

Safeguarding Children, Adults at Risk and Children Care Policy



Version Control

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1.1	ICB Head of Safeguarding /Designated Professionals and Named GPs Group	30 November 2023	Section 5: Roles and responsibilities for safeguarding updated including safeguarding reporting and accountability charts. ICB safeguarding teams contacts updated to new C&M emails.	10 January 2024	System Oversight Board	30 November 2025
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PART A

1. INTRODUCTION AND PURPOSE

- 1.1. NHS Cheshire and Merseyside Integrated Care Board, with all other NHS organisations, has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children, young people and adults at risk and to protect them from abuse or neglect. This policy details the safeguarding arrangements that must be in place to ensure the Integrated Care Board fulfils its statutory duties and responsibilities to safeguarding children, adults at risk, children in care and child death overview. This policy also includes direction ***in part B – appendix 1 as to what to do if you are worried about a child or an adult and need to make a referral to safeguarding a child or adult.***
- 1.2. Safeguarding is central to the quality of care and the NHS Outcomes Framework 2021/22 (Dept. of Health, 2021), particularly:
 - Domain 4: Ensuring people have a positive experience of care.
 - Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.
- 1.3. NHS Cheshire and Merseyside Integrated Care Board will ensure that arrangements are in place for the commissioning, and quality monitoring, of appropriate health services for children in care of the Local Authorities and care leavers in accordance with statutory requirements.
- 1.4. The functions of this policy are as stated:
 - a. It details Cheshire and Merseyside Integrated Care Boards safeguarding statutory responsibilities and the duties of NHS Cheshire and Merseyside Integrated Care Board as a commissioning organisation and that of its staff.
 - b. It provides clear service standards against which healthcare providers, including independent providers and voluntary, community and faith sector will be monitored to ensure that all service users are protected from abuse and the risk of abuse.
- 1.5. Safeguarding is not a substitute for:
 - a. Providers' responsibilities to provide safe and high-quality care and support.
 - b. Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services.
 - c. The Care Quality Commission, ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action.

2. STATUTORY DUTIES

2.1. In discharging safeguarding statutory duties / responsibilities the Integrated Care Board and the services it commissions must take account of:

- a. The Children Act (1989/2004)
- b. The Children and Social Work Act (2017)
- c. Working Together to Safeguard Children (2018/2023)
- d. The Care Act (2014)
- e. Safeguarding Children, Young People and Adults at Risk in the NHS. Safeguarding Accountability and Assurance Framework. NHS England (2022)
- f. Human Rights Act (1998)
- g. Mental Capacity Act (2005)
- h. Deprivation of Liberty Safeguards (2009)
- i. Mental Capacity (Amendment) Act (2019)
- j. Mental Capacity Act 2005: Code of Practice (2007)
- k. Promoting the Health and Well-Being of Looked After Children (2015)
- l. Equality Act (2010)
- m. Mental Health Act (2007)
- n. Criminal Justice Act (2003)
- o. Criminal Justice and Courts Act (2015)
- p. Counter Terrorism and Security Act (2015)
- q. Data Protection Act (2018)
- r. Department of Health Safeguarding Adults: The Role of NHS Commissioners (2011)
- s. Department of Health Revised Statutory Guidance for the Conduct of Domestic Homicide Reviews (2013)
- t. Health and Social Care Act (2008)
- u. Home Office Prevent Strategy (2011)
- v. Serious Crime Act (2015)
- w. Care Standards Act (2000)
- x. Domestic Violence Crime and Victims Act (2004)
- y. Domestic Abuse Act (2021)
- z. Children (Leaving Care) Act (2000)
- aa. The Adoption and Children Act (2002)
- bb. Health and Care Act (2022)

2.2. This policy must be read in conjunction with the 9 Local Safeguarding Children Partnerships and Safeguarding Adults Boards Multiagency Policies and Procedures. Cheshire and Merseyside Safeguarding Children Partnerships and Safeguarding Adults Boards Multi-Agency Policies and Procedures links can be accessed at:

Place	Safeguarding Adults Board	Safeguarding Children Partnership
Cheshire East	Cheshire East Safeguarding Adults Board	Cheshire East Safeguarding Children's Partnership (CESCP)
Cheshire West and Chester	Cheshire West and Chester Safeguarding Adults Board	Cheshire West Safeguarding Children Partnership
Halton	Halton Safeguarding Adult Board	Halton Children & Young People Safeguarding Partnership
Liverpool	Liverpool Safeguarding Adults Board (LSAB)	Liverpool Safeguarding Children Partnership (LSCP)
Knowsley	Knowsley Safeguarding Adults Board	Knowsley Safeguarding Children Partnership
Sefton	Sefton Safeguarding Adults Board	Sefton Local Safeguarding Children Partnership
St Helens	St. Helens Safeguarding Adult Board	St. Helens Safeguarding Children's Partnership
Warrington	Warrington Safeguarding Partnerships - Adults Board	Warrington Safeguarding Partnerships - Children's Partnership
Wirral	Wirral Safeguarding Adults Partnership Board	Wirral Safeguarding Children Partnership

3. SCOPE

- 3.1. This policy aims to ensure that no act or omission by NHS Cheshire and Merseyside Integrated Care Board as an organisation, or via the services it commissions, puts a service user at risk; and robust systems are in place to proactively safeguard and promote the welfare of children and young people, and to protect adults from abuse, or the risk of abuse, and to support staff in fulfilling their obligations.
- 3.2. This policy also aims to ensure that all our Integrated Care Board employees are aware of their corporate parenting responsibilities to children in care, and by extension, to care leavers.
- 3.3. The policy applies to NHS Cheshire and Merseyside Integrated Care Board as an organisation; it also provides clear standards against which healthcare providers, including independent contractor services, Voluntary, Community and Faith Services and Care Home providers will be expected to comply.

- 3.4. Where the Integrated Care Board delegates its commissioning duties to the Lead Provider Collaboratives then the Lead Provider Collaborative must comply with the requirements in this policy.
- 3.5. This policy applies to all staff working within the Integrated Care Board, whether directly employed, volunteer or contracted. It applies to clinical and non-clinical staff whether they work with children, young people or with adults and regardless of whether they have direct contact with children and families.
- 3.6. This policy aims to ensure that all managers must make sure that their staff are aware of this policy and are able to access this policy.

4. PRINCIPLES

- 4.1. NHS Cheshire and Merseyside Integrated Care Board recognise that safeguarding children, young people, and adults at risk is a shared responsibility, with the need for effective joint working between agencies and professionals who have different roles and expertise, to protect these vulnerable groups in society from harm. To achieve effective joint working, there must be constructive relationships at all levels, promoted and supported by:
 - a. The commitment of Integrated Care Board senior managers and executive members to safeguarding children, young people, adults at risk and children in care.
 - b. Clear lines of accountability within the organisation for work on safeguarding and children in care.
 - c. Service developments that take account of the need to safeguard all service users, which is informed, where appropriate, by the views of service users.
 - d. Staff training and continuing professional development so that staff understand their roles and responsibilities, and those of other professionals and organisations in relation to safeguarding children and adults at risk and children in care.
 - e. Safe working practices including recruitment and vetting procedures. The Recruitment Policy sets out safer recruitment requirements that should be followed.
 - f. Effective interagency working, including effective information sharing at the earliest point.
 - g. Working with other public sector bodies as a key partner in helping to protect vulnerable individuals and those around them from exploitation or harm, including from exploitation through radicalisation and harm outside of the home and family environment.

