NHS
Greater Manchester
Integrated Care

Safeguarding Interim Policy 2022

Contents

Introduction

1. The NHS has a statutory duty to ensure that it has arrangements in place to safeguard and promote the welfare of children, young people and adults at risk of abuse.

2. The Health and Care Act (2022) sets out the arrangements for Integrated Care Systems (ICS) across England. Each ICS will have an Integrated Care Board (ICB), a statutory organisation bringing the NHS together locally to improve population health and establish shared strategic priorities within the NHS.

3. In Greater Manchester (GM), our ICS is called GM Integrated Care Partnership and brings together 10 local authority areas and 1 NHS board that replaces 10 Clinical Commissioning Groups (CCGs). The ICB is called GM Integrated Care, abbreviated to NHS GM.

4. NHS GM will take on the NHS commissioning functions of CCGs as well as some of NHS England's commissioning functions.

5. In discharging these statutory duties/responsibilities, the following legislation and guidance must be considered:

- Health and Care Act 2022 (legislation.gov.uk)
- Human Rights Act 1998
- Care Act 2014
- Care and Support Statutory Guidance (DH, 2017)
- Children Act 1989
- Children Act 2004
- Working Together to Safeguarding Children (HM Government, 2018)
- Mental Capacity Act (2005)
- Mental Capacity (Amendment) Act 2019 (legislation.gov.uk)
- Modern Slavery Act 2015 (legislation.gov.uk)
- Channel Duty Guidance: Protecting people vulnerable to being drawn into terrorism (publishing.service.gov.uk)
- Children and Social Work Act 2017
- Domestic Abuse Act 2021 (legislation.gov.uk)
- Criminal Justice and Courts Act 2015
- Equality Act 2010
- Mental Health Act 1983 / 2007
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Mental Capacity Act Code of Practice (2005)

- Modern slavery: how to identify and support victims - GOV.UK (www.gov.uk)
- Statutory Guidance on Promoting the Health and Well-Being of Looked After Children (DH 2015)
- Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff | Royal College of Nursing (rcn.org.uk)
- Adult Safeguarding: Roles and Competencies for Health Care Staff | Royal College of Nursing (rcn.org.uk)
- Looked after children: Roles and competences of health carestaff - Intercollegiate Role Framework (March 2020)
- NHS England » Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework
- The policies and procedures of the Greater Manchester Safeguarding Partnership - Safeguarding Children Procedures Manual
- NHS England » Serious Incident framework
- The safeguarding policies and procedures of the GM Local Safeguarding Adult Boards and the Safeguarding Children Partnerships
- Any other legislation, guidance, and Code of Practice relevant to safeguarding children, Looked After Children and adults at risk

6. As a commissioning organisation, NHS GM has a statutory duty to ensure that all health providers from whom it commissions services (both public and independent sector) have effective safeguarding arrangements in place. This includes having comprehensive policies and procedures, which are in line with those of the Local Safeguarding Partnerships that safeguard and promote the welfare of children and protect adults at risk of abuse. Health providers must be linked into the local safeguarding arrangements and their workers must contribute to multi-agency working.

7. The Children and Social Work Act (2017) also places a duty on Child Death Review Partners (Local Authorities (Public Health) and the NHS to review the deaths of children normally resident inthe local area - or if they consider it appropriate, for those not normally resident in the area. All ICB's must ensure that effective arrangements are in place between safeguarding partners.

8. NHS GM will operate in accordance with Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (2019). This policy details the roles and responsibilities in respect of safeguarding. This applies to all of its employees in NHS GM.

9. This policy aims to ensure that no act of commission or omission on behalf of NHS GM or by the services it commissions, puts a service user at risk; and thatrobust systems are in place to safeguard and promote the welfare of children, and to protect adults at risk of harm.

10. A Collaborative document, known as the GM contractual standards for Safeguarding

Children, Young People and Adults at Risk, are reviewed and updated annually. This provides clear service standards that commissioned healthcare providers will be monitored against to ensure that all service users are protected from abuse and the risk of abuse.

11. This policy should be read in conjunction with the following NHS GM Policies (under development):

- Complaints Policy
- Disciplinary Policy
- Safer recruitment
- Mental Capacity Act Policy
- Whistleblowing Policy
- Social media policy
- Domestic abuse policy or staff

Purpose

12. A vital element in the work of the NHS is keeping children and adults at risk safe and protected from potential and actual harm.

13. Practitioners working directly with children and their parents/carers or with adults at risk, and the managers of those practitioners, have key roles within this work. It is therefore important that these staff groups fully understand their responsibilities and duties as set out in primary legislation and associated regulations and guidance.

14. NHS GM regularly reviews its provider safeguarding assurance processes in order to ensure that providers fulfil their statutory safeguarding responsibilities and to encourage continuous quality improvement.

15. NHS GM undertakes a quarterly audit of its own safeguarding arrangements using the NHS England Safeguarding Commissioning Assurance Toolkit (Safeguarding CAT) (Appendix 8).

16. The findings of these audits including any actions required are included in the Safeguarding and Looked after Children Quarterly Report that is submitted to the NHS GM System Quality Group.

17. In developing this policy, NHS GM recognises that safeguarding children, young people and adults at risk is a shared responsibility with the need for effective partnership working and recognition that agencies and professionals will have differing roles and expertise working with vulnerable groups in society.

18. In order to achieve effective partnership working, there must be constructive relationships at all levels, promoted and supported by:

- The commitment of senior leaders to seek continuous improvement with regards to safeguarding both within the work of NHS GM and within those services commissioned.
- Service developments that take account of the need to safeguard all service users, and where possible are co-produced with service users.
- Staff training, and continuing professional development so that staff are cognisant of their roles and responsibilities, and those of other professionals and organisations in relation to safeguarding children, adults at risk of abuse, Prevent, Duty of Candour, the Mental Capacity Act (MCA), and Deprivation of Liberty Safeguards (DoLS).
- Appropriate supervision and support for staff in relation to safeguarding practice.
- Safe working practices including safer recruitment and vetting procedures.
- Effective interagency and partnership working, including effective information sharing.

19. The above principles reflect the expectations of the 'Safeguarding Vulnerable People in the NHS- Accountability and Assurance Framework' (2019) and statutory guidance as referenced within this policy.

Roles and Responsibilities

20. Ultimate accountability for safeguarding sits with the Chief Executive of NHS GM. Any failure to have systems and processes in place to protect children and adults at risk in the commissioning process, or by providers of health care that NHS GM commission, would result in failure to meet statutory and non-statutory constitutional and governance requirements.

21. Fundamentally, the role of NHS GM is to work with others to ensure that critical services are in place to respond to children and adults who are at risk or who have been harmed and delivering improved outcomes.

22. NHS GM must demonstrate appropriate systems are in place for discharging statutory duties in terms of safeguarding as set on in the SAAF 2019.

GM NHS Executive Team

23. The Chief Executive must provide strategic leadership, promote aculture of supporting good practice with regard to safeguarding within NHS GM and promote a culture of learning and professional curiosity, and collaborative working with other agencies.

24. The Chief Executive takes overall responsibility for safeguarding strategy and policy with additional leadership being provided by the Executive Lead with delegated responsibility for Safeguarding.

25. The key responsibilities of the executive team are:

- To ensure NHS GM adheres to relevant national guidance and standards for safeguarding;
- To have oversight of the Human Resources safeguarding duties relatingto a safe workforce and protecting the public from harm, with oversight to: safer recruitment, rehabilitation of offenders, whistleblowing, duty of candour, corporate manslaughter, unlawful deprivation and other duties that impact on the safety of the organisation and the public;
- To have oversight of the legislation relevant to NHS GM activities and have strategic oversight in relation to implementation, review, service delivery, risks management and planning;
- To have oversight of and contribute to Local Safeguarding Partnership arrangements;
- To ensure the identification of strategic risks and ability to ensure that these are mitigated across the system;
- To lead with a strong culture of safeguarding throughout the whole organisation;
- To ensure that there is adequate Designated Professional resource to support and respond to the demands of safeguarding effectively;
- To ensure that an effective safeguarding training and supervision strategy is resourced and delivered;
- To ensure and promote appropriate, safe, multi-agency/inter-agency partnership working practices and information sharing practices operate.

