

SAFEGUARDING ADULT AND CHILDREN'S POLICY

A FAMILY APPROACH

(Version 1)

**Safeguarding Policy for the 5 Hampshire Clinical
Commissioning Groups (CCGs)**

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CCG owner:	CCG Director of Quality and Nursing (Board Nurse)
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Review date:	3 September 2021
For action by:	All CCG Staff to include Board members (Permanent or Temporary), volunteers, students and contractors.
Policy statement:	West Hampshire Clinical Commissioning Group has a statutory duty to safeguard and promote the welfare of adults and children at risk. These duties extend to services they commission. This safeguarding policy brings together the CCG's statutory duties for adults

	and children and outlines the corporate and individual responsibilities in accordance with legislation, guidance and standards.
Responsibility for dissemination to new staff:	Line Managers
Mechanisms for dissemination:	All new and updated policies are published on the CCG website and promoted to staff through the CCG staff newsletter and updates on the Policy Page on the CCG intranet. Policies are also disseminated through training events such as induction of new staff.
Training implications:	All staff will need to be aware of this policy and new staff will be made aware at induction. Safeguarding training is one of the mandatory training requirements for staff and needs to be completed every 3 years in line with the adult, children's and looked after children intercollegiate documents.
Resource implications	There are no direct resource implications in relation to this policy, except for the time of the designated leads for adults and children.
Further details and additional copies available from:	CCG website: https://www.westhampshireccg.nhs.uk/documents?media_folder=188&root_folder=Clinical%20and%20service%20user%20related
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Amendments summary:

Amend No	Issued	Page(s)	Subject	Action Date
1				
2				
3				
4				
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Review log:

Include details of when the document was last reviewed:

Version Number	Review Date	Name of Reviewer	Ratification Process	Notes

SUMMARY OF KEY POINTS TO NOTE

This policy sets out the statutory responsibilities of the Clinical Commissioning Group (CCG) to ensure effective safeguard of adults, children and young people at risk within the population they serve. This includes children and young people looked after by the Local Authority. This duty extends to services commissioned by the CCGs.

Providers of services commissioned by the CCGs have statutory duties to ensure that adults and children accessing their service are safeguarded. The CCGs as commissioners must gain assurance that there are high quality services and safeguarding processes in place within provider sectors.

All adults and children have the right to live their lives free of abuse and neglect and have the right processes in place to ensure their safeguard and better outcomes.

Safeguarding is everyone's responsibility. It is about 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 the wellbeing, views, wishes and beliefs of adults and children are promoted within safeguarding arrangements.

NHS England recognises that;

‘Safeguarding adults at risk of abuse or neglect is a collective responsibility. Whilst individuals and organisations have distinct roles, the system cannot operate effectively unless the different individuals and organisations work together. The hand of safeguarding helps all children and adults who are at risk of harm or abuse. It touches the lives of children when it protects them from harm and neglect from wherever that comes; and it helps to provide them with all the chances needed to achieve the best a life can bring. To vulnerable adults it brings kindness, respect, dignity and support however short the hand that life has dealt them, and it protects them from harm and misuse from all and any quarter. It falls to us all in the NHS to give our hands to these endeavours.’ (Hilary Garrett, Dr Peter Green)

Learning and development is a crucial component of safeguarding that enables all staff to be alert to the potential indicators of abuse or neglect of people at risk (either through direct contact with adults, children and their families or through the contracting process) and know how to act on those concerns.

Another crucial component of safeguarding is the legislative frameworks that provide guidance for all partner agencies in regards to the requirements for safeguarding adults and children at risk. Examples are the Children Act (1989, 2004 and 2017) and the Mental Capacity Act (2005). See Appendix B for more legal framework and local guidance.

Contents

1. Introduction and Purpose	9
2. Scope	9
3. Definitions	10
3.1 Children and Young People	10
3.2 Adults	11
3.3 Contextual Safeguarding Adults and Children	12
3.4 Signs and Indicators of abuse	13
4. Legal Framework	13
5. CCG Specific Roles and Responsibilities	14
5.1 The Clinical Commissioning Group Board	15
5.2 The Five Hampshire CCGs Safeguarding Committee	17
5.3 The Clinical Commissioning Group (CCG) Chief Officer	17
5.4 Executive Director for Quality and Safeguarding.....	17
5.5 All Directors, Deputy Directors and Heads of Departments	19
5.6 GP Executive Leads for Safeguarding.....	19
5.7 All Managers in the CCGs	19
5.8 Hampshire CCG Safeguarding Adults and Children’s Designated Professionals	19
5.9 Designated Professional for Looked after Children (LAC)	20
5.10 Designated Paediatrician for Child Deaths	21
5.11 Named GP for Safeguarding Children	21
5.12 Named GP for Safeguarding Adults	22
5.13 Responsibilities of All Employees	22
5.14 Quality Teams/Quality Facilitators.....	23
5.15 Independent Contractors	24
5.16 Primary Care Practices.....	24
5.17 Responsibilities of NHS Trusts, Foundations Trusts and Private Healthcare Providers	24
5.18 Strengths Based Approach	25
5.19 Non-compliance to legislation.....	25
6. Safeguarding Adult and Children’s Processes	25
6.1 Why are effective safeguarding procedures important?	25
6.2 Making a referral for an adult, child or young person at risk	25
7. Learning and Development	26
7.1 Training.....	26
8. Safeguarding Supervision	27
9. Family Approach and Partnership Working.....	27

10. Statutory Reviews	28
10.1 Serious Case Reviews	28
10.2 Adult Statutory Reviews	29
10.3 Domestic Homicide Reviews	29
10.4 Safeguarding Adult Reviews (SAR).....	29
10.5 Section 42 enquiries	30
10.6 Handling Section 42 enquiries	30
10.7 Discretionary Safeguarding Enquiries.....	30
10.8 Principle of No Delay.....	30
10.9 Making Safeguarding Personal.....	31
11. Safe Recruitment	31
12. Commissioning Arrangements	31
13. Contract Monitoring	32
14. Procurement of New Services.....	32
15. Annual and Quarterly Reporting	32
16. Dissemination and Implementation	32
17. Approval and Ratification Process	33
18. Equality Analysis	33
19. Success Criteria, Monitoring the Effectiveness of the Policy	33
20. Review	33
21. References and Links to Other Documents.....	34
Appendix A: Equality Impact Assessment	36
Appendix B: Glossary.....	52
Appendix C: CCG Safeguarding Supervision Guidance.....	65
Appendix D: CCG Safeguarding and Looked After Children's Team Training Strategy 2019-2021 ...	70

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1. INTRODUCTION AND PURPOSE

This policy pulls together the statutory guidance for safeguarding adults and children, incorporating principles from local safeguarding boards' guidance on the family approach and the strength based approach¹. These principles have been developed by the safeguarding partners in the Hampshire area and are reflected in the "Joint Strategic Needs Assessment"².

The Clinical Commissioning Groups (CCGs) are committed to ensuring that all staff recognise that safeguarding is everyone's responsibility and that there are processes in place to safeguard individuals that access services in their areas.

West Hampshire CCG hosts safeguarding children services on behalf of the five Hampshire CCGs and hosts safeguarding adult services for three of the Hampshire CCGs (North Hampshire CCG, North East Hampshire and Farnham CCG and West Hampshire CCG). South Eastern Hampshire CCG manages the adult safeguarding services for South Eastern Hampshire and Fareham and Gosport CCGs.

Although West Hampshire CCG hosts the safeguarding service on behalf of these CCGs, the other four Hampshire CCGs retain the statutory responsibilities for their population in regards to safeguarding adults and children at risk (to include children and young people who are in the care of the local authority).

This policy highlights the duties of the CCGs and their staffs' statutory responsibilities. It is essential that this policy is read in conjunction with the Hampshire Safeguarding Children's Partnership Procedures³ and the Hampshire Safeguarding Adults Board Procedures⁴.

2. SCOPE

This policy aims to ensure that no act or omission by the CCG as a commissioning organisation, or via the services it commissions, puts a service user at risk; and that robust systems are in place to safeguard and promote the welfare of children and to protect adults at risk of harm and sets out a framework to underpin monitoring of safeguarding arrangements across the health economy.

Where a CCG is identified as the lead commissioner of a specific service, it will notify associate commissioners of a provider's non-compliance with the standards

¹ [The Hampshire Approach](#)

² <https://www.hants.gov.uk/socialcareandhealth/publichealth/jsna>

³ <https://www.hampshirescp.org.uk/procedures/resource-library/>

⁴ <http://www.hampshiresab.org.uk/>

contained in this policy or of any serious untoward incident that has compromised the safety and welfare of a child or adult resident within the population.

This policy applies to **all** staff working within the CCG, whether directly employed or contracted. It applies to clinical and non-clinical staff whether they work with children, or with adults and regardless of whether they have direct contact with children and families.

This policy aims to ensure that **all** managers must make sure that their staffs are aware of this policy and are able to access this policy.

This policy sets out guidance that services will ensure equal access to all persons, regardless of:

- Race, religion, first language or ethnicity
- Gender or sexuality
- Age
- Health status or disability
- Political or immigration status.

(See Appendix A for the equality impact assessment-EIA)

3. DEFINITIONS⁵

There are various definitions for safeguarding adults and children within legislation and there are also situations that can put adults and children at risk. This section of the policy highlights some of these definitions and situations. More detailed information can be found in Appendix B.

It is important to appreciate that adults and children can be vulnerable to abuse due to their circumstances at different points in their lives. ⁶In addition, in relation to the Equalities Act (2010) people with a protected characteristic may be more vulnerable to abuse at times and at certain stages of their life. *(Please see Appendix A for the EIA).*

3.1 Children and Young People

The legal definition of '**children**', applies to those under 18 years of age. For the purpose of this policy the term 'children' applies to all children and young people (to include children and young people who are in the care of the Local Authority). This is significant as young people aged 16 and 17 years with safeguarding needs may be accessing or transitioning into adult services. It is important to note that the "Mental Capacity Act 2005" applies from the age of 16. *(Please see appendix B for more information on MCA 16+).*

⁵ [Working Together 2018](#)

⁶ [WH CCG Equality, Diversity & Human Rights Policy](#)

Whilst ⁷'**Unborn Children**' are not included in the legal definition of children, intervention to ensure their future well-being is encompassed within safeguarding children practice.

⁸Safeguarding children and promoting the welfare of children is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes.

Child protection is an important part of safeguarding but refers specifically to the actions undertaken to protect children who are at risk of or suffering from significant harm. Categories of child abuse are defined as;

- Physical
- Emotional
- Neglect
- Sexual

3.2 Adults

For the purpose of this policy an "**adult**" is someone aged 18 years of age and above. Adult safeguarding means protecting a persons' right to be free from abuse and neglect ensuring good outcomes based on the key principles set out within the Care Act 2014, which came into effect in April 2015. These principles are:

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability

Abuse and neglect of adults can take many forms and it is crucial that this is reviewed and assessed on an individual basis. Abuse can be in the form of the following:

⁷ [4LSCB unborn baby protocol](#)

⁸ [Working Together 2018](#)

- Physical Abuse
- Sexual Abuse
- Domestic Violence
- Psychological Abuse
- Modern Slavery
- Financial and Material Abuse
- Neglect and acts of omission and self-neglect
- Discriminatory Abuse
- Organisational Abuse

Equal access to a safeguarding response is ensured by the 'three part test' within Care and Support Statutory Guidance (2018) which determines that the duty to safeguard applies to an adult when the person;

- Has needs for care and support (whether or not the local authority is meeting any of those needs)
- Is experiencing, or at risk of, abuse or neglect
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

3.3 Contextual Safeguarding Adults and Children

It is important to appreciate that abuse and/or neglect takes place in a wide range of contexts for both adults and children. For adults and children abuse may take place outside the family setting and in social contexts which render them vulnerable. This may happen in a range of institutions but also in contexts such as radicalisation to terrorism when an adult has a period of vulnerability in their life. Exploitation of both adults and children also takes place within a range of contexts including modern slavery and trafficking.

Adults and children can be vulnerable to abuse due to their circumstances. An example is older people who are isolated and experience loneliness may, become victim to financial scamming and evidence has revealed that due to their loneliness the connection to the scammer provides the individual with 'social contact' which they do not receive in any other form. Individuals in the protected characteristics are more likely to be subjected to verbal abuse and hate crime (*Please see appendix A-EIA*).

Furthermore, one in four adults will experience anxiety/depression during their lifetime and may be more vulnerable to abuse during this time. This condition constitutes a protected characteristic when it impacts on daily life for more than

twelve months and hence makes explicit the key links between safeguarding and the Equality Act (2010).

Understanding the context in which abuse can occur highlights the need for practitioners to be aware of a range of indicators and vulnerabilities. For example, the links between animal abuse and abuse of people in that household is supported by evidence. The NSPCC highlighted increasing research and clinical evidence which suggests that there are sometimes inter-relationships, commonly referred to as 'links', between the abuse of children, vulnerable adults and animals. A better understanding of these links can help to protect victims, both human and animal, and promote their welfare. Fleeing from domestic violence is often thwarted when the victim is concerned about their pet (NSPCC, 2007)

Looked After Children may also have increased vulnerability to abuse. These children have usually entered the care system following neglect and/or abuse. Unsurprisingly, the life circumstances Looked After Children face can test their emotional resilience and cause large amounts of anxiety. This frequently manifests itself in mental health issues, and in 2015, the Department for Education and Department of Health estimated that nearly half of Looked After Children had a diagnosable mental health issue and two thirds had special education needs.

3.4 Signs and Indicators of abuse

You may become aware of abuse or neglect of an adult, child or young person in various ways to include the following:

- You observe this yourself (e.g. bullying of a person with learning difficulties)
- It is reported to you (e.g. by a colleague)
- The person discloses the abuse
- There might be visible signs (e.g. unexplained bruises, black eye or burns)

These may occur in individual's homes, community or workplace. Neglect and abuse may also occur through care provided by regulated health and social care services. More detailed information can be found in Appendix B and includes information on other forms and context in which abuse may take place.

4. LEGAL FRAMEWORK

There are significant legislative frameworks that set out guidance for safeguarding adults, children and young people (to include children and young people who are in the care of the Local Authority). These frameworks such as the Children Act 1989, 2004 and 2017, Working Together to Safeguard Children 2018 and the Care Act 2014, informs the work of the Clinical Commissioning Groups (CCGs). This policy

should be read in conjunction with the following national and local guidance (See *Appendix B for more information*).