- h. Promoting effective partnership working (WTG 2023) whilst building strong, positive, trusting, and co-operative relationships to working with Local Authorities, and other key stakeholders, to improve health outcomes for children in care and care leavers, and subsequently care experienced adults.
- 4.2. The above principles reflect the expectations of the NHS Safeguarding Assurance and Accountability Framework and statutory guidance as referenced within section 2 of this policy.
- 4.3. The Integrated Care Board Safeguarding Service provides assurance against the expected standards via the Integrated Care Board Safeguarding Oversight Group, which will report into the Integrated Care Board Quality and Performance Committee.

5. ROLES AND RESPONSIBILITIES FOR SAFEGUARDING

5.1. Integrated Care Boards

The Health and Care Act 2022 transferred all relevant statutory duties from Clinical Commissioning Groups to Integrated Care Boards from 1st July 2022. This means Integrated Care Boards have a statutory duty to safeguard children, children in care and adults at risk as set out in Working Together To Safeguard Children, 2023; Promoting The Health and Well-being of Looked After Children, 2015; and the Care Act, 2014.

- 5.2. Integrated Care Boards are held to account by NHS England through annual performance assessments, which will assess how well each Integrated Care Board has discharged its functions. The ICB are also held to account for how they discharge their safeguarding duties through inspections including joint targeted area inspections (conducted by Care Quality Commission, the Office for Standards in Education, Children's Services and Skills and Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services. Inspections will assess how well local agencies work together to protect children, young people, and adults at risk.

5.3. Integrated Care Boards are required:

- a. To report annually on how well they are delivering their duty to safeguard children as a statutory lead and designated partners in local child safeguarding arrangements, together with the police and local authorities.
- b. To set out how they have discharged duties in relation to safeguarding and children in care in their annual report.
- c. Ensure that statutory duties in relation to safeguarding and children in care receive sufficient focus with responsibility for functions delegated to an Integrated Care Board executive lead.
- d. Apply the NHS England Safeguarding Assurance and Accountability Framework safeguarding roles and responsibilities (link in Appendix 9).

- 5.4. The NHS England Safeguarding Assurance and Accountability Framework clearly sets out safeguarding roles and responsibilities and will apply to all Integrated Care Boards. The framework sets out the outcomes and corresponding indicators that will be used to hold NHS commissioners and providers to account for improvements in health outcomes.
- 5.5. There is an expectation that commissioners and providers will have strong safeguarding leadership that provides expertise and commitment at all levels of their organisation and that they are fully engaged and in support of local accountability and assurance structures, as a statutory partner with the local authorities and police at the local Safeguarding Children Partnerships and Safeguarding Adults Boards.
- 5.6. All NHS Cheshire and Merseyside Integrated Care Board contracts for services include safeguarding adults, children, and children in care standards. Performance monitoring of these standards is via our contracting mechanisms with oversight from the Designated Nurse/Professionals and Named GPs.
- 5.7. An annual programme of audit and assurance work is completed through the self-assessment commissioning standards, safeguarding dashboards and visits undertaken by the ICB Safeguarding team and via the Local Safeguarding Adults Boards and Safeguarding Children Partnerships.
- 5.8. In addition to the reporting arrangements above a quarterly safeguarding report is submitted to the Quality and Performance Committee with exception reporting on issues of significance e.g., findings from statutory reviews, local inspections or updates on national policy/guidance.
- 5.9. NHS Cheshire and Merseyside Integrated Care Board must demonstrate that there are appropriate systems in place for discharging its responsibilities in respect of safeguarding, including:
 - a. Plans to train its staff in the recognition and reporting of safeguarding issues.
 - b. A clear line of accountability for safeguarding reflected in NHS Cheshire and Merseyside Integrated Care Board governance arrangements.
 - c. Appropriate arrangements to co-operate, as a statutory key partner, in the operation of Safeguarding Adults Boards, Children's Safeguarding Partnerships, and Health and Wellbeing Boards.
 - d. Effective arrangements for information sharing with all partner agencies.
 - e. Secure the expertise of Designated Doctors and Nurses/Professionals for Safeguarding Children and Children in Care; Designated Nurse/Professionals for Safeguarding Adults, Named GPs for Safeguarding and Designated Paediatricians/Neonatologists for Child Deaths.

- f. Clear safeguarding policies, including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults.
 - g. Demonstrate that the Designated Professionals and Named GPs are involved in the safeguarding decision-making of the organisation, with the authority to work within local Place systems or and care to influence local thinking and practice.
 - h. Ensure that adult and children's services work together to commission and provide health services that ensure a smooth transfer into adult services for young people and children in care.
 - i. Working with our local authorities to ensure access to community resources that can reduce social and physical isolation for children, young people, families and adults at risk.
- 5.10. Integrated Care Boards are responsible in law for the safeguarding element of services they commission. As commissioners of local health services, Integrated Care Boards need to assure themselves that organisations from which they commission have effective safeguarding arrangements in place, in particular:
- a. Training their staff in recognising and reporting safeguarding issues, appropriate supervision as per the safeguarding supervision policy, and ensuring that their staff are competent to carry out their responsibilities for safeguarding.
 - b. Effective inter-agency working with Local Authorities, the Police and third sector organisations.
 - c. Ensuring effective arrangements for information sharing.
 - d. Effective systems for responding to abuse and neglect.
 - e. Supporting the development of a positive learning culture across partnerships for safeguarding to ensure that organisations are not unduly risk averse.
- 5.11. The Cheshire and Merseyside Integrated Care Board Chief Executive is the Accountable Officer with the responsibility for ensuring that the health contribution to safeguarding and children in care is discharged effectively across the local health economy through the Integrated Care Board commissioning and monitoring arrangements. The Integrated Care Board has an identified Non-Executive Board Member with responsibility for safeguarding scrutiny.

5.12. This role is supported through the Director of Nursing and Care who holds delegated responsibility and is the Executive Lead for Safeguarding and Children in Care. The Director of Nursing and Care will be supported to discharge those duties through the Associate Director of Quality in each Place and Integrated Care Board Deputy Director of Nursing and Care, Associate Director of Safeguarding and Head of Safeguarding.

5.13. **System Oversight Board**

This Board has delegated responsibility from the Quality and Performance Committee for setting the NHS safeguarding strategic context for the Integrated Care Board safeguarding processes and any single agency NHS practice in Place. Most Place Safeguarding processes are multiagency and out of scope of this group. It has a key role in reviewing national NHS policy and understanding the impact of any national changes on our population and working practice. The System Oversight Board will identify variation in practice and seek to protect this when the variation reflects population needs. All Places have existing clear lines of accountability through well-established multi-agency governance mechanisms for the oversight of place-based Safeguarding Children Partnerships and Safeguarding Adult Boards e.g., Health & Wellbeing Boards. This governance structure is supplementary to that and will report on delivery of NHS statutory duties to Integrated Care System Director of Nursing and Care. The Board will provide assurance on how the Integrated Care Board is meeting its safeguarding statutory duties and will escalate exceptions and concerns to the Quality and Performance Committee via a safeguarding report.

5.14. The Integrated Care Board System Oversight Board will receive information relating to:

- a. Safeguarding performance of commissioned services
- b. NHS practice in Child Safeguarding Practice Reviews, Safeguarding Adults Reviews and Domestic Homicide Reviews commissioned by the Safeguarding Adult boards, Safeguarding Children Partnerships and Community Safeguarding Partnerships.
- c. Local and national safeguarding issues and priorities for adults and children.
- d. Reports and papers regarding any specific issues requiring Integrated Care Board approval or decision.
- e. Reports and issues from the Integrated Care Board Quality Committee that require further action and assurance.

