Safeguarding Children, Young People and Adults at Risk Policy

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Purpose of Agreement	Health provider organisations have a statutory duty to safeguard and promote the welfare of children, young people and adults at risk. This safeguarding children, young people and adults at risk policy outlines corporate and individual responsibilities in accordance with legislation, guidance and standards.
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Amendments Summary:

Please fill the table below:

Amend No	Issued	Page	Subject	Action Date
Version 1	Feb 2019	All	Adult and Children safeguarding policies combined, to reflect Solent's strategy to "Think Family." New Statutory Guidance, (Working Together to Safeguarding Children 2018) embedded into policy.	
Version 2	November 2020	11 and 13	Changed the link to the new updated Safeguarding Adults 4LSAB multi agency policy, process and guidance.	26/11/2020
		5,6,8,9,11,13,14,15 and 20	Updated all hyperlinks to be able to access documents. Removed hyperlinks in 1.1.2 and 4.1.5	26/11/2020

Review Log:

Include details of when the document was last reviewed:

Version Number	Review Date	Lead Name	Ratification Process	Notes
2	November 2020	Fiona Holder	Chair's action taken as per above	

SAFEGUARDING CHILDREN, YOUNG PEOPLE AND ADULTS AT RISK POLICY

SUMMARY OF POLICY

Working Together to Safeguard Children (2018) and the Care Act (2014) make clear that patients must be at the heart of the NHS Services and will be accountable to patients for the quality of care. Some patients may be unable to uphold their rights and protect themselves from harm or abuse. They may have greatest dependency and yet be unable to hold services to account for the quality of care they receive. Commissioning Care Groups and provider boards have particular responsibilities to ensure that those patients receive high quality care and that their rights are upheld, including their right to be safe. Agencies are required to work collaboratively to ensure and promote the wellbeing of children and adults at risk.

Solent NHS Trust has a statutory duty to safeguard and promote the welfare of children and young people (Children Act 1989, 2004) and adults at risk of harm, (Care Act 2014). This policy outlines corporate and individual responsibilities in accordance with legislation, guidance and standards.

The Children Act 2004 requires organisations to have clear lines of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children to include:

- 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 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' [1]review and are suitable 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 professionals and with the Safeguarding Partners (previously the Local Safeguarding Children Board);
- a designated professional lead (or, for health provider organisations, named professionals) for child safeguarding. Their role is to support other practitioners in their organisation to recognise the needs of children, including protection from possible abuse or neglect. Designated practitioner roles should always be explicitly defined in job descriptions. Practitioners should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively;
- safe recruitment practices and on-going safe working practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a criminal record check;
- appropriate supervision and support for staff, including undertaking safeguarding training;
- creating a culture of safety, equality and protection within the services they provide;

In addition:

- employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an

[1] Sir Robert Francis Freedom to speak up review

environment where staff feel able to raise concerns and feel supported in their safeguarding role;
- staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare; and
- all practitioners should have regular reviews of their own practice to ensure they have knowledge, skills and expertise that improve over time.

The new Statutory Safeguarding Duties of the Care Act 2014 constitute the Statutory Adult Safeguarding Framework in which Local Authorities are required to:

- Lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens.
- Make enquiries, or request others to make them when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed.
- Establish Safeguarding Adults Boards with the Local Authority, NHS and Police as core members and develop, share and implement a joint safeguarding strategy.
- Carry out a Safeguarding Adult Review when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the Local Authority or its partners could have done more to protect them.
- Arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

The purpose of this policy is to ensure all Solent NHS staff are compliant with statutory requirements to safeguard children and adults. It outlines corporate and individual responsibilities in accordance with legislation and is aligned with the 4 Local Safeguarding Children Boards and 4 Local Safeguarding Adults Boards' Multi-Agency Safeguarding Policies, available on the intranet, and will promote the Think Family approach to safeguarding.

All staff have a duty to identify, respond to and refer safeguarding concerns to the Local Authority and inform Solent's Safeguarding team that they have made a referral. The Safeguarding team provides expert advice and support to staff on all safeguarding concerns.

All directly and indirectly employed staff of the organisation and other people working within the Trust are required to report suspected or actual cases of child and/or adult abuse. Where an employee does not report incidents of abuse known to them, the organisation will undertake an investigation into this. The consequences of not reporting a safeguarding concern may have far reaching implications for patients, relatives, the public and staff. It is imperative that all concerns are reported. The organisation reserves the right to consider disciplinary action against staff who do not report known concerns.

All referrals should be made to the relevant Local Authority and Solent's Safeguarding team notified that a referral has been made. The safeguarding referral flowchart on the intranet provides all the required contact details required by staff to make a referral:

http://intranet.solent.nhs.uk/TeamCentre/QualityAndProfessionalStandards/Safeguarding/SafeguardingAdults/_layouts/15/WopiFrame2.aspx?sourcedoc=/TeamCentre/QualityAndProfessionalStandards/Safeguarding/SafeguardingAdults/TeamDocument/Social%20care%20referral%20flowchart%20-%20Version%201.9%20FINAL.pdf&action=default

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1. INTRODUCTION

1.1 Every person has the human right to live their life free from abuse or harm. NHS organisations have a statutory duty to safeguard and promote the welfare of children and young people, (Children Act 2004) and Adults at Risk, (Care Act 2014).

1.1.2 Solent NHS Trust has a statutory duty to safeguard and promote the welfare of children and young people (Children Act 1989, 2004) and adults at risk of harm, (Care Act 2014). This policy outlines corporate and individual responsibilities in accordance with legislation, guidance and standards, including 'Working Together to Safeguard Children' (HM Government 2018).

