happen, and to support staff in raising genuine concerns. Any concerns raised through this process will be treated seriously, promptly and fairly. To raise a concern, staff only need a genuine belief that something may be wrong and may need looking into.

This process is relevant to safeguarding where there are concerns of abuse or neglect due to the action or inaction of a member of staff. In such circumstances the matter should be raised to the Designated Safeguarding Lead under their SAMA responsibilities. The organisation also has a 'Freedom to Speak Up Guardian' who acts independently and is there to listen and support staff in raising concerns. The Freedom to Speak Up Guardian is the Governance Manager.

13. Prevent

Prevent forms one part of the Government's overall counter terrorism strategy. It is aimed at front line staff and is designed to help make them aware of their role in preventing vulnerable people being exploited for terrorist purposes and being radicalised and drawn into extremism.

The Counter Terrorism and Security Act (2015) places a duty on a range of organisations to have due regard to the need to prevent people of all ages being drawn into terrorism.

The Prevent strategy recognises that front line staff (including health care staff) may come into contact with individuals, both children and adults, who are vulnerable to radicalisation. Radicalisation is usually a process, not a one-off event, and during that process it is possible to intervene to safeguard the vulnerable individual before any harm has occurred or crime has been committed. Staff must have an awareness of the risk of radicalisation, identify those individuals who may be vulnerable and intervene to prevent them from supporting terrorism or becoming terrorists themselves.

If a staff member has concerns that a child or adult may have been radicalised or is at risk of radicalisation, they must be aware of their responsibilities under this policy to report their concerns and assist the Safeguarding Team in completing a Prevent referral to the local authority or local constabulary.

All concerns relating to Prevent must be escalated as a matter of urgency to the Safeguarding Team. On raising a concern, an incident report must be completed via the AssessNET portal.

14. Modern Slavery and Human Trafficking

Modern slavery encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers use whatever means they can to coerce and force individuals into servitude, abuse and inhumane treatment.

It also includes the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. It is important to note that some cases involve UK born individuals trafficked within the UK (e.g. people being trafficked from one town to another). Trafficked people may be used for sexual exploitation, agricultural labour and benefit fraud. Children as well as adults are trafficked.

All staff across the organisation could spot a victim of human trafficking. By this we refer to the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs. Any form of human trafficking is an abuse.

If you have a concern regarding the possible trafficking of a person you should immediately contact the organisation's Designated Safeguarding Lead or Designated Safeguarding Officer or make a referral direct to the appropriate local authority team (Please see Appendix B for details). Staff should not do anything which may increase the risk of harm to the child or adult.

15. Female Genital Mutilation (FGM)

FGM comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. It is also sometimes referred to as female genital cutting or female circumcision. There are no health benefits to FGM and it is recognised internationally as a human rights violation.

If a staff member has concerns that a child or an adult is a victim of FGM, they must be aware of their responsibilities under this policy to report their concerns to the Safeguarding Team and complete an incident report form.

If you believe a child or adult is in immediate danger of FGM call the police immediately on 999 or, in the case of children, you can contact the NSPCC's FGM hotline on 0800 028 3550 or via e-mail on fgmhelp@nspcc.org.uk

16. Safe and Well Visits

A Safe and Well visit is a person centred home visit carried out by a local Fire and Rescue Service. Its purpose is to identify and reduce risk to the occupier. It is also about having a collaborative approach with health and social care to help keep people safe in their homes for longer. Any member of staff who has contact with service users has the opportunity to refer vulnerable adults who may have an increased fire risk.

Safe and Well assessments are free for anyone who meets the eligibility criteria:

- is over 65 years of age
- lives alone
- has a physical and/or learning disability
- has any sensory impairment
- is known to be substance or alcohol dependent
- is unable to protect themselves from harm
- is experiencing domestic abuse
- is returning from hospital and there are fire concerns identified

Please refer to Appendix J for contact details of all Fire and Rescue Services in the contract areas we provide services. If you are unsure about the referral process or have any questions about the visits and assessment process, please contact the Safeguarding Team.

17. Associated documents

Safeguarding Children:

The Children Act 1989

The Children Act 2004

Working Together to Safeguarding Children 2015

Promoting the Health and Wellbeing of Looked After Children 2015

Safeguarding Children and Young People: role and competencies for health care staff (Intercollegiate Document 2014)

Safeguarding Adults:

The Care Act 2014

Safeguarding Vulnerable Groups 2006

Mental Capacity Act 2005

Adult Safeguarding Levels and Competencies for Health Care Professionals (Intercollegiate Document 2016)

Other Legislation and Associated Documents:

Data Protection Act 1998

Human Rights Act 1998

The Care Standards Act 2000

National Health Service Act 2006

The Protection of Freedoms Act 2012

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20

The Caldicott Principles

Deprivation of Liberty Safeguards Guidance

Freedom to Speak Up: Raising Concerns and Whistleblowing Policy

Incident Reporting Policy

Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DOLs) Policy
Modern Slavery Act 2015
Information Governance Policy
Risk Management Policy
Pressure Ulcer Management Policy
Quality Governance Strategy

18. Training

It is essential that all staff receive safeguarding training. All staff receive training to competency level 3 as outlined by the Intercollegiate Document. Core competencies for level 3 training include:

- Draws on family-focused and professional knowledge of what constitutes maltreatment
- To identify signs of abuse or neglect
- Ability to document and report concerns
- Works with other professionals and partner agencies when there are safeguarding concerns

All staff (see scope) will be provided with safeguarding training as part of their induction process. This training will be refreshed annually in line with core competency requirements. This equates to a minimum of 2 hours per annum.

19. Review and monitoring

This policy will be monitored annually by the DSL and DSO (or sooner if new legislation, codes of practice of national standards are introduced). The next review will be in 11 August 2018. Compliance with the policy will also be audited on an annual basis with findings and recommendations made to the Safeguarding and Serious Incident Review Group.

This policy will also be audited on an annual basis. The purpose of the annual audit is to assess the effectiveness of the organisation's local safeguarding arrangements. This includes our responsibilities under section 11 of the Children Act 2004 to self-assess the extent to which the organisation meets safeguarding requirements and standards outlined in the Act. Please refer to Appendix J for details of the audit toolkit for completion.