5.15. **Safeguarding Oversight Group**

This group will report into the System Oversight Board. The group will have delegated responsibility from the System Oversight Board which sets the NHS strategic context for the statutory functions (the functions) relating to:

- Child Death Overview
- Safeguarding Children
- Children in Care

- Safeguarding Adults at Risk

The Group will provide the System Oversight Board with assurance and exceptions about NHS practice for these functions in each of our nine Places and give assurance of how we are meeting our statutory duties against these functions.

5.16. **Designated Professionals and Named GP Group**

This group will report into the Safeguarding Oversight Board. The group will have delegated responsibility from the Safeguarding Oversight Group to develop new or update single agency NHS safeguarding processes, procedures, training, and policies in line with new or updated legislation or learning from local, regional and national statutory reviews.

5.17. **Cheshire and Merseyside Integrated Care System Chief Executive**

The Chief Executive of the Integrated Care System is the accountable officer with overall responsibility for ensuring that strategic direction and operational performance complies with all legal, statutory, and good practice guidance requirements.

5.18. The Chief Executive is accountable for ensuring that the health contribution to safeguarding and children in care and promoting the welfare of children is discharged effectively across the health economy through Integrated Care Board commissioning arrangements.

5.19. This role is supported by the Director of Nursing and Care who holds delegated responsibility and is the Executive Lead for Safeguarding and Children in Care.

5.20. **Cheshire and Merseyside Integrated Care System Director of Nursing and Care**

The Director of Nursing and Care is the delegated Executive Lead for Safeguarding and Children in Care and is responsible for the governance and organisational focus on safeguarding and children in care. They will work closely with the Place Directors, supported by the Place Associate Directors of Quality and Safety Improvement and Senior Safeguarding Leaders to ensure safeguarding and children in care duties are being delivered.

5.21. The Director of Nursing and Care responsibilities:

- Provide strategic NHS leadership for safeguarding and children in care.
- Accessible to the Designated Nurses/Professionals, Place Associate Directors of Quality and Safety Improvement, and Senior Safeguarding Leads to discuss safeguarding risks and review the safeguarding systems.
- Ensure the Quality and Performance Committee is appraised of appropriate safeguarding and children in care issues.
- Ensure senior Lead Practitioner Integrated Care Board representation at the Safeguarding Adult Boards and Safeguarding Children's Partnerships, contributing to its statutory functions, through delegation to the Designated Lead - Place Associate Directors of Quality and Safety Improvement and Designated Nurses/Professionals.

- e. Ensure Integrated Care Board representation at the Child Death Overview Panel meetings contributing to its statutory functions, through the Designated Nurses for Safeguarding Children, Designated Doctors for Child Death and Named GP's Safeguarding. Maximise opportunities for learning across the two Child Death Overview Panels.
- f. Ensure senior Integrated Care Board representation at the Child Death Review Panel Business Management meetings, contributing to its statutory functions, through the Place Associate Directors of Quality and Safety Improvement and Associate Director of Safeguarding.
- g. Ensure Integrated Care Board representation to the Corporate Parenting Boards contributing to its statutory functions, through the Designated Nurses/Professionals for Children in Care.
- h. Ensure that safeguarding and children in care agendas are integral to the Integrated Care Board commissioning functions, governance, and audit arrangements.
- i. Ensure that contract specifications include clear service standards for safeguarding and are monitored through established quality assurance processes within the Integrated Care Board.

5.22. Cheshire and Merseyside Integrated Care Place Associate Director of Quality and Safety Improvement, Associate Director of Safeguarding and Head of Safeguarding

The Place Associate Directors of Quality and Safety Improvement, Associate Director of Safeguarding and Head of Safeguarding responsibilities:

- a. Provide strategic clinical leadership and direction on all aspects of safeguarding children and adults at risk, children in care and child death to ensure that all health service contributions are coordinated and integrated across the Cheshire and Merseyside Integrated Care Board system.
- b. Operationally lead the Designated Nurses/Professional, Named Professionals and safeguarding functions at the Integrated Care Board system level and Place, providing NHS strategic direction for the safeguarding agenda across the system.
- c. Support the Director of Nursing and Care in ensuring the Integrated Care Board meet the requirements of the Prevent duty, Mental Capacity Act, Deprivation of Liberty Protection Safeguards/ Liberty Protection Safeguards, and the Domestic Abuse Act.
- d. Provide NHS strategic leadership for safeguarding partnerships, ensuring Place based safeguarding adult boards and safeguarding children partnerships are reflective of the statutory duties, specifically compliant with the duties of health in the partnership arena.
- e. Work closely with the Designated Nurses/Professionals, Named Professionals and senior leaders across organisations and agencies to inform and influence safeguarding performance and monitoring.
- f. Ensure equity of access to health services to address the identified health

needs of safeguarding children, adults at risk and children in care.

- g. Ensure there are robust systems, policies, procedures, professional guidance, and training programmes in Place across the Integrated Care Board to enable staff to identify safeguarding children and adults at risk at an early stage, protect them from harm where possible and provide effective care for adults at risk and children and their families where abuse has occurred.
- h. Ensure robust safeguarding and children in care data management and reporting.
- i. Establish assurance systems and processes and facilitate effective reporting to the Integrated Care Board governance and assurance mechanisms.
- j. Provide expert advice, specialist supervision, coaching or support, for senior staff and managers involved in complex situations, assessment and management of risk, case conferences, police or legal interviews and court appearances.
- k. Be a member of Safeguarding Boards/Partnerships at Place, offering strategic oversight of the health agenda for this arrangement and develop collaborative and effective relationships with key statutory partners, specifically Directors of Adult and Children's Services in local authorities and Police leads.
- l. Provide advice and direction to Integrated Care Boards executive and corporate functions to facilitate its compliance relating to statutory responsibilities in respect of evolving national and local safeguarding priorities.
- m. Deputise for the Integrated Care Board Director of Nursing and Care at local, regional, and national safeguarding groups, events, and committees.

5.23. Cheshire and Merseyside Integrated Care Board Safeguarding Children, Adults, and Child Death Designated Nurses/Professionals

The Integrated Care Board has a statutory requirement to secure the expertise of Designated Nurse/Professionals for Safeguarding Children, Adults, Children in Care, and Child Death. Their responsibilities are to:

- a. Provide specialist expert advice to ensure the range of commissioned health services take account of the need to safeguard and promote the welfare of adults and children at risk and ensure effective monitoring of the safeguarding aspects of Integrated Care Board contracts.
- b. Provide strategic professional leadership, advising on all aspects of safeguarding adults, children, and child death and within the wider Integrated Care System
- c. Attend Safeguarding Boards/Partnerships at Place, offering strategic oversight of the health agenda for this arrangement and develop collaborative and effective relationships with key statutory partners,

specifically Adult and Children's Services in local authorities and Police.