2. SCOPE

2.1 This policy applies to all Solent NHS Trust Staff, both clinical and non-clinical, bank, locum, permanent and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), Non-Executive Directors, and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, Agency workers, and other workers who are assigned to Solent NHS Trust.

2.1.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equality of Opportunities for users of services, carers, the wider community and our staff.

2.1.3 The needs of the unborn child must be considered as well as any child under the age of 18 years as research indicates that the impact of adverse circumstances on the unborn child can be life-long. Intervention to ensure their future well-being is encompassed within safeguarding children practice.

2.2 THINK FAMILY APPROACH

2.2.1 Think family means building the family dimension into every aspect of safeguarding, with the aim of securing better outcomes for children, young people and families.

2.2.2 When there are concerns about children and adults at risk of abuse, a 'think family' approach must be adopted. Staff providing services for adults may be aware that problems faced by their clients can impact on their capacity to parent effectively and are required to share this information, without delay, with Children's Social Care, (CSC) and with other professionals and agencies working with the child and the family. This methodology is also applicable to staff who provide services to children. Where it is identified by Children's Services, in the context of their work with children and families, that an adult at risk is experiencing abuse, then the concern must be referred to Adult Services. The Think Family approach ensures that opportunities are not missed to put preventative support in place. Information, however small, could help CSC and other professionals to gain greater clarity about a family's circumstances, to keep children safe and to offer additional help.

2.2.3 When a concern relates to a child and an adult at risk, a decision will be made as to who will lead the safeguarding process, whether it is Adult Social Care or Children's Services.

Regardless of who takes the lead, there should be appropriate representation from both Adults and Children's Services within this joint process. The Safeguarding referral Flowchart clarifies how to make a referral to Social Care is available on the safeguarding pages on the intranet.

http://intranet.solent.nhs.uk/TeamCentre/QualityAndProfessionalStandards/Safeguarding/SafeguardingAdults/_layouts/15/WopiFrame2.aspx?sourcedoc=/TeamCentre/QualityAndProfessionalStandards/Safeguarding/SafeguardingAdults/TeamDocument/Social%20care%20referral%20flowchart%20-%20Version%201.9%20FINAL.pdf&action=default

2.2.4 Staff can seek advice on any safeguarding concern from the safeguarding children and adults teams; see Appendix A for contact details.

3. DEFINITIONS

3.1.1 The legal definition of 'child', applies to those under 18 years of age, whether living with their families, in state care, or living independently. The term 'children' applies to children and young people throughout this policy. This is significant as young people aged 16 and 17 years with safeguarding needs may be accessing 'adult' services provided by Solent NHS Trust.

3.1.2 Child protection is an important part of safeguarding, but refers specifically to the actions undertaken to protect children and young people who are at risk of, or suffering from, significant harm.

3.1.3 Safeguarding duties apply when an adult, (from age 18), has;

- a need for care and support (whether or not Solent or the Local Authority is meeting any of those needs)
- and is experiencing or at risk of abuse or neglect
- and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect.

3.1.4 Definitions of categories of abuse are taken from statutory guidance (HM Government 2018) and local guidance, (Appendix D), and include;

- Physical
- Sexual
- Child Sexual Exploitation
- Psychological/Emotional
- Financial or material
- Neglect and acts of omission
- Discriminatory
- Domestic Abuse
- Organisational Abuse
- Modern Slavery
- Forced Marriage
- Self-Neglect
- Prevent/radicalisation
- Internet/Cyber bullying
- County Lines
- Cuckooing
- Honour Based Violence

- Breast Ironing
- Female Genital Mutilation

3.1.5 Female Genital Mutilation (FGM) is defined by the World Health Organisation as: 'all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons'. FGM is sometimes also known as female circumcision.

3.1.6 Staff have a duty to report any child cases of FGM and to identify and report children who may be at risk of FGM. When an adult discloses that they have experienced FGM their consent should be gained before it is reported. However if a child is also identified to be at risk of FGM, the it should be reported and the adult informed of the professionals duty to do so. Further guidance can be found at:

http://intranet.solent.nhs.uk/TeamCentre/QualityAndProfessionalStandards/Safeguarding/SafeguardingAdults/_layouts/15/WopiFrame.aspx?sourcedoc=/TeamCentre/QualityAndProfessionalStandards/Safeguarding/SafeguardingAdults/TeamDocument/FGM%20Risk%20Assessment%20Form%20-%20October%202016.docx&action=default

4. SAFEGUARDING CHILDREN AND YOUNG PEOPLE

4.1.1 Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

4.1.2 Safeguarding and promoting the welfare of children is defined in statutory guidance[2] as:
- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Acting to enable all children to have the best outcomes

4.1.3 Safeguarding children and young people is everyone's responsibility. Solent NHS Trust is committed to ensuring that every member of staff, at every level of the organisation and in both adult and children and young people's services, have access to appropriate advice, support and training to enable them to identify and respond appropriately to concerns about children and young people's safety and wellbeing.

4.1.4 The Safeguarding Children Team is a resource of expert advice and support and should be contacted at an early stage when safeguarding concerns arise.

4.1.5 Safeguarding children and young people is a multiagency activity and frequently depends upon partnership working with other statutory and non-statutory agencies. It is essential therefore that this policy is read in conjunction with the Hampshire, Isle of Wight, Portsmouth and Southampton Local Safeguarding Children Boards (LSCB) 'Safeguarding Children

[2]HM Government (2018) Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children.

Procedures or subsequent guidance issued by Safeguarding Partners arising from transitional arrangements[3]

4.2 **UNDERPINNING PRINCIPLES**

4.2.1 A child centred approach is fundamental to safeguarding and promoting the welfare of every child. A child centred approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families.

