Cumbria Partnership NHS
NHS Foundation Trust

Safeguarding Framework Policy

Document Summary

This policy has been developed to ensure that staff working for Cumbria Partnership NHS Foundation Trust are aware of their responsibilities to safeguard and promote the welfare of children, young people and adults. It provides staff with the information they need to take action if they have concerns about safeguarding issues and will meet the fundamental requirements for effective safeguarding in the delivery of NHS care

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POLICY AUTHOR	Named Nurses for Safeguarding

Important Note:
The Intranet version of this document is the only version that is maintained.

Contents

OUR VISION

To be outstanding in our safeguarding practices for children, young people and adults across all services provided by the Trust whilst giving assurance to the communities we serve.

1 Scope

This policy applies to all Trust services and to all Trust-employed staff, staff working in integrated teams, full-time and part-time clinical, students, Locums, Bank staff, non-clinical staff, volunteers, patients, visitors and others who may be subject to safeguarding procedures.

This policy should be always used alongside the Cumbria Local Safeguarding Children Board and Cumbria Safeguarding Adults Board Multi-agency policy and procedures, accessible via the following website addresses:

Children's : http://www.cumbrialscb.com/

Adults: http://www.cumbria.gov.uk/healthandsocialcare/adultsocialcare/safe/

2 Statement of Intent

Safeguarding involves a range of activities aimed at upholding an adult's, child's or young person's right to be safe and free from harm. It incorporates the concepts of prevention, empowerment and protection, and involves all agencies taking all appropriate actions to address potential concerns, working to agreed local policies and procedures in full partnership with other local agencies.
All vulnerable people in Cumbria should have the right to choice and be able to control in their lives, free from discrimination, harassment, violence and abuse. That right is underpinned by the duty on public agencies under the Human Rights Act (1988), which places a duty on public organisations to enable persons at risk of neglect or abuse to access the advice, support and interventions they need to minimise the risk of further abuse, and stop it wherever possible.

This Policy has been developed to ensure that staff working for Cumbria Partnership NHS Foundation Trust will meet the fundamental requirements for effective safeguarding in the delivery of NHS care and will:

- Clearly understand the Trust's expectation of staff and their role and responsibilities for keeping children and adults safe from harm.

- Promote good practice and work in a way that reduces the risk of harm, abuse and coercion occurring through the provision of high quality care with *dignity* as a core requisite.
- Ensure that any allegations of abuse or suspicions are responded to and reported appropriately. The person experiencing abuse is supported and we take every action possible to prevent reoccurrence.
- Ensure that all concerns are acted upon and investigated.
- Ensure staff have access to support and supervision alongside undertaking regular safeguarding training/updates.

All staff that come into contact with children and young people have a responsibility to safeguard and promote their welfare and should know what to do if they have concerns about safeguarding issues. This responsibility also applies to staff working primarily with adults who have dependent children that may be at risk because of their parent/carers health or behaviour.

Think Family

Think Family agenda (2009) is framework from the Department of Education to ensure that all services (both adult and child) identify child and wider family needs which could impact on family functioning, and that which extends beyond the individual they are supporting. Intervening early with a *Think Family* approach can help avoid problems escalating to crisis level and reduce the number of families and individuals who need intensive support in the future.

Practitioners need to work effectively with parents whilst retaining a focus on the child's welfare. They must never become so immersed in parents' problems that they lose sight of children's needs. They need to be honest and clear with parents without creating hostility; and show empathy without colluding with unacceptable behaviour (Forrester et al, 2008).

Parenting capacity

Parenting capacity is important when assessing families who have additional health care needs. A simple definition is: "the ability to parent in a 'good enough' manner long term" (Conley, 2003).

According to a survey of practitioners' perceptions of 'good enough' parenting there are four elements:

1. Meeting children's health and developmental needs
2. Putting children's needs first
3. Providing routine and consistent care
4. Acknowledging problems and engaging with support services. (NSPCC 2014)

Staff working with adults need to take into account any children/young people the adult may be caring for. All assessments should include details of all the individuals living at the home address - even if they are not seen during the visit. All staff need to consider vulnerable adults that family's may be caring for.