- d. Chair/lead subgroups of Local Safeguarding Boards/Partnerships
- e. Attend regional and national safeguarding groups, events and committees giving specialist expert views and influencing national and regional policy and practice.
- f. Lead workstreams as a subject matter expert across Cheshire and Merseyside
- g. Provide expert advice on and be engaged in the commissioning cycle and the procurement of services.
- h. Provide advice, support, and supervision to safeguarding adults and children named professionals in provider organisations.
- i. Provide specialist expert advice to the Cheshire and Merseyside Safeguarding Adults Boards and Safeguarding Children's Partnerships on health issues.
- j. Promote, influence, and develop relevant training, on both a single and interagency basis, to ensure the training needs of health staff are addressed.
- k. Provide advice and/or lead on serious and complex safeguarding cases.
- l. Provide advice and guidance for Integrated Care Board employees and partner agencies in cases where People in Position of Trust allegations are made within a health care setting.
- m. Work in partnership with statutory and non-statutory agencies to protect adults and children at risk.
- n. Provide advice and guidance on safeguarding activities undertaken by members of staff outside the Integrated Care Board safeguarding service.
- o. Lead on safeguarding adults and children's agendas such as Modern Slavery, Prevent, Human Trafficking, Sexual Exploitation, Domestic abuse, Mental Capacity, Deprivation of Liberty safeguards and Liberty Protection Safeguards
- p. Attend Channel Panels, Domestic Homicide Review Panels, Child Safeguarding Practice Review Panels, Safeguarding Adult Review Panels and Child Death Overview Panel on behalf of the Integrated Care Board.
- q. Review and evaluate the practice and learning from all involved health professionals and providers commissioned by the Integrated Care Board as part of safeguarding adults and children incident reviews and statutory reviews and disseminate learning.
- r. Supporting local authorities in carrying out the functions laid down within The Care Act 2014 and Working Together to Safeguard Children 2023.

- s. Maintain a contemporaneous recording system of all safeguarding cases shared by local authorities in line with appropriate data protection legislation.
- t. Provide assurance reports to the Integrated Care Board Safeguarding Oversight Group and System Oversight Board.
- u. Support the business plan of the Cheshire and Merseyside Safeguarding Adult Boards and Safeguarding Children Partnerships by leading and participating and contributing to appropriate subgroups and work plans.
- v. Support the work streams of other Boards including the Community Safety Partnerships specifically, in the undertaking of Domestic Homicide Reviews.
- w. The Designated Paediatricians for Child Deaths also has responsibilities to:
 1. Ensure that relevant professionals (i.e., coroner, police, and local authority social care) are informed of a child death.
 2. Coordinate the team of professionals (involved before and/or after the death) convened when a child dies unexpectedly (accessing professionals from specialist agencies as necessary to support the core team).
 3. Convene multi-agency discussions after the initial and final post-mortem results are available.

5.24. Cheshire and Merseyside Integrated Care Board Children in Care Designated Nurses/Professionals

The Integrated Care Board have a statutory duty to secure the expertise of Designated Doctors and Designated Nurses for Children in Care to provide strategic, professional, and clinical leadership. In addition to duties described above they have specific responsibilities to:

- a. Advise commissioners regarding the needs of this population.
- b. Monitor the quality of the health assessments, medical, nursing and Child and Adolescent Mental Health Service services available to the children and young people.
- c. Work with local authorities to improve the outcomes for children in care and care leavers.
- d. Provide advice on, and be engaged in, the procurement of services.
- e. Provide advice and support to named professionals in provider organisations providing children in care services.
- f. Provide expert advice to Cheshire and Merseyside corporate parenting boards on children in care health issues.
- g. Promote, influence, and develop relevant training, on both a single and

interagency basis, to ensure the training needs of health staff are addressed in the children in care agenda.

- h. Work in partnership with statutory and non-statutory agencies to improve the outcomes for children in care.

5.25. Cheshire and Merseyside Integrated Care Board Named GPs for Safeguarding

The Named GPs for Safeguarding have a crucial role in supporting safeguarding within GP Practices ensuring that there are arrangements in place that supports the safeguarding agenda.

5.26. Named GPs for Safeguarding responsibilities:

- a. Support good safeguarding professional practice.
- b. Provide expert safeguarding advice to colleagues in our Place GP practices.
- c. Gain assurance that there are robust safeguarding training plans in place within Place GP practices.
- d. Gain assurance of safeguarding standards within GP practices on behalf of the Integrated Care Board.
- e. Engage in Safeguarding Children's Partnership and Safeguarding Adults Boards audits and task and finish groups to ensure GP practices engage and collaborate on a multi-agency level.
- f. Offer support and expert guidance to our Place GP practices when they are asked to provide chronologies and Individual Management Reviews for Statutory Safeguarding Reviews and quality assure this information on behalf of the Integrated Care Board.
- g. co-ordinate and contribute to implementation of action plans and the learning following reviews and disseminate learning within GP Practices and wider primary care in conjunction with the Designated Nurses/Professionals teams.

5.27. All Cheshire and Merseyside Integrated Care Board Managers

All Integrated Care Board managers have responsibilities to:

- a. Ensure their staff act in accordance with this policy.
- b. Ensure all staff are appropriately trained in safeguarding in line with this policy and safeguarding training records are maintained.
- c. Advise the safeguarding service on any risk issues in relation to safeguarding adults and children.
- d. Foster and maintain a culture where safeguarding concerns can be escalated.

- e. Ensure clinical staff on their professional register are given the opportunity to raise any safeguarding concerns in one-to-one meetings and supervision.
- f. Ensure staff know how to raise concerns using the Integrated Care Board Freedom to Speak Up Policy.
- g. Seek guidance from Human Resources, to determine the level of Disclosure and Barring Service checks required for any new recruitment vacancy and ensure clearance is obtained before the applicant commences employment.