- Children Act (1989)
- Children Act (2004)
- Mental Capacity Act (MCA) (2005)
- Deprivation of Liberty Safeguards (2007)
- Care Act (2014)
- Care and Support Statutory Guidance (Chapter 14 – Safeguarding)
- Children and Families Act (2014)
- Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (2019)
- Promoting the Health and Well-being of Looked After Children - statutory guidance (2015)
- Children and Social Work Act (2017)
- Working Together to Safeguard Children (2018)
- Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (2018)
- General Data Protection Regulation (GDPR) & Data Protection Act (2018)
- Safeguarding adults: roles and competences for health care staff, Intercollegiate Document (2018)
- Hampshire Safeguarding Children Partnership Procedures
- Hampshire Safeguarding Adults Board Policy and Practice Guidance
- Looked After Children. Knowledge, skills and competencies of health care staff. Intercollegiate Role Framework Document (2015)

5. CCG SPECIFIC ROLES AND RESPONSIBILITIES

The CCG as a core member of the local safeguarding boards/partnership has the responsibility to ensure that effective systems are in place to safeguard adults and children at risk. The CCG as the main commissioner of health care for its population must work with other health and social care providers and stakeholders to ensure effective systems are in place that provides good outcomes for adults and children. Such as; NHS England, the Local Authorities, Charities and NHS service users. This section of the policy aims to highlight the roles and responsibilities of the following people and teams within the CCG.

- The Clinical Commissioning Groups Board

- The CCG Chief Officer
- Executive Directors for Quality and Safeguarding
- GP Executive Leads for Safeguarding
- All line managers
- Designated and Named professionals
- The CCG Safeguarding Team
- All CCG staff
- NHS Providers
- Independent contractors

5.1 The Clinical Commissioning Group Board

The CCG has a legal duty to ensure that quality, safety and safeguarding standards are incorporated within services they commission. The Board should seek assurance of compliance to the NHS Accountabilities Framework from the CCG and the providers of services that it commissions. Safeguarding adults and children at risk is a shared responsibility and success depends upon effective joint working between agencies and professionals that have different roles and expertise. The CCG must ensure compliance to safeguarding standards for children and adults.

The CCG Chief Officer is the “Accountable Officer” with the responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of adults and children at risk of abuse and neglect is discharged effectively across the local health economy through the CCG’s commissioning and monitoring arrangements.

This role is supported through the safeguarding lead director (director of quality and nursing/CCG Board nurse) and the designated professionals. The Board and its committees will seek assurance of the information it regularly receives relating to:

- Safeguarding performance of commissioned services
- Serious Case Reviews commissioned by Hampshire Safeguarding Board/Partnership (adults and children)
- Local and national safeguarding issues and priorities for adults and children
- Reports and papers regarding any specific issues requiring Board approval or decision
- Reports and issues from the Clinical Governance Committee that require Board approval.

5.1.1 Children

The CCGs must ensure compliance to the section 11 of the Children Act 2004:

- A clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children
- A senior board level lead with the required knowledge, skills and expertise or sufficiently qualified and experienced to take leadership responsibility for the organisation's/agency's safeguarding arrangements
- A culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services
- Clear whistleblowing procedures, which reflect the principles in Sir Robert Francis' Freedom to Speak Up Review and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed
- Clear escalation policies for staff to follow when their child safeguarding concerns are not being addressed within their organisation or by other agencies
- Arrangements which set out clearly the processes for sharing information, with other practitioners and with safeguarding partners
- Have a designated professional lead for safeguarding. Designated professional roles should always be explicitly defined in job descriptions and they should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively
- Safe recruitment practices and ongoing safe working practices for individuals whom the organisation or agency permit to work regularly with children, including policies on when to obtain criminal record checks
- Appropriate supervision and support for staff, including undertaking safeguarding training
- Creating a culture of safety, equality and protection within the services they provide.

5.1.2 Adults

The Care Act 2014 places a legal duty of the Local Authority to ensure the health and wellbeing of adults. The CCG as core partners on the Hampshire Safeguarding Adults Board have a duty to support the Local Authority in fulfilling this legal duty. The Act highlights the definition of wellbeing as:

- Personal dignity including treating individuals with respect
- Physical and mental health and emotional well being

- Protection from abuse and neglect
- Control by the individual over day-to-day life
- Participation in work, education, training or recreation
- Social and economic well-being
- Domestic, family and personal relationships
- Suitability of living accommodation
- The individual's contribution to society

(Department of Health, 2014)

5.2 The Five Hampshire CCGs Safeguarding Committee

The primary CCG governance mechanism for the safeguarding duty is enacted through the Five Hampshire CCGs Safeguarding Committee which meets quarterly. The duty of this committee is to seek assurance and to escalate issues of concern to individual CCGs Governing Bodies via the senior attendees from each CCG at each meeting.

5.3 The Clinical Commissioning Group (CCG) Chief Officer

The Chief Officer has overall responsibility to ensure that the Clinical Commissioning Group (CCG) must comply with all legal, statutory and good practice guidance requirements in relation to Safeguarding Adults and Children. The chief officer delegates operational responsibility for Safeguarding Adults and Children to the Clinical Commissioning Group executive director of nursing, quality and safeguarding (for West Hampshire CCG this is the director of quality and nursing (board nurse)).

5.4 Executive Director for Quality and Safeguarding

The Executive Director for quality, nursing and safeguarding holds the operational leadership for safeguarding within the CCG. As the operational lead, they will ensure that there are effective safeguarding arrangements within the CCG and commissioned services.

The executive lead will ensure that there is a culture within the CCG that promotes strength based practice within the CCG. They will meet regularly with the designated safeguarding leads and deputy director of quality and safeguarding to discuss safeguarding risks and review the safeguarding systems.

There is a "Service Level Agreement" between West Hampshire CCG and the other CCGs that identifies West Hampshire CCG as the host for the safeguarding children service across the five Hampshire Clinical Commissioning Groups and hosts adult's

services for North Hampshire and North East Hampshire and Farnham Clinical Commissioning Groups.

Although this agreement is in place, the other Hampshire CCG's Executive Directors of Nursing, Quality and Safeguarding retain the responsibilities for safeguarding vulnerable people for their population.

The West Hampshire CCG Director of Quality and Nursing will represent the five Hampshire CCGs at the Hampshire Safeguarding Children's Partnership (HSCP) and will be accompanied by a Designated Nurse for Safeguarding Children to ensure the designated professional expertise is effectively linked into the safeguarding arrangements.

The West Hampshire Clinical Commissioning Group Director of Quality and Nursing will ensure that the other Hampshire CCGs receive regular updates from the Hampshire Safeguarding Children Partnership (HSCP) and its sub groups, routinely through the Five CCG Safeguarding Governance Meeting. This will include risks specific to NHS agencies and also multi-agency risks.

Representation at the Adult Safeguarding Board is delegated from the West Hampshire CCG Director of Quality and Nursing to the Consultant Nurse for Safeguarding Adults and Designated Nurse for Safeguarding Adults, who represent West Hampshire, North Hampshire and North East Hampshire and Farnham CCGs. The West Hampshire Safeguarding Adults Team represents the same CCGs at all of the Hampshire Safeguarding Adults Sub-Groups and associated work groups. South East Hampshire and Fareham & Gosport CCGs have their representatives at the Safeguarding Adults' Board and its sub groups.

The Five Hampshire CCGs Safeguarding Committee (mentioned in 5.2) led by West Hampshire CCG ensures robust governance of the safeguarding arrangements and escalates items of concern to the five Hampshire CCGs Governing Bodies. In addition, safeguarding teams may be required by individual CCGs to report regularly on exceptions and risks. The Risk Register for the safeguarding team is shared with the Five Hampshire CCGs Safeguarding Governance Committee.

All the Executive Directors of Quality and Safeguarding will ensure that their CCGs fulfil their statutory safeguarding responsibilities to include the following:

- Have a statement on their website in areas such as Modern Slavery
- Ensures that safeguarding is integral to clinical governance and audit arrangements and is actively promoted as core business for all staff
- Ensures there are clear service standards in relation to safeguarding adults and children in place in commissioned services and that these are monitored to provide assurance that safeguarding standards are met
- Ensures the CCG co-operates with the local authority in the operation of the Local Safeguarding Boards

5.5 All Directors, Deputy Directors and Heads of Departments

The Directors, Deputy Directors and Heads of Department of the CCG and Commissioning Support Unit (CSU) within their service areas/teams are responsible for ensuring that all staff act in accordance with the CCG's Safeguarding Policy, the Hampshire Safeguarding Adults and Children Board Procedures and Guidance. Directors, Deputy Directors and Heads of Department should advise the Executive Director of Nursing, Quality and Safeguarding on any risk issues in relation to safeguarding adults and children.

5.6 GP Executive Leads for Safeguarding

The GP executive leads will ensure the CCG fulfils its statutory safeguarding adult and children's duties and that safeguarding is a priority for the CCGs. As representatives for GP practices on the CCG Boards, they will advise on safeguarding adults and children's policies, practice, procedures and training in regards to primary care settings.

The GP executive leads for safeguarding will receive regular safeguarding adults and children's updates from the Executive Directors of Quality and Safeguarding and ensure that relevant information is disseminated to primary care.

5.7 All Managers in the CCGs

All managers will ensure that;

- All staff are appropriately trained in safeguarding in line with this policy
- That training records are maintained
- That their departments foster and maintain a culture where safeguarding concerns can be escalated
- That for clinical staff on their professional register are given the opportunity to raise any safeguarding concerns in one to one meetings and supervision
- That all staff know how to raise concerns using the CCG Whistleblowing Policy

5.8 Hampshire CCG Safeguarding Adults and Children's Designated Professionals

The designated professionals for safeguarding adults and children have a statutory duty to provide strategic, professional and clinical leadership for safeguarding adults and children within their CCGs and across the health economy. This includes the following:

- Provide advice to ensure the range of commissioned health services take account of the need to safeguard and promote the welfare of adults and children at risk and ensure effective monitoring of the safeguarding aspects of CCG contracts
- Provide advice on, and be engaged in, the procurement of services.
- Provide advice, support and supervision to safeguarding adults and children named professionals in provider organisations
- Provide skilled advice to the Safeguarding Boards/Partnership on health issues
- Promote, influence and develop relevant training, on both a single and inter-agency basis, to ensure the training needs of health staff are addressed
- Provide advice and/or leads on serious and complex cases.
- Review and evaluate the practice and learning from all involved health professionals and providers commissioned by the CCG as part safeguarding adults and children incidents, reviews and statutory reviews and disseminate learning
- Work in partnership with statutory and non-statutory agencies to protect adults and children at risk
- To provide advice and guidance on safeguarding activities undertaken by members of staff outside the safeguarding adults team
- To lead on safeguarding adults and children's agendas such as Modern Slavery, Prevent, Human Trafficking, Sexual Exploitation, Domestic Violence, Female Genital Mutilation.
- Attend Channel Panels / Domestic Homicide Review (DHR) Panels / Mental Health Homicide Review (MHHR) Panels, Serious Case Review Panels and Child Death Overview Panel (CDOP) on behalf of the CCGs

5.9 Designated Professional for Looked after Children (LAC)

The CCGs must have arrangements in place for a designated doctor and nurse for Looked After Children who have a statutory duty to provide strategic, professional and clinical leadership in the health of Looked After Children including:

- Advising commissioners regarding the needs of this population
- Monitoring the quality of the health assessments, medical, nursing and Child and Adolescent Mental Health Service (CAMHS) services available to the children and young people
- Work with local authorities to improve the outcomes for this group

- Provide advice on, and be engaged in, the procurement of services.
- Provide advice and support to named professionals in provider organisations providing LAC services
- Provide skilled advice to the Safeguarding Boards on LAC health issues
- Promote, influence and develop relevant training, on both a single and inter-agency basis, to ensure the training needs of health staff are addressed in the LAC agenda
- Work in partnership with statutory and non-statutory agencies to improve the outcomes for LAC

5.10 Designated Paediatrician for Child Deaths*

This role is currently under review due to the publication of The Child Death Review Statutory Guidance (2018) and will be amended in December 2019.

The CCGs are required to have a designated paediatrician for child deaths. The role of the paediatrician is currently to:

- Ensure that relevant professionals (i.e. coroner, police and local authority social care) are informed of the death
- Coordinate the team of professionals (involved before and/or after the death) which is convened when a child dies unexpectedly (accessing professionals from specialist agencies as necessary to support the core team)
- Convene multi-agency discussions after the initial and final post mortem results are available.

5.11 Named GP for Safeguarding Children

The named GPs for Safeguarding Children have a crucial role in ensuring that there are arrangements in place within primary care that supports the following;

- Good professional practice
- Access to expert safeguarding advice to colleagues
- Robust training plans in place
- Is responsible for gaining assurance of standards within GP practices on behalf of the CCGs
- Is responsible for working closely with the Hampshire Safeguarding Children's Board (HSCB), through its sub groups to ensure GP practices engage and collaborate with the HSCB
- Is responsible for undertaking work to support serious case reviews for primary care on behalf of the CCG.

5.12 Named GP for Safeguarding Adults

The named GPs for Safeguarding Adults have a crucial role in ensuring that there are arrangements in place within primary care that supports the following;

- Good professional practice
- Access to expert safeguarding advice to colleagues
- Robust training plans in place
- Is responsible for gaining assurance of standards within GP practices on behalf of the CCGs
- Contributes as a member of the safeguarding team to the development of internal safeguarding policy, guidelines and protocols.
- Undertakes and contributes to case reviews
- In conjunction with the designated safeguarding lead, co-ordinates and contributes to implementation of action plans and the learning following reviews.
- Undertakes risk assessments of the organisation's ability to safeguard/protect adults at risk.

5.13 Responsibilities of All Employees

All employees of the CCGs, partner practices and contracted support services e.g. Commissioning Support Unit (CSU), must be mindful of their responsibility in relation to safeguarding adults and children legal duties.

All staff must be up to date with the appropriate level of safeguarding children training as set out in the Intercollegiate Document (RCN 2019) and the Intercollegiate Document and Adult Safeguarding Roles and Competencies for Staff (RCN 2018) as outlined in section 7 and the looked after children: Knowledge, Skills and competences of health care staff 2015.

All staff have a responsibility to recognise abuse or neglect of vulnerable adults and children and escalate these concerns appropriately in line with this policy.

It is also important to note that areas such as Domestic Violence can also involve CCG staff and the CCG has a separate policy to support staff who are experiencing domestic violence.

In addition, the CCG has a Safeguarding Adults Management Advisor (SAMA) which is supported by the Hampshire Safeguarding Adults Board (HSAB). ⁹The SAMA can be contacted via the safeguarding team administrators. Where there is any concern that a member of staff is neglecting or abusing an adult the SAMA must be informed.

⁹ **Safeguarding adult & Children's main number 02380627645**

The role of the SAMA is to ensure a fair and robust response and investigation and ensure the person is supported through the process.

For allegations that suggests a child or young person has been put at risk by a member of staff, the designated professionals supported by the local authority designated officer (LADO) will provide advise and support.

Designated and named professionals are available for advice and support. If concerns arise about standards of services or children and/or adults being put at risk, employees should be aware of the escalation process and policies.