Designated Professionals

26. Designated professionals are clinical experts and strategic leaders for safeguarding. As such they are a vital source of safeguarding advice and expertise for all relevant agencies and other organisations, but particularly to health commissioners in NHS GM, the LA and NHS England, other health professionals in provider organisations, System Quality Groups (SQGs), regulators, the Safeguarding Children and Adults Partnership Arrangements, Corporate Parenting Boards, and Health and Wellbeing Boards.

27. Designated Professionals take responsibility for the strategic delivery of statutory responsibilities to ensure NHS GM is complaint with statutory requirements as well as those stipulated within the NHS SAAF (2019).

28. The Executive Lead should meet regularly with the designated professionals for children, looked after children and adults to review NHS functions in the local area.

29. Designated Professionals must be consulted and able to influence at all points in the commissioning cycle from procurement to quality assurance. This will ensure that all commissioned services meet the statutory requirement to safeguard and promote the welfare of children and adults at risk.

30. Designated Professionals must have regular, direct access to the NHS GM Executive Lead, to ensure that there is the right level of influence of safeguarding on the commissioning process.

Named General Practitioner (GP) for Safeguarding

31. Named GPs for children and adults have a key role in promoting good professional practice, providing advice and expertise to professionals, and ensuring appropriate safeguarding training is in place.

32. NHS GM must secure the services of a named GP for safeguarding to ensure that primary care services can meet their obligations to both adults and children and support contextualised safeguarding (SAAF 2019).

33. Training, experience and qualification requirements for named GPs are set out in the children's and adults intercollegiate documents and should be complied with.

Commissioners

34. All Commissioners are responsible for ensuring that service specifications, invitations to tender and service contracts fully reflect safeguarding requirements irrelevant of contract size or type. They are also required to ensure that any identified concerns about provider safeguarding arrangements are reported to the Designated Professional in the local area.

Line Managers

35. Line Managers are responsible for ensuring:

- Safeguarding responsibilities are reflected in all job descriptions for staff they manage, relevant to the job role.
- That staff are compliant with mandatory safeguarding training in line with this policy as part of annual Professional Development Reviews.
- Any staff in contact with children, and adults at risk in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse or neglect and know how to act on those concerns in line with this policy
- Managing allegations against staff should be brought to the attention of the Designated Professional in the local area so that referrals can be made to the appropriate Local Authority Designated Officer (LADO) for matters to safeguarding children; and for matters relating to safeguarding adults' referrals can be made in line with Persons in a Position of Trust (PIPOT).

Individual Staff Members

36. Individual Staff Members should:

- Be alert to the potential indicators of abuse or neglect for children and adults at risk and know how to act on those concerns in line with this policy - see Appendices 3 and 4
- Take part in regular training, in line with this policy, to ensure their competency in this area and contribute, when requested to do so, to the multi-agency meetings established to safeguard and protect children and adults at risk;
- Understand the principles of confidentiality and information sharing in line with local and government guidance (Appendix 6)

Human Resources

37. Human Resources are responsible for ensuring that all staff in contact with children, parents/carers, and adults at risk in the course of their normal duties undergo Disclosure and Barring Service checks in line with national and local guidance and that references are always verified before any offer of employment is made.

    Human Resources also provide advice and support to NHS GM managers over any allegations against staff as necessary.

Managing Allegations Against Persons Who Work with Children orAdults at Risk (PIPOT)

38. Any allegation or concern about a staff member's suitability to work with children or adults at risk identified in the workplace or in respect of their home life must immediately be reported to the relevant Designated Professional along with the Executive Lead for Safeguarding. Human Resources will also be informed and will provide required advice and support as necessary.

39. If the concern relates to an adult, see local safeguarding policy and procedures or discuss with Designated Professional for adults in the area (Appendix 1 and 2).

40. If the concern relates to a child, the Tri-x GM Policy entitled 'Procedures for managing allegations against workers, carers and volunteers who have contact with children' 6.2 Managing Allegations of Abuse made against Adults who Work with Children and Young People (proceduresonline.com) should be followed whenever there is an allegation or concernthat a member of staff in connection with their employment or voluntary activity, has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child;
- Behaved towards a child or children in a way that indicates they are unsuitable to work with children (if they do so).

41. Designated Professionals will liaise with the Local Authority Designated Officer (LADO) as soon as an allegation is received.

42. Designated Professionals also act as the named senior officer with overall responsibility for:

- Ensuring that the organisation deals with allegations in accordance with the GM Safeguarding Children Procedures. This will involve working with Human Resources and the individual's line manager and other relevant Senior Managers in relation to safely managing the member of staff;
- Resolving any inter-agency issues;
- Liaising with local safeguarding partnerships.

43. NHS GM Disciplinary and Professional Registration Policy should be followed if NHS GM staff members become aware of any such concerns.

Whistleblowing

44. All NHS GM staff members have a responsibility to disclose suspected "malpractice" or concerns about the organisation. Although there is currently no legal definition "whistleblowing" has come to be accepted as the disclosure by an employee of confidential information which relates to some danger, fraud or other illegal or unethical conduct connected with the workplace. These concerns may be in relation to the organisation or the employees of the organisation.

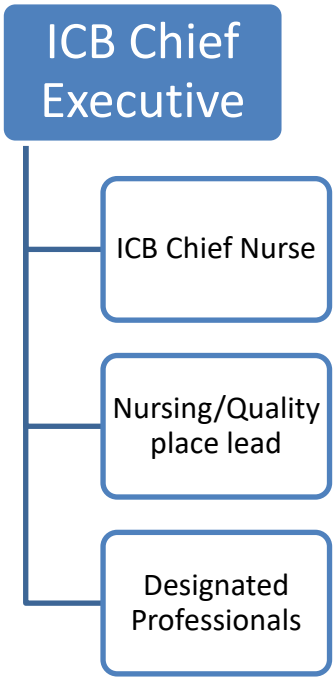
45. It has been recognised that actively encouraging staff to raise concerns about health care, probity and quality matters responsibly and without delay ensures that the interests of patients are always put first.

46. Public Interest Disclosure Act 1998 (legislation.gov.uk) ensures protection for employees who have concerns about the organisation they work for provided that staff are acting in good faith, reasonably believe that the matter being disclosed is either happening now, took place in the past, or is likely to happen in the future and is making a "qualifying disclosure".