4.2.2 The Children Acts 1989 and 2004 state that the welfare of children is paramount and they are best looked after within their own families, with their parents playing a full part in their lives unless compulsory intervention in family life is necessary.

4.2.3 Children have said they need: (from *Working Together to Safeguard Children 2018)*

- Vigilance, to have adults notice when things are troubling them;
- Understanding and action, to be heard and understood and to have that understanding acted upon;
- Stability: to be able to develop an on-going relationship of trust with those who help them;
- Respect: to be treated with the expectation that they are competent rather than not;
- To be informed about and involved in procedures, decisions, concerns and plans involve them;
- Explanation: to be informed about the outcome of assessments and decisions, and reasons should be given when their views have not met with a positive response;
- Support in their own right as well as a member of their family;
- Advocacy: to be provided with advocacy to assist them in putting their views forward
- Protection from all forms of abuse and discrimination and the right to special protection for those who are refugees.

4.2.4 Children should be listened to, and their views should be taken seriously. Special provision should be put in place to support those with communication difficulties, unaccompanied migrant children and those who are victims of modern slavery and/or trafficking.

5. TRANSITIONS BETWEEN ADULT AND CHILDREN'S SERVICES

5.1 Robust joint working arrangements between Children's and Adult Services need to be put in place to ensure that the medical, psychosocial, educational and vocational needs of children moving from Children's to Adult Services, including children with health or disability needs, or leaving care, are addressed as they move to adulthood and there are no gaps left in assessments of needs and service provisions.

5.2 The care needs of the young person should be at the forefront of any support planning and require a co-ordinated multi-agency approach. Assessments of care needs at this stage should include issues of safeguarding and risk. Care planning needs to ensure that the young adult's safety is not put at risk through delays in providing the services they need to maintain their independence and well-being and choice.

[3]HM Government (2018) Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children.

5.3 Safeguarding Adults Reviews and similar investigations frequently find that transitions between services (whether trust-trust, adult-adult, or children's-adults) are often identified as points where improvement is needed. Solent NHS staff should therefore be particularly diligent when/if such situations arise for their patients.

6. SAFEGUARDING ADULTS AT RISK OF ABUSE/HARM

6.1 The Care Act 2014 creates new duties of co-operation between partners and also establishes the importance of organisations sharing vital information related to abuse or neglect with the Local Safeguarding Adult Boards. The revision of the Statutory Guidance, (March 2016), removed the role of Designated Safeguarding Adult Manager (DASM), and added requirements to manage allegations against people of trust. Further details can be found in the 4LSAB Management of Allegations Guidance, available on the intranet.

6.1.2 Abuse of a person at risk may consist of a single act or repeated acts affecting more than one person. It may occur as a result of a failure to undertake action or appropriate care tasks. It may be an act of neglect or an omission to act, or it may occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which they do not, or cannot, consent. Abuse can occur in any relationship and any setting and may result in significant harm to or exploitation of, the individual. In many cases abuse may be a criminal offence. Intent is not an issue at the point of deciding whether an act or a failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that individual.

6.2 UNDERPINNING PRINCIPLES

6.2.1 The Care Act 2014 statutory guidance outlines a number of fundamental principles that must now underpin the care and support system including adult safeguarding, with a fundamental shift to Making Safeguarding Personal, (MSP, 4LSAB Safeguarding Adults Policy and Guidance).

http://intranet.solent.nhs.uk/TeamCentre/QualityAndProfessionalStandards/Safeguarding/SafeguardingAdults/_layouts/15/WopiFrame.aspx?sourcedoc=/TeamCentre/QualityAndProfessionalStandards/Safeguarding/SafeguardingAdults/TeamDocument/4LSAB%20MULTI-AGENCY%20POLICY,%20PROCESS%20AND%20GUIDANCE%202020.pdf&action=default

6.2.2 MSP sees people as experts in their own lives and aims to working alongside them to enable them to reach better resolution of their circumstances and recovery. It also sets common expectations for how Local Authorities (LA's) should approach and engage with people when assessing need and providing support:

- The principle of promoting wellbeing applies in all cases where a Local Authority is carrying out a care and support function, or making a decision, in relation to a person, including the support provided in the context of adult safeguarding.
- People must be supported to achieve the outcomes that matter to them in their life with practitioners focusing on the needs and goals of the person concerned. The importance of beginning with the assumption that the individual is best placed to make judgments

about their own wellbeing. Building on the principles of the Mental Capacity Act 2005, practitioners should assume that the person themselves knows what is in their best interests in relation to outcomes, goals and wellbeing.

- The importance of a preventive approach because wellbeing cannot be achieved through crisis management. By providing effective intervention at the right time, risk factors may be prevented from escalating.
- The importance of the individual participating as fully as possible in decisions about them and being given the information and support necessary to consider options and make decisions rather than decisions being made from which the person is excluded.
- Promoting participation by providing support that is co-produced with individuals, families, friends, carers and the community. 'Co-production' is when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered. This approach promotes resilience of individuals and helps to develop self-reliance and independence, as well as ensuring that services reflect what the people who use them want.
- The importance of considering a person in the context of their family and wider support networks, taking into account the impact of an individual's need on those who support them, and take steps to help others access information or support.
- The need to protect people from abuse and neglect. In carrying out any care and support functions the Local Authority and its partner agencies should consider how to ensure that the person is and remains protected from abuse or neglect. This is not confined only to safeguarding issues, but should be a general principle applied in every case.
- The need to ensure that any restriction on the individual's rights or freedom of action is kept to the minimum necessary. Where action has to be taken which places restrictions on rights or freedoms, the course followed must be the least restrictive necessary.