Therefore all employees must:

- Be alert to the potential indicators of abuse or neglect of adults and children at risk and know how to act on those concerns in line with local and national guidance and as set out in section 3. Please see appendix B for more information.
- Take part in training so that they maintain their skills and are familiar with arrangements aimed at safeguarding vulnerable adults and children
- Understand the principles of confidentiality and information sharing in line with local and national guidance
- Seek advice and guidance from the named/designated professionals if unsure about how to act upon a concern about a child or parent/carer, and/or an adult at risk
- Staff should escalate issues to relevant operational and senior managers when professional disagreements arise in relation to the management of a safeguarding concern
- All employees must keep accurate, contemporaneous records in accordance with professional and organisational policy

5.14 Quality Teams/Quality Facilitators

- Quality facilitators attend the Hampshire Multi-Agency Safeguarding Adults training program as core training
- To work with providers of NHS care to uphold high standards of care quality as part of the safeguarding adults prevention agenda
- To attend Large Scale Enquiry Meetings if required to provide the advice and oversight of failings in standards of quality
- To identify quality concerns which constitute neglect and raise them appropriately with safeguarding adults services

- To receive referrals from the safeguarding adults team for cases in the residential and domiciliary care sector leaving safeguarding activities and moving into quality monitoring mechanisms
- To attend Quality Outcome Monitoring Framework meetings and processes in partnership with the local authority.

5.15 Independent Contractors

Any independent contractors who deliver services directly to children, young people and their families should ensure that they:

- Access safeguarding children training in accordance with national and local guidance and competency frameworks
- Act in accordance with the Local Safeguarding Children's and Adults Boards policies and procedures.

5.16 Primary Care Practices

GP practices must have a lead for safeguarding who must work closely with the CCG named GPs and designated professionals to address quality issues in relation to safeguarding adults and children.

GP practices must maintain an up to date list of staff training in relation to safeguarding adult and children's training.

GPs must ensure that they contribute effectively to children in need of support or protection, including provision of reports for child protection conferences.

West Hampshire CCG will hold a list of all GPs trained by designated professionals on behalf of the CCG in the areas of safeguarding children.

GPs also have a statutory duty to safeguard adults at risk of abuse and/ or neglect and practices must have a lead for safeguarding adults who ensures that the practice meets their statutory duties.

5.17 Responsibilities of NHS Trusts, Foundations Trusts and Private Healthcare Providers

All provider health organisations are required to have effective arrangements in place to safeguard adults and children at risk and to assure themselves, regulators and their commissioners that these are working.

It is not sufficient to just have structures in place, but to create an organisational culture that acknowledges the responsibilities of staff to identify risk factors for children or adults and take appropriate action to reduce the level of harm.

5.18 Strengths Based Approach¹⁰

This policy fully supports the Hampshire Strengths Based Approach to safeguarding. This approach ensures that individuals who have experienced abuse and/or neglect are supported using a coach approach to find wide networks of support in their communities. The approach also supports staff working with the safeguarding agenda to work to their strengths to safeguard those at risk working in a relational way. A concept supported by NHS England.

¹¹5.19 Non-compliance to legislation

The CCGs have a legal duty to be compliant with all the statutory guidance and national directives. The CCG board must assure itself of compliance. Non-compliance to legislation (adults and children) should be discussed with the NHS England and NHS Improvement Regional safeguarding lead.

6. SAFEGUARDING ADULT AND CHILDREN'S PROCESSES

6.1 Why are effective safeguarding procedures important?

During our lives, each and every one of us may become vulnerable at some point and therefore susceptible to abuse and/or neglect. Promoting equality and addressing health inequalities are at the heart of NHS values. This policy supports the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it¹².

It also supports the drive to reduce inequalities between patients in access to, and outcomes from healthcare services by upholding each individual's rights when there are safeguarding concerns about them to support them to live in safety, free from both abuse and/or neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect.

6.2 Making a referral for an adult, child or young person at risk

If you are concerned about a child, young person or an adult at risk of abuse or neglect, you can make a referral to children or adult social care.

Children and young persons' referral can be made using the [Interagency Referral Form](#) and the [Hampshire Threshold Chart](#)

For adults; All concerns must be referred to the Hampshire Multi-Agency Safeguarding Hub (MASH) on **0300 555 1386**

¹⁰ [Hampshire Approach](#)

¹¹ Please refer to section 3 – 5 of this policy.

¹² See EIA

In an emergency and if it is suspected someone is in immediate danger, 999 should always be called.

The CCG Safeguarding Adults team for the **West Hampshire, North Hampshire and North East Hampshire & Farnham CCGs** can be accessed by calling Omega House on 02380 627444.

The CCG Safeguarding Adults team for **South Eastern Hampshire and Fareham & Gosport CCGs** can be contacted by calling 02392282053

For comprehensive information on reporting concerns related to adults please see; <http://www.hampshiresab.org.uk/report-abuse/>

6.2.1 Safeguarding Adults and Advocacy Services

Under the Care and Support Statutory Guidance (2018) individuals receiving a safeguarding adults' response may be entitled to an advocate to support them. CCG staff have a duty to refer for an advocate when the person is entitled to have this support. For further information please use the link below.

<http://hampshireadvocacy.org.uk/care-act-advocacy/>

7. LEARNING AND DEVELOPMENT

Staff at all levels of the organisation should undertake relevant safeguarding training in accordance with the RCN Safeguarding Children and Young People: Roles and Competencies for Health Care Staff (2019) and it is recommended that the RCN [Adult Safeguarding: Roles and Competencies for Health Care Staff](#) (2018) is also followed.

7.1 Training

All organisations working with children, vulnerable adults and their families have the responsibilities to ensure that their staffs have the required skills and competencies to safeguarding children and adults.

The Safeguarding Adults Board is also responsible for ensuring partner agencies provide training for staff and volunteers, and that this training reflects roles and responsibilities for adult safeguarding (Care Act 2014).

The Hampshire Safeguarding Children's Partnership (HSCP), commissions and delivers multi-agency training and learning events to compliment organisations in-house training.

The CCG will ensure that all staff receive essential awareness training through on line programmes and each CCG will maintain records of compliance for their own organisation in line with the CCG Safeguarding children and adults training strategy (see *appendix D for the children & LAC training strategy*). Each Clinical Support Unit

(CSU) will supply compliance rates to the Safeguarding Teams on request for assurance purposes.

In addition, it is the responsibility of managers in the CCG to inform the Safeguarding Adults Team of their staff requirements for training benchmarked against the Intercollegiate Document (2018) highlighted previously in this paper. The Safeguarding Adults Team will provide training in line with the requirements of this document for staff.

All staff expected to lead on Section 42 Enquiries must have completed the Hampshire Multiagency Section 42 training prior to undertaking these enquiries.

All regulated professionals will engage in clinical supervision as per the requirements of the CCG Policy. Clinical Supervision sessions must provide opportunity to raise any safeguarding concerns and time to discuss difficult and sensitive issues.

8. SAFEGUARDING SUPERVISION

Safeguarding supervision supports, assures and develops the knowledge, skills and values of an individual worker and provides accountability for decision-making. High quality supervision is the cornerstone of effective working with all vulnerable adults, children and young people.

Each provider commissioned by the CCG is responsible for ensuring a robust safeguarding supervision model is in place.

The designated professionals provide safeguarding supervision for named professionals within the CCG and the provider sector. A safeguarding supervision contract will be agreed between the designated and named professionals. *(Please see Appendix C for the CCG safeguarding supervision guidance).*

9. FAMILY APPROACH AND PARTNERSHIP WORKING

The Hampshire CCGs will ensure and fulfil the following:

- Work collaboratively with West Hampshire CCG as the host CCG for safeguarding children and looked after children
- Work with local authorities to commission coordinated and, where possible, integrated safeguarding services
- Statutory membership of the Local Safeguarding Children's Partnership Board (LSCP) and as required of NHS England, CCGs, and local NHS trusts/foundation trusts whose hospitals and other facilities are based within the local authority area.

- The CCGs are statutory members of the Local Safeguarding Adults Boards (LSAB) following the inception of the Care Act (2014)
- Will be members of the Pan Hampshire Health Sub Group and work effectively with the other CCGs and providers to improve outcomes for children.
- Ensure that appropriate contributions are made to LSCPb and LSAB budget from the CCGs and that all providers have engaged with the LSCPb and LSAB to negotiate their individual responsibilities/contributions.
- Ensure that all commissioned health providers are linked to the local LSCPb and deliver appropriately senior representation as required.
- Work with Public Health and the Health and Wellbeing Boards to contribute to the Joint Strategic Needs Assessment and use this to inform commissioning of local services to meet the needs of the child population.
- Work in collaboration with NHS England to ensure that safeguarding children and adults arrangements are in place across the health economy.
- Co-operate with the local authorities in fulfilling duties towards looked after children, including health assessment and planning.
- Work in collaboration with partner agencies to ensure the effective commissioning of services to support the development and effectiveness of the multi-agency safeguarding hubs.

10. STATUTORY REVIEWS

The CCG has a statutory responsibility to work with partners in Hampshire and Pan-Hampshire to ensure that safeguarding incidents are reviewed in line with legislation and learning from reviews is disseminated to all staff.

10.1 Serious Case Reviews

A Serious Case Review (SCR) takes place after a child dies or is seriously injured and abuse or neglect is thought to be involved. It looks at lessons that can help prevent similar incidents from happening in the future. They are not inquiries into how a child died or was seriously harmed, or into who is culpable. These are matters for coroners and criminal courts, respectively, to determine as appropriate. Serious Case Reviews should not be part of a disciplinary inquiry or process relating to individual practitioners. There is guidance on the Hampshire Safeguarding Children's Board for staff. Please see link below for more information.

Learning from SCRs have influenced outcomes for children and young people locally. Please see link below for further information.

<https://www.hampshiresafeguardingchildrenboard.org.uk/learning-and-reviews/serious-case-reviews/>

10.2 Adult Statutory Reviews

When there is a statutory review, health commissioners will provide a panel member, provide oversight of health involvement at panel meetings, ensure that recommendations and actions are achievable, and disseminate learning across the NHS locally (NHSE, 2015). The Safeguarding Adults Team will provide the panel member.

10.3 Domestic Homicide Reviews

A Domestic Homicide Review is convened by a local Community Safety Partnership where criteria is met following the death of a person aged 16 or over and has, or appears to have resulted from domestic violence, abuse or neglect. The safeguarding adults' team will provide the panel member for Domestic Homicide Reviews on behalf of the CCGs. For further reading the statutory guidance can be found at;

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575273/DHR-Statutory-Guidance-161206.pdf

Nationally lessons have been learned from these reviews and these can be found at;

<https://www.gov.uk/government/publications/domestic-homicide-review-lessons-learned>

Learning from local Domestic Homicide Reviews has highlighted clearly how domestic abuse can occur in households not traditionally considered in the domestic violence agenda. A consistent theme has been that there has not been young children in the household and the violence has occurred between adult family members.

10.4 Safeguarding Adult Reviews (SAR)

Section 44 of the Care Act 2014 requires Local Safeguarding Adult Boards to arrange a safeguarding adult review when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the person at risk. These reviews are convened by Safeguarding Adults Boards for every case where an adult has died from, or experienced serious abuse and neglect, and there is reasonable cause for concern about how agencies and service providers involved worked together to safeguard the person. The purpose of conducting a safeguarding adult review is to establish whether there are any lessons to be learnt from the circumstances of the case, about the way in which local professionals and agencies work together to safeguard adults at risk. A member of the Safeguarding Adults Team will be part of each Serious Case Review.

A Thematic Review of SARs in Hampshire has revealed key learning in relation to people with a learning disability when they experience periods of higher than usual

vulnerability such as physical ill-health and this further draws on the point that people can be more prone to abuse and neglect at certain points in their life.

10.5 Section 42 enquiries

Under Section 42 of the Care Act 2014, there is a duty on the local authority to make enquiries, or ask others to make enquiries, where they reasonably suspect that an adult in its area is at risk of abuse or neglect. The local authority has a lead co-ordinating role for all safeguarding enquiries but has the power to cause enquiries to be made by another organisation or person for example where the adult already has a relationship with another professional and/or or the enquiry relates to the organisation's particular area of responsibility.

Where the local authority causes an enquiry to be made, it still retains overall responsibility and must assure itself that the enquiry carried out satisfies its duty under section 42 to decide what action (if any) is necessary to support and protect the adult and to ensure that such action is taken. The local authority has a duty to arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or a safeguarding adult review if they would have 'substantial difficulty' to understand and take part in the enquiry or review and to express their views, wishes, or feelings.

This provision relates to people with capacity. A person lacking capacity can access advocacy via existing provisions under the Mental Capacity Act 2005 and a person subject to the Mental Health Act 1983 can access advocacy via the provisions of this legislation.

10.6 Handling Section 42 enquiries

Section 42 Enquiries are part of the core business of safeguarding adults work. The Safeguarding Adults Team provides expert advice on case work to CCG staff and colleagues in primary care services.

10.7 Discretionary Safeguarding Enquiries

Whilst statutory safeguarding duties relate to adults with needs of care and support, the local authority is also able to undertake discretionary enquiries for example, when an adult may have support needs but not care needs. This may apply to a carer or a person believed to be self-neglecting. These discretionary enquiries will be handled by teams in the CCG with support from the Safeguarding Adults Team where needed.

10.8 Principle of No Delay

Where there is a risk of harm or abuse, swift action must be taken and an effective response made. The principle of No Delay is underpinned by a timely response is made with due consideration of presenting risk, this being determined by presenting

circumstances and professional judgement. The timescales outlined in the Hampshire Multiagency Policy are therefore presented as a framework, but a range of factors may mean that the timescales are shorter or longer depending on the situation, and the wishes of the adult concerned.

10.9 Making Safeguarding Personal

Making Safeguarding Personal (MSP) is about responding in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them with the aim of enabling them to resolve their circumstances and support their recovery. MSP is also about collecting information about the extent to which this shift has a positive impact on people's lives.

The person therefore, should always be involved from the beginning of an enquiry unless there are exceptional circumstances that would increase the risk of abuse in order to be person led, and outcome focused.

The Making Safeguarding Personal Guide (ADASS, 2014) is intended to support councils and their partners to develop outcomes-focused, person-centred safeguarding practice and it can be found at;

[Making Safeguarding Personal 2014](#)

11. SAFE RECRUITMENT

The CCGs and any contracted support services must comply with safe recruitment practice including efficient use of the Disclosure and Barring System (DBS) with a system in place to repeat the process on a three yearly cycle, including DBS checks for eligible staff and enhanced level checks where appropriate. Safeguarding adults and children responsibility to be included within all staff job descriptions.