20. Appendices

Appendix A: Millbrook Healthcare Safeguarding Team

Appendix B: National Local Authority Safeguarding Contacts

Appendix C: Flowchart for Reporting Suspected Abuse or Neglect

Appendix D: Safeguarding Handout

Appendix E: Mental Capacity Act and Deprivation of Liberty Safeguards staff handout

Appendix F: Safeguarding Everybody Everyday Poster

Appendix G: Safeguarding Responding to Disclosures Poster

Appendix H: PREVENT Poster

Appendix I: Safe and Well Fire and Rescue Service Contact Details

Appendix J: Safeguarding Audit Toolkit

Appendix K: Safeguarding Threshold Toolkit

Appendix L: Safeguarding Decision Support Tool

Appendix A: Millbrook Healthcare Safeguarding Team Contact Details

Millbrook Healthcare Designated Safeguarding Officer:

Tracy Frowen, National Clinical Trainer

Tracy.Frowen@millbrookhealthcare.co.uk

Tel. (07341) 561795

Millbrook Healthcare Designated Safeguarding Officer:

Sarah Knight, Clinical Governance Manager

Sarah.Knight@millbrookhealthcare.co.uk

Tel. (07814) 709574

Appendix B: National Local Authority Safeguarding Contacts

CONTRACT SPECIFIC SAFEGUARDING BOARDS (ADULTS & CHILDREN)		
Contract	Social Care	NHS
Barnet	Social Care Direct (Adults) Tel. 020 8359 5000 (9am-5pm, Mon-Fri) Tel. 020 8359 2000 (Out of Hours) E-mail: socialcaresdirect@barnet.gov.uk Multi-Agency Safeguarding Hub (Children) Tel. 020 8359 4066 (9am-5pm, Mon-Fri) Tel. 020 8359 2000 (Out of Hours)	London Borough of Barnet
Brent	Safeguarding Adults Tel. 020 8937 4300 (9am-5pm, Mon-Fri) E-mail: safeguardingadults@brent.gov.uk Safeguarding Children (Brent Family Front Door) Tel. 020 8937 4300 (9am-5pm, Mon-Fri) Tel. 020 8863 5250 (Out of Hours)	London Borough of Brent
Bedfordshire	North Bedfordshire (01234) 223599 South Bedfordshire (01582) 818499 Social Care out of office hours and at weekends 08702385465 North & Mid Bedfordshire Police (01234) 841212 Luton and South Beds Police (01582) 401212	01234 292952 or 07814390908
Cornwall and Isles of Scilly	Adults: 0300 1234 131 Isle of Scilly: 01720 422148 Children: 0300 123 1116	0300 123 1116
East Berkshire	Adults: Wokingham: 0118 974 6800 Reading: 0118 937 3747 OOH Emergency Team: 01344 786543 Children: Wokingham: 0118 908 8002 Reading: 0118 937 3641 OOH Emergency Team: 01344 786543	
East Sussex	Adults: 0345 60 80 191 Children:	Contact East Sussex Council

	<p>Hastings and Rother district: Children under 11: 01424 724144</p> <p>Youths and adults: 01424 724130</p> <p>Eastbourne & Hailsham district</p> <p>Children: 01323 747373</p>	
Kingston upon Thames	<p>Adults: 020 8547 4735</p> <p>Children: 020 8547 5004 Monday to Thursday, 8.45am – 5.00pm, Friday 8.45am – 4.45pm only</p> <p>020 8770 5000 at any other time</p>	Contact Kingston Council
Hackney	<p>Adults: 0208 356 5782 (OOH: 0208 356 2300)</p> <p>E-mail: adultprotection@hackney.gov.uk</p> <p>Children: 0208 356 5500 (OOH: 0208 356 2710)</p> <p>E-mail: fast@hackney.gov.uk</p>	London Borough of Hackney
Havering	01708 433550 or 01708 432000	<p>Adults: office hours 01708 432000 or 01798 433550 / Out of hours 01708 433999 or Havering safeguarding adults' team office hours 01708 432497</p>
Hertfordshire	<p>Adults: 0300 123 4042</p> <p>https://www.hertfordshire.gov.uk/services/adult-social-services/report-a-concern-about-an-adult/report-a-concern-about-an-adult-form.aspx</p> <p>Children: 0300 123 4043</p> <p>https://www.hertfordshire.gov.uk/services/childrens-social-care/child-protection/report-concerns-about-a-child-form.aspx</p>	Hertfordshire County Council
Isle of Wight	<p>Adult Safeguarding Team</p> <p>Tel. 01983 814980 (9am-5pm, Mon-Fri)</p> <p>Tel. 01983 821105 (Out of Hours)</p> <p>Hants Direct (Children & Young People)</p> <p>Tel. 0300 300 0117 (24 hours)</p> <p>Tel. 0300 555 1381 (Hants Direct for Professionals)</p>	Isle of Wight Council
Kent	<p>Adults: 03000 416161</p> <p>Children: 03000 411111</p> <p>Out of hours & emergency: 03000 419191</p>	Kent County Council

	E-mail: social.services@kent.gov.uk	
Medway Council	<p>Child Safeguarding Tel. (01634) 334446 0830-1700 Mon-Fri OOH: (03000) 419191</p> <p>Safeguarding Adults Tel. (01634) 334446 0830-1700 Mon-Fri OOH: (03000) 419191 E-mail: ss.accessandinfo@medway.gov.uk</p>	Medway Council
Northamptonshire	<p>Adults: 0300 126 1000 Children: 0300 126 1006 (8am-6pm Mon-Fri) Out of Hours: 01604 626938</p>	Contact Northampton County Council
Plymouth	<p>Adults: 01752 668000 Children: 01752 308600</p>	0845 155 8155 or 01752 202082
Portsmouth	<p>Adults: 02392688613 or email SafeguardingAdults@portsmouthcc.gov.uk Children: 023 9283 9111 - Civic Offices (Information & Assessment Team) 0845 600 4555 - Emergency out-of-hours</p>	<p>Adults: Contact Council Children: Contact Council</p>
Redbridge	<p>020 8708 7333 (Monday to Friday, from 9am to 5pm) or 020 8554 5000 (Monday to Friday from 8.30 am to 6pm) Police: 020 8478 1123</p>	<p>Redbridge adult services duty team office hours 0208 708 7333 or out of hours 0208 553 5825. Children: 020 8708 3885 from 9 am to 5 pm; 020 8553 5825 after 5 pm</p>
Reigate & Banstead Borough Council	See details for Surrey	Surrey County Council
Tandridge District Council	See details for Surrey	Surrey County Council
Mole Valley District Council	See details for Surrey	Surrey County Council
Milton Keynes	<p>Safeguarding Children Tel. (01908) 253169 253170 (MASH) Emergency Duty Team: (01908) 265545 E-mail: children@milton-keynes.gov.uk</p>	Milton Keynes Borough Council