6.2.3 In May 2013, the Department of Health published the government's policy on Adult Safeguarding. This outlines six key principles for use by Local Safeguarding Adult Boards and member agencies for both developing and assessing the effectiveness of their local safeguarding arrangements. These describe in broad terms, the outcomes for adult safeguarding, for both individuals and organisations. The following principles have also been incorporated into the Care Act 2014 statutory guidance and should inform adult safeguarding policy and practice, (Appendix D):

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnerships
- Accountability

6.2.4 In Hampshire, Portsmouth, Southampton and the Isle of Wight, the Local Authorities are required to promote safer communities in order to prevent harm and abuse and to deal effectively with suspected or actual cases. The Local Authorities (LA's) are required to lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens.

6.2.5 The main statutory agencies which includes Solent NHS Trust, have a duty to work with the local authorities' Safeguarding Adults Boards whose purpose is to develop an overall safeguarding adults strategy, oversee effective inter-agency working and ensure the dissemination of good practice. To ensure a consistent safeguarding adult strategy the local authorities of Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) have developed

a Multi-agency Safeguarding Adult Policy. This overarching policy can be found on the organisation's intranet Home page (http://solent/Pages/Default.aspx) under the Clinical Services section - 'Safeguarding Adults'.

6.2.6 There may be a number of factors which increase a person's vulnerability to abuse, neglect or exploitation. A needs assessment will provide a useful insight into a person's situation and any vulnerability factors and the support planning process is an opportunity to try and resolve these. (Appendix C).

6.2.7 The reason for submitting a safeguarding concern is when a person with care and support needs is experiencing, or is at risk of abuse, neglect or exploitation by a third party, or where a person at risk may be being harmed by others usually in a position of trust, power or authority. Further details of when a concern should be made to Adult Services are detailed in the 4LSAB Multi-Agency Safeguarding Adults Policy, Process and Guidance:

http://intranet.solent.nhs.uk/TeamCentre/QualityAndProfessionalStandards/Safeguarding/SafeguardingAdults/_layouts/15/WopiFrame.aspx?sourcedoc=/TeamCentre/QualityAndProfessionalStandards/Safeguarding/SafeguardingAdults/TeamDocument/4LSAB%20MULTI-AGENCY%20POLICY,%20PROCESS%20AND%20GUIDANCE%202020.pdf&action=default

6.2.8 Not all concerns will necessarily result in a safeguarding process for example, where there are no care and support needs: when there is no abuse; or the person requires signposting to another service, or a review of their current care. In order to prevent a delay in raising concerns, staff MUST complete a Solent Safeguarding Form.

6.2.9 Immediate action to be taken following a concern or disclosure of abuse:

- Ensure the safety of the individual and if in immediate danger, contact the relevant emergency services such as police, ambulance.
- Report the incident / concern to your manager on duty or supervisor.
- Support and reassure the person, recording what is said/ and or observed.
- Record the nature of the alleged abuse, any information given or witnessed, actions taken, who was present at the time, dates and times of incident. Preserve evidence, for example body maps, clothing
- Ensure all discussions and decisions are recorded objectively stating facts.
- With the adults consent, make a referral to the appropriate Adult Social Services using the organisation's Safeguarding Adult Concern Form, (forms available on the Safeguarding referral Flowchart) and complete the organisations On Line Incident Form. Refer to the Safeguarding Referral Flowchart for how to raise a concern

http://intranet.solent.nhs.uk/TeamCentre/QualityAndProfessionalStandards/Safeguarding/SafeguardingAdults/_layouts/15/WopiFrame2.aspx?sourcedoc=/TeamCentre/QualityAndProfessionalStandards/Safeguarding/SafeguardingAdults/TeamDocument/Social%20care%20referral%20flowchart%20-%20Version%201.9%20FINAL.pdf&action=default

The Manager must report the incident to Human Resources (HR) and the Solent's Safeguarding Allegations Management Advisor (SAMA) where the allegation or concern involves a member of staff or occurs in the organisation's directly provided services.

http://intranet.solent.nhs.uk/TeamCentre/QualityAndProfessionalStandards/Safeguarding/SafeguardingAdults/TeamDocument/4LSAB%20Allegations%20Management%20Guidance%20October%202018.pdf#search=allegations%20management

6.2.10 Staff should obtain the consent of the adult to raise a concern. The mental capacity of the adult and their ability to give their informed consent to a referral being made and action being taken under these procedures is significant, but not the only factor in deciding what action to take. The test of capacity in this case is to find out if the person at risk has the mental capacity to make informed decisions about:

- A safeguarding concern.
- Actions which may be taken under the multi-agency Safeguarding Policy and Procedures.
- Their own safety or that of others, including an understanding of longer term harm as well as immediate effects.
- Their ability to take action to protect themselves from future harm.

6.2.11 If the adult has capacity and does not consent to a referral and there are no public or vital interest considerations, they should be given information about where to get help if they change their mind or if the abuse or neglect continues and they subsequently want support to promote their safety. The staff member must assure themselves that the decision to withhold consent is not made under undue influence, coercion or intimidation. The adult will need to be informed that a concern will still need to be raised and as a minimum and a record must be made of the concern, as well as the adult's decisions with reasons. A record should also be made of what information the person at risk was given.

6.2.12 It is vital that a written record of any incident or allegation of crime is made as soon as possible after the information is obtained. Patient records must reflect as accurately as possible what was said and done by the people initially involved in the incident. The notes must be kept safe as it may be necessary to make records available as evidence and to disclose them to a court. An accurate record should be made at the time, including

- Date and time of the incident
- Exactly what the person at risk said, using their own words (their account) about the abuse and how it occurred or exactly what has been reported to you
- Appearance and behaviour of the person at risk
- Any injuries observed
- Name and details of any witnesses
- Any witness to the incident should write down exactly what they saw
- The record should be factual, but if it does contain opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence
- Information from another person should be clearly attributed to them
- Name and signature of the person making the record (if a written document)
- When raising a concern, where possible, provide the following information.
- Your details (contacts, relationship to adult at risk…)
- Details of adult at risk (name, DOB, others in household information about health and care needs.)