12. COMMISSIONING ARRANGEMENTS

- Ensure commissioning arrangements work in co-operation with local authority, NHS England and link to the priorities of the Local Safeguarding Adults Board (HSAB) and Local Safeguarding Children Partnerships
- Each CCG should assure, through a shared model of commissioning led by the deputy director for maternity and children's commissioning that the needs of children and young people are at the forefront of local planning and service delivery and has safeguarding as a fundamental thread.
- Ensure that clinical governance arrangements are in place to assure the quality of services commissioned by the CCGs

13. CONTRACT MONITORING

- Ensure through contracts with commissioned services that health services and healthcare workers contribute to multi-agency safeguarding working
- Include the requirement for sharing information with CCGs and LSCPBs regarding safeguarding arrangements and outcome frameworks in all commissioning arrangements, contracts and/or service level agreements
- Ensure that designated professionals have been consulted on all relevant contracts and service level agreements
- The Safeguarding Teams will develop the safeguarding schedules and ensure that provider reports are scrutinised for compliance and learning.

14. PROCUREMENT OF NEW SERVICES

The Safeguarding Adults and Safeguarding Children's Team will develop the screening questions for tenders in collaboration with the procurement team and score the safeguarding requirements of all tenders.

15. ANNUAL AND QUARTERLY REPORTING

The Safeguarding Adults and Children's Teams will produce quarterly reports and an Annual Report as part of the assurance mechanisms for the CCGs.

The CCGs and all NHS trusts or foundation trusts are required to publish an annual safeguarding report. For children; these reports can incorporate Section 11 assurance.

16. DISSEMINATION AND IMPLEMENTATION

All new and updated policies are published on the CCG website, promoted to staff via the CCG staff newsletter and policy page on the intranet, and through training events such as induction of new staff.

17. APPROVAL AND RATIFICATION PROCESS

The safeguarding policy (adults and children) was presented to the West Hampshire CCG Clinical Governance Committee and the 5 Hampshire CCG Safeguarding Committee for approval and was ratified by the West Hampshire CCG Board.

18. EQUALITY ANALYSIS

In line with the CCG commitment to equality, diversity and inclusion, an equality impact assessment has been completed to inform the development of the Safeguarding Adult and Children Policy (see Appendix A).

Given the findings of the equality impact assessment, the policy has been amended to eliminate discrimination, advance equal opportunities and ensure effective implementation for adults and children from protected characteristic groups.

19. SUCCESS CRITERIA, MONITORING THE EFFECTIVENESS OF THE POLICY

The aim of this policy is to ensure that the CCG fulfils its statutory obligations and that all CCG staff members are aware of their responsibilities to safeguard vulnerable adults and children. Therefore the effectiveness of this policy will be measured and monitored in a number of ways as described below:

Monitoring against legislation; The CCGs will audit their compliance to this policy through set audits such as the section 11 audit for children and against the NHS England Accountabilities Framework for both adults and children. Any gaps or challenges will be reported in a timely fashion to the safeguarding boards and NHS England.

The CCGs quarterly and annual safeguarding adults and children's reports will reflect compliance to this policy. The effectiveness of the policy will also be measured through investigation of incidents/serious incidents, complaints and allegations that are undertaken by the CCG, the Safeguarding Adults Board, or other authorised bodies. The policy will be amended as necessary in the light of learning from such reviews.

20. REVIEW

This policy will be subject to a routine biennial review, and will also be subject to alteration if required through the creation of additional national policy, legislation or guidance and / or local guidance. If revised, all stakeholders will be alerted to the

new version. The review will be conducted by the Safeguarding adult and children team.

21. REFERENCES AND LINKS TO OTHER DOCUMENTS

4LSCB safeguarding standards

[West Hampshire Clinical Supervision Policy](#)

[HSCB Principles and Standards for Supervision](#)

<https://www.scie.org.uk/publications/guides/guide50/contextforeffectivesupervision/supervisionpolicy.asp>

Care Quality Commission. 2015. Statement on CQC's role and responsibilities for safeguarding children and adults. London. CQC

www.cqc.org

DH, 2012 Building Partnerships, Staying Safe. London

www.gov.uk/government/publications/building-partnerships-staying-safe-guidance-for-healthcare-organisations

DH, 2017, Care and Support Statutory Guidance. London

Home Office, 2015. Controlling or Coercive Behaviour in an Intimate or Family Relationship Statutory Guidance Framework

http://www.cps.gov.uk/legal/a_to_c/controlling_or_coercive_behaviour/

HSAB 2015 Safeguarding Adults Policy and Practice Guidance

http://www.hampshiresab.org.uk/professionals-area/hampshire_4lsab_multiagency_safeguarding_adults_policy_guidance/

HM Government. 2014. Multiagency practice guidelines-Female Genital Mutilation. London

www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation

Home Office. 2015 A Statement Opposing Female Genital Mutilation. London

www.gov.uk/government/publications/statement-opposing-female-genital-mutilation

The Local Government Association. 2015. Guidance on Domestic Abuse and Adult Safeguarding (2nd Edition, 2015)

<http://www.local.gov.uk/domestic-violence-and-abuse>

NHSE 2015. Safeguarding vulnerable people in the NHS. Assurance and accountability framework. London
www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf

NHSE (unpublished). Safeguarding Adults; Roles and Responsibilities (available from the Safeguarding Adults' Team)

UK Parliament, 2015, Counter Terrorism and Security Act
http://www.legislation.gov.uk/ukpga/2015/6/pdfs/ukpga_20150006_en.pdf

UK Parliament, 2015. Modern Slavery Act
<http://www.legislation.gov.uk/ukpga/2015/30/contents/enacted>

Serious Crime Act 2015. Female Genital Mutilation
<http://www.legislation.gov.uk/ukpga/2015/9/part/5/crossheading/female-genital-mutilation/enacted>

DH, 2015. Final Report from the Jimmy Saville Investigation
www.gov.uk/government/publications/jimmy-savile-nhs-investigations-lessons-learned

APPENDIX A Equality Impact Assessment

Equality analysis

Title: SAFEGUARDING ADULTS AND CHILDREN'S POLICY- A FAMILY APPROACH

Q1 What are the intended outcomes of this work?

The CCGs are developing the first adult and children's safeguarding policy. The policy will pull together the statutory responsibilities of the CCGs for adults and children.

The policy provides support and guidance for staff to safeguard the most vulnerable at risk of abuse and/or neglect who cannot protect themselves.

The outcome of this work will be to have a workable policy that is used across 5 CCGs for all staff to ensure equity and a uniform framework.

Q2 Who will be affected?

All CCG staff to include board members.

It will also affect the population served by the 5 Hampshire CCGs.

Evidence

Q3 What evidence have you considered?

The current adult and children's policies are being brought together to strengthen the family approach to safeguarding the most vulnerable people in our population. In developing the new combined policy, significant research and evidence has been considered and utilised to inform this policy. These included; review of the CCG's equality and diversity policy, population statistics, learning from Serious Case Reviews and Domestic Homicide Reviews, research from adverse childhood experiences (ACEs), work done by the local safeguarding children and adults board and evidence from the "Joint Strategic Needs Assessment (JSNA)" that informs this policy development.

CCG Equality, Diversity and Human Rights Policy

The equality, diversity and human rights policy states the commitment of the CCG in ensuring fairness. It highlights the protected characteristics defined in the Equality Act 2010 as: Age, Disability, Transgender, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex and Sexual Orientation. It identifies ways that equality and fairness can be demonstrated in practice. This includes ensuring equality analysis forms part of policy development. With this in mind, the policy developers have worked closely with the equality and diversity leads for the CCGs to complete an analysis alongside development of the policy.

Local and National Learning from Serious Case Reviews

Local and National learning from Statutory Reviews including those related to Serious Case/Safeguarding Adults Reviews, Domestic Homicide Reviews and Safeguarding Adults and learning which has related in commissioning a new domestic violence service and a thematic review of cases involving people with a learning disability.

There is clearly a key interface between upholding people's human rights, the duty to safeguard and the duties under the Equality Act (2010). Vulnerability to abuse and/or neglect can happen to anyone during their lifetime depending on the vulnerabilities at any given time and therefore all employees must be aware of this in order to protect individuals when needed. Learning locally has highlighted the vulnerabilities of children and adults who have protected characteristics. These include reports from county lines activity and crimes that suggests young people with disabilities are been targeted by drug runners and the houses of people with vulnerabilities and sometimes protected characteristics are taken over by the organisers as 'cuckooing'.

A key agenda which is developing on the basis of evidence is Adverse Childhood Experiences (ACEs). These include;

- domestic violence
- parental abandonment through separation or divorce
- a parent with a mental health condition
- being the victim of abuse (physical, sexual and/or emotional)
- being the victim of neglect (physical and emotional)
- a member of the household being in prison
- growing up in a household in which there are adults experiencing alcohol and drug use problems.

While ACEs are found across the population, there is more risk of experiencing ACEs in areas of higher deprivation. An ACE survey with adults in Wales found that compared to people with no ACEs, those with 4 or more ACEs are more likely to

- have been in prison
- develop heart disease
- frequently visit the GP
- develop type 2 diabetes
- have committed violence in the last 12 months
- have health-harming behaviours (high-risk drinking, smoking, drug use).

Such experiences may also negatively impact people's mental health. The CCG has a Designated Nurse leading on the ACEs agenda.

Research evidence now also suggests that hoarding in adult life is frequently the result of ACE's. The Hampshire Safeguarding Adults Board has developed a Hoarding Protocol to support practitioners to work in partnership with people who hoard and this requires a long

term working arrangement due to the attachment they have with the articles they hoard.

A Thematic Review of Deaths from Fire in the county during 2018 by Hampshire Fire and Rescue Services highlighted again how people with mental ill-health, those who use substances and those who hoard are at higher risk of death from fire. However, most who die in this way are often already known to statutory services. Further work is being undertaken to support practitioners to identify the known vulnerabilities and to refer the individual for support from Hampshire Fire and Rescue Service through the Hampshire Safeguarding Adults Board.

Research evidences from specific safeguarding agendas; e.g. ACEs and Hoarding

Local Authorities information and Adult and Children safeguarding children's boards and sub groups

National Safeguarding Adults data¹³

Data compiled by NHS Digital highlights:

- For the 2016-17 reporting year there were 109,145 individuals that were the subject of a safeguarding enquiry under Section 42 of the Care Act that started within the year. This is an increase of 6 per cent on 2015-16
- Of these individuals at risk, 60 per cent were female and 63 per cent were aged 65 or over, as females longer than males and vulnerabilities can be associated with ageing
- 364,605 concerns of abuse were raised during 2016-17, equating to an average of just under 1,000 per day. During the same period 151,160 formal safeguarding enquiries commenced
- The most common type of risk in Section 42 enquiries that ended in the year was Neglect and Acts of Omission, which accounted for 35 per cent of risks and this pattern reflects national data.
- The location of risk in Section 42 enquiries that ended in the year was most frequently the home of the adult at risk (44 per cent of enquiries). In these settings abuse is most frequently perpetrated by somebody known to the victim or someone in a position of trust such as a paid carer.

Domestic Abuse

The Home Office information suggests that there has been little change in the prevalence of domestic abuse data in recent years. In the year ending March 2018, an estimated 2.0 million adults aged 16 to 59 years experienced domestic abuse in the last year (1.3 million women, 695,000 men).

Safelives report identifies hidden victims that include; domestic abuse of individuals with mental health, LGBT, homelessness, young people, and honour based violence, disabled people and older people.

Guidance is provided in this policy to ensure that staff can recognise and escalate

¹³ NHS Digital (2017) Safeguarding Adults Collection (SAC), Annual Report, England 2016-17

domestic abuse when detected through work with patients or colleagues. The CCG also has a standalone domestic abuse policy.

Learning nationally and locally from Serious Case Reviews to date has identified how very young babies are shaken by their parents often with catastrophic consequences. Learning has shown that often this happens when a parent responds negatively to a crying baby they cannot settle and it is an action right in the moment when a parent is exasperated. A Designated Nurse in the CCG is leading work on supporting parents with how to deal with a crying baby.

Stonewall figures highlight how 19 per cent of trans people say they have experienced domestic abuse from a partner in the last year.

Hate crime

The Safeguarding Policy covers hate crime. Hate crime is defined as ‘any criminal offence which is perceived, by the victim or any other person, to be motivated by hostility or prejudice towards someone based on a personal characteristic.’ This common definition was agreed in 2007 by the police, Crown Prosecution Service, Prison Service (now the National Offender Management Service) and other agencies that make up the criminal justice system.

There are five centrally monitored strands of hate crime:

- Race or ethnicity
- Religion or beliefs
- Sexual orientation
- Disability; and
- Transgender identity.

In 2017/18, there were 94,098 hate crime offences recorded by the police in England and Wales, an increase of 17% compared with the previous year¹⁴. This increase is thought to be largely driven by improvements in police recording, although there have been spikes in hate crime following certain events such as the EU Referendum and the terrorist attacks in 2017.

Breaking down the headline number of hate crime offences by the five centrally monitored strands showed there were:

- 71,251 (76%) race hate crimes
- 11,638 (12%) sexual orientation hate crimes
- 8,336 (9%) religious hate crimes
- 7,226 (8%) disability hate crimes, and
- 1,651 (2%) transgender hate crimes.

It is possible for a hate crime offence to have more than one motivating factor which is why the above numbers sum to more than 94,098 and the proportions to more than 100 per cent.

¹⁴ Home Office (2018) [Hate Crime, England and Wales, 2017/18 Statistical Bulletin 20/18](#)

41% of trans men and trans women responding to a Stonewall survey said they had experienced a hate crime or incident because of their gender identity in the last 12 months. They also found that 25% of trans people had experienced homelessness at some point in their lives. Our national LGBT survey found similar results, with 67% of trans respondents saying they had avoided being open about their gender identity for fear of a negative reaction from others. Home Office figures police recorded 1,651 hate crime offences against trans people in England and Wales in 2017-18. Nine per cent involved “violence against the person with injury” and a further 24 per cent involved “violence against the person without injury”.

Victim Support

People who have experienced hate crime can access a range of support from Victim Support (<https://www.victimsupport.org.uk/crime-info/types-crime/hate-crime>).

“What do we know about our population” to help with the sections below:

The diversity profile for Hampshire is available [here](#)

<http://documents.hants.gov.uk/EqualityandDiversityFactsheet-HampshireCountyCouncilArea.pdf>

Age

This policy covers all ages.

The safeguarding agenda covers all age groups from birth to death and this policy adopts the more recent thinking of the Family Approach, which ensures that all vulnerable members of a household are considered together with consideration of whether each member is a supportive and protective member of a risk to the vulnerable person. Safeguarding adults work may target areas of vulnerability due to age such as non-ambulant babies. Learning from Domestic Homicide Reviews in the county has highlighted how domestic violence is not only prevalent in ‘traditional households’ that is a mother, father and children but occurs in relation to violence between adult siblings, between an adult and a parent and other situations.