	<p>Adult Safeguarding Tel. (01908) 253772 Emergency Duty Team: (01908) 725005</p>	
West Berkshire	<p>Child Safeguarding Tel. (01635) 503090 E-mail@ child@westberks.gov.uk</p> <p>Safeguarding Adults Tel. (01635) 519056 E-mail: safeguardingadults@westberks.gov.uk https://www.westberks.gov.uk/index.aspx?articleid=29929</p>	West Berkshire Council
East Hampshire	See details for Hampshire	
Havant Borough Council	See details for Hampshire	
Somerset	<p>Safeguarding Children Tel. (0300) 123 2224 E-mail: childrens@somerset.gov.uk Emergency Duty Team: (0300) 123 2327</p> <p>Adult Safeguarding Tel. (0300) 123 2224 E-mail: adults@somerset.gov.uk</p>	Somerset County Council
Southampton	<p>Southampton Children's MASH MASH Advice and Duty Line – (023) 8083 2300 Mash.secure@southampton.gcsx.gov.uk</p> <p>Southampton Adult Social Care singlepointofaccess@southampton.gcsx.gov.uk Tel: (023) 8083 3003</p>	Southampton City Council
Surrey	<p>Surrey Multi-Agency Safeguarding Hub (MASH) Tel. 0300 470 9100 (0900-1700 Mon-Fri) Out of Hours Emergency Tel. 01483 517898 E-mail: edt.ssd@surreycc.gov.uk SMS: 07800 000388</p> <p>Adults E-mail: ascmash@surreycc.gov.uk</p>	Contact Surrey County Council

	<p>Children: E-mail: csmash@surreycc.gov.uk</p>	
Central Surrey Health	Contact Surrey County Council	Contact Surrey County Council
Staffordshire	<p>Reporting child abuse: Tel. 0800 131 3126 (free from a landline) Monday – Thursday 0830-1700hrs Friday 0830-1630hrs Out of hours: 0345 604 2886 Text: 07773 792016</p> <p>Reporting abuse of an adult: Tel. 0345 604 2719 Monday – Thursday 0830-1700 Friday 0830-1630 Out of hours: 0345 304 2886</p>	Staffordshire County Council
Warwickshire	<p>Safeguarding Children Tel. (01926) 414144 Mon-Thu 0830-1730 Fri 0830-1700 E-mail: mash@warwickshire.gov.uk Out of hours: (01926) 886922</p> <p>Adult Safeguarding Adult Social Care & Support: (01926) 412080 Warwickshire County Council Shire Hall Warwick CV34 4RR</p>	Warwickshire County Council

Appendix C: Flowchart for reporting suspected abuse or neglect



Appendix D: Safeguarding staff handout

Spotting signs of abuse *(This list is not exhaustive)*

- Unexplained weight loss
- Unexplained bruises, scratches or cuts
- Sudden changes in behaviour or personality
- Self-harm
- Frequent asking for money or food
- Over compliance and low self esteem
- Dislike of any physical contact
- Constant hunger and confusion

What if a service user discloses to you

Make sure the service user is safe and reassure them. Remain calm and listen to what you are being told. Allow the service user to use their own words and DO NOT ask leading questions. Write down what was said and explain that you are required to share the information with the regulatory authority.

- Do give them your support
- Don't promise to keep secrets or make promises that you cannot keep
- Don't be judgemental
- Don't contact the alleged abuser

Making Safeguarding Personal

The aim is to develop an outcomes focus to safeguarding work.

- A personalised approach that enables safeguarding to be done with, not to, service users.
- Practice that focuses on outcomes rather than just investigating concerns.
- An approach that utilises care skills rather than relying on a process.
- An approach that enables knowing what difference has been made.

REMEMBER:

Safeguarding is *everyone's* business. You are legally required to promote safeguarding and to prevent and report all actual and suspected instances of abuse

What you need to know about Safeguarding

What is Safeguarding?

Safeguarding is about protecting adults, children and young people with their care and support needs from actual and suspected abuse and neglect. Safeguarding children is also about promoting their welfare, preventing impairment of their health or development and ensuring that children grow up in circumstances consistent with the provision of safe and effective care.

Safeguarding Dos and Don'ts

You must:


- Treat all adults and children in vulnerable situations with dignity and respect
- Provide an example of good conduct for others to follow
- Challenge unacceptable behaviour
- Be identifiable and wear a name badge and uniform (if applicable)

You must not:

- Have unwarranted contact with a child or person in a vulnerable situation
- Make any comments which may have a sexual connotation

Any questions or concerns?
Contact a Safeguarding Officer on 07341 561795 or 07814 709574

Reporting abuse procedure



Appendix E: Mental Capacity Act and Deprivation of Liberty Safeguards staff handout



What you need to know about *Mental Capacity Act 2005 (MCA)*

What is the Mental Capacity Act 2005?

The Act provides a legal framework for decision-making, designed to empower and protect individuals. The Act applies to anyone over the age of 16 years.

A person who lacks mental capacity is “a person who lacks capacity to make a particular decision or take a particular action for themselves at the time the decision or action needs to be taken”. (*MCA 2005 Code of Practice*)

Principles of the Mental Capacity Act 2005

- ➔ Presumption of capacity
- ➔ All practicable steps must be taken to support individuals to make decisions
- ➔ Unwise decisions do not prove a lack of capacity
- ➔ Decisions taken must be reasonably believed to be in the person’s best interests
- ➔ The less restrictive intervention should be sought

Assessing Mental Capacity

The type of decisions covered by the Act range from day to day decisions to more serious decisions or life-changing decisions. If you are concerned that a service user may not have mental capacity to make decisions for themselves then they need a mental capacity assessment and in their best interests.

Definition of ‘best interests’:

- ➔ Encourage participation
- ➔ Identify all relevant circumstances
- ➔ Find out the person’s views
- ➔ Avoid discrimination
- ➔ Consult others
- ➔ Assess whether the person might regain capacity
- ➔ Avoid restricting the service user’s rights
- ➔ Weigh up all the above points

REMEMBER: *Mental capacity is time and decision specific*



What you need to know about *Deprivation Of Liberty Safeguards (DOLS)*

What do we mean by Deprivation of Liberty Safeguards (DOLS)?

A deprivation of liberty is a breach of Article 5 of the European Convention of Human Rights – *the right to liberty and security of person*. The right to liberty is a qualified right, and for individuals who lack mental capacity, it can be overridden if the correct legal procedure is used. This is known as the Deprivation of Liberty Safeguards.

The safeguards can apply to anyone over the age of 18 years who resides in a hospital or care home and who lacks mental capacity to make decisions regarding their care. A DOLS authorisation may be needed where the levels of restriction or restraint used in delivering necessary treatment or care may breach a person’s right to liberty.

The 2 types of DOLS authorisation

- ➔ **Urgent:** These can be made by the Managing Authority and can last up to 7 days to allow for assessments for a standard authorisation
- ➔ **Standard:** These are granted by the supervisory body (e.g. local authority social services)

Lawful restraint

- ➔ Anybody considering using restraint must have objective reasons to justify that restraint is necessary
 - ➔ It must be shown that the service user being cared for is likely to suffer harm unless proportionate restraint is used
 - ➔ If restraint is necessary to prevent harm to the service user who lacks capacity, it must be the minimum amount of force for the shortest amount of time
- You are using restraint if you “use force, or the threat of force, to make someone do something that they are resisting; or restrict a person’s movement, whether they are resisting or not”. (*s.6(4) MCA 2005*)
- Using harnesses or chest straps for positioning or posture is **not** classed as a **restraint**. However, if there are **behavioural challenges** or **safety issues** then a **DOLS assessment** needs to be undertaken with **social services**.