7. ESCALATION OF CONCERNS

7.1.1 In most circumstances, there is mutual agreement between professionals as to the application of thresholds when working together to safeguard children and young people. However, when there are professional concerns or disagreements over another

professional's decisions, actions or lack of actions in relation to a referral, an enquiry or assessment / intervention, the repercussions can be extremely serious for the children and/or adult concerned. When communicating disagreement, professionals should remain respectful of each other at all times and this should be evidenced in both their direct and written communication, and throughout the escalation resolution process.

7.1.2 Where a practitioner does identify a concern, then that practitioner/agency has responsibility for communicating such concerns through agreed child and adult safeguarding procedures, on the same working day. Advice should be sought from Solent's Safeguarding Team. Further advice on the **adult** process is available on:

http://intranet.solent.nhs.uk/TeamCentre/QualityAndProfessionalStandards/Safeguarding/SafeguardingAdults/_layouts/15/WopiFrame.aspx?sourcedoc=/TeamCentre/QualityAndProfe ssionalStandards/Safeguarding/SafeguardingAdults/TeamDocument/2880-4LSAB-EscalationProtocol-Final-July-2018.pdf&action=default

Further advice on the process for children's safeguarding can be found at:
http://intranet.solent.nhs.uk/TeamCentre/QualityAndProfessionalStandards/Safeguarding/SafeguardingChildrenandYoungPeople/_layouts/15/WopiFrame.aspx?sourcedoc=/TeamCentre/QualityAndProfessionalStandards/Safeguarding/SafeguardingChildrenandYoungPeople/TeamDocument/Escalation%20and%20conflict%20resolution.docx&action=default

8. INFORMATION SHARING

8.1.1 Information Sharing Guidance recognises that information sharing between organisations is essential to safeguard children, young people and adults at risk of abuse, neglect and exploitation. Information will be shared within and between organisations in line with Information Governance and the General Data Protection Regulations, (GDPR):

- Remember General Data Protection Regulations are not a barrier to sharing information
- Be open and honest with the person from the outset. Seek advice where in doubt
- Share with consent where appropriate and where possible, respect the wishes of those who do not consent to share (unless sufficient need to override the lack of consent)
- Always consider the safety and well-being of the person and others
- Ensure information is accurate, up to date, necessary, shared securely with appropriate people & timely
- Record reasons for decision on whether it is to share or not

8.1.2 There will be occasions where practitioners believe it key that information is shared without consent or delay, such as in emergency or life threatening situations (Vital Interest, Data Protection Act 1998). However, where similar circumstances arise but not in an emergency situation, the decision to share information without consent should only be made after a risk assessment carried out by the organisation, rather than the individual practitioner. In all cases, the decision and rationale should be fully documented. Advice should be sought from the Data Protection Officer.

8.1.3 There may be some cases where the risk posed by an individual in the community cannot be managed without the disclosure of some information to a third party outside the organisations immediately involved in the investigation. Such an example would be where an

employer, voluntary group organiser or church leader has a position of responsibility/control over the individual, and other persons who may be at serious risk.

8.1.3 Caution should be exercised before making any disclosure. The risk to the individual should be considered, although it should not outweigh the potential risk to others, were disclosure not to be made. The individual retains his/her rights under the Human Rights Act 1998 and consideration must be given to whether those rights are endangered as a consequence of the disclosure.

8.1.4 All Staff within this organisation must contact their line manager, or the Data Protection officer for advice before 'sharing information without consent' (unless in an emergency or life threatening situations - Vital Interest, Data Protection Act 1998).

9. DOMESTIC ABUSE

9.1.1 Domestic abuse or violence / harm are defined as "Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. This includes issues of concern to black and minority ethnic (BME) communities, for example 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group".

9.1.2 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.

9.1.3 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.

9.1.4 More information is available in the Domestic Abuse Policy, available on the intranet

10. PREVENT (BUILDING PARTNERSHIPS STAYING SAFE)

10.1.1 The Prevent agenda requires healthcare organisations to work with partner organisations to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals who may be at greater risk of radicalisation and making safety a shared endeavour.

10.1.2 The Government's national counter terrorism strategy is called CONTEST. CONTEST aims to reduce the risks from any/all types of terrorism, so that people can go about their lives freely and with confidence.

10.1.3 CONTEST has four national work streams:

- Pursue: to stop terrorist attacks
- Protect: to strengthen our protection against terrorist attack
- Prepare: where an attack cannot be stopped, to mitigate its impact
- Prevent: to stop people becoming terrorists or supporting terrorism

10.1.4 Prevent is the main strand of concern to local authorities and NHS staff and it is required that all frontline staff have an awareness of Prevent and how it will affect their service area. Staff are required to complete Prevent WRAP training, available on the intranet.

11. ROLES & RESPONSIBILITIES

11.1.1 The Chief Executive has ultimate accountability for:

- The strategic and operational management of the organisation, including ensuring all policies are adhered to. Operational accountability for policy management is delegated to the Associate Director of Professional Standards & Regulation.

11.1.2 Directors, Clinical Directors, Operational Directors are responsible for:

- Ensuring that their directorate has management and accountability structures that deliver safe and effective services in accordance with statutory, national and local guidance and safeguarding principles for safeguarding children, young people and adults.