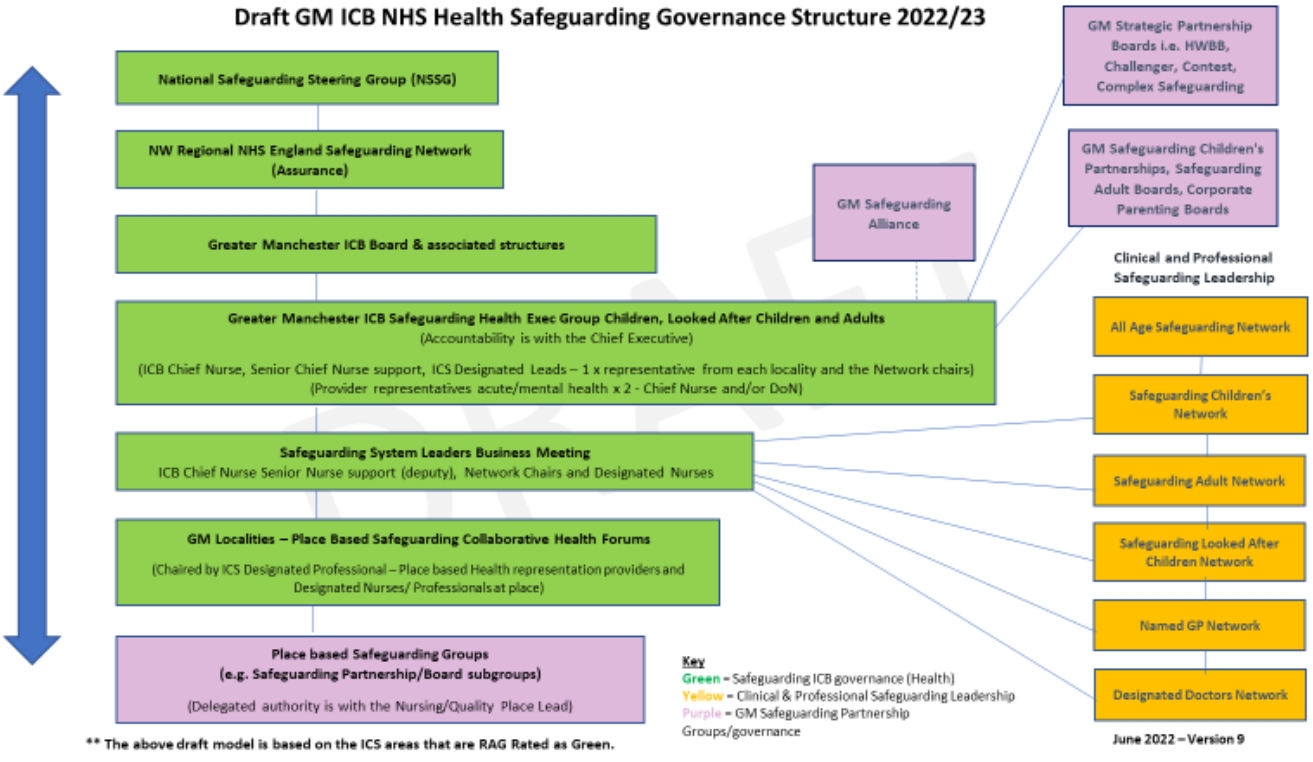
47. The NHS GM Whistleblowing Policy should be followed if staff members become aware of any such concerns. Where staff are concerned about mattersof safeguarding nature they should consult with the relevant Designated Professional or approach the Freedom to Speak Up Guardian.

Governance Arrangements

48. Example structure of delegated safeguarding authority from ICB to place



49. NHS GM safeguarding governance structure – Draft



50. Designated Professionals will report directly to the NHS GM System Quality Group as detailed below:

Frequency	Report Title
Annual	NHS GM must receive an Annual Report for Safeguarding Children, Looked After Children and Adults at Risk. This is an overview of safeguarding practice across providers and within commissioning in each locality. The report will be prepared by Designated Professionals in each of the 10 localities and presented in one report
Quarterly	NHS GM System Quality Group will receive a Safeguarding update report on a quarterly basis. This will include position against the NHS England SCAT, updates on LCSPRs, SARs, DHRs, Serious Incidents, statutory requirements for Looked After Children and progress against identified work streams.
As necessary	Relevant NHS GM Senior Leaders will receive verbal reports or written briefings on updates on LCSPRs, SARs, DHRs, Serious Incidents, unexpected child deaths, issues regarding Looked After Children such as, adverse events or exception reports, and serious issues as required.

Safeguarding Training Requirements

51. NHS GM has a responsibility to ensure that all staff are trained and competent to be alert to potential indicators of abuse and neglect. Staff should know how to act on those concerns and to fulfil their roles and responsibilities for safeguarding children and adults at risk in line local safeguarding partnership procedures.

52. Level 1 safeguarding training for children and adults is mandatory for all staff, additional training needs are dependent on an individual's roles and responsibilities in accordance with intercollegiate guidance. An individual's training needs should form part of their personaldevelopment plan which is to be agreed with their line manager.

53. NHS GM Safeguarding Training requirements are provided at Appendix 7.

Equality, Diversity & Human Rights Impact Assessment

54. In line with equality legislation, this policy aims to safeguard children, young people and adults at risk irrespective of their protected characteristics as outlined in the Equality Act 2010. The nine protected characteristics being age; gender; race; disability; marriage/civil partnership; maternity/pregnancy; religion/belief; sexual orientation and gender reassignment.

Consultation & Approval Process

55. This policy has been taken through the NHS GM policy process with ratification by the appropriate committee.

Dissemination & Implementation

56. NHS GM Safeguarding Policy will be made available to all staff via the staff intranet and published on the safeguarding page of NHS GM website.

57. This policy is mandatory. Where it is not possible to comply with the policy or a decision is taken to depart from it, this must be notified to the Executive Lead for Safeguarding so that the level of risk can be assessed, and an action plancan be formulated.

Monitoring and Review

58. This interim policy will be reviewed as required in response to legislative or policy changes and submitted to the Quality Committee. It is expected that this interim policy will be reviewed within the 3 months or when the revised Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (2019) is published.

Definitions

59. For the purpose of this document the following definitions provide clarity of terms:

Commissioning

60. Commissioning https://www.england.nhs.uk/commissioning/ is the process of assessing needs, planning and prioritising, purchasing and monitoring health services, to get the best health outcomes.

Children

61. As defined in the Children Act 1989 and 2004, a child is anyone who has notyet reached their 18th birthday. ‘Children’ therefore means children and young people throughout.

62. Looked After Children: The term ‘looked after children and young people’ is generally used to mean those children who are ‘looked after’ by the state. This includes those who are subject to an interim care order, care order (The Children Act 1989 section 31, 38) or temporarily classed as looked after on a planned basis for short breaks or respite care. The term is also used to describe ‘accommodated’ (The Children Act 1989, section 20) children and young people who are looked after on a voluntary basis at the request

of, or by agreement with, their parents.

Safeguarding Children

63. Safeguarding and promoting the welfare of children is defined for the purpose of this document as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children grow up in circumstances consistent with theprovision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.(Working Together to Safeguard Children, 2018)

Adult at Risk

64. The Care Act (2014) identifies an adult at risk as being: "A person who has needs for care and support (whether or not the local authority is meeting any of those needs), who is experiencing or at risk of experiencing abuse and as a result of those needs the person is unable to protect him/herself against abuse".

65. Six key principles underpin all adult safeguarding work:

- Empowerment - People being supported and encouraged to make theirown decisions and informed consent;
- Prevention - It is better to take action before harm occurs;
- Proportionality - The least intrusive response appropriate to the riskpresented;
- Protection - Support and representation for those in greatest need;
- Partnership - Local solutions through services working with theircommunities. Communities have a part to play in preventing, detectingand reporting neglect and abuse;
- Accountability - Accountability and transparency in delivering safeguarding.

Mental Capacity Act 2005 and Mental Capacity (Amendment) Act 2019

66. The Mental Capacity Act (MCA) 2005 applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who are unable to make all or some decisions for themselves. The MCA is designed to protect and restore power to those vulnerable people who lack capacity.

67. The Mental Capacity (Amendment) Act 2019 (MCAA) amends the Mental Capacity Act 2005 and introduces the Liberty Protection Safeguards (LPS) – a new process for authorising deprivations of liberty for persons of 16 years old, who lack capacity to make a particular decision.

Prevent (counter terrorism)

68. The healthcare sector is a key partner in delivering the HM Government's Prevent strategy (2011) Prevent strategy 2011 - GOV.UK (www.gov.uk) and promotes a non-enforcement approach to support the health sector in preventing people becoming radicalised. Healthcare staff are well placed to recognise individuals, whether patients or staff, who may be vulnerable and therefore more susceptible to radicalisation by violent extremistsor terrorists. It is fundamental to our 'duty of care' and falls within our safeguarding responsibilities.