SAFEGUARDING

EVERYBODY

EVERYDAY

If you have any concerns or have any queries, speak to the Safeguarding Team straight away

Tracy Frowen, Safeguarding Officer: 07341 561795

Sarah Knight, Safeguarding Officer: 07814 709574

E-mail: safeguarding@millbrookhealthcare.co.uk



SAFEGUARDING & RESPONDING TO DISCLOSURES

LISTEN

First and foremost, the individual **needs** to be **listened** to

- Be **attentive**: give them your undivided attention
- Be **encouraging**: offer verbal affirmations
- Be **receptive**: be understanding of their view of the situation
- Be **open**: keep an open posture, smile and nod

FEEDBACK

The individual **needs** to know they have been **heard**

- Reflect**: restate what has been said, using their words
- Clarify**: verify anything you are unsure of
- Record**: record an accurate report in their words
- Consent**: seek consent to share, but don't let no consent be a barrier to report

RESPOND

Let the individual **know** what will **happen next**

- Be **honest**: tell them it is your duty to notify and share the concerns with the Safeguarding Team
- Manage expectations**: don't make promises you can't keep, don't judge or jump to any conclusions and don't make any assumptions

REFER

Report to your **Safeguarding Team** (07739 446301 | 07785 958501)



Preventing terrorism and radicalisation within our communities

What is Prevent?

Prevent is the name given to a national strategy which aims to stop people from becoming violent extremists or supporting terrorism. Channel is the process that supports people at risk of being drawn towards terrorism or violent extremism.

All forms of extremism

Prevent aims to deal with all forms of extremism including Far Right racist extremism, animal rights extremism and religious extremism.



Signs of possible radicalisation

- Notable changes in behaviour or mood
- May begin to express extreme political or radical views
- Appear increasingly sympathetic to terrorist acts
- Appearance may change
- Friends may change and may spend excess time on their own or on the internet

Making a referral

You can speak to your manager or to the Safeguarding Team about any concerns you may have. If the concern is about an individual, refer to the numbers below or in an emergency call the police on 999.

Local Safeguarding contact

Tracy Frowen, Designated Safeguarding Officer & Prevent Officer: **07341 561795**

Sarah Knight, Designated Safeguarding Officer & Prevent Officer: **07814 709574**

Further information

Anti-terrorism hotline: **0800 789321** | Crimestoppers: **0800 555111**

Appendix I: Safe and Well Fire and Rescue Service Contact Details

Safe and Well Visits	
Contract	Fire and Rescue Service contact details
Bedfordshire & Luton	0800 043 5042
Berkshire	communitysafety@rbfrs.co.uk
Cornwall	csadmin@fire.cornwall.gov.uk
Devon and Somerset	firekillsemail@dsfire.gov.uk
East Sussex	andy.reynolds@esfrs.org
Hampshire	community.firesafety@hantsfire.gov.uk
Hertfordshire	0300 123 4046
Isles of Scilly	DRidsdale@scilly.gov.uk
Kent	martin.adams@kent.fire-uk.org
Lincolnshire	01522 582222
London	mark.hazelton@london-fire.gov.uk
Northamptonshire	LBryan@northantsfire.gov.uk
Oxfordshire	community.safety@oxfordshire.gov.uk
Surrey	0800 085 0767
Staffordshire	0800 0241 999
Warwickshire	01926 466282

Appendix J: Safeguarding Audit Toolkit

Safeguarding Audit Toolkit (Including Section 11 Children Act 2004)

This toolkit needs to be read in conjunction with the audit toolkit guidance document. Please ensure that all sections of the toolkit are completed.

Name of person completing the audit:	
Job title:	
Contact telephone number:	
E-mail address:	
Service being audited:	
Audit date:	

RAG Rating Key:

GREEN

Fully compliant (remains subject to continuous quality improvement)

AMBER

Partially compliant with plans in place to ensure full compliance & progress is being made within agreed timescales.

RED

Non-compliant (standards not met / actions have not been completed within agreed timescales)

Standard 1: Leadership and Accountability				
Standard	Evidence	RAG score	Actions	Deadline
1.1 There is a named lead for safeguarding or senior management commitment to the importance of safeguarding children.				
1.2 The organisation is linked into Local Safeguarding Children and Adult Boards, including contributing to the work of the Board and sub-groups. The representative(s) understand their role and how to communicate messages from/to the organisation.				
1.3 There is a named or designated person(s) with a clearly defined role and responsibilities to champion safeguarding and child protection including: <ul style="list-style-type: none"> Maintaining a sound knowledge of legislation and guidance Communicating to staff Holding managers to account Ensure effective working relationships are in place Responding to identified safeguarding training needs This person has sufficient time and support to carry out their responsibilities. An annual appraisal reviews the job role 				
1.4 The organisation has a clear written accountability framework. All staff understand to whom they are accountable and what level of accountability they have. All staff are aware of their own roles and responsibilities and those of the organisation for safeguarding				

and protecting children. Business/Service plans and reports incorporate staff responsibilities for safeguarding and promoting the welfare of children including objectives, where appropriate, for staff members.				
1.5 There is a safer working practice for all contractors to the organisation who work with children and are delivering statutory services.				

Standard 2: Policies and Procedures				
Standard	Evidence	RAG score	Actions	Deadline
2.1 The organisation has written policies, and where applicable a procedure, for safeguarding and protecting children that is accessible to all staff.				
2.2 These policies and procedures are in line with and make reference to the SSCB multi-agency Child Protection policies manual				
2.3 The policy and procedures are reviewed on a regular basis to maintain compliance with new national and local legislation and guidance, and service and personnel changes.				
2.4 Your organisation clearly communicates any changes to policy and procedures to all relevant staff and ensures they are implementing current practice.				
2.5 There are clear procedures for recording and reporting concerns or suspicions of abuse of children which all staff are aware of.				
2.6 There is clear guidance on how to respond to a disclosure of abuse from children.				
2.7 All staff working with children, parents or carers are aware of additional vulnerability of some children and the impact of issues such as substance misuse, mental health issues, domestic abuse and learning disabilities on parenting capacity and always give consideration to the needs of the children and where necessary ensure that these are assessed and appropriate referrals made.				
2.8 Relevant staff are aware of the importance of appropriate challenge in case conferences and reviews. Staff understand how to escalate concerns as appropriate, both internally and externally.				
2.9 Your organisation can demonstrate a commitment to equality and diversity within its policies and procedures. All staff understand the value of the equality and diversity in contributing to improved outcomes for ALL children.				