In relation to the Prevent agenda it is known that increasingly children are being radicalised to extreme ideologies and the County Lines agenda highlights how children can be exploited and older adults homes ‘cuckooed’ to support this child exploitation whilst suffering abuse themselves.

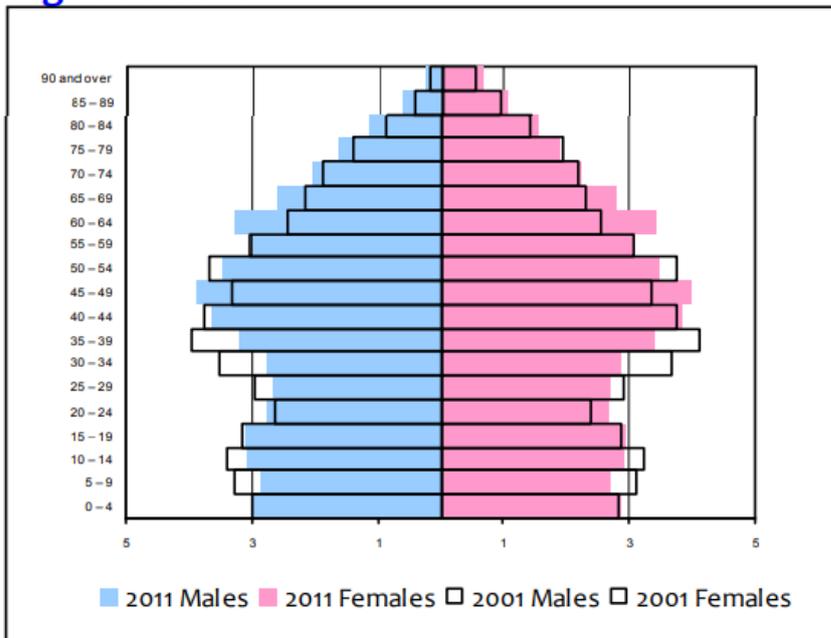
The Female Genital Mutilation (FGM) agenda highlights how children can be at risk of this illegal form of abuse which has no basis in any religion and is illegal in this country.

In relation to age, older age can more often mean social isolation and loneliness. People experiencing this are often targeted by scammers for financial gain. Victims are especially vulnerable to ongoing scamming as the scammer is sometimes the only person with whom they have any contact. The Trading Standards Team in Hampshire County Council is expert in this field. This team is a member of the Hampshire Safeguarding Adults Board.

People who lack mental capacity in relation to various decisions can be more vulnerable to

abuse in many forms and therefore lacking mental capacity increases vulnerability. Although loss of mental capacity is not necessarily the result of ageing, the increase of the frequency of people living with dementia, both early onset and that associated with older age and co-morbidities means that vulnerabilities can increase.

Age Structure



Between 2001 and 2011 the working age population has remained stable at 64%. However there has been a large decline amongst young adults aged 25-39 (from 21.6% to 18.9%). Hampshire has an ageing population.

Disability (physical and mental)

This policy recognises that disability means a physical or a mental condition, which has a substantial and long-term impact on an individual's ability to do normal day to day activities.

The safeguarding agenda considers the actual and potential vulnerabilities of people at risk of abuse and / or neglect balanced with strengths based approach to safeguarding the individual by maximising those aspects of self- protection which they can manage. The safeguarding agenda includes the radicalisation agenda and the Trigger Trio context.

Local (Safeguarding Adults Reviews) and national reviews (LeDeR) have highlighted how people with a learning disability may be more subject to unintentional neglect and learning from the Prevent agenda has highlighted how poor mental health, learning disability and being on the autistic spectrum can increase susceptibility to radicalisation to extreme ideologies.

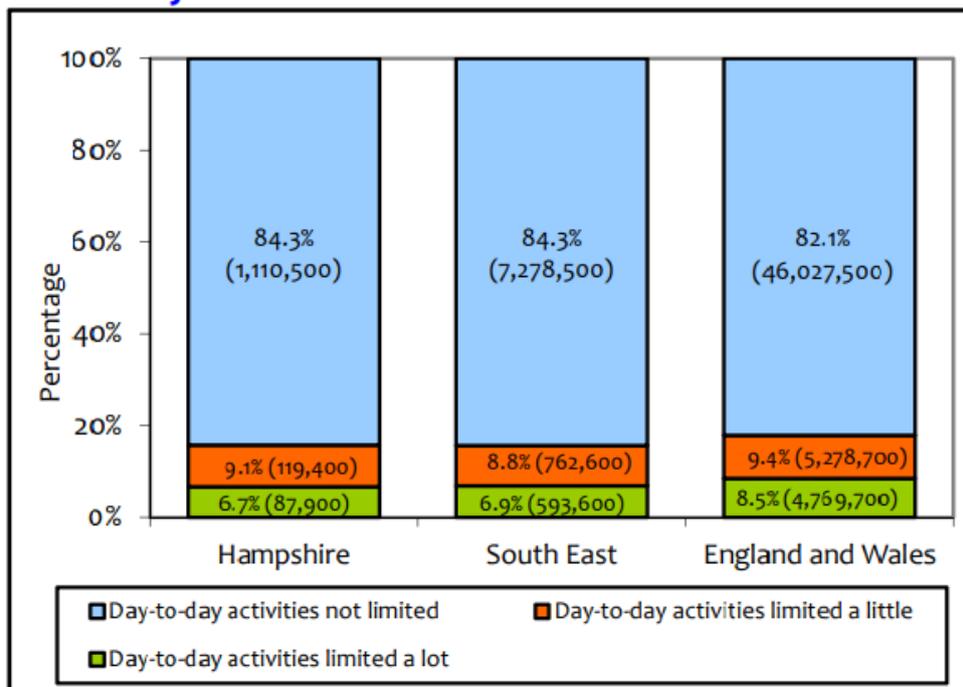
The Hampshire Safeguarding Adults Board has a stakeholder sub-group which includes people with a learning or physical disability to inform the Board and support them regarding

wide consideration and inclusion. The group acts as a reference group to some of the actions taking in response to information requirements and accessible formats.

Men (5.4%) with a long-term illness or disability were victims of partner abuse in 16/17 compared to women (11.2%) in the same situation.

Disability in Hampshire

Disability



In 2017/18 nationally there were 7,226 (8%) disability hate crimes reported to Police.

Gender reassignment (including transgender)

What do we know about gender reassignment?

The CCGs work with other partners to ensure individuals are safeguarded.

The safeguarding agenda includes both hate and mate crime which considers harassment and befriending to abuse in the future. These abuses would be reported in the same way as any other kind of abuse and where a crime has been alleged, be reported to the police.

In 2017/18 nationally there were 1,651 (2%) transgender hate crimes reported to Police and therefore this group can be especially vulnerable to abuse.

The CCGs equality leads and the HSCB/HSAB work closely with voluntary agencies that support (e.g. Chrysalis)

Marriage and civil partnership

The safeguarding agenda upholds the human rights of all individuals and their right to private and family life. The policy does not impact on any working arrangements of staff and supports all staff to safeguard people at risk of abuse and neglect. The safeguarding

agenda includes working to protect those individuals at risk of forced marriage and more recent evidence highlights that people with a learning disability can be at risk of this form of abuse and that this abuse may take place by taking the person with a learning disability out of the country to marry. This arrangement may be encouraged by parents who fear for the future of their child with a learning disability and hoping for a secure future.

Pregnancy and maternity

The safeguarding agenda upholds the rights of the unborn child and women in a situation of domestic abuse. The agenda also covers Female Genital Mutilation in children and handling concerns for both adults and children under the laws of this country.

Domestic violence is known to often commence or escalate during pregnancy meaning there is risk to both the mother and the unborn child. Domestic violence negatively affects the victim's mental health as a result of verbal and physical abuse and/or coercion and control. The CCG has a specific policy for staff who are experiencing domestic violence to ensure support (Domestic Violence and Abuse Policy for CCG Staff) and the CCG also has a Leave & Flexible Working Policy.

Race

The policy upholds the human rights of all, their right to private and family life and a life free from abuse. Advocacy is a core part of the protection process and where needed interpreters are employed to ensure the person can disclose details and this is especially important in areas such as modern slavery and human trafficking. Learning from the radicalisation agenda highlights the risk of far right extremism and radicalisation to extremism in relation to other ideologies which may be present in particular ethnic groups. This policy supports the Channel Process under the Prevent agenda to address significant concerns about vulnerable people.

Radicalisation is a process and local learning has highlighted how radicalisers target people with mental health concerns, people with a learning disability and people with autism.

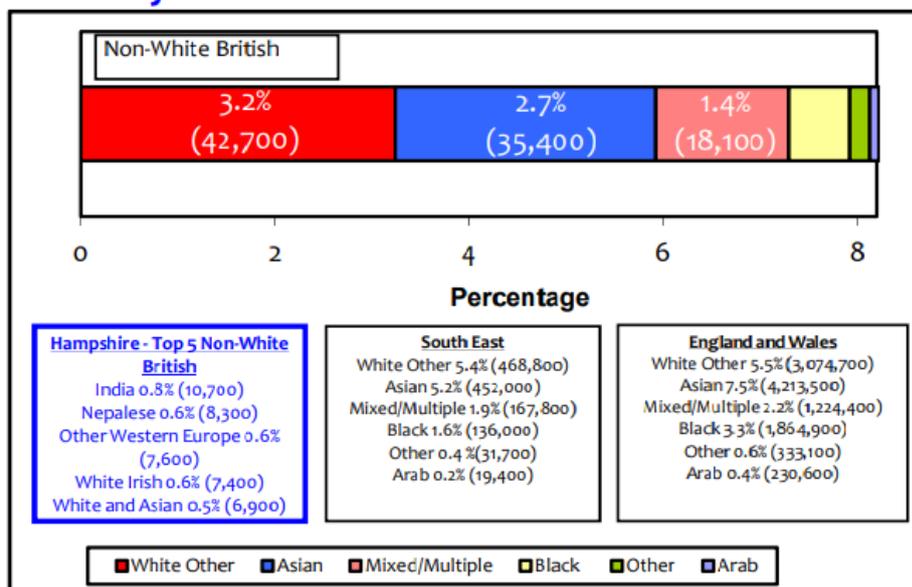
Ethnicity in Hampshire

Data from the 2011 Census published by Hampshire County Council shows that:

- Hampshire is a largely White British county with 89.0% of its inhabitants choosing to describe their ethnicity as White British, significantly higher than the national average of 80.5%
- But far from homogeneous, the population of Hampshire in 2011 in fact described themselves by over ninety different ethnic group labels
- Basingstoke and Deane, Rushmoor, Portsmouth and Southampton fall below the county average
- Urban areas in particular across the county tend to have higher ethnic group diversity
- After White British, White Other is the next most common ethnic group in the

majority of Hampshire's districts. However in Rushmoor, Eastleigh, Portsmouth and Southampton the second most common grouping behind White British ethnicity is Asian.

Ethnicity



91.8% of Hampshire's resident population are 'White British'.¹ Those in other ethnic groups account for 8.2%. The ethnic group 'White Other' accounts for 3.2% including both White Irish and Polish individuals, amongst others. The Asian ethnic group accounts for 2.7% encompassing Indian and Nepalese ethnicities, with others.

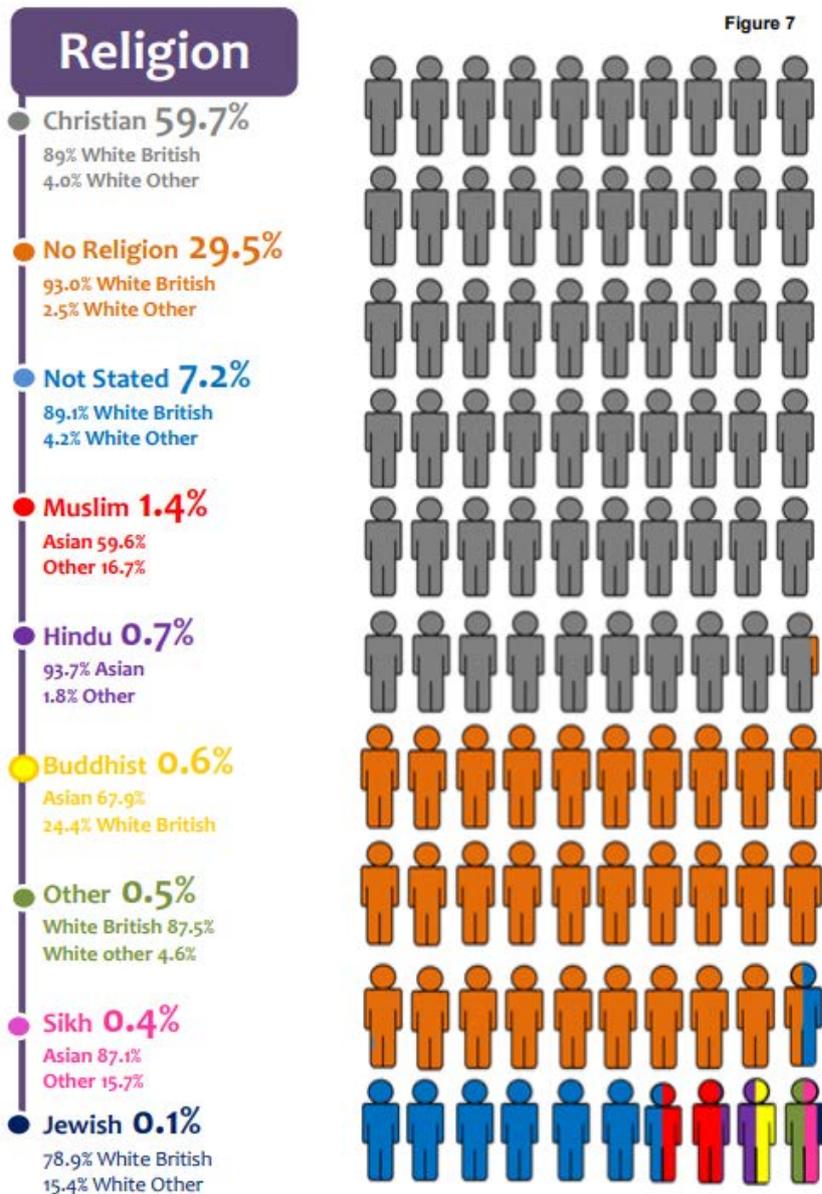
In 2017/18 there were 71,251 (76%) race hate crimes reported to Police. This is the most likely form of hate crime.

This policy cites the duty under the Care Act (2014) for people involved in a safeguarding response to have access to their own safeguarding advocate and guidance is provided.