69. NHS GM is committed to safeguarding and supporting vulnerable individuals, including staff, who may be at risk of being radicalised by violent extremists.NHS GM will ensure appropriate systems are in place for staff to raise concerns if they are aware of this form of exploitation taking place and to promote and operate a safe environment where violent extremists are unable tooperate.

The Channel Process

70. The Channel process is a key element of the 'Prevent' strategy and is a multi-agency approach to receiving referrals from agencies to protect and prevent vulnerable people at risk from radicalisation. In GM (where appropriate) all Prevent referrals go through the Channel process in the locality.

Prevent Referral Process

71. You can contact the NHS GM Prevent Lead in the relevant locality (append 2) for more information, advice and support. Once you have provided the relevant information and it is felt this is a Prevent referral you will be asked to complete a Prevent referral form. Appendix 5 provides a procedural flowchart for Prevent referrals for NHS GM staff.

Radicalisation

72. This refers to the process by which people come to support, and in some cases to participate in terrorism.

Violent Extremism

73. Is defined by the Crown Prosecution Service (CPS) as: the demonstration of unacceptable behaviour by using any means or medium to express views which:

- Foment, justify or glorify terrorist violence in furtherance of particularbeliefs.
- Seek to provoke others to terrorist acts.
- Foment other serious criminal activity or seek to provoke others to serious criminal acts.
- Foster hatred which might lead to inter-community violence in the UK.
- More recently in 2015 the Home Office asserted that: 'Extremism is the vocal or active opposition to our fundamental values, including democracy, the rule of

law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist'.

Categories of Abuse

Abuse of children

74. For **children's** safeguarding, the definitions of abuse are taken from Working Together to Safeguard Children (2018).

75. **Abuse**: A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

76. **Physical abuse**: A form of abuse which 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 of, or deliberately induces, illness in a child.

77. **Emotional abuse:** The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently tofeel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

78. **Sexual abuse:** Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether ornot 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 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). Sexual abuse is not solely perpetrated by adult males.

79. Women can also commit acts of sexual abuse, as can other children.

80. **Neglect**: 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.

81. 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:

- Provide adequate food, clothing and shelter (including exclusion fromhome or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers);
- Ensure access to appropriate medical care or treatment.

82. It may also include neglect of, or unresponsiveness to, a child's basic emotionalneeds.

Adults at Risk of Abuse

83. Abuse is a violation of an individual's human and civil rights by other person or persons. Abuse may consist of single or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent. Abuse can occur in any relationship and may result in significant harm, or exploitation of, the person subjected to it. Of relevance are the following descriptions of the forms that abuse may take:

84. **Physical abuse**: including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.

85. **Sexual abuse**: including rape and sexual assault or sexual acts to which the vulnerable adult has not consented or could not consent or was pressured into consenting.

86. **Psychological abuse**: including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

87. **Financial or material abuse**: including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

88. **Neglect and acts of omission**: including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating. Neglect also results in bodily harm and/or mental distress. It can involve failure to intervene in behaviour which is likely to cause harm to a person or to others. Neglect can occur because of lackof knowledge by the carer.

89. Possible indicators of neglect include:

- Malnutrition

- Untreated medical problems
- Pressure sores
- Confusion
- Over-sedation

90. **Self-neglect:** including a wide range of behaviour neglecting to care for one's personal hygiene, health, or surroundings, and includes behaviour such as hoarding.

91. **Discriminatory abuse:** including racist, sexist, that based on a person's disability, and other forms of harassment, slurs, or similar treatment.

92. **Institutional/organisational Abuse:** including neglect and poor care practice within a specific care setting. This could be a hospital or a care home, but also the care a person receives in their own home.

    The Care and Support statutory guidance (2014) specifies that abuse or neglect includes modern slavery, which encompasses: slavery; human trafficking; forced labour; domestic servitude; and where traffickers use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Modern Day Slavery

93. People end up trapped in modern slavery because they are vulnerable to being tricked, trapped and exploited, often as a result of poverty and exclusion.

    Modern slavery takes many forms. The most common are:

    - Human trafficking is the process of trapping people through the use of violence, deception or coercion and exploiting them for financial or personal gain. People can be trafficked and exploited in many forms, including being forced into sexual exploitation, labour, begging, crime (such as growing cannabis or dealing drugs), domestic servitude, marriage or organ removal.

    - Forced labour. Any work or services people are forced to do against their will under threat of punishment.

    - Debt bondage/bonded labour. The world's most widespread form of slavery. People trapped in poverty borrow money and are forced to work to pay off the debt, losing control over both their employment conditions and the debt.

    - Descent–based slavery. Most traditional form, where people are treated as property, and their "slave" status was passed down the maternal line.

    - Slavery of children. When a child is exploited for someone else's gain. This can include child trafficking, child soldiers, child marriage and child domestic slavery. The trafficking and exploitation of children is child abuse and any such concerns

must be managed by following local child protection referral processes.

- Forced and early marriage. When someone is married against their will and cannot leave. Most child marriages can be considered slavery.

Domestic Abuse

94. In 2021 the new Domestic abuse Act (2021) highlights that domestic abuse is not just physical violence, but also encompasses emotional, controlling or coercive, and economic abuse. The act defined domestic abuse as the following;

    "Behaviour of a person (A) towards another person (B) is "domestic abuse" if A and B are each aged 16 or over and are personally connected to each other, and the behaviour is abusive. Behaviour is "abusive" if it consists of any of the following:

    - *physical or sexual abuse;*
    - *violent or threatening behaviour;*
    - *controlling or coercive behaviour;*
    - *economic abuse*
    - *psychological, emotional or other abuse;"*

It does not matter whether the behaviour consists of a single incident or a course of conduct."

The Domestic Abuse Act (2021) defines being personally connected as someone who is either married/civil partnership or have previously been married/civil partnership to each other, agreement to marriage or enter civil partnership with each other (even if this agreement has been terminated), intimate relationship with each other (past or present), each had a parental relationship in relation to the same child, or they are relatives.

The Domestic Abuse Act (2021) makes reference to children related to A or B as victims of domestic abuse also as a direct result of what they see, hear, or through experiencing the effects of the abuse.

Economic abuse" is: any behaviour that has a negative effect on a person's ability to receive, use or maintain money or other property, or obtain goods or services.

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.
Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, socio-economic status, sexuality or background and domestic abuse can take place inside or outside of the home.

Female Genital Mutilation (FGM)

95. The World Health Organisation (WHO) states that female genital mutilation (FGM):

> "Comprises of 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".

Female genital mutilation (FGM) - NHS (www.nhs.uk)

Child Sexual Exploitation (CSE)

96. The National Working Group has developed the following definition of CSE:

> "The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or athird person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities. Child sexual exploitation can occurthrough use of technology without the child's immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources".

Child sexual exploitation: definition and guide for practitioners - GOV.UK (www.gov.uk)

County Lines and Child Criminal Exploitation (CCE)

97. County lines is a major, cross-cutting issue involving drugs, violence, gangs, safeguarding, criminal and sexual exploitation, modern slavery, and missing persons; and the response to tackle it involves the police, the National Crime Agency, a wide range of Government departments, local government agencies and VCS (voluntary and community sector) organisations.