Standard 3: Recruitment and Selection				
Standard	Evidence	RAG score	Actions	Deadline
3.1 The organisation has recruitment and selection procedures for all personnel, including volunteers, and ensures that equality and diversity are part of the recruitment process				
3.2 All staff have been assessed to determine if they are in regulated activity and the relevant checks have been made including enhanced or standard DBS checks.				
3.3 Employees involved in the recruitment of staff to work with children have received training as part of a 'safer recruitment' training programme.				

Standard 4: Staff Induction, Training and Development				
Standard	Evidence	RAG score	Actions	Deadline
4.1 An induction process is in place for all staff and volunteers who have contact with children including: Familiarisation with child protection policies <ul style="list-style-type: none"> • Basic child protection training that includes • How to recognise signs of abuse and neglect • How to respond to any concerns 				
4.2 Additional training is available for staff working with children and young people appropriate to their role.				
4.3 Staff understand the when and how to make a referral to Children's Services.				
4.4 Senior staff are kept up to date with changes in statutory requirements and new, evidence-based, ways of working.				
4.5 All new policies, guidance and legislation regarding safeguarding children is incorporated into training and briefings.				
4.6 Outcomes and findings from reviews & inspections are disseminated to appropriate staff.				
4.7 Training managers ensure that any safeguarding training gaps identified in the appraisal process are filled.				

Standard 5: Complaints, Allegations and Whistleblowing				
Standard	Evidence	RAG score	Actions	Deadline
5.1 The organisation has effective policies & systems in place to manage concerns and complaints as well compliments from service users or other professionals.				
5.2 The organisation has effective policies & systems in place to enable whistleblowing on an organisational and individual level (Freedom to Speak Up).				
5.3 The Organisation has a named senior officer who is trained and responsible to handle allegations and complaints and ensuring the organisation follows these procedures effectively (Freedom to Speak Up Guardian).				
5.4 All complaints and allegations of abuse are recorded, monitored and available for internal and external audit.				

Standard 6: Information Sharing, Communications and Confidentiality				
Standard	Evidence	RAG score	Actions	Deadline
6.1 All staff work to key principles for information sharing and understand its duty to share information, even without user consent, when there are child protection concerns.				
6.2 There is good communication between members of the organisation about children for whom there are concerns and where relevant, a system for 'flagging' these children without breaching confidentiality.				
6.3 Relevant data is made available to Local Safeguarding Children's Board for inclusion in their annual reports.				
6.4 Your organisation can ensure information on children and their family, which is of a personal and sensitive nature, is accurate, up to date and kept confidential when appropriate (4 th data protection principle).				

Standard 7: Listening to Children and Young People				
Standard	Evidence	RAG score	Actions	Deadline
7.1 Business plans are informed by the views of children and families, including groups who are often excluded.				
7.2 The service design and review process takes into account the views of young people and their families. Consideration is given to the way in which a service can be improved to ensure children's safety and welfare.				
7.3 Children are made aware of their right to be safe from abuse. This is achieved through information made available, for children,				

young people and parents about where to go for help in relation to maltreatment and abuse.				
7.4 Children are listened to, taken seriously and responded to appropriately, including during individual case decision-making.				
7.5 As a minimum, the organisation evaluates outcomes from the perspective of the child or young person.				

Standard 8: Child Sexual Exploitation (CSE)				
Standard	Evidence	RAG score	Actions	Deadline
8.1 Policies, procedures and guidance are in place for safeguarding and promoting the welfare of children and young people relating to child sexual exploitation (CSE).				
8.2 Staff are able to recognise CSE warning signs and risk factors and are able to access the appropriate training, tools and guidance in order to make a referral.				

Standard 9: Staff Supervision				
Standard	Evidence	RAG score	Actions	Deadline
9.1 The organisation's staff supervision policy supports effective safeguarding.				
9.2 Staff working with children receive regular management supervision on an individual basis and can access further support when required.				
9.3 There is an annual appraisal process which includes a review of each member of staff's role and their skills, competencies and knowledge around safeguarding children.				

Standard 10: Quality Assurance and Outcome Measurement				
Standard	Evidence	RAG score	Actions	Deadline
10.1 The organisation has in place robust information systems that enable them to monitor the quality of practice and the management of work with children and families to ensure their welfare is being effectively safeguarded and promoted.				
10.2 The organisation has in place a programme of internal audit and review that enables them to continuously improve the protection of children and young people from harm or neglect.				
10.3 All appropriate staff understand the need for accurate, clear and on-going record keeping. The organisation has arrangements for auditing the quality of recording.				

Safeguarding Threshold Toolkit

Guidance on using the Safeguarding Threshold Toolkit

This toolkit has been developed to assist staff working across all services in assessing the seriousness and level of risk associated with either a safeguarding adults or children concern. The aim is to ensure that everyone understands the threshold consideration.

The toolkit is not intended to replace professional judgement, but to empower staff to comply with their responsibilities under the legislation.

A clear threshold and process, together with a common understanding across local partnerships and agencies will improve consistencies.

Where a concern is **NOT** referred to the local authority, the staff member concerned **MUST** make a record of the concern and action taken. Concerns should be recorded in such a way that repeated, low level harm incidents are easily identified and subsequently referred. Not referring under either safeguarding adults or children procedures does not negate the need to report internally and to commissioners, as appropriate. If a concern does not require a safeguarding response, the staff member **MUST** demonstrate what action(s) has been taken and involve other relevant agencies to support the individual(s) affected or the risk.

SAFEGUARDING ADULTS THRESHOLDS

Types of abuse and seriousness	LOW	SIGNIFICANT – VERY SIGNIFICANT	CRITICAL
	Financial	<ul style="list-style-type: none"> • Money not recorded safely & properly • Adult is routinely sending money to competitions/charity • Adult not routinely involved in decisions about how their money is spent or kept safe • Capacity in relation to finance is not properly considered 	<ul style="list-style-type: none"> • Adult denied access to own funds or possessions • Ongoing non-payment of care fees putting a person’s care at risk • Misuse of Lasting Power of Attorney or Deputyship for Finance • Misuse of property or possessions of benefits by a person in a position of trust or control or to coerce • Personal finance removed from adult’s control
Physical	<ul style="list-style-type: none"> • Staff error causing no or little harm (e.g. skin friction mark due to ill-fitting hoist sling) • Minor events that still meet criteria for incident reporting • Isolated incident between service users resulting in no harm 	<ul style="list-style-type: none"> • Inexplicable marking or lesions, cuts or grip marks on a number of occasions • Accumulations of minor incidents • Deliberate maladministration of medications • Inappropriate restraint • Withholding of food, drink or aids to independence • Inexplicable fractures or injuries • Assault 	<ul style="list-style-type: none"> • Grievous bodily harm or assault with weapon leading to irreversible damage or death • Pattern of recurring errors or incident of deliberate maladministration that results in ill-health or death • Over-medication and/or inappropriate restraint used to manage behaviour