All care plans should ensure that they clearly take into consideration the individuals wishes and feelings. Any care plan should be regularly reviewed by all involved with the family and challenged if it is not improving the outcome for the individual.

3. Child Safeguarding

The aim of this Policy is to enable the Trust to meet its statutory requirements Children Act (2004) to safeguard and promote the welfare of children by ensuring staff have access to policies and practice guidance describing their responsibilities.

Section 11 of the Children Act (2004) places a legal duty on all health organisations to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children. The organisation also has to comply with Care Quality Commission: Outcome 7 Safeguarding people who use services from abuse.

The Trust's duty under Section 11 is, therefore, wider than child protection. To be effective it requires staff members to acknowledge their individual responsibility for safeguarding and promoting the welfare of children as well as the commitment of Trust management to support them in this. The Trust will ensure that all staff have access to expert advice, support and training in relation to safeguarding children.

It is the responsibility of the Trust to make sure all staff are aware of their role in identifying children in need of protection and know how to act upon their concerns. This document is complementary to and should be used in conjunction with more detailed procedures of the Trust's internal safeguarding procedures in addition to those available at **Cumbria LSCB. (http://www.cumbrialscb.com/)**

4. Definitions for child safeguarding

4.1 A Child

In this document, as in the Children Acts (1989 and 2004), a *'child'* is anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate for children and young people, does not change his/her status or entitlement to services or protection under the Children Act (1989) (Appendix A: Glossary *Working Together* HM Government, 2013).

4.2 Safeguarding Children is defined (in *Working Together*, 2013) as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
- taking action to enable all children to have the best outcomes.

4.3 Child Protection is part of safeguarding and promoting welfare; it refers to the actions taken to protect children who are suffering or at risk of suffering significant harm, as defined under Section 47 of the Children Act (1989)

4.4 Children in Need are children defined under Section 17 of the Children Act (1989), as those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development or their health or development will be significantly impaired, without the provision of services. It includes children who are disabled.

4.5 Significant harm is a concept introduced by the Children Act (1989) as the threshold which justifies compulsory intervention in family life in the best interests of the children. There are no absolute criteria to define significant harm; it may be a single traumatic event or more commonly a compilation of significant events. Consideration should be given to the severity of ill treatment, duration and frequency of abuse or neglect, extent of premeditation, and the presence of threat, coercion, sadism, and bizarre or unusual elements.

4.6 Early help - *Working Together* (2013) identifies that:
"Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from foundation years through to the teenage years."

4.7 Children in Care
The term *Children Looked After (Children in Care)* has a specific legal meaning based on the Children Act (1989). A child is looked after by a local authority if he or she has been provided with accommodation for a continuous period of more than 24 hours, in the circumstances set out in sections 20 and 21 of the Children Act (1989), or is placed in the care of a local authority by virtue of an order made under Part IV of the Act.

4.8 Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger: for example, via the internet. They may be abused by an adult or adults, or another child or children.

4.8.1 Physical abuse
Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

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

4.8.3. Sexual abuse
Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
Child sexual exploitation (CSE) and Female Genital Mutilation (FGM) is sexual abuse and must be reported to safeguarding.

4.8.4 Neglect
Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers);
- Or ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs

4.9 Resources for child safeguarding practice.

Practice guidance and safeguarding resources can be accessed via the Quality, Safety & Safeguarding page on the Trust intranet.

Staff can also seek guidance from the Safeguarding team in CPFT on 01228 608887 and safeguardingteamcpft@cumbria.nhs.uk.

4.10 Child-focussed safeguarding supervision

High quality supervision has an important role to play in developing and motivating staff; it also is essential in supporting them to ensure positive health outcomes for children and young people. We recognise that informal supervision happens on an almost daily basis through conversations with peers, managers and colleagues from within the Trust and our partner organisations but the requirements for formal supervision in children's services can be confusing.