11.1.3 Managers and service leads are responsible for:

- Ensuring that service plans, specifications and contracts include reference to safeguarding children and adult standards;
- Ensuring that when recruiting staff who will work with children, young people and adults or handle information on children, young people or adults, that HR are aware of potential safeguarding risks, that references are always verified, a full employment history is always available with satisfactory explanations for any gaps in employment history, that qualifications are checked and that Disclosure and Barring checks are undertaken in line with national and local guidance;
- Ensuring there are procedures in place for dealing with allegations of abuse against members of staff and volunteers;
- Ensure there are procedures in place that enable staff to voice a concern and that a culture exists that enables safeguarding issues to be addressed;
- Ensure that staff are trained and competent to be alert to the potential indicators of child and adult maltreatment and particularly neglect and know how to act on those concerns in line with local and national guidance;
- Ensure safeguarding responsibilities are reflected in all job descriptions and the Knowledge and Skills Framework relevant to the job role;
- Ensure relevant staff have access to regular safeguarding children and adult supervision in line with Solent NHS Trust's Safeguarding Supervision Policy
- Ensure that all services have implemented procedures for assessing risk to children, young people and adults who are not brought to appointments or whose parents/ carers disengage from services.

11.1.4 The Head of Safeguarding and the Safeguarding Team are responsible for:

- Providing effective support, advice and training to Trust staff to enable them to fulfil their safeguarding roles and responsibilities.
- Ensuring that National and Local Legislation and Guidance is disseminated to all staff.

11.1.5 The Safeguarding Steering Group is responsible for:

Providing oversight of the strategic direction for the Trust in relation to safeguarding children and adults at risk. Its primary purpose is to support the Chief Nurse to ensure the Trust effectively discharges its statutory and legislative duties in relation to safeguarding children and adults who are vulnerable.

11.1.6 All staff are responsible for:

- Ensuring that they listen to children and adults, considering their views and keep them informed of planned actions;

- Being alert to the potential indicators of abuse or neglect of children and adults and know how to act on those concerns in line with local and national guidance;
- Being aware of parental conditions such as drug and alcohol misuse, domestic violence and mental ill health that may indicate that a child is at risk and that may impact on the child;
- Taking part in training in accordance with National Guidance so that they maintain their skills and are familiar with procedures aimed at safeguarding children and adults;
- Understanding the principles of confidentiality and information sharing in line with local and national guidance;
- Contributing when requested to do so, to the multi-agency meetings established to safeguard and protect children and adults.
- Seeking advice and guidance from the Named / Designated professionals if unsure about how to act upon a concern about a child or parent/ carer or adult at risk;
- Escalating issues to relevant operational and senior managers when professional disagreements arise in relation to the management of a safeguarding concern, either within Solent NHS Trust or with other organisations with reference to multiagency procedures
- Practitioners who work with adults are equally responsible to act upon safeguarding concerns about children with whom their client has contact. Practitioners should contact professionals working with the children to share information when necessary to do so, or where the threshold is met, make a referral to the multiagency safeguarding hub (MASH)
- Keeping accurate, contemporaneous records in accordance with professional and organisational policy. All information exchanged or shared with other agencies should be documented in the client's clinical records. All discussions with parents, managers, social workers or professionals from other agencies must be documented.
- Copies of all referrals into children's and adult social care from Solent staff MUST be copied to the safeguarding team via secure email as below

  Snhs.safeguardingchildren.nhs.net or snhs.safeguardingadults.nhs.net

11.1.7 DESIGNATED AND NAMED PROFESSIONALS

- Within the NHS, designated and named professionals with responsibility for safeguarding children are a statutory requirement (HM Government 2018).

11.1.8 The terms 'designated' doctors and nurses, denotes senior professionals, clinical experts and strategic leaders who provide a vital source of safeguarding advice and expertise for all relevant organisations but particularly the clinical commissioning groups (CCG). Designated doctors and nurses for looked after children and a designated doctor for unexpected deaths in childhood are also statutory requirements, usually employed in a CCG.

11.1.9 Solent NHS Trust is required to employ a named doctor and a named nurse for safeguarding children. These practitioners have a key role in promoting good professional practice within their organisation providing advice and expertise for fellow practitioners and ensuring safeguarding training is in place. They should work closely with the safeguarding lead on the executive board, designated health professionals and other statutory safeguarding partners (i.e. local authority and police).

12. TRAINING

12.1.1 All staff at all levels of the organisation should undertake relevant safeguarding training in accordance with the Safeguarding Children and Young People: Roles and Competencies for HealthCare Workers, intercollegiate Documents.

12.1.2 Bespoke training and support for staff groups may be requested where needed from the Safeguarding Team. For those staff who require more detailed training for their role, multiagency safeguarding education can be established in partnership with the Local Authorities.

13. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

13.1 A thorough and systematic assessment of this policy has been undertaken in accordance with the organisation Policy on equality and Human Rights.

13.1.2 The assessment, found that the implementation of and compliance with this policy has no impact on any employee on the grounds of age, disability, gender, race, faith or sexual orientation. See Appendix E.

14. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

14.1.1 Compliance with the policy will be reported through the Safeguarding Steering Group.

14.1.2 The Head of Safeguarding will report compliance to the Chief Nurse on a quarterly basis through the Safeguarding Steering group.

14.1.3 Services will escalate to the Chief Nurse, through governance structures, any barrier to implementation of this policy.