<p>Sexual</p>	<ul style="list-style-type: none"> • All incidents of a sexual nature must be reported to the Local Safeguarding Adults Team for assessment 	<ul style="list-style-type: none"> • Sexualised touch without consent • Being subject to indecent exposure • Contact or verbal sexualised behaviour with causes distress to the person at risk • Voyeurism • Attempted penetration by any means • Being made to look at pornographic material against will and/or where valid consent cannot be given 	<ul style="list-style-type: none"> • Sex in a relationship characterised by authority, inequality or exploitation (e.g. staff and service user) • Any sexualised behaviour by a member of staff, volunteer or person in a position of trust • Sex without valid consent (rape)
<p>Psychological</p>	<ul style="list-style-type: none"> • Isolated incident where adult is spoken to in a rude or inappropriate way (i.e. respect is undermined but no or little distress is caused) • Occasional taunts or verbal outbursts through an informal relationship • The withholding of information to disempower 	<ul style="list-style-type: none"> • Treatment that undermines dignity and damages esteem • Denying or failing to recognise an adult's choice or opinion • Frequent verbal abuse, taunting or belittling • Radicalisation • Humiliation • Emotional blackmail (e.g. threats of harm) • Frequent and frightening verbal outbursts 	<ul style="list-style-type: none"> • Denial of basic human and civil rights, forced marriage • Prolonged intimidation • Viscous and personalised verbal attacks
<p>Neglect</p>	<ul style="list-style-type: none"> • One missed home care visit where no harm occurs • Adult is not assisted with a meal/drink on one occasion and no harm occurs • Adult not bathed as often as would like • Adult does not receive prescribed medication on one occasions and no harm occurs 	<ul style="list-style-type: none"> • Recent missed home care visits where risk of harm escalates • Hospital discharge without adequate planning and harm occurs • Ongoing lack of care to the extent that health and wellbeing deteriorates • More than one or examples of recurring missed medication or errors affecting one or more individual(s) 	<ul style="list-style-type: none"> • Failure to arrange access to lifesaving services or medical care • Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk

<p>Self-neglect</p>	<ul style="list-style-type: none"> • Refusal of care and support without significant impact on physical/emotional wellbeing • Isolated or occasional reports about unkempt personal appearance or property which is out of character or unusual for the person 	<ul style="list-style-type: none"> • Reports of concerns from multiple agencies • Behaviour which poses a fire risk to self and others • Poor management of finances leading to health, wellbeing or property risks • Ongoing lack of care or behaviour to extent that health and wellbeing deteriorate significantly (e.g. pressure ulcers, wounds, dehydration and malnutrition) 	<ul style="list-style-type: none"> • Failure to seek lifesaving services or medical care where required • Life in danger if intervention is not made in order to protect the individual and/or others
<p>Discriminatory</p>	<ul style="list-style-type: none"> • Isolated incident of a remark made indicating possible prejudicial attitudes towards an adult's individual differences • Isolated incident of care planning that fails to address adults specific diversity associated needs for a short period 	<ul style="list-style-type: none"> • Inequitable access to service provision as a result of a diversity issue • Recurring failure to meet specific care/support needs linked to diversity • Refused access to essential services • Denial of civil liberties • Humiliation or threats on a regular basis 	<ul style="list-style-type: none"> • Hate crime resulting in injury or emergency medical treatment • Hate crime resulting in fear for welfare • Hate crime resulting in serious injury or attempted murder • Hate crime or honour-based violence
<p>Organisational</p>	<ul style="list-style-type: none"> • Lack of stimulation or opportunities for people to engage in social or leisure activities • Service users not given sufficient voice or involved in running of the service • Denial of individuality and opportunities for the service user to make informed choice and take responsible risks • Care planning in documentation not person centred 	<ul style="list-style-type: none"> • Limited freedom of movement • Being forced to work for little or no payment • Limited or no access to medical and dental care • No access to appropriate benefits • Limited access to food and shelter • Be regularly moved to avoid detection (i.e. human trafficking) • Removal of passport or ID documents • Debt bondage 	<ul style="list-style-type: none"> • Staff misusing their position of power over service users • Over-medication and/or inappropriate restraint used to manage behaviour • Widespread inconsistent ill-treatment or neglect

<p>Modern slavery</p>	<ul style="list-style-type: none"> • All concerns about modern slavery are deemed to be of either a significant or critical level 	<ul style="list-style-type: none"> • Limited freedom of movement • Being forced to work for little or no payment • Limited or no access to medical and dental care • No access to appropriate benefits • Limited access to food and shelter • Be regularly moved to avoid detention (i.e. trafficking) • Removal of passport or ID documents • Debt bondage 	<ul style="list-style-type: none"> • Sexual exploitation • Starvation • Organ harvesting • No control over movement – imprisonment • Forced marriage
<p>Domestic abuse</p>	<ul style="list-style-type: none"> • Isolated incident of abusive nature between adults without care and support needs 	<ul style="list-style-type: none"> • Unexplained marking or lesions, cuts or grip marks on a number of occasions • Alleged perpetrator exhibits controlling behaviour • Limited access to medical and dental care • Accumulations of minor incidents • Repeated verbal/physical incidents • No access or control over finances • Stalking • Relationship characterised by imbalance of power 	<ul style="list-style-type: none"> • Threats to kill, attempts to strangle, choke or suffocate • Imprisonment or confinement • Sex without valid consent (rape) • Forced marriage • Female genital mutilation (FGM) • Honour-based violence
<p>What should I do next?</p>	<ul style="list-style-type: none"> • Report on AssessNET 	<ul style="list-style-type: none"> • Report on AssessNET • Make a referral to Local Authority Safeguarding Adults • Consider contacting Police on 101 if a crime is suspected 	<ul style="list-style-type: none"> • Report on AssessNET • Contact Police on 999 • Make a referral to Local Authority Safeguarding Adults

For advice or support regarding referrals to the local authority, contact the Safeguarding Team: safeguarding@millbrookhealthcare.co.uk

SAFEGUARDING CHILDREN THRESHOLDS

	Level 1	Level 2	Level 3	Level 4
	Children, young people and families whose needs are met by universal services and are thriving .	Children, young people and families who have a specific unmet need and may be in need of early support OR children, young people and families who have multiple unmet needs and/or are showing early signs of emerging needs that are in need of collaborative , targeted early support.	Children, young people and families are struggling to cope and need a coordinated intensive response to multiple needs. They are experiencing sustained and persistent issues or problems that have not been possible to resolve at previous levels . Children and young people may need a statutory/specialist assessment or intervention.	Children, young people and families are not coping and need specialist statutory intervention and/or child protection. There will be serious concerns about the child or young person's health, care or development, including risk of or actual significant harm.
General health	<ul style="list-style-type: none"> Physically well Adequate diet, hygiene and clothing Developmental checks/immunisations up to date Regular dental/optical care Health appointments are kept 	<ul style="list-style-type: none"> Concerns re. diet, hygiene or clothing Defaulting on immunisation/checks Susceptible to minor health problems Starting to default on health appointments Not registered with GP/dentist Overweight or underweight Low level substance misuse A&E attendance giving cause for concern 	<ul style="list-style-type: none"> Chronic health problems with a severe impact on everyday functioning Failure to access adequate health care Persistent excessive alcohol consumption, smoking or other substance misuse Serious mental health issues Pregnancy in young person under 16 years Multiple A&E attendances causing concern Regular bruising or injuries 	<ul style="list-style-type: none"> Class A, serious drug misuse Acute mental health issues Suspected non-accidental injury Failure to thrive Any bruising in a non-mobile infant Serious self-harm