Commitment to participate in regular supervision is every practitioner's responsibility. Safeguarding supervision is a formal discussion that focuses on the 'why and how' of child protection practice and on safeguarding concerns such as actual or suspected abuse. This supervision helps to ensure safe practice and achieve the best outcomes for children. It is appropriate for all staff who come into contact with children and families within their role and when relevant provides opportunity to look at risks and in depth individual cases.

Further information can be accessed via the Quality, Safety & Safeguarding intranet site.

5. Adult safeguarding

Safeguarding Adults means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect" (Department of Health, 2014).

This policy reflects the legislative requirements outlined within the Care Act (2014) which is the legislation supporting adult safeguarding.

5.1 Aims of Adult Safeguarding

- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- stop abuse or neglect wherever possible
- safeguard adults in a way that supports them in making choices and having control about how they want to live
- promote an approach that concentrates on improving life for the adults concerned
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- 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

- address what has caused the abuse or neglect (Care and Support Statutory Guidance (2016)

The Care and Support Statutory Guidance (2016) is based on six key principles:

1. Empowerment – people being supported and encouraged to make their own decisions and informed consent.
2. Prevention – It is better to take action before harm occurs.
3. Proportionality – the least intrusive response appropriate to the risk presented.
4. Protection – support and representation for those in greatest need.
5. Partnership – local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
6. Accountability – accountability and transparency in delivering safeguarding.

www.gov.uk/guidance/care-and-support-statutory-guidance/safeguarding

6 Definitions for adult safeguarding

6.1 An Adult

An adult at Risk is identified as a person who is 18 years or over and who is or may be in need of community care or health care services by reason of mental or other disability or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against Significant Harm or exploitation. (S42. Care Act,2014).

An Adult at Risk may therefore be a person who:

- Is frail due to ill health, physical disability or cognitive impairment.
- Has a learning disability.
- Has a physical disability and/or a sensory impairment.
- Has mental health needs.
- Has a long-term illness/condition.
- Is unable to demonstrate the *Capacity* to make a decision and is in need of care and support

6.2 Significant harm

Significant harm is not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development. An enquiry would then be instigated by the local authority under section 42 of the Care Act (2014).

6.3 Types of abuse and neglect

It is important not to limit abuse or neglect as it may take various forms and can be dependent on the circumstances of the case and the individual. Abuse can be intentional or unintentional, it may be a single or repeated acts. It can occur in any setting including residential and nursing home settings, family homes, day care settings, social settings, public places and hospitals. Abuse, harm, and neglect often incorporate a misuse, or abuse, of power and an individual's dependence on others. In addition to exploitation, the following list, reproduced from the Care and Support Statutory Guidance (2016) gives examples of different types of abuse.

6.3.1 Physical Abuse

Physical abuse may involve different types of assault including hitting, slapping, pushing, misuse of medication, restraint and inappropriate physical sanctions. Physical harm may also be caused when a carer fabricates the symptoms of or deliberately induces illness in an adult.

6.3.2 Domestic Abuse

Domestic abuse can include psychological, physical, sexual, financial and emotional abuse in different forms including controlling, coercive or threatening behaviour, when carried out between adults who are or have been in an intimate relationship or a family member. This includes heterosexual, lesbian, gay and bisexual relationships. Domestic abuse also includes 'honour' based violence.

Further information can be accessed via the Quality, Safety & Safeguarding intranet site.

6.3.3 Honour Based Violence

Domestic abuse also includes 'honour' based violence which is a violent crime or incident which may have been committed to protect or defend the honour of the family or community. It is often linked to family members or acquaintances who believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture. Further information can be obtained via Honour (http://safe.met.police.uk/crimes_of_honour/get_the_facts.html)

6.3.4 Sexual Abuse

Sexual abuse includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, sexual assault and sexual acts to which the adult has not consented or was pressured into consenting.

6.3.5 Female Genital Mutilation (FGM)

Female genital mutilation (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK. It can have devastating long

term affects both physically and emotionally. FGM is carried out for cultural, religious and social reasons within families and communities.