5.28. All NHS Cheshire and Merseyside Integrated Care Board Staff

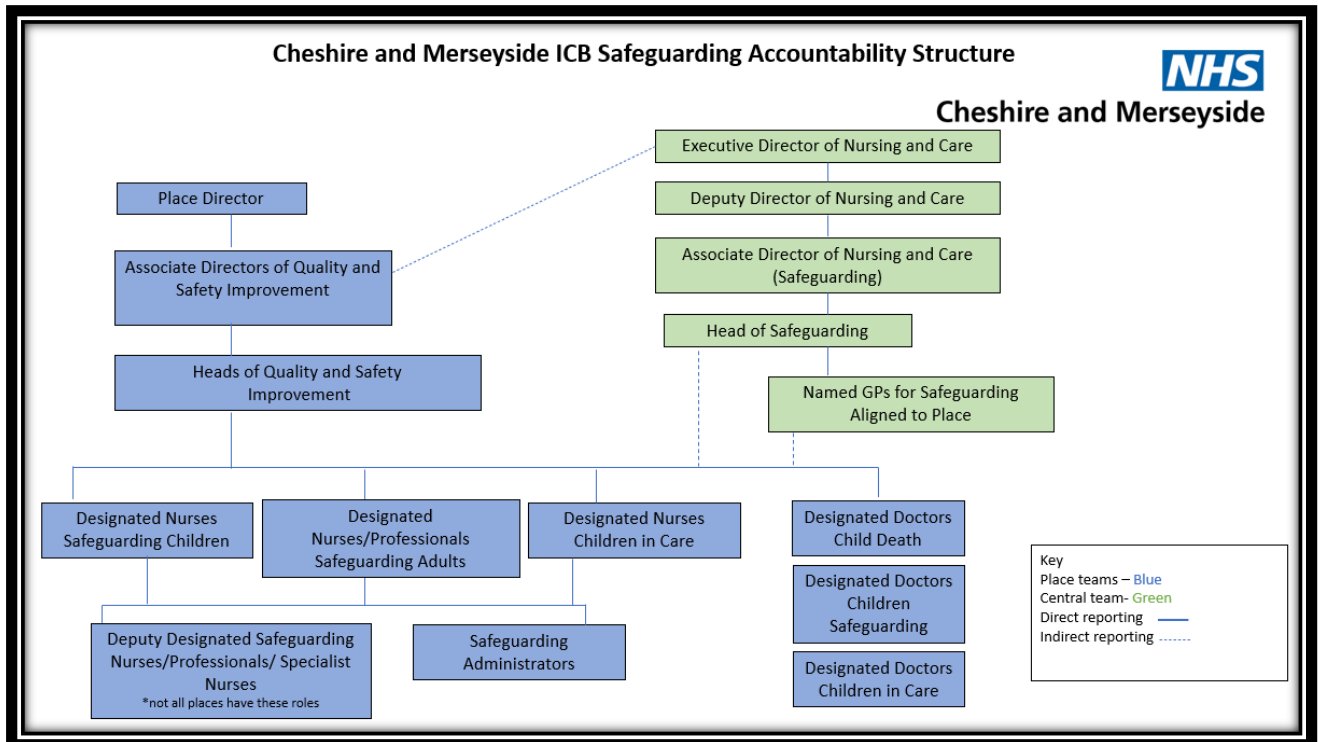
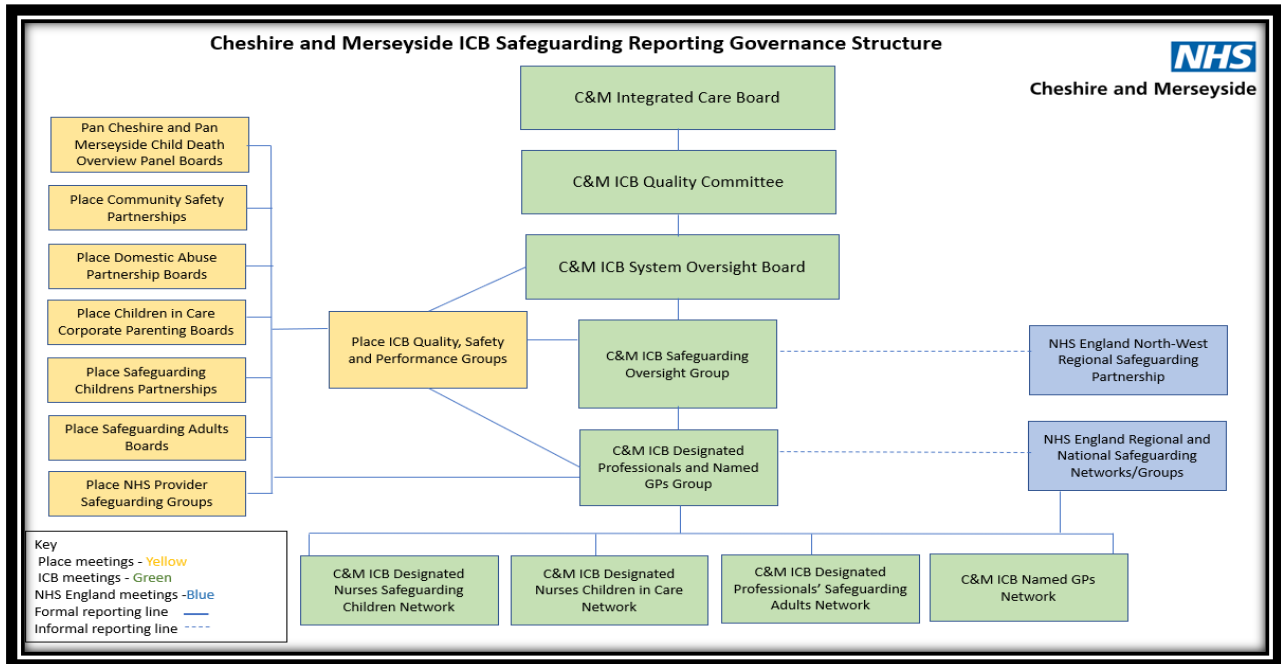
All Integrated Care Board staff including agency, staff, temporary staff, volunteers, and students have responsibilities to:

- a. Seek advice and guidance from the Designated Nurses/Professionals and Named Professionals if unsure about how to act upon a concern about a child or parent/carer, and/or an adult at risk.
- b. Remain compliant with safeguarding training in line with your job role as set out in the Intercollegiate Document (RCN 2019) and the Intercollegiate Document and Adult Safeguarding Roles and Competencies for Staff (RCN 2018) and the Looked after Children: Knowledge, Skills, and competences of health care staff RCN (2020).
- c. Understand the principles of confidentiality and information sharing in line with local and national guidance [Information: To Share or not to Share \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/86222/information-to-share-or-not-to-share.pdf).
- d. Be alert to the potential indicators of abuse or neglect of adults and children at risk and know how to act on those concerns in line with local and national guidance (see Part B).
- e. Escalate issues to relevant operational and senior managers when professional disagreements arise in relation to the management of a safeguarding concern.
- f. keep accurate, contemporaneous records in accordance with professional and organisational policy.

5.29. Safeguarding Reporting and Accountability Structure

All Places have existing clear lines of accountability through established multi-agency governance mechanisms for the oversight of place-based Safeguarding Children Partnerships and Safeguarding Adult Boards e.g., Health & Wellbeing Boards.

This governance structure is supplementary to report on delivery of NHS statutory duties to ICS Director of Nursing and Care.



5.30. Managing Safeguarding Allegations Against Staff

For further information please follow the Cheshire and Merseyside Integrated Care Board Managing Allegations Against Staff Policy.

5.31. Quality Assurance and Monitoring of Commissioned Services

The Integrated Care Board has systems in place for quality assuring the safeguarding governance systems within provider organisations from which they directly commission services. This will inform the wider quality assurance monitoring of the Integrated Care System.

- 5.32. Providers must evidence statutory compliance through the localised assurance processes.
- 5.33. Contracts leads should seek the advice of the safeguarding team if they have any concerns regarding compliance.

6. IMPLEMENTATION

6.1. Method of Monitoring Compliance

NHS Cheshire and Merseyside Integrated Care Board will monitor compliance of this policy through exceptions reported in the Integrated Care Board Safeguarding Report. Compliance will also be monitored via self-assessment and exception reporting to NHS England / Improvement against the NHS Safeguarding Assurance Framework.

- 6.2 The Place Associate Directors Quality and Safety Improvement, Associate director of Safeguarding and Had of safeguarding are responsible for the monitoring, revision and updating of this policy and will act on behalf of the Director of Nursing and Care in this respect and will update them on its implementation.

- 6.3 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 Integrated Care Board Director of Nursing and Care and Associate Director of Safeguarding so that the level of risk can be assessed, and an action plan can be formulated.

6.4. Equality Statement

Equality, diversity and human rights are central to the work of the Cheshire and Merseyside Integrated Care Board. This means ensuring local people have access to timely and high-quality care that is provided in an environment which is free from unlawful discrimination. It also means that the Integrated Care Board will tackle health inequalities and ensure there are no barriers to health and wellbeing.

- 6.5. To deliver this work Integrated Care Board staff are encouraged to understand equality, diversity and human rights issues so they feel able to challenge prejudice and ensure equality is incorporated into their own work areas. Integrated Care Board staff also have a right to work in an environment which is free from unlawful discrimination and a range of policies are in place to protect them from discrimination.

- 6.6. The Integrated Care Boards equality, diversity and human rights work is underpinned by the following:

- a. NHS Constitution 2015
- b. Equality Act 2010 and the requirements of the Public Sector Equality Duty of the Equality Act 2010
- c. Human Rights Act 1998
- d. Health and Social Care Act 2012

- 6.7. Equality analysis is a way of considering the effect on different groups protected

from discrimination by the Equality Act, such as people of different ages. There are two reasons for this:

1. To consider if there are any unintended consequences for some groups.
2. To consider if the policy will be fully effective for all target groups.