			<ul style="list-style-type: none"> Repeated urinary tract infections 	
Health (Physical development)	<ul style="list-style-type: none"> Developmental milestones met in relation to fine & gross motor skills & hearing Age appropriate involvement in physical activity 	<ul style="list-style-type: none"> Slow in reaching developmental milestones 	<ul style="list-style-type: none"> Serious developmental delay Significant physical disability 	<ul style="list-style-type: none"> Significant weight loss in babies or adolescents Terminal or life threatening condition
Speech, language & communication	<p>Age appropriate development in relation to:</p> <ul style="list-style-type: none"> Willingness to communicate Verbal and non-verbal comprehension Language structure and vocabulary Fluency of speech and confidence 	<ul style="list-style-type: none"> Reluctant communicator Not understanding age appropriate instructions Confused by non-verbal communication Difficulty listening for an appropriate length of time Immature structure of expressive language Speech sounds immature 	<ul style="list-style-type: none"> Severe disorder and impairment in understanding spoken language Communication difficulties have a severe impact on everyday life Requires alternative or augmented means of communication 	<ul style="list-style-type: none"> Significant regression in speech, communication or interaction
Emotional & social development	<ul style="list-style-type: none"> Feelings and actions demonstrate appropriate responses Good quality attachments Able to adapt to change Able to demonstrate empathy Involved in leisure and other social activity 	<ul style="list-style-type: none"> Finds it difficult to cope with anger or frustration Difficulties in relationships with peer group and/or with adults Over-friendly or withdrawn with strangers Finds coping with change difficult even with support 	<ul style="list-style-type: none"> Suffers from periods of depression Relates to strangers indiscriminately without regard for safety or social norms Disordered attachments that have a severe impact Reaction to change triggers prolonged inability to cope 	<ul style="list-style-type: none"> Serious self-harming or suicide attempts

		<ul style="list-style-type: none"> Difficulties expressing empathy 	<ul style="list-style-type: none"> Phobias and other psychological difficulties Serious self-harming, suicidal thoughts 	
Behavioural development	<ul style="list-style-type: none"> Appropriate self-control Appropriate social behaviour Appropriate sexual developmental and activity 	<ul style="list-style-type: none"> Disruptive/challenging behaviour Concerns about sexual development and behaviour 	<ul style="list-style-type: none"> Disruptive/challenging behaviour at school, in neighbourhood and at home Sexual development and behaviour which may be indicative of abuse Inappropriate sexual/abusive behaviours towards others Regularly missing or absent 	<ul style="list-style-type: none"> Regularly involved in anti-social, criminal activities, violent behaviour Sexual exploitation Puts self or others in danger through reckless activity Regularly missing
Identity, self-esteem image	<ul style="list-style-type: none"> Positive sense of self and abilities Demonstrates feelings of belonging and acceptance An ability to express needs 	<ul style="list-style-type: none"> Shows lack of self-esteem Vulnerable to bullying, discrimination or harassment Limited insight into how appearance and behaviour are perceived 	<ul style="list-style-type: none"> Seriously affected by persistent discrimination Subject to severe bullying Eating disorders 	<ul style="list-style-type: none"> Serious eating disorders Serious self-harming and mutilation Body dysmorphia Demonstrates extremist or radicalised views
Family & social relationships	<ul style="list-style-type: none"> Aware of personal and family history Stable and affectionate relationships with caregivers Good relationships with siblings Positive relationships with peers 	<ul style="list-style-type: none"> Limited support from family and friends Lacks positive role models Serious conflicts with peers/siblings Difficulties sustaining relationships Family dysfunction 	<ul style="list-style-type: none"> Significant family breakdown Child or young person is main carer of family member or of own child Child or young person is experiencing scapegoating, verbal or psychological abuse 	<ul style="list-style-type: none"> Subject to physical, emotional or sexual abuse or neglect Sexual exploitation Unaccompanied asylum seeking or refuge child

	<ul style="list-style-type: none"> • Age-appropriate friendships 			
Self-care skills & independence	<ul style="list-style-type: none"> • Growing level of competencies in practical and emotional skills • Good level of personal hygiene • Gaining confidence and skills to undertake activities away from family 	<ul style="list-style-type: none"> • Friendships and relationships inappropriate for age • Not always adequate self-care (e.g. poor hygiene) • Slow to develop age appropriate self-care skills • Failing to develop confidence and skills for independence 	<ul style="list-style-type: none"> • Poor self-care for age, including hygiene • Young person living independently and not coping • Neglect of self-care 	<ul style="list-style-type: none"> • Neglects self-care because of alternative priorities (e.g. substance misuse) • Neglect of own child • Regular attendance at hospital or other health organisations due to self neglect or risk raking
Understanding, reasoning & problem solving	<ul style="list-style-type: none"> • Milestones for cognitive development are met • Demonstrates a range of skills and interests 	<ul style="list-style-type: none"> • Milestones for cognitive development are not met • Has an assessed moderate learning difficulty 	<ul style="list-style-type: none"> • Severe and profound and multiple learning disability • Serious developmental delay 	<ul style="list-style-type: none"> • Educational (or social and educational) needs may result in placement away from home
Participation in education or work	<ul style="list-style-type: none"> • Access to educational provision appropriate to age and ability • Access to employment appropriate to age and ability • Regularly attends education, training or in full time work 	<ul style="list-style-type: none"> • Poor school, early years' attendance or punctuality • Behaviour likely to lead to risk of exclusion • Gaps in schooling or learning due to pregnancy • Multiple changes of school or early years setting • No access to early education 	<ul style="list-style-type: none"> • Multiple changes of school without notification • Has no school placement and meets hard to place criteria • At risk of permanent exclusion • Not in education, employment or training and experiencing barriers to progress • No post-natal return to learn plan 	<ul style="list-style-type: none"> • Permanently excluded from school • Not accessing work or training and displaying serious employability or engagement deficits and high support needs