98. The UK Government (Home Office 2018) defines county lines as:

> *County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence(including sexual violence) and weapons.*

99. Child criminal exploitation is increasingly used to describe this type of exploitation where children are involved, and is defined as:

> *Child Criminal Exploitation is common in county lines and occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been*

criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology. (Home Office 2018)

Criminal exploitation of children and vulnerable adults: county lines - GOV.UK (www.gov.uk)

Complex Safeguarding

This is a term that is applied to encompass a range of safeguarding issues that children, young people and adults at risk face in particular those related to criminality and exploitation. This is often extra-familial abuse and can be defined as criminal activity or behaviour associated to criminality, involving vulnerable children/ young people and adults at risk where there is exploitation and/or a clear or implied safeguarding concern. Criminal exploitation can involve cuckooing where the home of a vulnerable person is taken over and used as a base for criminal activity.

References & Bibliography

100. In developing this Safeguarding Policy account has been taken of the following statutory and non-statutory guidance, best practice guidance and policies and procedures of local safeguarding partnerships.

40573_2902364_DH Care Guidance accessible pdf (publishing.service.gov.uk)

Channel and Prevent Multi-Agency Panel (PMAP) guidance - GOV.UK (www.gov.uk)

Mental Capacity Act Code of Practice - GOV.UK (www.gov.uk)

Safeguarding children who may have been trafficked - GOV.UK (www.gov.uk)

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

The right to choose: multi-agency statutory guidance - GOV.UK (www.gov.uk)

12369 Mental Capacity 18th.indd (cqc.org.uk)

Department of Health (2016) Female Genital Mutilation Risk and Safeguarding. Guidance for professionals. DH publications

HM Government (2015) What to do if you're worried a child is being abused.Advice for practitioners, Department for Education publications

Information sharing advice for safeguarding practitioners - GOV.UK (www.gov.uk)

DH (Nov, 2011), Building Partnerships, Staying Safe. - The Health SectorContribution

to HM Governments Prevent Strategy. Guidance for Healthcare organisations

The General Data Protection Regulation (2018).

"*This is an EU law that sets out guidelines for the collection and processing of personal information and aims to give individuals more rights over how their data is used. The GDPR explicitly states that children's personal data merits specific protection. It also introduces new requirements for the online processing of a child's personal data. If a child is mature enough they should begiven the opportunity to decide whether they agree to their confidential information being shared. If a child doesn't have the capacity to make their own decisions, their parent or carer must be consulted (unless this would put the child at risk).However, if there is a child protection concern, information must be shared with the relevant agencies, even if consent to share has not been given. GDPR does not affect this principle". (GDPR 2018)*

Care Quality Commission

- Guidance about compliance: Essential standards of quality and safety March 2010 (cqc.org.uk)

Disclosure and Barring Service

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

Glossary

- ICS Integrated Care System
- ICP Integrated Care Partnership
- ICB Integrated Care Board
- CCE Child Criminal Exploitation
- CHIMAT Child and Maternal Health Observatory
- CSE Child Sexual Exploitation
- DH Department of Health
- DoLS Deprivation of Liberty Safeguards
- FGM Female Genital Mutilation
- GM Greater Manchester
- GP General Practitioner
- LAC Looked After Children
- LADO Local Authority Designated Officer
- LPS Liberty Protection Safeguards
- LSCPR Local Child Safeguarding Practice Review
- SAR Safeguarding Adult Review
- LSP Local Safeguarding Partnership
- MCA Mental Capacity Act
- MHHR Mental Health Homicide Review
- PIDA Public Interest Disclosure Act
- PIPOT Person's in Position of Trust process
- RCPCH Royal College of Paediatrics and Child Health
- RCGP Royal College General Practitioners
- SAB Safeguarding Adult Board
- SI Serious Incident – an incident involving a patient or their carers, staff or contractor where death, permanent harm or injury resulted

Appendix 1 – NHS GM Designated Teams localities contact details

Locality	Generic email address	Generic contact number
NHS GM		
Bolton		
Bury		
Oldham		
Manchester	mhcc.safeguardingpw@nhs.net	
Heywood, Middleton and Rochdale	HMRCCG.safeguarding@nhs.net	01706 664180
Salford	safeguarding.nhssalford@nhs.net	0161 212 4413
Stockport	STOCCG.Safeguarding@nhs.net	0161 426 9905
Tameside	tgccg.safeguarding@nhs.net	Administrator, Direct Dial: 0161 342 5619/5620 Mobile: 07967 148338
Trafford		
Wigan		

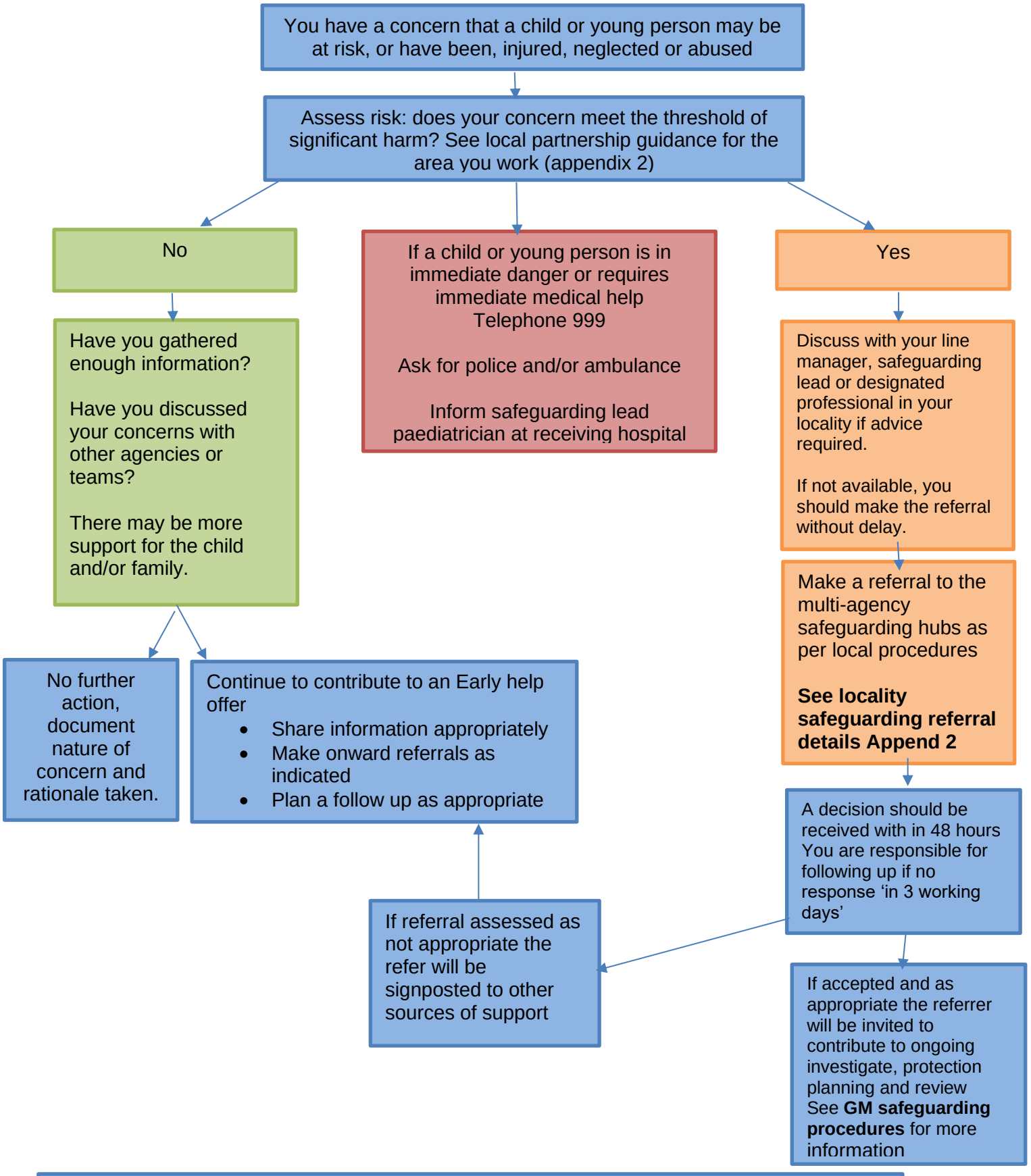
Appendix 2 – Making a safeguarding referral – localities contact details