PART B

Appendix 1: Reporting Safeguarding Concerns and Local Contacts

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

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

NHS Cheshire and Merseyside Integrated Care Board Safeguarding Service Contact Details

Place	Generic Safeguarding E-mail Addresses
Cheshire East	cheshire.eastsafeguardingadmin@cheshireandmerseyside.nhs.uk
Cheshire West	cheshire.westsafeguardingadmin@cheshireandmerseyside.nhs.uk
Halton	handw.safeguarding@cheshireandmerseyside.nhs.uk
Warrington	handw.safeguarding@cheshireandmerseyside.nhs.uk
Sefton	sefton.safeguarding@cheshireandmerseyside.nhs.uk
Wirral	wirral.safeguarding@cheshireandmerseyside.nhs.uk
Liverpool	Liverpool.safeguardingservice@cheshireandmerseyside.nhs.uk
St Helens	sthelens.safeguarding@cheshireandmerseyside.nhs.uk
Knowsley	knowsley.desnurses@cheshireandmerseyside.nhs.uk

Cheshire and Merseyside Place Local Authorities Safeguarding Children Contact Details

Children's Social Care by Place	Telephone	Out of Hours contact details	Website links and online referral forms
Cheshire West and Chester	0300 123 7047 Integrated Access and Referral Team (8:30am-5:30pm Monday to Thursday, 8:30am-4:30am every Friday)	01244 977277 (Emergency duty team for all other times including bank holidays)	Cheshire West and Chester Council
Cheshire East	0300 123 5012 Cheshire East Consultation Service (8:30am-5pm Monday to Thursday, 8:30am-4:30pm every Friday)	0300 123 5022 (Emergency duty team for all other times including bank holidays)	Cheshire East Council
Halton	0151 907 8305 Monday – Thursday 9am-5pm Friday 9am-4:30pm	0345 050 0148 (Emergency duty team for all other times including bank holidays)	Halton Borough Council Website CSC
Knowsley	0151 433 2600 Monday- Friday 9am-5pm	0151 443 2600 (Emergency duty team for all other times including bank holidays)	Knowsley Council Website
St Helens	01744 676600 Monday to Friday 9am - 5pm	0345 0500 148 (Emergency duty team for all other times including bank holidays)	Concerned about a child's safety or welfare - St Helens Council

Children's Social Care by Place	Telephone	Out of Hours contact details	Website links and online referral forms
Liverpool	0151 233 3700 24 hours a day, 7 days a week.	0151 233 3700 24 hours a day, 7 days a week.	Children at risk - Liverpool City Council Professionals: Children's social care referrals - Liverpool City Council
Sefton	0151 934 4013/ 4481 Mon- Thurs 9am-530pm, Fri 9am-5pm	0151 934 3555 (Emergency Duty Team Mon – Thurs from 5.30pm, Fri from 5pm, weekends and bank holidays)	Sefton Council Website Sefton MASH Referral Form
Warrington	01925 443322, press one and say MASH Mon- Fri 9am-5pm	01925 444400 (Emergency duty team for all other times including bank holidays)	Children and Families Request for Support - My Warrington
Wirral	0151 606 2008 Monday to Friday, 9am to 5pm	Telephone: 0151 677 6557 (Emergency duty team for all other times including bank holidays)	Wirral Council Children's Social Care Website Link

Cheshire and Merseyside Local Authorities Safeguarding Adults Contact Details

Adult Social Care by Place	Telephone	Out of hours details	Website links and online referral forms
Cheshire West and Chester	0300 123 7034 Cheshire West Community Access Team (8:30am-5pm Monday to Thursday, 8:30am-4:30pm every Friday)	01244 977277 (Emergency duty team for all other times including bank holidays)	Cheshire West and Chester Council
Cheshire East	0300 123 5010 (8:30am-5pm Monday to Thursday, 8:30am-4:30pm every Friday)	0300 123 5022 (Emergency duty team for all other times including bank holidays)	Cheshire East Council
Halton	0151 907 8306 Monday-Fri 9am-5pm	0345 050 0148 (Emergency duty team for all other times including bank holidays)	Halton Borough council website
Knowsley	0151 443 2600 24 hours a day, 7 days a week	0151 443 2600 24 hours a day, 7 days a week	Knowsley Safeguarding Adults
St Helens	01744 676767 9:00am to 5:00pm, Monday to Friday	0345 0500 148 (Emergency duty team for all other times including bank holidays)	Report a concern - St Helens Council
Liverpool	0151 233 3800 24 hours a day, 7 days a week	0151 233 3800 24 hours a day, 7 days a week.	Report an adult at risk - Liverpool City Council
Sefton	0345 140 0845	0151 934 3555 (Emergency duty team for	Sefton Council Website

Adult Social Care by Place	Telephone	Out of hours details	Website links and online referral forms
	<p>(9am-5.30pm Monday to Thursday, 9am-4pm every Friday)</p> <p>Sefton Safeguarding Adults Referral form for Professionals</p>	all other times including bank holidays)	
Warrington	<p>Warrington Adult Social Care First Response Team 01925 443322</p> <p>8.30am – 5pm (Monday – Thursday) 8.30am – 4.30pm (Friday)</p>	Warrington Adult Social Care, out of hours: 01925 444400 5pm – 8.30am (Monday –Friday) 24 hours weekends and bank holidays	Warrington Council Adult Social Care Website
Wirral	0151 514 2222 (option 3), Monday to Friday 8:50am to 5:00pm	0151 677 6557 (Emergency duty team for all other times including bank holidays)	Wirral Council Adult Social Care website link

Appendix 2: Confidentiality and Information Sharing

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

Staff must adhere to the following Integrated Care Board policies; Confidentiality and Data Protection Act Policy; Information Security Policy; and Records Management Policy.

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

Appendix 3: Looked After Children / Children in Care and Care Leavers

The term 'Looked After Children' is generally used to mean those looked after by the state, according to relevant national legislation which differs between England, Northern Ireland, Scotland and Wales. A child is 'Looked After' if they are in the care of the Local Authority for more than 24 hours. 'Looked After Children' fall into four main groups:

- **Section 20** - Children who are accommodated under voluntary agreement with their parents or young people who have signed themselves into care.
- **Section 31 and 38** - Children who are the subject of a Full or an Interim Care Order.
- **Section 44 and 46** - Children who are the subject of Emergency Orders for their protection.
- **Section 21** - Children who are compulsorily accommodated. This includes children who are remanded to the Local Authority or subject to a criminal justice Supervision Order with a residence requirement.

The term also includes:

- Unaccompanied asylum-seeking children.
- Children in placements with family members including biological parents.
- Those children where the Local Authority holds a Placement Order and/or children are in pre-adoptive placements.

It does not include those children who have been permanently adopted, are subject to a Special Guardianship Order, Child Arrangement Order or who are privately fostered. Feedback from children in care is that the term 'Looked After Child' does not reflect the unique nature of their care status as all children are 'looked after' in some way, but not necessarily by the state. Some children find the term 'Looked After Child', often abbreviated to 'LAC', as offensive or derogatory as it infers that they are "lacking" in some way. Further feedback from children relates to their preference to be referred to as children first, before referencing that they are in care. In response to this feedback many professionals and teams across the UK have moved away from using the term 'Looked After Child' and 'LAC' and have, in collaboration with their local children in care councils and Local Authorities, agreed to use local variations. Across the NHS Cheshire and Merseyside Integrated Care Board footprint the following terms are used:

- a) children in care.
- b) children looked after.
- c) children we look after.
- d) cared for children or cared4children.

This policy primarily uses the term 'Children in Care' as this the terminology used most frequently across the NHS Cheshire and Merseyside Integrated Care Board footprint.