15. REVIEW

15.1 The policy may be reviewed at any time at the request of either staff side or management but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisation changes, legislation, guidance or non-compliance prompt an earlier review

16. REFERENCES AND LINKS TO OTHER DOCUMENTS

16.1 The policy should be read in conjunction with:

- Safeguarding Supervision Policy
- Freedom to Speak Up Policy
- Disciplinary Policy
- Adverse Events Policy
- Serious Adverse Events Policy
- Privacy, Dignity and Respect Policy
- Domestic Violence Policy
- Management and Allegations of Abuse under Safeguarding Procedures
- Grievance Policy

16.1.2 Sources of information

- Children Act 1989, London, HMSO
- Children Act 2004, London, HMSO
- The Care Act, 2014, London HMSO
- Care of unaccompanied migrant and child victims of modern slavery (published November 2017) www.gov.uk
- Child sexual exploitation and guidance for practitioners (published February 2017) www.gov.uk
- HM Government (2018*) Working Together to Safeguard Children and young people – a guide to interagency working to safeguard and promote the welfare of children.* https://www.gov.uk/government/publications/working-together-to-safeguard-children--2
- Information sharing: advice for practitioners providing safeguarding services (published 2015, updated July 2018) www.gov.uk
- National Institute for Health and Care Excellence, *Child Abuse and Neglect, Nice Guideline 76,* published October 2017 www.nice.org.uk/guidance /ng76
- Safeguarding children in whom illness is fabricated or induced (published in 2008) www.gov.uk
- Royal College of Paediatrics and Child Health (2014) *Safeguarding Children and young people and Young People: roles and competencies for health care staff,* Intercollegiate Document supported by the Department of Health www.rcpch.ac.uk
- Safeguarding Children and young people Procedures for Hampshire, Isle of Wight, Portsmouth and Southampton. https://hipsprocedures.org.uk/

Appendix A – Contact Details for the Safeguarding Team

For advice on an adult or child's safeguarding concern, please contact the

Safeguarding Team on:

0300 123 3917

This number is manned Monday to Friday between 9:00 and 16:00

or alternatively, you can leave a message at:
safeguardingteam@solent.nhs.uk

we will endeavour to get back to you within 24 hours

Hampshire Children's MASH (professionals line):	01329 225 379
OOH 0300 555 1373	
Hampshire Adults MASH:	0300 555 1386
OOH 0300 555 1373	
Portsmouth Children's MASH:	0845 671 0271
OOH 0300 555 1373	
Portsmouth Adults MASH:	02392 680 810
Southampton Children's MASH (professionals line):	02380 832 300
OOH 02380 233 344	
Southampton Adults MASH:	02380 833 003

In an emergency or immediate danger, contact the police on 999

Appendix B – Principles of Safeguarding Adults

Principle	Description	Outcome for the Adult at Risk
Empowerment	Presumption of person led decisions and informed consent	"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."
Prevention	It's better to take action before harm occurs	"I receive clear and simple information about what abuse is, how to recognize the signs and what I can do to seek help."
Proportionality	Proportionate and least intrusive response appropriate to risks	"I am sure that the professionals will work for my best interests, as I see them and will only get involved as much as needed." "I understand the role of everyone involved in my life."
Protection	Support and representation for those in greatest need	"I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able"
Partnerships	Local solutions through services working with their communities	"I know that staff treat any personal & sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me."
Accountability	Accountability and transparency in delivering safeguarding.	"I understand the role of everyone involved in my life."

Appendix C: Vulnerability Factors

Factors which increase a person's vulnerability to abuse and exploitation

Personal characteristics of a person at risk that can increase vulnerability may include:	Personal characteristics of a person at risk that can decrease vulnerability may include:
• Not having mental capacity to make decisions about their own safety including fluctuating mental capacity associated with mental illness and other conditions • Communication difficulties • Physical dependency – being dependent on others for personal care and activities of daily life • Low self esteem • Experience of abuse • Childhood experience of abuse.	• Having mental capacity to make decisions about their own safety • Good physical and mental health • Having no communication difficulties or if so, having the right equipment/support • No physical dependency or if needing help, able to self-direct care • Positive former life experiences • Self-confidence and high self-esteem
Social/situational factors that increase the risk of abuse may include:	**Social/situational factors that decrease the risk of abuse may include:**
• Being cared for in a care setting, that is, more or less dependent on others • Not getting the right amount or the right kind of care that they need • Isolation and social exclusion • Stigma and discrimination • Lack of access to information and support • Being the focus of anti-social behaviour.	• Good family relationships • Active social life and a circle of friends • Able to participate in the wider community • Good knowledge and access to the range of community facilities • Remaining independent and active • Access to sources of relevant information