Locality	Children's safeguarding referral	Adult safeguarding referral	Prevent referral
Bolton			
Bury			
Oldham			
Manchester			
Heywood, Middleton and Rochdale	Children's Referral Rochdale Complex Early Help and Safeguarding team. 0300 303 0440 Mon-Fri, 08.30am-16.45pm Rochdale Safeguarding Partnership Board - How Do I Report A Concern about a Child?	Adult referral - adult care services Tel - 0300 303 8886 Email - adult.care@rochdale.gov.uk Mon-Fri, 08.30am-16.45hrs Out of hours 0300 303 8875	Prevent referral Radicalisation referral form | Rochdale Borough Council Email - channel@rochdale.gov.uk
Salford	Children Safeguarding referrals link: The Bridge – referral portal Report a Safeguarding Concern Tel: 0161 603 4500 The Bridge Partnership is available Monday to Friday from 8:30am - 4:30pm. Emergency Duty Team (EDT) on 0161 794 8888 is available outside of these times.	Adult Safeguarding referrals link: Report a Safeguarding Concern (salford.gov.uk) Email - salford.socialservices@nca.nhs.uk Phone Number – 0161 631 4777	

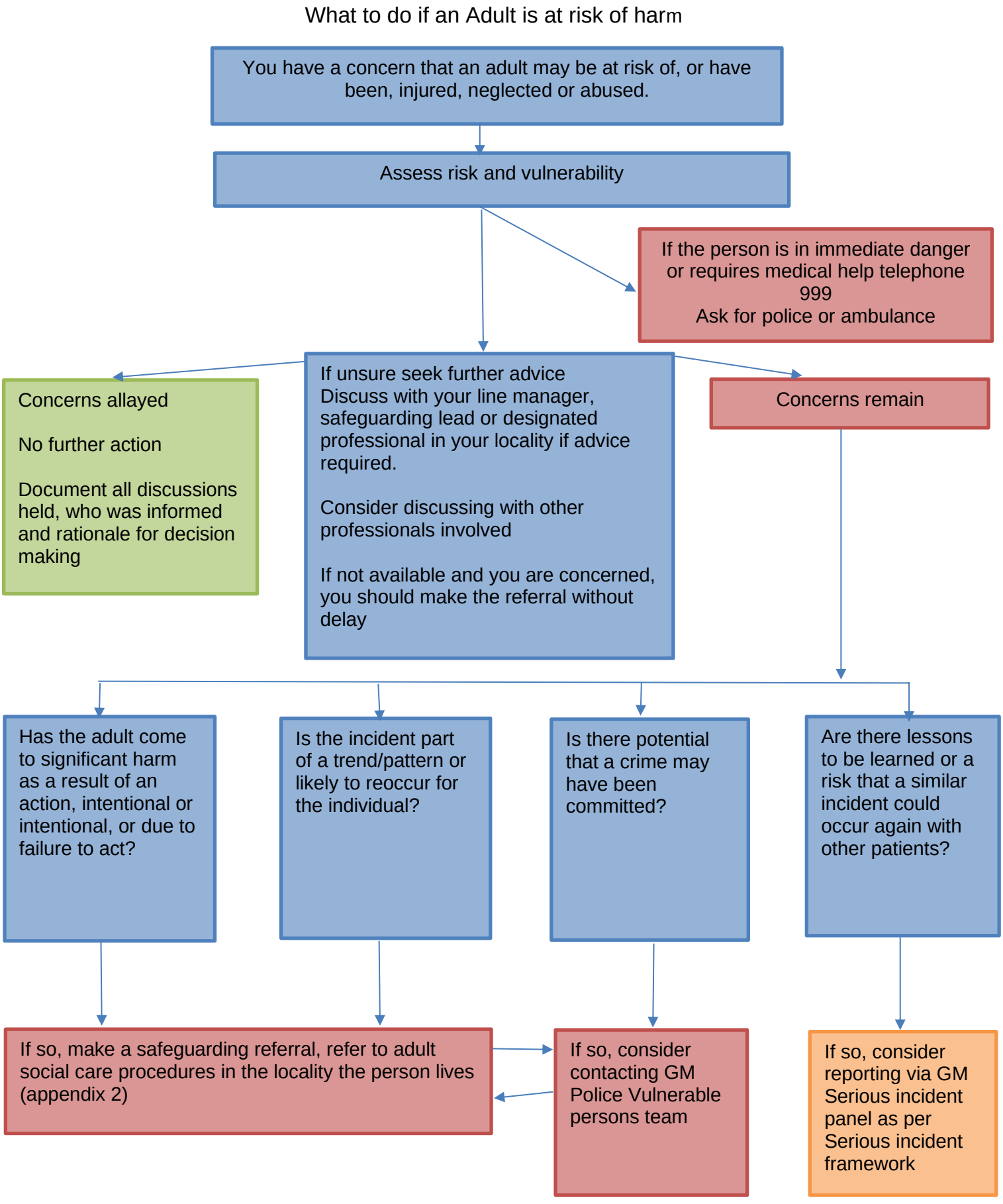
Stockport	Safeguarding Referral (stockport.gov.uk) Emergency Duty Team Tel: 0161 718 2118 (Out of hours)	MASSH (Mon to Fri 8.45am – 5.00pm) Tel: 0161 217 6028 Stockport Council Emergency Duty Team (out of Hours) Tel: 0161 718 2118 Adult safeguarding referral Tel: 0161 217 6029 (Mon to Fri 8.00am – 8.00pm)	Prevent referral GMP Prevent Team 0161 856 6362 Stockport National Prevent Referral form (ctfassets.net)
Tameside	Worried about a child? (tameside.gov.uk)	Professionals Adult Safeguarding referral (tameside.gov.uk)	Preventing radicalisation and involvement in extremism (tameside.gov.uk)
Trafford			
Wigan			