However, it is recognised that these terms can be used interchangeably and may be subject to change.

The term 'Care Leaver' is used to define as a person up to the age of 25 years, who has been in the care of the Local Authority for at least 13 weeks since the age of 14; and who was in the care of the Local Authority at school-leaving age or after that date.

The term 'Corporate Parent' is used to mean the collective responsibility of the council, elected members, employees, and partner agencies including health agencies, for providing the best possible care for children in care and care leavers. A child in the care of the Local Authority looks to the whole Local Authority, and partner agencies, to be the best parent it can be to that child. Every member and employee of the Local Authority and its partner agencies, including Integrated Care Board s, have the statutory responsibility to act for a child in care in the same way that a good parent would act for their own child.

The corporate parenting responsibilities of Local Authorities include having a duty under section 22(3)(a) of the Children Act 1989, to safeguard and promote the welfare of the children in their care, including eligible children and those placed for adoption, regardless of whether they are placed in or out of the authority or the type of placement. This includes the promotion of the child's physical, emotional and mental health and acting on any early signs of health issues.

Under Section 10 of the Children Act 1989, Clinical Commissioning Groups and NHS England have a duty to comply with requests from a Local Authority to help them provide support and services to children in care which promote their health and well-being. With the dissolution of the Clinical Commissioning Groups on 30 June 2022, these responsibilities will be transacted to Integrated Care Board.

As described in the statutory guidance Promoting the health and well-being of looked after children (2015), the NHS has a major role in ensuring the timely and effective delivery of health services to children in care. The Mandate to NHS England, Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Well-being Strategies and The NHS Constitution for England outline the responsibilities of Clinical Commissioning Groups and NHS England to children in care and, by extension, to care leavers. In fulfilling those responsibilities, the NHS contributes to meeting the health needs of children in care in three main ways:

- commissioning effective services
- delivering through provider organisations
- through individual practitioners providing coordinated care for each child and care leaver

Appendix 4: Safeguarding Children

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

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

- a. Protecting children from maltreatment.
- b. Preventing impairment of children's health or development.
- c. Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- d. Taking action to enable all children to have the best life chances.

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

- a. Safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part; and
- b. A child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

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

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

Types of child abuse

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

- a. Physical abuse
- b. Sexual abuse
- c. Emotional abuse
- d. Neglect
- e. Domestic abuse/ Harmful Practices
- f. Bullying/cyberbullying
- g. Harm outside of the home

Other types of abuse include online abuse, grooming, sexual exploitation, child criminal exploitation, modern day slavery and radicalisation.

Young Carers are children and young people who assume important caring responsibilities for parents or siblings, who are disabled, have physical or mental health problems, or misuse drugs or alcohol.

If a local authority considers that a young carer may have support needs, it must carry out an assessment under section 17ZA of the Children Act 1989. The local authority must also carry out such an assessment if a young carer, or the parent of a young carer, requests one. Such an assessment must consider whether it is appropriate or excessive for the young carer to provide care for the person in question, in light of the young carer's needs and wishes.

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

Child in Need

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

Local Child Safeguarding Practice Reviews

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

The purpose of the Review is to:

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

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

Child Death Overview Panels

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

The key functions of a CDOP are to:

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

More information can be found:

[Pan Cheshire Child Death Overview Panel](#)

[Pan Merseyside Child Death Overview Panel](#)

Appendix 5: Safeguarding Adults at Risk

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

An adult at risk (previously referred to as a vulnerable adult), is defined as an adult who:

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

An adult at risk may be a person who:

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

The aims of adult safeguarding are to:

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

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

Effective safeguarding is seeking to promote an adult's rights as well as about protecting their physical safety and taking action to prevent the occurrence or

reoccurrence of abuse or neglect. It enables the adult to understand both the risk of abuse and actions that she or he can take, or ask others to take, to mitigate that risk.

Types of Adult Abuse and Neglect

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

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

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

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

Six key principles underpin all adult safeguarding work are:

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

Safeguarding Adults Reviews (SARs)

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

Appendix 6: Domestic Abuse including Harmful Practices

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

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

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

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

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

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

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

For more information on FGM please click [here](#).

So called “Honour Based “Abuse

Honour based abuse is an incident or crime involving violence, threats of violence, intimidation, coercion, or abuse (including psychological, physical, sexual, financial or emotional abuse), which has or may have been committed to protect or defend the honour of an individual, family and or community for alleged or perceived breaches of the family and / or community’s code of behaviour. It can be distinguished from other forms of abuse as it is often committed with some degree of approval and / or collusion from family and/or community members.

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

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

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

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

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

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

Safeguarding Children Involved in Domestic Abuse

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

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

Safeguarding Adults at Risk Involved in Domestic Abuse

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

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

- a. a person to whom s/he was related, or had been in an intimate personal relationship with **OR**
- b. a member of the same household

the purpose of the review is to:

- a. establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims.
- b. clearly identify what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result.
- c. apply those lessons to service responses including changes to inform national and local policies and procedures as appropriate.
- d. prevent domestic abuse and homicide and improve service responses for all domestic abuse victims and their children by developing improved intra- and inter-agency working.

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

Responding and Reporting Domestic Abuse

- a. Consider Immediate safety – could the person and/or children be at risk if they return home? If yes, contact local police on 999 or 101.

- b. Safety of the person can be supported through domestic abuse support services. – if they give consent make a referral or signpost to your local domestic abuse service (links below).
- c. Offer and complete the Domestic Abuse, Stalking and Harassment and Honour Based Violence Risk Assessment to determine referral to a local Multi-Agency Risk Assessment Conference.
- d. The Domestic Abuse, Stalking and Harassment and Honour Based Violence Risk Assessment forms are available on the SafeLives page <http://www.safelives.org.uk/>
- e. Follow safeguarding procedures for children, pregnancy, and adults at risk.
- f. Encourage consent for information sharing – if consent given, share and exchange.
- g. Share information with other professionals working with the adult and/or children.

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

Domestic abuse support Services Contact Details for people who are harmed and people who cause harm.

[Safer St Helens Domestic abuse page](#)

[Cheshire East Domestic Abuse Hub](#)

[Cheshire West and Chester Council Domestic Abuse page](#)

[Liverpool Council Domestic Abuse page](#)

[Sefton council Domestic Abuse Support page](#)

[Knowsley Council domestic Abuse page](#)

[Warrington Council Domestic abuse page](#)

[Halton Borough Council Domestic Abuse page](#)

[Wirral Council Domestic Abuse page](#)

Appendix 7: Contextual Safeguarding

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

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

- a. Sexual exploitation
- b. Domestic servitude
- c. Forced labour including in the agricultural, construction, food processing, hospitality industries and in factories.
- d. Criminal activity including cannabis cultivation, street crime, forced begging and benefit fraud.
- e. Organ harvesting.

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

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

As both a local leader in health care services for the population of Cheshire and Merseyside as an employer, Cheshire, and Merseyside Integrated Care Board by issues an annual statement of commitment to, and efforts in, preventing slavery and human trafficking practices in the supply chain and employment practices.

Digital or Online Safeguarding Risks

Online platforms are increasingly used to abuse and gain access to children and adults at risk. People's relationship to technology is increasingly embedded across all walks of life and as such, we cannot address their wellbeing and safety effectively without

considering the potential risks that this can bring. Technology by its nature is constantly evolving, bringing both new opportunities and new risks for all but particularly, for our children, young people, and adults at risk.