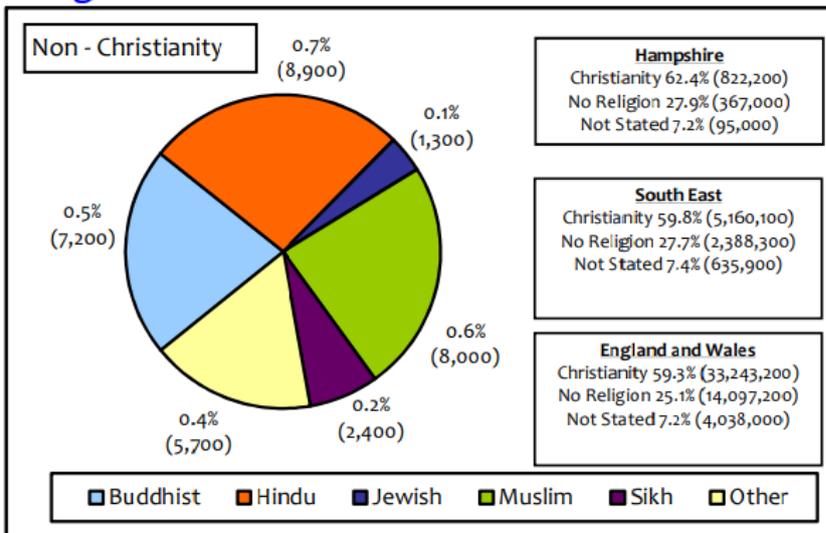
Religion or belief

There are some beliefs and cultures that put vulnerable people at risk of harm. Some examples are honour based violence, arranged marriages and FGM and guidance is provided in the policy on how to address these situations.

Religion data for Hampshire by ethnicity



Religion



Christianity remains the largest religion in Hampshire at 62.4%. Hinduism is the next biggest religion at 0.7% followed closely by Muslim (0.6%) and Buddhism (0.5%). A large percentage said that they had no religion (27.9%), whilst 7.2% did not state any religion at all.

The CCG has duties under the Prevent agenda to work with people who are being drawn into terrorism as the result of extreme ideologies. People who are drawn into these beliefs are supported (with their consent) through the Channel Process and a Designated Nurse for Safeguarding Children and the Safeguarding Adults Team represents the CCG on Channel Panels to support the person to explore their beliefs and redirect them towards other activities. Some people with a higher level of vulnerability such as those with mental ill-health, autism or a learning disability can be more susceptible to the erroneous messages used by those who work to cause violence and harm.

In 2017/18 there were 8,336 (9%) religious hate crimes reported to the Police.

Sex.

This policy applies to males and females. Males and females may experience different vulnerabilities. Local learning shows that more males than females have been subject to radicalisation including extreme right wing ideologies. As females tend to live into older age more frequently than men, vulnerabilities related to old age may make more older women subject to abuse and/or neglect.

Of note in relation to domestic violence;

- For every three victims of domestic abuse, two will be female, one will be male.
- For every four victims of stalking, three will be female and one will be male.
- For every three victims of partner abuse where force is involved, two will be female and one will be male.
- Generally, younger people are more likely to be a victim of partner abuse and

stalking than those in older age groups.

- Male victims (39%) are over three times as likely as women (12%) not to tell anyone about the partner abuse they are suffering from.
- The number of women convicted of perpetrating domestic abuse has increased seven fold since 04/05. (ONS, 2017)

Sexual orientation

In 2017/18 there were 11,638 (12%) sexual orientation hate crimes reported to Police.

Based on BBC Freedom of Information requests to UK police forces, Hampshire has a higher rate of homophobic hate crime at 20 per 100,000 people. The BBC data also shows that 20-29 year-olds are the age group most likely to report being victims of homophobic or transgender hate crime. The data also shows that people in their 20s are accused of homophobic hate crimes more often than any other age group. Suspects in transgender hate crimes tend to be teenagers or even younger, according to the numbers.

The Government Equalities Office tentatively estimates that there are approximately 200,000-500,000 trans people in the UK.

This covers and takes into consideration all sexual orientation for all.

Carers

This policy considers the needs and the safeguarding of young people that take on the all of caring for their family and also for adult carers.

Other identified groups

- Gipsy and Travelling groups (JSNA)
- Population that we serve

Gypsy and Travellers in Hampshire

The 2011 Census recorded 2,069 Gypsies and Travellers living in Hampshire. However local figures suggest this is an underestimate; the locally estimated range is between 4,690 and 7,630 people¹⁵

Three-quarters (75%) are believed to be living in bricks and mortar accommodation, with 25% living on authorised local authority or private sites. The largest number (423) is in the New Forest and the greatest proportion (0.3% of the population) is in Hart district. Data suggest there are Gypsies and Travellers living in every district in Hampshire.

The 2011 Census – Gypsy or Irish Travellers

- The median age of the Gypsy or Irish Traveller group was 26, with 39% under the age of 20, compared with the national figures of 39 and 24% respectively

¹⁵ Hampshire Joint Strategic Needs Assessment: Gypsies & Travellers Chapter (2013)

- 45% of the Gypsy or Irish Traveller households with dependent children were lone parent households, compared with 25% in the general population
- Whole house or bungalow was the most common type of accommodation among the Gypsy and Traveller population (61%), compared with 84% among the general population, and
- Gypsy and Irish Travellers reported the worst health out of all the ethnic groups.

[Research](#)¹⁶ in Hampshire highlights that this group may be more vulnerable:

- Higher prevalence of long term conditions such as heart disease, diabetes, lung disease, and mental health problems
- Higher prevalence of risky lifestyle behaviours such as smoking, lack of physical activity, obesity and alcohol consumption
- Higher levels of domestic abuse amongst women
- There were a high proportion of learning disabilities reported in the New Forest area, particularly where there are Gypsies and Travellers living in bricks and mortar accommodation

Prisons

The Hampshire Safeguarding Adults Board has a Memorandum of Understanding with Winchester Prison to support safeguarding duties in prisons. The Prison Governor is invited to the Board. Further work is planned especially in relation to prisoners on release who may be homeless and particularly vulnerable.

Engagement and involvement

Q4 How have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

- Executive – Ellen McNicholas, Director of Quality & Nursing
- Focus group – CHC, safeguarding team, Quality team

Q5 How have you engaged stakeholders in testing the policy or programme proposals?

The policy was tested via the focus group and the safeguarding teams.

¹⁶ Shared Intelligence & GypsyLife (2015) Research into the health and wellbeing needs of Gypsies and Travellers living in 'bricks and mortar' accommodation in East Hampshire, Hart and New Forest District Council areas

Q6 For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

The focus group included representatives across the Hampshire CCGs:

- WH CCG Medicine Management
- WH and SE CCG Equality and Diversity Leads
- SE CCG education lead
- SE Safeguarding Adults Lead
- WH CCG Nurse facilitator
- WH CCG Local Delivery System Commissioning Manager Children & Maternity
- WH CCG Safeguarding Administrator

The focus group met on 5 April 2019 and the **aims and objectives** included the following:

- To present the current draft policy to the group
- To discuss the groups expectation for a CCG safeguarding adult and children's policy
- To discuss the groups perception of the policy
- To obtain information and the groups opinion about what the current policy should included
- To ensure that we have a safeguarding (adult & children) policy that can be adopted by the CCGs
- To discuss the EIA and how this applies to the policy

Output of the meeting

- Review of the policy contents with positive suggestions from the group (For example; group advised a glossary to be included in the policy)
- In-depth discussion about EIA
- The group felt that the policy was almost completed and the next stage (review of the updated policy) for the focus group can be done electronically
- Updated policy sent out on the 2nd of May 2019 to the focus group
- Comments received as per the deadline (9th of May) and the policy updated accordingly

Safeguarding Teams & the 5 Hampshire Governance committee

The policy was shared with team members and members of the CCG safeguarding governance committee for comments. The comments received have influenced the development of this policy.

Summary of Analysis

Q7 Considering the evidence and engagement activity you listed above, please summarise the impact of your work.

The review of the policy by the focus group, team members and the safeguarding committee was a very valuable exercise. As stated above, all the comments have been considered throughout this process.

Q8 **Eliminate discrimination, harassment and victimisation** *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation).*

Q9 **Advance equality of opportunity** *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation).*

Q10 **Promote good relations between groups** *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation).*

Q11 **What is the overall impact?** *Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?*

Q12 **Addressing the impact on equalities** *Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.*

Action planning for improvement

Q13 Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

For your records

Name of person who carried out this assessment:

Jaki Metcalfe & Cynthia Condliffe

Date assessment completed:

9 May 2019

Name of responsible Director:

Ellen McNicholas, Director of Quality & Nursing (Board Nurse)

Date assessment was signed:

APPENDIX B: Glossary

Item	Definition
Physical abuse	<p>May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms or deliberately induces illness in a child.</p>
Emotional abuse	<p>Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.</p> <p>This may involve the following:</p> <p>Conveying to a child that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person</p> <p>Not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate</p> <p>Age or developmentally inappropriate expectations being imposed on children</p> <p>Interactions that are beyond the child's capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction</p> <p>Seeing or hearing the ill treatment of another</p> <p>Serious bullying (including cyber bullying), causing children to feel frequently frightened or in danger, or the exploitation or corruption of children.</p> <p>Some level of emotional abuse is involved in all types of maltreatment of a child though it may occur alone.</p>
Neglect	<p>Neglect is the persistent failure to meet a child's basic physical and / or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:</p> <p>Provide adequate food, clothing and shelter (including exclusion from home or abandonment)</p> <p>Protect a child from physical and emotional harm or danger</p> <p>Ensure adequate supervision (including the use of inadequate care-givers) or</p>

	<p>Ensure access to appropriate medical care or treatment</p> <p>It may also include neglect of or unresponsiveness to a child's basic emotional needs.</p>
Sexual abuse	<p>Involves forcing or enticing a child or young person to take part in sexual activities not necessarily involving a high level of violence, whether or not the child is aware of what is happening</p> <p>The activities may include physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing</p> <p>They may also involve non-contact activities such as involving children in looking at, or in the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet).</p> <p>Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.</p>
Female Genital Mutilation (FGM)	<p>Is illegal in England and Wales under the FGM Act 2003. It is a form of child abuse and violence against women. FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons.</p> <p>FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. The procedure is traditionally carried out by a woman with no medical training. Anaesthetics and antiseptic treatments are not generally used, and the practice is usually carried out using knives, scissors, and scalpels, pieces of glass or razor blades. Girls may have to be forcibly restrained.</p> <p>There are four main types of FGM:</p> <p>Type 1 – clitoridectomy: removing part or all of the clitoris.</p> <p>Type 2 – excision: removing part or all of the clitoris and the inner labia (lips that surround the vagina), with or without removal of the labia majora (larger outer lips).</p> <p>Type 3 – infibulation: narrowing of the vaginal opening by creating a seal, formed by cutting and repositioning the labia.</p> <p>Other harmful procedures: to the female genitals, which include pricking, piercing, cutting, scraping and burning the area.</p>

Section 5B of the 2003 Act introduces a mandatory reporting duty which requires regulated health professionals in England and Wales to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police.

'Known' cases are those where either a girl informs the person that an act of FGM – however described – has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation.

It is important to make the distinction between adults and children when considering reporting FGM:

Children: FGM is child abuse and should be dealt with as such. Under section 47 of the Children Act 1989, anyone who has information that a child is potentially or actually at risk of significant harm is required to inform social care or the police. Professionals must always respond by informing social services or the police.

Adults: It is important to note that as with domestic violence and rape, if an adult woman has had FGM and this is identified through the delivery of NHS healthcare, the patient's right to patient confidentiality **MUST** be respected if they do not wish any action to be taken. No reports to social services or the police

<https://www.hampshiresafeguardingchildrenboard.org.uk/toolkits/female-genital-mutilation/>

Additional FGM resource

Multiagency guidance in relation to Female Genital Mutilation can be found at;

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/746560/6-1914-HO-

Multi Agency Statutory Guidance on FGM - MASTER V7 - FINAL - Amended081018.pdf

<https://www.nhs.uk/conditions/female-genital-mutilation-fgm/>
<https://www.hampshiresafeguardingchildrenboard.org.uk/resource-category/guidance/>

<https://www.hampshiresafeguardingchildrenboard.org.uk/toolkits/female-genital-mutilation/>

<p>Missing, Exploited and Trafficked Children (MET)</p>	<p>When is a child classified as missing?</p> <p>To ensure that the appropriate action to promote a child’s safety is taken when police receive a concern about a child having gone “missing” the police apply the following categories.</p> <p>A ‘missing’ person is defined as:</p> <p>“Anyone whose whereabouts cannot be established and where the circumstances are out of character or the context suggests the person may be subject of crime or at risk of harm to themselves or another.”</p> <p>Those meeting this definition will actively be searched for, with a level of risk being assigned to each case.</p> <p>An ‘absent’ person is defined as a:</p> <p>“Person not at a place where they are expected or required to be”</p> <p>People categorised as such should not be perceived to be at any apparent risk. Cases classified as ‘absent’ will be monitored by the police and escalated to the missing person category if risk increases.</p>
<p>Child Sexual Exploitation (CSE)</p>	<p>Child sexual exploitation is a form of child sexual abuse. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing.</p> <p>It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet).</p> <p>The definition of child sexual exploitation is as follows:</p> <p>‘Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and / or (b) for the financial advantage or increased status of the perpetrator or facilitator.</p> <p>The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology’ (Department of Education, 2017).</p> <p>https://www.hampshiresafeguardingchildrenboard.org.uk/children-and-young-people/sexual-exploitation/</p>

<p>Adult Sexual Exploitation (ASE)</p>	<p>The guidance below provides advice and information to support multi-agency working with adults who are experiencing or at risk of experiencing Adult Sexual Exploitation (ASE). It has been signed off by the key statutory agencies involved in its development. It is intended to support good practice across all agencies within Hampshire. This guidance should where appropriate also be read in conjunction with the Hampshire Safeguarding Adults Board (HSAB) Safeguarding Adults Procedure and Policy.</p> <p>http://www.hampshiresab.org.uk/wp-content/uploads/ASE-operational-guidance-final-draft-March-2018.pdf</p>
<p>Exploitation by radicalisers</p>	<p>The Prevent agenda requires healthcare organisations to work with partner organisations to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals and making safety a shared endeavour. Healthcare professionals may meet and treat people who are vulnerable to radicalisation. This includes adults and children. Anyone can become susceptible to radicalisation to an extreme ideology when vulnerabilities are present. Radicalisation is a process by which an individual or group adopts increasingly extreme political, social, or religious ideals and aspirations that reject or undermine the status quo or undermine contemporary ideas and expressions of freedom of choice. More information can be found at;</p> <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215253/dh_131912.pdf</p> <p>Staff need to be aware of the Channel Process which forms a key part of the Prevent strategy. The process is a multi-agency approach to identify and provide support to individuals who are at risk of being drawn into terrorism. Further information can be found at;</p> <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/425189/Channel_Duty_Guidance_April_2015.pdf</p>
<p>Children at risk of radicalisation (PREVENT)</p>	<p>Radicalisation is defined as the process by which people come to support terrorism and extremism and, in some cases, to then participate in terrorist activity.</p> <p>Extremism is vocal or active opposition to fundamental British values including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.</p> <p>Healthcare professionals may meet and treat children who are vulnerable to radicalisation. The key challenge for the health sector is</p>