		<ul style="list-style-type: none"> No access to employment (including work based learning) 	<ul style="list-style-type: none"> Child missing from education Has regular or a number of fixed term exclusions 	
Progress & achievements in learning	<ul style="list-style-type: none"> Acquiring a range of skills and interests No concerns about achievement or cognitive development Access to books, toys and play 	<ul style="list-style-type: none"> Requires alternative curriculum and timetable Identified learning needs Clearly under-performing in opinion of teacher, parent or practitioner Limited access to resources for learning at home 	<ul style="list-style-type: none"> Failure to engage with SEN support Significant developmental delay due to neglect or poor parenting 	
Aspirations	<ul style="list-style-type: none"> Well motivated and self-confident 	<ul style="list-style-type: none"> Not always engaged in learning – poor concentration, low motivation and interest 	<ul style="list-style-type: none"> Family dysfunction resulting in no interest in school or learning 	
Basic care & ensuring safety & protection	<ul style="list-style-type: none"> Provide for child's physical needs including appropriate clothing, medical and dental care Protect from danger or significant physical or emotional harm 	<ul style="list-style-type: none"> Parent requires advice on parenting issues Professionals beginning to have concerns about child's physical needs being met Clothing is regularly unwashed Exposure to household hazards or risks Parental stresses starting to affect ability to ensure child's safety 	<ul style="list-style-type: none"> Parent is struggling to provide adequate care Neglect or scapegoating suspected Young child regularly left alone or unsupervised Parents/carers unable to protect from danger or significant physical or emotional harm Parent's mental health problems or substance misuse significantly affect care of child 	<ul style="list-style-type: none"> Parents unable to provide good enough parenting that is adequate and safe Parents unable to care for previous children Continual instability and violence in the home Child not protected from sexual exploitation or abusive situations Parents involved in crime

			<ul style="list-style-type: none"> • Child exposed to ongoing domestic abuse • Child's health needs not met 	<ul style="list-style-type: none"> • Child beyond parental control and placing themselves at risk • Forced marriage of a child or young person under 18 years
Emotional warmth & stability	<ul style="list-style-type: none"> • Show warm regard, praise and encouragement • Ensure that secure attachments are not disrupted • Provide consistency of emotional warmth 	<ul style="list-style-type: none"> • Inconsistent responses to child by parents • Difficult parent/child relationship • Key relationships with family members not always kept up • Has a number of different carers • Starting to demonstrate difficulties with attachments • Frequent changes of home base or educational placement 	<ul style="list-style-type: none"> • Receives erratic or inconsistent care • Parental instability affects capacity to nurture • Child/parent relationship at risk of breakdown • Has unplanned multiple carers • Privately fostered • Child continually criticised • Parents own limitations impact upon ability to respond to their child's emotional needs 	<ul style="list-style-type: none"> • Parents inconsistent, highly critical or apathetic towards child • Parent has rejected or is threatening to reject the child • Has no carer, abandoned child or unaccompanied minor • Missing child or child persistently running away • Imminent family breakdown and risk of child being looked after
Guidance, boundaries & stimulation	<ul style="list-style-type: none"> • Provide guidance so that child can develop an internal model of values and conscience • Facilitates cognitive development through interaction and play • Enable child to experience success 	<ul style="list-style-type: none"> • Parent offers inconsistent boundaries • Behaviour problems not recognised or addressed by parents • Spends considerable time alone • Not receiving positive stimulation • Parents do not value education 	<ul style="list-style-type: none"> • Parent offers a negative role model • Erratic or inadequate guidance provided • No constructive leisure time or guided play 	<ul style="list-style-type: none"> • No effective boundaries set by parents • Beyond parental control • Child left for long periods on their own

		<ul style="list-style-type: none"> • Home not conducive to play or education 		
Wider family	<ul style="list-style-type: none"> • Sense of larger family network • Support for child and parents from family and friends 	<ul style="list-style-type: none"> • Pressures from wider family • Family receives limited support from friends 	<ul style="list-style-type: none"> • Destructive involvement from extended family and/or friends 	
Family history, functioning & wellbeing	<ul style="list-style-type: none"> • Family relationships provide positive sense of wellbeing for all family members • Few significant changes in family 	<ul style="list-style-type: none"> • Parents have frequent conflicts or difficulties that impact on the child • Risk of domestic violence • Has experienced loss of significant adult • Parental physical or mental health problems • Low level substance misuse • Sibling with significant problem 	<ul style="list-style-type: none"> • Recent experience of serious loss or trauma • Incidents of domestic violence • Acrimonious divorce/separation • Family functioning significantly affected by physical/mental health or substance misuse problems • Parent has received custodial sentence • Child has caring responsibilities that significantly affect education and development 	<ul style="list-style-type: none"> • Persistent domestic violence • Relationships between siblings severely affect child's development • Severe mental or physical health problems or substance misuse such that vital parenting roles are not undertaken
Housing, employment & finances	<ul style="list-style-type: none"> • Accommodation has at least basic amenities • Sufficient income to meet the family's essential needs, used appropriately 	<ul style="list-style-type: none"> • Inadequate, poor or overcrowded housing • Family seeking asylum or refugees • Periods of unemployment of the wage earning parent(s) • Low income 	<ul style="list-style-type: none"> • Overcrowded or poor quality housing likely to impair health and development • Homeless family in temporary housing • Chronic unemployment that has severely affected the parent(s) 	<ul style="list-style-type: none"> • Physical accommodation places child in danger • Extreme poverty or debt impacting on ability to care for child • Lack of adequate food, warmth or essential clothing

		<ul style="list-style-type: none"> Parents find it difficult to obtain employment due to poor basic skills Child from an asylum seeking or refuge family with additional needs 	<ul style="list-style-type: none"> Serious debts or poverty impact on ability to have basic needs met Living independently as teenage parent Vulnerable homeless young person 	
Social & community elements	<ul style="list-style-type: none"> Good health, education, social and community services in the neighbourhood Positive peer groups 	<ul style="list-style-type: none"> Disadvantaged neighbourhood Experiencing harassment and/or discrimination Socially or physically isolated Lack of a support network Poor access to available services Community not conducive to play or education Lack of play facilities outside the home Child's peers involved in anti-social behaviour in the neighbourhood 	<ul style="list-style-type: none"> Family chronically socially excluded No supportive network Involved with peers in antisocial behaviour Social isolation resulting from teenage parenthood Involvement in gang activity Forced marriage of a child or young person under 18 years 	<ul style="list-style-type: none"> Regularly behaves in an anti-social way in the neighbourhood
What should I do next?		<ul style="list-style-type: none"> Report on AssessNET 	<ul style="list-style-type: none"> Report on AssessNET Make a referral to Local Authority Safeguarding Adults 	<ul style="list-style-type: none"> Report on AssessNET Contact Police on 999 Make a referral to Local Authority Safeguarding Adults

			<ul style="list-style-type: none">• Consider contacting Police on 101 if a crime is suspected	
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Appendix L: Safeguarding Decision Support Tool