Appendix D: Types of Adult and Child Abuse

Types of abuse:	Behaviours include:
Physical	Hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
Sexual	Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting. Including sexual exploitation. Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non contact activities, such as involving children in looking at, or 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).
Child Sexual Exploitation	Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. 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'
Psychological/Emotional	Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks. Emotional abuse is the persistent maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the need of another person.
Financial or material	Theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect and acts of omission	Ignoring medical or physical care needs, failing to provide access to appropriate health, social care, welfare benefits or educational services, withholding the necessities of life such as medication, adequate nutrition and heating. 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. It may also include neglect of, or unresponsiveness to a child's basic emotional needs.
Discriminatory	Racism, sexism or acts based on a person's disability, age or sexual orientation. It also includes other forms of harassment, slurs or similar treatment such as disability hate crime.
Domestic abuse	Psychological, physical, sexual, financial, emotional abuse and so called 'honor' based violence including: Female Genital Mutilation and Forced Marriage. Includes coercion and controlling behavior.
Organisational abuse	Neglect and poor care practice within a care setting such as a hospital or care home or in relation to care provided in someone's own home ranging from one off incidents to on-going ill-treatment. It can be neglect or poor practice as a result of the structure, policies, processes and practices within a care setting.
Modern slavery	All staff in every health care setting could spot a victim of Human Trafficking; the recruitment, movement, harboring, or receiving of children, women or men through the use of force, coercion, and abuse of vulnerability, deception or other means for the purpose of exploitation.
Forced marriage	A marriage in which one or both spouses do not (or in the case of adults with Learning or physical disabilities, cannot) consent to marriage, but are forced to do so by coercive and controlling means.
Self-Neglect	Guidance for staff to engage with people who are not looking after themselves (whether they have mental capacity or not), which may have serious implications for the health and wellbeing of the person concerned. As indicated in the Multi-Agency Risk Management Framework.
Prevent: Exploitation by radicalisers who promote violence.	Exploitation by radicalisers who promote violence involves the exploitation of susceptible people who are drawn into violent extremism by radicalisers. Violent extremists often use a persuasive rationale and charismatic individuals to attract people to their cause. The aim is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. The Prevent Strategy, (2011), ~~launched in 2007,~~ seeks to stop people becoming terrorists or supporting terrorism. It is the preventative strand of the government's counter-terrorism strategy, CONTEST. Referral is via the normal Safeguarding Adult process unless it is a life threating situation in such cases then Contact the police immediately.
Internet or cyber bullying	The use of technology, and particularly mobile phones and the internet, to deliberately hurt, upset, harass or embarrass someone else. It can be an extension of face-to-face bullying, with the technology offering the bully another route for harassing their victim, or can be simply without motive.

County Lines	In July 2017 the Home Office issued "Criminal Exploitation of children and vulnerable adults: County lines guidance", providing detailed explanations and examples. County lines is the term used by Police forces when gangs supply drugs to suburban areas and market and coastal towns using mobile phone lines. It involves criminal exploitation as gangs use children, young people and adults at risk to move drugs and money. Gangs establish a base in towns, typically by taking over the homes of local vulnerable adults by force or coercion. This is known as cuckooing. County lines is a major, cross cutting issue involving drugs, violence, gangs, safeguarding, criminal and sexual exploitation, modern slavery and missing persons. The response to tackle it involves the police, the National Crime Agency, a wide range of Government departments,
Cuckooing	Refers to the relatively recent identification of a new type of controlling and coercive criminal activity. This involves gangs using adults at risk (and children and young people) to move, store and deliver drugs.
Female Genital Mutilation (FGM)	Female Genital Mutilation (FGM) is defined by the World Health Organisation as: 'all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. FGM is sometimes also known as female circumcision. Other local terms are: Tahoor, Absum, Halalays, Khitan, Ibi, Sunna, Gudnii, Bondo and Kutairi. It is also illegal to take a child abroad for FGM even if legal in that country.
Honour Based Violence	The term 'Honour Based Violence' is the internationally recognised term describing cultural justifications for violence and abuse. A crime or incident, which has or may have been committed, to protect or defend the honour of the family and/or community. Honour relates to the concept that the reputation and social status of an individual, a family or community is based on the behaviour and morality of its members. HBV includes forced marriage and FGM.
Breast Ironing	Breast ironing is one of five UN defined 'forgotten crimes against women'. It is a practice whereby the breasts of girls typically aged 8-16 are pounded using tools such as spatulas, grinding stones, hot stones, and hammers to delay the appearance of puberty.

Appendix E: Equality Impact Assessment

Step 1 – Scoping; identify the policies aims	**Answer**		
1. What are the main aims and objectives of the document?	To outline corporate and individual responsibilities in accordance with legislation, guidance and standards.		
2. Who will be affected by it?	All Staff, service users and children		
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	Health provider organisations have a statutory duty to safeguard and promote the welfare of Vulnerable Adults. Children Act s11 compliance ensuring safeguarding is treated as everyone's responsibility and children are kept safe and well		
4. What information do you already have on the equality impact of this document?	Policy will be applied equality to all staff members		
5. Are there demographic changes or trends locally to be considered?	No		
6. What other information do you need?	Nil		
Step 2 - Assessing the Impact; consider the data and research	**Yes**	**No**	**Answer** (Evidence)
1. Could the document unlawfully discriminate against any group?		X	Safeguarding is everyone's responsibility and uses an inclusive approach
2. Can any group benefit or be excluded?		X	Safeguarding is everyone's responsibility
3. Can any group be denied fair & equal access to or treatment as a result of this document?		x	Safeguarding is everyone's responsibility
4. Can this actively promote good relations with and between different groups?	x		Partnership working is essential to achieve effective safeguarding outcomes
5. Have you carried out any consultation internally/externally with relevant individual groups?		x	Policy aligned to National and Local legislation, policy and guidance

6. Have you used a variety of different methods of consultation/involvement	x		Policy aligned to National and Local legislation, policy and guidance
Mental Capacity Act implications			
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)	x		MCA underpins safeguarding activity and is person and decision specific
External considerations			
8. What external factors have been considered in the development of this policy?	x		Policy aligned to National and Local legislation, policy and guidance
9. Are there any external implications in relation to this policy?	x		Policy aligned to National and Local legislation, policy and guidance and partnership working
10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented?	x		Policy aligned to National and Local legislation, policy and guidance and partnership working

If there is no negative impact – end the Impact Assessment here.

Step 3 - Recommendations and Action Plans	Answer
1. Is the impact low, medium or high?	Low
2. What action/modification needs to be taken to minimise or eliminate the negative impact?	N/A
3. Are there likely to be different outcomes with any modifications? Explain these?	Nil
Step 4- Implementation, Monitoring and Review	Answer
1. What are the implementation and monitoring arrangements, including timescales?	Principles of policy are in place as detailed in the policies.
2. Who within the Department/Team will be responsible for monitoring and regular review of the document?	Safeguarding Team
Step 5 - Publishing the Results	Answer
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	