	<p>to ensure that, where there are signs that someone has been or is being drawn into terrorism, healthcare workers can interpret those signs correctly, are aware of the support that is available and are confident in referring the child for further support (HM Government, 2011).</p>
<p>Serious and Organised Crime - County Lines</p>	<p>Please find below links to information supplied from the Home Office regarding a number of recently published sector based resources for frontline staff on serious and organised crime. The guidance is aimed at supporting policing and other statutory frontline staff – particularly those who work with children, young people and vulnerable adults – in identifying potential victims of this type of criminal exploitation. It sets out the signs to look for in potential victims, and what action staff should take so that potential victims get the support and help they need. The document supplements an organisation’s existing safeguarding policies.</p> <p>This is the guidance:</p> <p> Criminal Exploitation of children and vulnerable adults: County Lines Guidance Sept 2018</p> <p>Alongside the guidance, there are also resources for frontline professionals to help policing and statutory staff recognise the signs to look out for, that could indicate that someone is a victim of county lines gangs:</p> <p> Protecting vulnerable people from exploitation resources for frontline professionals Sept 2018</p> <p>The Home Office is also raising awareness of county lines across a range of non-statutory sectors. Here are the resources for staff working in the following sectors:</p> <p>Private security staff: Private Security Industry</p> <p>Licensed taxi and private hire company staff: Taxi and private vehicle hire</p> <p>Bus and coach company staff: Bus and coach company</p> <p>Train operating company staff: Train and rail operators</p> <p>Private landlords and letting agents: Letting agents and landlords</p> <p>Materials for the social housing sector are currently being developed and will be available shortly.</p> <p>Finally, there are also some social media resources: Social media resources</p>
<p>Domestic Abuse</p>	<p>The term domestic violence covers a range of abuses. Commonly it has been defined as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family</p>

	<p>members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:</p> <ul style="list-style-type: none"> • Psychological • Physical • Sexual • Financial • Emotional <p>The document, 'adult safeguarding and domestic abuse: a guide to support practitioners and managers' (Local Government Association 2017) can be found at; https://www.local.gov.uk/sites/default/files/documents/adult-safeguarding-and-do-cfe.pdf</p> <p>The purpose of this guide is to help staff to give better informed and more effective support to people who need an adult safeguarding service because of domestic abuse. The Hampshire Domestic Abuse Pathway can be found at; http://www.hampshiresab.org.uk/wp-content/uploads/DVA-Questions-and-Pathway-FINAL-DEC-2018.pdf</p>
<p>Hampshire Domestic Abuse Strategy</p>	<p>This strategy covers the Hampshire local authority area and takes a holistic approach to the types of abuse, control and coercive behaviour that can have a serious effect on victims and survivors. Domestic abuse is a complex issue which can be experienced by women and men in heterosexual and same sex marriages and relationships.</p> <p>This strategy is inclusive of all victims and perpetrators of violence, abuse and controlling behaviour, but acknowledges that the prevalence of physical assaults from a partner or adult family member is higher among females than among males. Irrespective of gender or sexual orientation women experience more repeated physical violence, more severe violence, much more sexual violence, more coercive control, more injuries and more fear of their partner. This strategy will also encompass the needs of children and young people and vulnerable adults who are affected by domestic abuse.</p> <p> Hampshire Domestic Abuse Strategy 2017-22</p> <p>Domestic Abuse Referral Pathway The Hampshire Domestic Violence and Abuse Pathway document is to be used by professionals when they are working with anyone who has experienced domestic abuse. We have a duty not to turn a blind eye to abuse and should always take action. This pathway aims to help all professionals (especially those who don't have an in depth knowledge</p>

	<p>of domestic abuse) to take some form of action to help victims of abuse, whether male or female, and to help them get the support they need. The document includes specialist service contact details.</p>
<p>'Honour' based violence</p>	<p>'Honour' based violence is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community. It is a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.</p> <p>A multi-agency guidance document for agencies and organisations to use with cases or suspected cases of Honour Based Violence in Hampshire, Portsmouth, Southampton and the Isle of Wight can be found at;</p> <p>http://www.hampshiresab.org.uk/wp-content/uploads/PAN-Hampshire-HBV-Multi-Agency-Guidance.pdf</p>
<p>Controlling and Coercive Behaviour</p>	<p>Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.</p> <p>Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family (<i>Association of Chief Police Officers 2004</i>). If one or both adults (including 16-17 year olds) involved can be regarded as an adult(s) at risk, then the safeguarding procedures should be used. If a person at risk is not involved, then these guidelines will not normally apply. The Local Government Association has published national guidance on Domestic Abuse and Adult Safeguarding (2nd Edition, 2015).</p> <p>A new criminal offence was introduced into the Serious Crimes Act 2015 on 29 December 2015 of 'Controlling or Coercive Behaviour in an intimate or family relationship', which complements existing legislation and closes the gap in law around patterns of controlling or coercive behaviour.</p> <p>Tools to support practitioners working with this aspect of domestic violence can be found at;</p> <p>https://coercivecontrol.ripfa.org.uk/</p>

<p>High Risk Domestic Abuse (HRDA) meetings</p>	<p>Colleagues in the Hampshire Multi Agency Safeguarding Hub (MASH) are working closely with partner agencies to introduce daily High Risk Domestic Abuse (HRDA) meetings.</p> <p>These are multi agency meetings that will consider high risk domestic abuse incidents on a daily basis.</p> <p>The HRDA meeting will be chaired by police and have a core attendance of:</p> <ul style="list-style-type: none"> • Children’s Services, via MASH • Adult Health & Care, via MASH • A MASH Health professional and • A specialist domestic abuse worker <p>The HRDA meeting will relocate work from the Multi Agency Risk Conference (MARAC) to MASH, which will ensure that those families affected by domestic abuse will receive a faster, more co-ordinated response, with support and the required intervention being provided closer to the timing of the incident. The specialist domestic abuse worker will ensure that the voice of the victim/survivor is represented at the planning stage.</p> <p>Introduction of HRDA meetings aims to reduce duplication of work for police, health, Children’s Services Department (CSD) and Adults’ Health and Care (AHC), as there will be fewer cases needing research. This, in turn will reduce the time spent on MARAC attendance. As well as securing early specialist domestic abuse involvement, the HRDA will ensure a consistent threshold is applied to high risk domestic abuse cases.</p>
<p>Forced marriage</p>	<p>Forced Marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse. Forced marriage can be a particular risk for people with learning difficulties and people lacking capacity to consent to marriage.</p> <p>Marriage My Choice Toolkit is based on independent research commissioned/funded by the National Institute for Health Research and School for Social Care Research. In recognition of the particular needs of people with learning disabilities who may be, or have been, forced into marriage, the guidance specifically addresses assessing capacity to consent to marriage and draws upon research undertaken as part of the My Marriage My Choice project. The documents can be found at; https://www.nottingham.ac.uk/research/groups/mymarriagemychoice/documents/toolkit.pdf</p>

Human trafficking	<p>Is defined as 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.</p> <p>The links below has been provided for additional information on Missing, Exploited and Trafficked children; https://www.hampshiresafeguardingchildrenboard.org.uk/wp-content/uploads/2016/11/HSCB-MET-Strategy-May-2016-Web-Version.pdf</p>
Modern Day Slavery	<p>Modern Day Slavery is an international crime, affecting an estimated 29.8 million slaves around the world. It is a global problem that transcends age, gender and ethnicities, including here in the UK. Victims found in the UK come from many different countries. Poverty, limited opportunities at home, lack of education, unstable social and political conditions, economic imbalances and war are some of the key drivers that contribute to trafficking of victims. What's more victims can often face more than one type of abuse and slavery, for example if they are sold to another trafficker and then forced into another form of exploitation.</p> <p>The Government has produced information on Modern slavery and this can be found at; www.gov.uk/government/publications/modern-slavery-training-resource-page/modern-slavery-training-resource-page</p> <p>The Hampshire Safeguarding Adults Board Guidance on Modern Slavery can be found at; http://www.hampshiresab.org.uk/wp-content/uploads/Guidance-on-Modern-Slavery.pdf</p> <p>The Clinical Commissioning Groups Policy on Modern Slavery can be found at: https://www.westhampshireccg.nhs.uk/documents?media_folder=121&root_folder=Policies%20and%20guidelines <i>(once approved and published)</i></p>
Social Media and Technology	<p>Online safety risks for people can include, but are not limited to:</p> <ul style="list-style-type: none"> • posting personal information that can identify and locate a child or adult at risk offline • potential for inappropriate relationships between adults in positions of trust and the young people or adults at risk they work with • sexual grooming, luring, exploitation and abuse, or unwanted contact

	<ul style="list-style-type: none"> • exposure to inappropriate content, including pornography, racist or hate material or violent behaviour • glorifying activities such as drug taking or excessive drinking <p>Disclosures of abuse online should be reported.</p> <p>This policy should be read in conjunction with the CCG Information Governance Staff Handbook.</p> <p>The link below has been provided for access to additional information on media safety.</p> <p>https://www.hampshiresafeguardingchildrenboard.org.uk/2018/08/23/online-safety/</p>
Hate Crime	<p>Is defined as any crime that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence. It is important to note that hate crime can also take place online.</p>
Mate Crime	<p>Happens when someone is faking a friendship in order to take advantage of a vulnerable person. Mate crime is committed by someone known to the person. They might have known them for a long time or met recently. A 'mate' may be a 'friend', family member, supporter, paid staff or another person with a disability. It is important to appreciate that vulnerable persons may be befriended and then abused online.</p>
Self-Neglect	<p>Self-neglect by adults is a complex area of safeguarding practice and is closely linked to the requirements of the Mental Capacity Act (2005). Further guidance can be found at;</p> <p>http://www.hampshiresab.org.uk/wp-content/uploads/HSAB-Guidance-on-Responding-to-Self-Neglect.pdf</p>
Scamming	<p>Scams are misleading or fraudulent offers designed to con people out of money. They may be received by post, email, telephone, text or face to face. They target millions of people, not just older or vulnerable people. These scams are becoming ever more sophisticated and elaborate. For concerns about scamming see the Hampshire Safeguarding Adults Board Website;</p> <p>www.hants.gov.uk/business/tradingstandards/consumeradvice/scams</p> <p>www.adass.org.uk/media/5799/top-tips-financial-abuse-and-scams.pdf</p>

<p>Role of the housing sector</p>	<p>The Housing Sector can play a vital role in safeguarding adults at risk of abuse and or neglect specifically in areas such as Domestic Violence, Scamming and the Prevent Agenda. The Hampshire Safeguarding Adults Board additional information on safeguarding in this sector can be found at;</p> <p>http://www.hampshiresab.org.uk/wp-content/uploads/Safeguarding-and-Housing.pdf</p>
<p>Hoarding</p>	<p>The 4LSAB Multi-Agency Hoarding Guidance sets out a framework for collaborative multi-agency working across Hampshire using a ‘person centred solution’ based model to support those demonstrating hoarding behaviours.</p> <p>The purpose of this guidance is to support providers, practitioners, and other professionals to identify when to raise concerns regarding poor self-care or lack of care for living conditions, identify agencies who can provide support and set out what they may expect by way of a response and encourage and support defensible decision making in accordance with our duty of care. This guidance should be read in conjunction with the Hampshire 4LSAB Multi-Agency Safeguarding Policy.</p> <p> 4LSAB Multi-agency hoarding Guidance FINAL 2019</p>
<p>Mental Capacity Act 16+</p>	<p>The Mental Capacity Act 2005</p> <p>This applies to children who are 16 years and over. Mental capacity is present if a person can understand information given to them, retain the information given to them long enough to make a decision, can weigh up the advantages and disadvantages of the proposed course of treatment in order to make a decision, and can communicate their decision. The deprivation of liberty safeguards within the Mental Capacity Act 2005 (MCA) do not apply to under 18s.</p> <p>Capacity and consent in 16 and 17 year olds</p> <p>Once children reach the age of 16, they are presumed in law to be competent. They can give consent for their own treatment, and refuse, including admission to hospital. Parents cannot override consent or refusal from a competent 16/17-year-old. Neither can they consent on behalf of their competent 16/17-year-old. However, the Department of Health recommends that it is good practice to encourage children of this age to involve their families in decisions about their care, unless it would not be in the child’s interests to do so.</p> <p>16 and 17-year-olds who do not have capacity</p> <p>If a child lacks the capacity to consent, they may be treated without</p>

	<p>their consent under the MCA as long as the treatment does not involve a deprivation of liberty. Treatment can also proceed with the consent of someone with parental responsibility as long as the treatment falls within the scope of parental responsibility. While only one person with parental responsibility needs to be approached, it is good practice to involve all those close to the child if possible. The definition of ‘parental responsibility’ is set out in the Children Act 1989. Children Act 1989 Parental Responsibility</p> <p>Children under the age of 16 years who are competent For children under 16 years the MCA does not apply. Instead a child needs to be assessed whether they have enough understanding to make up their own mind about the benefits and risks of treatment – this is termed ‘Gillick competence’.</p> <p>Gillick competence refers to the ability of the child to give consent and is used broadly. Parents cannot override a competent child’s refusal to accept treatment. Where a competent child under 16 refuses a specific treatment which is in their best interests, but the parents support the recommendation for treatment, there should be evidence that providers have attempted to understand both the child’s and parents’ position. There should also be evidence that alternative treatments have been considered or a compromise is possible. However, ultimately the decision rests with the competent child.</p>
<p>NHS England Safeguarding app</p> 	<p>The NHS Safeguarding app continues to support frontline staff and citizens with 24-hour, mobile access to up to date safeguarding guidance and local contacts to report safeguarding concerns. It is accessed by over 300 users daily and has had over 61,000 downloads.</p> <p>It provides an overview of necessary legislation and guidance covering both children and adults safeguarding as well as an NHS staff guide and contains regional contact information on how to report a safeguarding concern, as well as links to national bodies and for healthcare staff to have a one stop sign posting and safeguarding information.</p> <p>It can be accessed via Apple iOS, Google Play or it can be downloaded by visiting your device’s appropriate app store and searching for ‘NHS Safeguarding’.</p> <p>If you have any questions or amendments that need to be noted on the NHS Safeguarding App please the Safeguarding Team: england.safeguarding@nhs.net</p>

APPENDIX C: CCG Safeguarding Supervision Guidance

1. Introduction

The 5 Hampshire Clinical Commissioning Group (CCGs) have a duty to ensure appropriate support for their ¹⁷designated and named professionals for safeguarding (adult and children) working within the CCGs. Designated and named professionals within the CCGs deal with and manage complex safeguarding issues on behalf of the CCGs and provide advice, support and supervision to named professionals within the provider sector. The ¹⁸named professionals within the provider sectors come across vulnerable adults and children at risk in their day to day jobs. In extreme cases there has been death of a vulnerable adult, child or young person.