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

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

Appendix 8: PREVENT

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

CONTEST also includes the following elements in addition to Prevent:

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

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

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

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

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

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

Understanding and Recognising the Risks and Vulnerabilities of Radicalisation

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

Anyone can be drawn into violence, or they can be exposed to the messages of extremist groups by many means. These can include through the influence of family members or friends and/or direct contact with extremist groups and organisations or, increasingly, through the internet. This can put a person at risk of being drawn into

criminal activity and has the potential to cause significant harm.

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

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

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

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

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

NHS Trusts are also expected to submit quarterly Prevent returns to NHS England and Improvement via the NHS England Prevent Dashboard.

As Statutory partners of Safeguarding Adult Boards and Safeguarding Children Partnerships, Integrated Care Boards are among the organisations that need to provide oversight to the implementation of the duty in the system. As partners to Channel panels, Integrated Care Boards can [facilitate information sharing](#) to ensure all relevant health partners are both providing relevant input into panel and that panel is sharing information to assist partners manage and support patients.

Integrated Care Boards as the commissioners of health services for their local population are also well placed to provide advice to panel members regarding the health partners that should be brought into discussions and the health services that are available that may be appropriate to an individual's support package. There is no statutory requirement for Integrated Care Boards to engage with partners in local Prevent forums, to feed into Counter Terrorism Local Profiles and to work with health partners regarding Prevent. However, to have governance and oversight regarding provider performance, NHS engagement in Channel Panel and local risks and strategies it is strongly recommended that we engage in these local partnerships in line with local policy requirements.

Training

NHS Cheshire and Merseyside must ensure that all staff receives the appropriate level of training on Prevent as per NHS England Prevent Competency Framework. All staff

should complete 3 yearly Prevent basic awareness training on ESR.

Those Integrated Care Board staff who are required to undertake level 3 safeguarding training should also complete the [HEE E-Learning for Health Preventing Radicalisation Level 3 training](#) every 3 years and inform the Integrated Care Board Electronic Staff Record team this has been completed.

Standard operating procedure to be followed by staff member taking a room booking from a person external to the Integrated Care Board

To ensure the Integrated Care Board is compliant with statutory duties, amongst others, the Integrated Care Board is required to ensure that its premises are not used by organisations or groups to disseminate extremist views or ideologies.

The Integrated Care Board will not permit its accommodation to be let:

- a. For political rallies or demonstrations
- b. For purposes which are illegal i.e., be they forbidden by law or unauthorised by official or accepted rules
- c. For functions attended by people whose presence may cause civil unrest or division within the community
- d. To an organisation or individual which has been banned by law.

The Integrated Care Board also reserve the right to cancel any booking where it considers:

1. That such events may be contrary to the interest of the general public or contrary to any law or act of Parliament. Any bookings will also be subject to consideration from the police to ensure the safety of the community and staff is assessed against the request for a venue booking.
2. The users of the premises may do something that may cause or pose a risk of loss, damage or significant expense to the Integrated Care Board or harm the reputation of the Integrated Care Board

The Integrated Care Board will ensure that the application of any part of this process does not discriminate directly or indirectly against anyone on the grounds of race, disability, sex, gender reassignment, sexual orientation, religion or belief, age, marriage or civil partnership.

Each manager is responsible for setting the terms of hire and booking arrangements. Staff who are responsible for the hiring of any Integrated Care Board owned premises/rooms should complete the Prevent mandatory training module available via Electronic Staff Records.

Staff should ensure that there is appropriate consideration of inadvertently supporting extremism when engaging outside speakers.

When booking a room for an outside speaker, the following questions will assist staff in determining whether a booking is considered controversial or there is any risk associated with the booking:

1. Establish what the venue will be used for and what type of event the customer is wishing to hold.
2. Is the name given linked to any community group or organisation?
3. Request a copy of the programme details and names of any speakers.
4. Request all contact details (address, mobile, home and business contact number).
5. If the customer is not a local resident, establish why they are holding an event in this area.
6. Ask the customer if they have used any other venues in the country, if so, contact the previous venue(s) to establish what the event was.

If you are concerned with the answers provided by the customer, speak to your manager. If the manager deems it appropriate, they will cross reference the booking details provided with the web links and contacts below, or ask you to do so (in the order listed):

1. Inform the Associate Director of Corporate Affairs and Governance / Company Secretary
2. Check the [government list of proscribed organisations](#) (provides a list of all known terrorist groups within UK and Ireland).
3. Contact your place Integrated Care Board safeguarding team for further advice.

Guidance for Raising Prevent Concerns

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

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

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

Escalating concerns in relation to an employee

Although there are very few instances of healthcare staff radicalising others or being drawn into extremist acts, it is still a risk that the Integrated Care Board needs to be aware of and have processes within which to manage any concerns. Where an employee expresses views, brings materials into the organisation, uses or directs patients to extremist websites or acts in other ways to promote terrorism, the organisation will look to use human resources processes in order to address the

concerns (see managing allegations against staff policy). All staff will be supported through this process by their line manager, the relevant HR and the relevant safeguarding team.

If you have concerns about a child or an adult being radicalised you can tell Cheshire or Merseyside Police about them by completing a quick and simple online form on the [Cheshire Police Prevent Referral Page](#) or [Merseyside Police Prevent Referral Page](#)

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

Professionals should also access information from their local Prevent Lead; please refer to your local Safeguarding Boards and Partnership procedures or contact your local Integrated Care Board safeguarding team for further advice.

Appendix 9: Reference Documents and Guidance for the Safeguarding Policy

In developing this Policy account has been taken of the following statutory and non-statutory guidance, best practice guidance and the policies and procedures of the Local Safeguarding Children Partnerships and Adults Boards.

Statutory Guidance

NHS England (2022) *Safeguarding Accountability and Assurance Framework (2022)* Version 3, July 2022.

https://www.england.nhs.uk/wp-content/uploads/2015/07/B0818_Safeguarding-children-young-people-and-adults-at-risk-in-the-NHS-Safeguarding-accountability-and-assuran.pdf

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

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

HM Government (2014) *The Care Act, Care Act 2014 (legislation.gov.uk)*

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

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

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

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

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

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

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

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

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

HM Government (2015) *Promoting the Health and Well-Being of Looked-After Children: Statutory Guidance for Local Authorities, Clinical Commissioning Groups and NHS England*. DfE and DHSC (DoH). DCSF Publications

Non-statutory Guidance

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

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

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

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

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

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

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

Royal College Paediatrics and Child Health et al (2020) *Looked After Children: Roles and Competencies of Healthcare Staff*
<https://www.rcn.org.uk/professional-development/publications/rcn-looked-after-children-roles-and-competencies-of-healthcare-staff-uk-pub-009486>

DOH (2011) Building Partnerships, Staying Safe: *The health sector contribution to HM Government's Prevent strategy: guidance for healthcare organisations: November 2011*

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

Best Practice Guidance

HM Government (2015) [Information Sharing: Advice for Practitioners providing safeguarding services to children, young people, parents and carers](#). DfE

Department of Health (2009) *Responding to domestic abuse: a handbook for health professionals*

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

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

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

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

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

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

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

Care Quality Commission

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

Disclosure and Barring Service

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

Royal College of Nursing Children:

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

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

Social Care Institute for Excellence

[May 2011 \(Adult\)](#)

[October 2011\(Adult\)](#)

[October 2008 \(Child\)](#)

[October 2008 \(Child\)](#)

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

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

[Modern Slavery Act 2015](#)

[Modern Slavery Strategy \(DoH\) 2014](#)

Safeguarding Children Who May have been Trafficked (2011)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/177033/DFE-00084-2011.pdf

[Counter Terrorism and Security Act](#)