Appendix 3 – NHS GM worried about a child flowchart

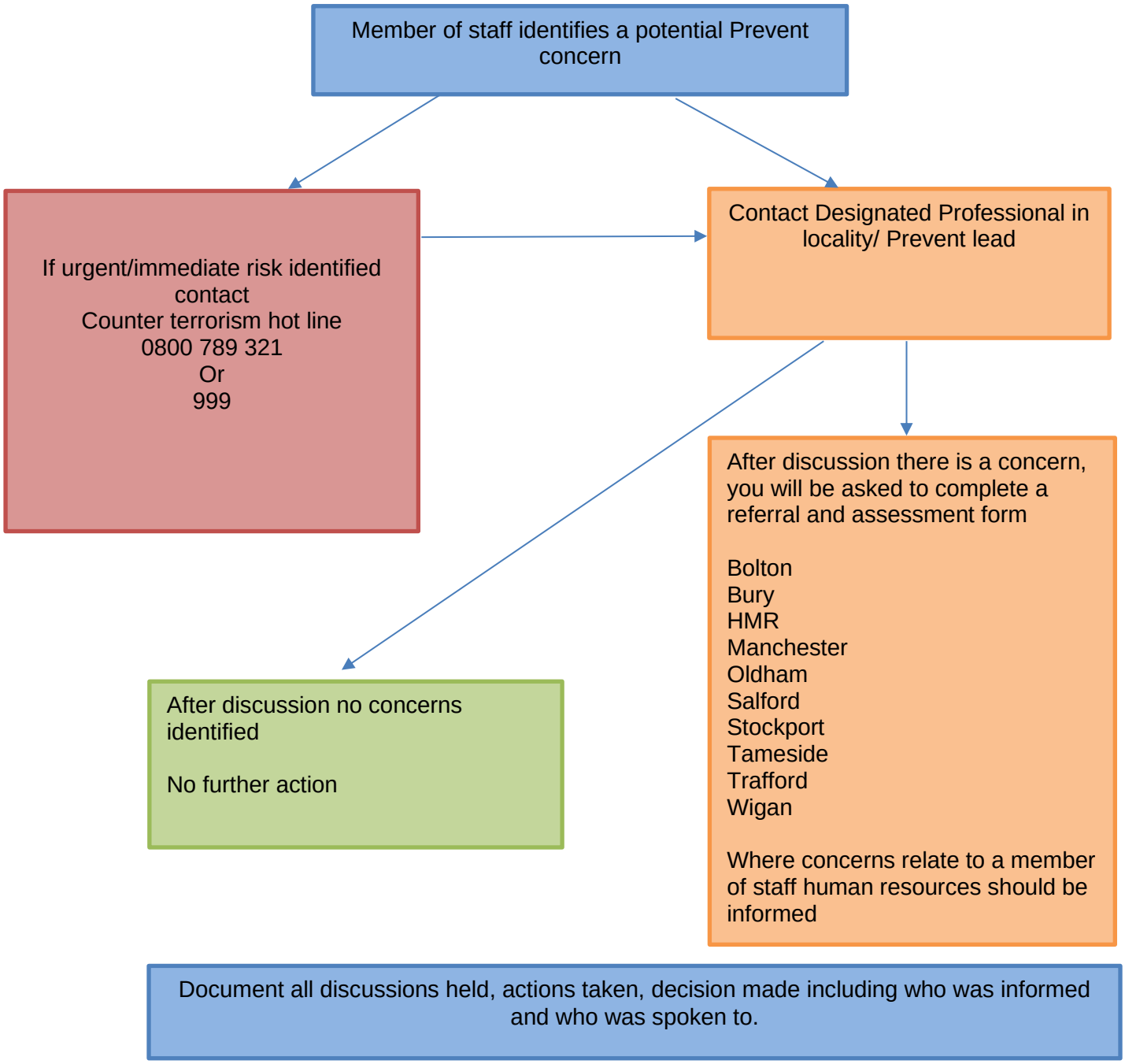
What to do if a child or young person is at risk of harm



Appendix 4 – NHS GM worried about an adult at risk flowchart

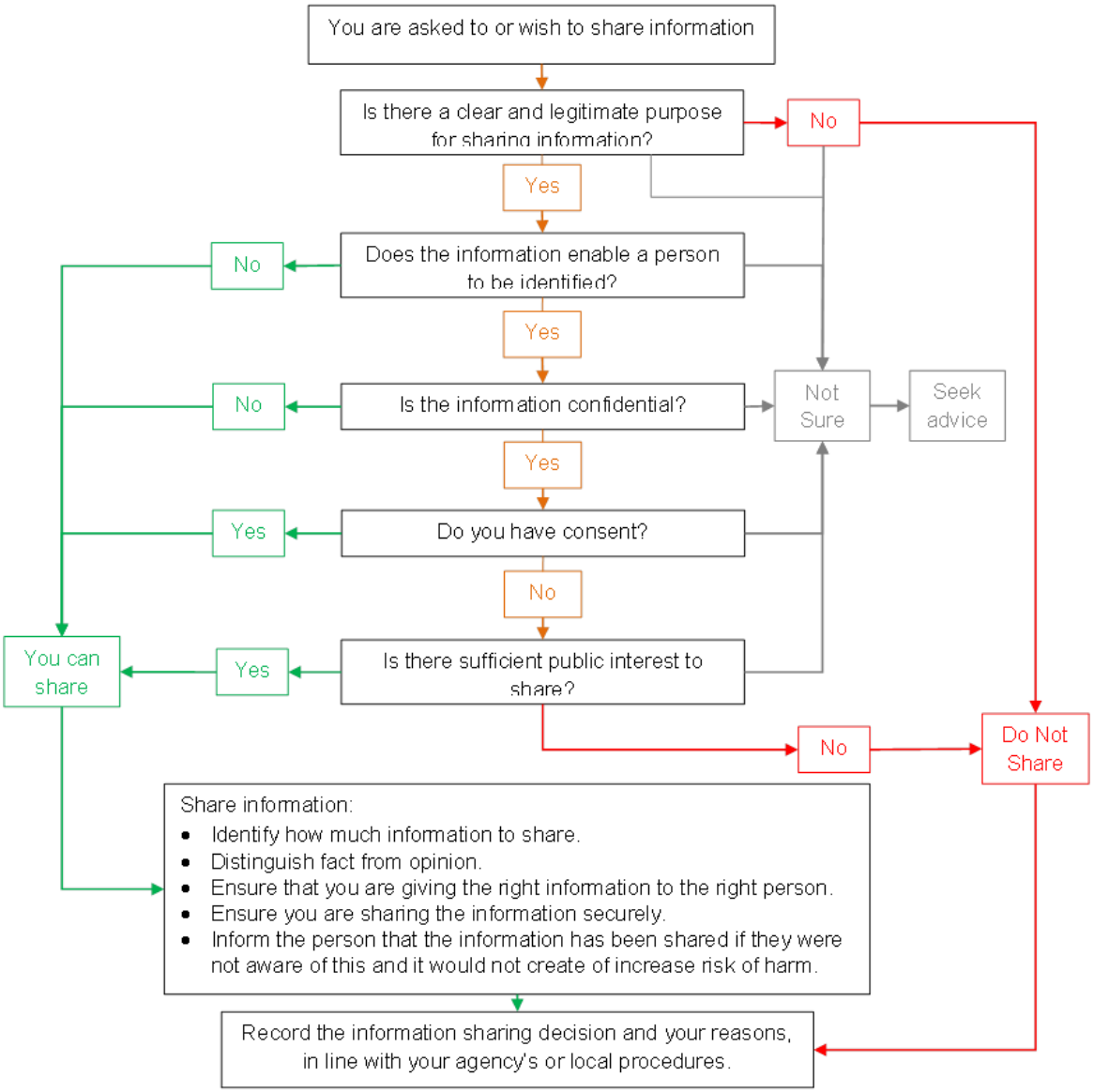


Appendix 5 – NHS GM have a Prevent concern Flowchart



Appendix 6 – Information Sharing Guidance and Seven Golden Rules

Flowchart for key questions for information sharing



If there are concerns that a child may be at risk of significant harm or an adult may be at risk of serious harm, the follow the relevant procedures without delay.

Seek advice if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded.

Seven Golden Rules for Information Sharing

1. **Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal informationabout living persons is shared appropriately.

2. **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.

4. **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.

5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

6. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate andup-to-date, is shared in a timely fashion, and is shared securely.

7. **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Extracted from Information Sharing: HM Government Publications 2015

Appendix 7 – NHS GM Safeguarding Children and Adults Training Needs Analysis

All NHS GM staff have a duty to safeguard and protect the welfare of children and adults at risk. Safeguarding training must be undertaken in order that staff members are able to meet safeguarding responsibilities as required for their specific role. This table outlines the training required by NHS GM staff members. Additional information on the content of Levels 1- 5 Safeguarding Children and Adult training are included within the 2019 Intercollegiate Guidance entitled "Safeguarding Children and Young People: the roles and competences of health care staff" the 2018 Intercollegiate Guidance entitled "Adult Safeguarding: Roles and Competencies for Health Care Staff" and the "Looked After Children: Roles and Competencies of Healthcare Staff " 2020

Training	ICB Staff Groups	Training Provision and Frequency
Level 1 Safeguarding Children **(including Looked after Children)**	All Board Level Executives & non executives, lay members, non-clinical staff, administrative, domestics. Competencies should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plans.	Training must be accessed within 3 months of coming into post. This e-learning course can be accessed via the National Learning Management System and can also be undertaken as refresher training. Over a three-year period staff should receive refresher training equivalent to a **minimum** of **2** hours.
Level 1 Safeguarding Adults	All Board Level Executives & non executives, lay members, non-clinical staff, administrative, domestics. Competencies should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plans.	Training must be accessed within 3 months of coming into post. This e-learning course can be accessed via the National Learning Management System and can also be undertaken as refresher training. Over a three-year period staff should receive refresher training equivalent to a **minimum** of **2** hours.
Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)	Relevant clinical staff including the Safeguarding and NHSFunded Care Team members.	Training must be undertaken once and can be accessed via the Safeguarding Team.