There are varying supports required at different stages for the professionals mentioned above. Support required can be through clinical supervision, debrief after a major incident and safeguarding supervision. Evidence suggests that robust supervision is required for these staff groups to ensure reducing the risk of professional burn out. With this in mind this guidance should be read in conjunction with the CCG's clinical supervision policy and the Hampshire Safeguarding Children's Partnership supervision guidance (*Please use links below to access the documents*).

[West Hampshire Clinical Supervision Policy](#)
[HSCB Principles and Standards for Supervision](#)

2. CCG's Roles & Responsibilities

The CCG's duty extends to named professionals within organisations they commission. The CCG must seek assurance that named professionals have appropriate support and supervision. This may include restorative supervision.

3. Purpose of Guidance

To provide a framework for safeguarding supervision that is implemented across the 5 Hampshire CCGs areas. The guidance will ensure the following:

- Definition of safeguarding supervision
- Function of safeguarding supervision

¹⁷ This refers to designated Nurses, Designated Doctors, Consultant adult leads and named GPs and named adult leads.

¹⁸ This refers to named nurses and named doctors within provider sectors

- Requirements for setting up safeguarding supervision agreements (e.g. contracts, understanding of roles and responsibilities, recording and Secure storing)
- Consideration for other local and national guidance (CCG and safeguarding boards)
- Guidance for provider sector that choose to make other arrangements for safeguarding supervision
- Assurance from providers that safeguarding supervision sourced outside CCG arrangements is in line with local safeguarding boards (adults and children) guidance
- Model of reflective practice to be decided by individual designated or named professional
- Guidance for advice and support outside the safeguarding supervision contract (To device a joint policy for advice)
- Evidence based safeguarding supervision guidance (e.g. intercollegiate Documents)

4. Definition of safeguarding supervision

For the purpose of this guidance, the locally agreed definition for safeguarding supervision is adopted by the 5 Hampshire CCGs. The ¹⁹locally agreed definition states:

‘Supervision is an accountable process which supports, assures and develops the knowledge, skills and values of an individual group or team. The purpose is to improve the quality of their work to achieve agreed objectives and outcomes’ (Providing effective supervision CWDC/Skills for Care 2007).

The West Hampshire CCG clinical supervision policy highlights the CQC clinical supervision definition as:

“Clinical supervision provides an opportunity for staff to reflect on and review their practice, discuss individual cases in depth, or issues with clinical and or/professional implications and change or modify their practice and identify training and continuing development needs.”

It recognises that professional supervision is often interchangeable with clinical supervision. This term is sometimes used where supervision is carried out by another member of the same profession or group. This can provide staff with the opportunity to:

- Review professional standards

¹⁹ Principles and Standards for Safeguarding Supervision (4LSCB, 2018)

- Keep up to date with developments in their profession
- Identify professional training and continuing development needs
- Ensure that they are working within professional codes of conduct and boundaries

Working Together to Safeguard Children 2018 states:

‘Effective professional supervision can play a critical role in ensuring a clear focus on a child’s welfare. Supervision should support professionals to reflect critically on the impact of their decisions on the child and their family’ (cited in the HSCB principles and standards for safeguarding)

The HSCB guidance points out that effective supervision can help to:

- *Promote and develop competence and skill in safeguarding practice.*
- *Maintain a focus on the child.*
- *Avoid the potential for ‘drift’/delay.*
- *Provide an opportunity for exploring professional difference and challenging fixed views.*
- *Review the evidence-base for agreed actions and decisions.*
- *Address the emotional impact of the work.*

(Evidence suggests that supervision can sometimes feel punitive to the supervisee and supervisors should recognise anxiety faced by supervisees)

5. Types of Safeguarding Supervision

Safeguarding supervision can be;

- Planned 1:1 safeguarding supervision
- Responsive safeguarding supervision
- Group safeguarding supervision
- Unplanned face-to-face contact in the working environment

Whichever form of safeguarding supervision is being accessed, there needs to be clear and formal agreements established prior to the sessions.

6. Setting up Safeguarding Supervision Arrangements

Contracts²⁰

A safeguarding supervision contract needs to be in place prior to starting of the supervision sessions. The contract needs to be reviewed by the supervisor and supervisee prior to the commencement of the sessions and signed by both parties. The contract should include;

- ²¹Reflecting on supervision history
- Frequency of the sessions
- Venue (safe environment)
- Agreement of recording of the sessions
- Where the records are kept
- Identification and management of actions
- Escalation of risks and concerns
- Making supervision work (e.g. what methods will be used to resolve any difficulties in working together)
- Sign off of the contract by the supervisee's line manager

The templates within the CCG clinical supervision policy is to be used to ensure equitable practice across the CCG. Please follow the link below to access the supervision templates.

[West Hampshire Clinical Supervision Policy](#)

7. Guidance for provider sector that choose to make other arrangements for supervision

The safeguarding supervision should be in line with the guidance and local safeguarding boards (adult and children). They will provide assurance to the CCGs that safeguarding supervision sourced outside CCG arrangements is in line with guidance set in this policy and local safeguarding boards (adults and children) guidance.

8. Model of reflective practice to be decided by individual designated or named professionals

There are various models of reflective practices available to nurses and doctors working with vulnerable adults and children. No one size fits all and this aspect is for individuals to choose the model that best meet their needs. This can be discussed with the supervisor as part of the contract process.

²⁰ This applies to designated and named professionals when accessing their personal safeguarding supervision

²¹ This is at a start of a new supervisory relationship/contract

9. Guidance for advice and support outside the safeguarding supervision contract

The difference between providing advice and the provision of safeguarding supervision has to be made clear and explicit. The CCG and the HSCB acknowledge that there will be times of unplanned contact (face to face or telephone) by professionals requiring advice and support.

APPENDIX D: CCG Safeguarding and Looked After Children's Team Training Strategy 2019-2021

1.0 Purpose

- 1.1 To develop a health workforce with an open family culture who are fully trained and supported to safeguard and promote the welfare of children, young people and their families.
- 1.2 There are many opportunities to receive training and promote learning. These may include:
 - Classroom teaching and interactive discussion
 - Attending local and national conferences and training opportunities
 - Undertaking safeguarding and LAC e-learning modules
 - Supporting colleagues to make a referral to Children's Services
 - Report writing for Children's Services
 - Attending multi-disciplinary meetings to discuss vulnerable families
 - Attending child in need and child protection planning meetings
 - Supporting statutory and non-statutory reviews, case discussion, critical event analysis, complaints and implementing actions
 - Safeguarding audits
 - Peer review, reflective and supervisory practice
- 1.3 To protect children and young people from harm, all staff working in any healthcare setting must be competent to recognise child abuse and know how to take effective action appropriate to their role. Everyone in the health service should obtain appropriate levels of learning experience and be accountable for this at appraisal.
- 1.4 The safeguarding training requirements for staff working within five Hampshire CCGs and those working in commissioned or contracted services are outlined in *Safeguarding Children and Young People: roles and competences for health care staff - Intercollegiate Document (RCN, 2019)* and *Looked After Children (LAC): Knowledge, skills and competences of health care staff (RCN & RCPCH, 2015)*. The Intercollegiate Documents competency frameworks set out the minimum training requirements required by staff undertaking specific roles within commissioning and provider services.
- 1.5 Safeguarding and LAC competences incorporate the requisite skills, knowledge, attitudes and values for safe and effective practice. The five Hampshire CCGs Board/Governing Body will be held accountable for ensuring children and young people receive high quality, evidence based care and are seen in appropriate environments, by staff with the requisite skills, training values and expected behaviours.

- 1.6 The Intercollegiate Documents stipulate that CCG Boards/Governing Body have access to safeguarding and LAC advice and expertise through their Designated Professionals. The five Hampshire CCGs acknowledge all the requirements set out within the Intercollegiate Documents and will comply with it in respect of its own staff across all levels of their organisations. It will also monitor compliance related to safeguarding and LAC training within commissioned services.
- 1.7 The Safeguarding Children and Looked After Children (LAC) Team will administer the provision of training, in terms of dates, venues and registers. It is the responsibility of the individual and the organisation to maintain their own records of safeguarding compliance, in line with Intercollegiate Documents. CCG staff, will be supported by their line-managers to attend and will update Central Support Unit of their attendance of training undertaken.
- 1.8 Education and training passports will prevent the need to repeat learning where individuals move organisations and are able to demonstrate up to date relevant competence, knowledge and skills, except where individuals have been working outside of the area of practice and the new role demands additional knowledge and skill or individuals have had a career break and are unable to do so. A learning record can be found within the Intercollegiate Documents.

2.0 Training Requirements

- 2.1 Please see **Appendix 1** for a full summary of individual statutory training requirements, from induction to Board/Governing Body training.
- 2.2 Many health providers such as hospitals, and the ambulance service will have their own safeguarding leads and Named professionals who will give advice and deliver specific training to their staff according to the standards of the Intercollegiate document (Safeguarding children and young people: roles and competences for health care staff, 2019).
- 2.3 West Hampshire CCG Designated professionals will ensure that the Named professionals are accessing **Level 4** training themselves so they achieve their safeguarding and looked after children competences and are able to deliver Level 3 training to groups of staff. Designated professionals will access **Level 5** training. They will also participate regularly in peer support networks for specialist professionals at a local, regional and national level.
- 2.4 West Hampshire CCG Designated professionals and Named GPs will signpost GP Practice staff and CCG staff to multi-agency learning opportunities provided by Hampshire Safeguarding Children Partnership (HSCP).

3.0 Provision of specific training

- 3.1 For 2019-21 the Safeguarding Children and LAC Team will continue to focus on the delivery of **Level 3** Safeguarding and LAC training to health staff in primary care, principally GPs, Practice Nurses and some CCG staff. This includes both GP trainees and GPs working in military practice. Wherever possible this will be delivered to multi-disciplinary participants from practices across a CCG area and involve inter-agency trainers.
- 3.2 The aim is to provide Level 3 core and advanced training sessions covering the safeguarding and LAC Intercollegiate Document requirements. This will allow most GPs, Practice Nurses and CCG staff across Hampshire to access one of these sessions every 3 years. These sessions will be organised and hosted by one or more of the Named GPs supported by the Designated professionals, and will wherever possible include training from at least one of the Designated professionals for Looked after Children as well as trainers from Children's Services and/or the Police.
- 3.3 Those undertaking Level 3 Safeguarding and Looked after Children training do not need to repeat Level 1 or 2 as an update will be encompassed in Level 3 training. All staff attending Level 3 training will be expected to have a basic knowledge of safeguarding and LAC, and will have accessed opportunities to develop this knowledge in advance of the session as outlined in 1.2.
- 3.4 In addition, West Hampshire CCG Safeguarding and Looked After Children Team will deliver a one-day conference for professionals across all health organisations in Hampshire. Our aim is to run a conference bi-annually.
- 3.5 The West Hampshire CCG Safeguarding and Looked After Children Team will continue to contribute to support and develop inter-agency training of the 4LSCPs across Hampshire.

Appendix 1 Required Statutory Training Levels for Safeguarding and LAC

Level of training	Staff Groups	Hours to achieve competence
<p>Induction All health staff should complete a mandatory session of at least 30 minutes duration in the general staff induction programme. This mandatory induction session is separate and a pre-cursor to level 1 training.</p>	<p>All Staff on induction to the organisation.</p>	<p>30 minutes – one off session</p>
<p>Level 1: All staff working in healthcare services</p>	<p>This includes, for example: Receptionists, administrative (including Finance Team), domestic staff, including those non-clinical staff working for independent contractors (such as GPs, CCGs) within the NHS, as well as volunteers across healthcare services.</p>	<p>2 hours over 3 years</p>
<p>Level 2: Non-clinical and clinical staff who, in their role, have contact (<i>however small</i>) with children, young people and/or parents/carers <i>or adults who may pose a risk to children</i></p>	<p>This includes, for example: GP practice managers, clinic reception managers, healthcare students including medical, relevant allied health professional students and nursing students, CCG complaints teams, CCG Communications Team, CCG primary and secondary care commissioners, patient advocates, phlebotomists, pharmacists, nurses working in community services (except mental health nurse, practice nurses and nurse practitioners who require level 3).</p>	<p>4 hours over 3 years</p>

Level of training	Staff Groups	Hours to achieve competence
<p>Level 3: All clinical staff</p> <ul style="list-style-type: none"> • working with children, young people and/or their parents/carers <p>and/or</p> <ul style="list-style-type: none"> • any adult who could pose a risk to children <p>and</p> <ul style="list-style-type: none"> • who could potentially contribute to assessing, planning, intervening and/or evaluating the needs of a child or young person and/or parenting capacity (regardless of whether there have been previously identified child protection/safeguarding or not) 	<p>Core Level 3 This includes, for example: This includes GPs, practice nurses (including nurse practitioners within primary care), all mental health staff (adult and child and adolescent mental health staff), CCG children and maternity collaborative commissioning team, CCG Children’s Continuing Health Care assessors, adult learning disability staff, learning disability nurses (children and adult) and all doctors/health professionals working exclusively or predominantly with children and young people.</p> <p>Additional Knowledge Level 3 This includes, for example: GP practice safeguarding leads and specialist nurses/AHPs for safeguarding and looked after children.</p>	<p>8 hours over 3 years (core)</p> <p>16 hours over 3 years (roles which require ‘additional knowledge’)</p>
<p>Level 4: Specialist roles – Named Professionals for safeguarding and LAC</p>	<p>Named Professionals including Named GPs</p>	<p>24 hours over 3 years</p>
<p>Level 5: Specialist roles – Designated Professionals for safeguarding, child death and LAC</p>	<p>Designated Professionals</p>	<p>24 hours over 3 years</p>
<p>CCG Board/Governing Body Level All board members including non-executive members must have a level of knowledge equivalent to all staff working within the healthcare setting (level 1) as well as additional knowledge based competencies by virtue of their board membership. All boards should have access to safeguarding and LAC advice and expertise through Designated Professionals.</p>	<p>This includes, Chief Executive Officers, executive and non-executive directors, including lay members and commissioning directors.</p>	<p>Annual update.</p> <p>This will require a tailored package to be delivered which encompasses level 1 knowledge, skills and competencies, as well as board level specific as identified in this section.</p>

References

- a. Safeguarding children and young people: roles and competences for health care staff
INTERCOLLEGIATE DOCUMENT, 4th edition: January 2019
- b. Looked After children: Knowledge, skills and competences of healthcare staff
INTERCOLLEGIATE ROLE FRAMEWORK, March 2015
- c. Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance
Framework, NHS England, 2015
- d. Working Together to Safeguard Children: A guide to inter-agency working to safeguard and
promote the welfare of children (Department of Education, 2018).