Prevent (Counterterrorism)	All staff.	All non-clinical staff must complete the NHS GM Prevent e-learning training. All clinical staff must attend the face to face Wrap 3 training which can be accessed via the Safeguarding Team. This trainingmust be attended once.

Training	**ICB Staff Groups**	**Training Provision and Frequency**
Level 2 Safeguarding Children **(including Looked after Children)**	Clinical staff that have any contact with children, young people and/or parents/carers.	Staff must initially access Level 1 safeguarding children training on induction. Level 2 training should then be undertaken and can be accessed via eLearning package Over a three-year period staff should receive Level 2 refresher training equivalent to a **minimum** of **3-4** hours. Training should be tailored to the roles of individuals.
Level 2 Safeguarding Adults	Clinical staff that have regular contact with patients, their familiesor carers, or the public.	Staff must initially access Level 1 safeguarding children training on induction. Level 2 training should then be undertaken and can be accessed via eLearning Package Over a three-year period staff should receive Level 2 refresher training equivalent to a **minimum** of **3-4** hours. Training should be tailored to the roles of individuals.

Training	ICB Staff Groups	Training Provision and Frequency
Level 3 Safeguarding Children **(including Looked after Children)**	Clinical staff working predominantly with children and/or their families who could contribute to assessing, planning, intervening and evaluating the needs of a child and parenting capacity where there are safeguarding/child protection concerns.	Staff must initially access Level 1 and Level 2 training. Level 3 training can be accessed via …. Over a three year period, professionals at level 3 should receive refresher training equivalent to a minimum of 8 hours.
Level 3 Safeguarding Adult	Registered health care staff who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role).	Staff must initially access Level 1 and Level 2 training. Level 3 training can be accessed via …. Over a three year period, professionals at level 3 should receive refresher training equivalent to a minimum of 8 hours.
Level 4 Safeguarding Children **(including Looked after Children)**	Staff in specialist safeguarding children roles Named and designated professionals	Staff requiring Level 4 training are not required to repeat Levels 1, 2 and 3 training- it is anticipated that an update will be encompassed in Level 4 training Competence should be reviewed annually as part of staff appraisal in conjunction with individual learning and a personal development plan including agreed Level 4 training.

Level 4 Safeguarding Adults	Specialist roles – named and designated professionals.	Staff requiring Level 4 training are not required to repeat Levels 1, 2 and 3 training- it is anticipated that an update will be encompassed in Level 4 training Competence should be reviewed annually as part of staff appraisal in conjunction with individual learning and a personal development plan including agreed Level 4 training. Named professionals should attend a minimum of 24 hours of education, training and learning over a three-year period. This should include non-clinical knowledge acquisition such as management, appraisal and supervision training.
Level 5 Safeguarding Children (including Looked after Children)	Designated Professionals for Safeguarding Children	Staff requiring Level 5 training are not required to repeat Levels 1, 2, 3 and 4 training- it is anticipated that an update will be encompassed in Level 5 training Designated professionals should attend a **minimum** of **24** hours of education, training and learning over a **three-year** period.
Level 5 Safeguarding Adults	Designated Professionals for Safeguarding Adults	Staff requiring Level 5 training are not required to repeat Levels 1, 2, 3 and 4 training- it is anticipated that an update will be encompassed in Level 5 training Designated professionals should attend a **minimum** of **24** hours of education, training and learning over a **three-year** period.

Appendix 8 - NHS England Safeguarding Commissioning Assurance Tool

A1 Leadership & Organisational Accountability
A1.1 Does the organisation have evidence that there is a Board level executive director who holds accountability within the organisation for Safeguarding (including LAC) and Prevent in line with intercollegiate documents and national guidance?

A1.2 Does the organisation have evidence of employment of the following to provide strategic safeguarding advice, expertise and guidance?

A designated Nurse for children

A designated Doctor for children

A designated Nurse for looked after children

A designated Doctor for looked after children

A designated Nurse for adults

A designated Doctor for adults

A designated Doctor for child deaths

A Designated Professional for adults (incl. but not exclusively Lead GP, Nurse, Midwife, Allied Health Professionals, Social Worker)

A1.3 Does the organisation have a policy regarding internet and social media use which addresses safeguarding?

A1.4 Does the organisation comply with information requests and safeguarding informatics returns to NHSE/I/Commissioning organisations?

A1.5 In relation to discharging the organisations duties, is there a safeguarding team (relevant Leads / Named Professionals/Designated Professionals) in place in accordance with specifications set out in the Intercollegiate Documents for: Adults (2018), Children (2019) and Looked After Children (2020); and Working Together 2018?

A2 Training

A2.1 Does the organisation have a safeguarding training strategy and compliance percentage in line with both Intercollegiate Documents and national guidance for Prevent which covers requirements for all staff, volunteers and external contractors?

A3 Safer Recruitment/HR (see section 3.2 of Safeguarding AAF)
A3.1 Does the organisation meet safe recruitment standards. i.e. NHS Employers (DBS Checks for all employed staff, volunteers etc)

A3.2 Are safeguarding responsibilities included in all staff job descriptions?

A3.3 Can the organisation provide evidence that safer recruitment standards are monitored by the Executive Director and action taken where they fall short of expectations? (i.e. Charity visitors, volunteers, celebrities and agencies are monitored by the executive director and are consistent with their own HR internal policies)

A3.4 Can the organisation demonstrate how they manage requests for access from volunteers, paid /unpaid charity fundraisers, celebrities and 'friends of the organisation'?

A3.5 Can the organisation evidence that there are systems in place to report unsafe practice to external professional bodies i.e. Police, DBS, NMC, GMC etc?

A3.6 Can the organisation evidence that it is managing allegations against staff in line with Local Safeguarding Adults Boards and Safeguarding Children's Partnerships?

(This must include reference to risk assessments and a clear process when protection thresholds in the local authority are not met. (Should include referrals to Local Authority Designated Officer - LADO - for concerns around children's safeguarding and referrals relating to persons in a position of trust in relation to adults - PIPOT). Must include review of Prevent concerns around staff.)

A4 Inter agency working
A4.1 Can the organisation evidence that they actively engage with all aspects of the work of the local safeguarding strategic groups and sub groups (including channel, MAPPA/MARAC/CSP/CJB/modern slavery partnerships)

A4.2 Can the organisation demonstrate it engages with the Strategic Data Collection Service to discharge it's PREVENT data reporting obligations?

A5 Implementation (sharing and learning good practice)
A5.1 Can the organisation demonstrate that they have appropriately initiated or engaged in safeguarding investigations, multiagency case reviews or safeguarding practice reviews and that evidence that learning has been embedded into practice?

A5.2 Can the organisation consistently evidence that learning has been embedded into practice?

A6 Patient Engagement

A6.1 Is there evidence that the organisation ensures appropriate and accessible information is provided for its population in relation to how it discharges it's duties for safeguarding?

A7 Supervision

A7.1 Is the organisation aware of staff that require safeguarding supervision in line with both the Children’s and Adult’s intercollegiate documents and are able to demonstrate evidence to reflect this?

Children's

Looked after Children

Adults