6.3.6 Psychological abuse (sometimes referred to as emotional abuse)

Psychological abuse can include threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation and unreasonable or unjustified withdrawal of services or supportive networks.

6.3.7 Financial or Material Abuse

Financial or material abuse can include, theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions and the misuse or misappropriation of property, possessions or benefits.

6.4.8 Modern Slavery or servitude

Modern slavery or servitude ca include, human trafficking, forced labour and domestic servitude. Both traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. Modern slavery is a breach of human rights.

6.4.9 Discriminatory Abuse

Discriminatory abuse may include other types of abuse or harassment experienced by someone because of their race, gender and gender identity, age, disability, sexual orientation or religion.
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Further information can be obtained via discrimination.
(https://www.gov.uk/discrimination-your-rights/types-of-discrimination)

6.4.10 Organisational Abuse (formerly known as 'Institutional Abuse')

Organisational abuse includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation

6.4.11 Neglect

Neglect and acts of omission can include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services and the withholding of the necessities of life, such as medication, adequate nutrition and heating

6.4.12 Self-neglect

Self-neglect, under the Care Act (2014), is included in the legal definition of abuse. This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour.

Further information can be accessed via the Quality, Safety & Safeguarding intranet site.

7. Radicalisation / PREVENT

What is *Prevent*?
Prevent is part of the Government's counter-terrorism strategy that aims to stop people becoming terrorists. It is a multi-agency approach to safeguard people at risk of radicalisation.

How does *Prevent* work?
It looks at building a deeper understanding of how individuals become radicalised. This helps to identify ways of preventing people from becoming terrorists or supporting violent extremism. Typically, a radicalisation process includes exposure of an individual to extremist viewpoints that may eventually influence the person to carry out an act of violent extremism or terrorism. This could take weeks, months or even years. It is possible to intervene during this process and stop someone becoming a terrorist or supporting violent extremist activity. Violent extremism is where people seek to justify or promote terrorism or encourage others to commit such acts

Terrorism can occur anywhere in the world with atrocities carried out in support of various ideologies. There is no single definition of terrorism but it commonly refers to criminal acts intended to provoke a state of terror in the general public.
The most serious threat we face in the UK is from international terrorism linked to or influenced by Al-Qaeda; who wrongly use religion to justify their actions. However, terrorism can be motivated by a range of ideologies or other factors, including religion, politics and race. In the UK extreme right wing groups and single issue groups such as animal rights campaigners can pose a significant threat.

The aim of *Prevent* is to stop people becoming terrorists or supporting terrorism. *Prevent* is part of the Government's counter terrorism strategy known as CONTEST, which aims to reduce the risk to the United Kingdom and it's primarily organised around 4 key principles:

- PURSUE: to stop terrorist attacks
- **PREVENT**: to stop people becoming terrorists and supporting terrorism
- PROTECT: to strengthen our protection against a terrorist attack
- PREPARE: to mitigate the impact of a terrorist attack

The Health Service is a key partner in Prevent and encompasses all parts of the NHS, charitable organisations and private sector bodies which deliver health services to NHS patients.
Prevent has 3 national objectives:

Objective 1: respond to the ideological challenge of terrorism and the threat we face from those who promote it.

Objective 2: deter people from being drawn into terrorism

Objective 3: work with sectors and institutions where there are risks of radicalisation which need to be addressed.

The health contribution to **Prevent** focuses primarily on objectives 2 and 3.

Prevent aims to protect those who are vulnerable to exploitation from those who seek to get people to support or commit acts of violence. Healthcare staff are well placed to recognise individuals, whether patients or staff, both adults and children, who may be vulnerable and therefore more susceptible to radicalisation by extremists or terrorists.

It is fundamental to our 'duty of care' and falls within our safeguarding responsibilities and as such, every member of staff has a role to play in protecting and supporting vulnerable individuals who pass through our care.

8 Duties

This section provides an overview on the duties and responsibilities of health professionals in relation to safeguarding children and young people and adults at risk.

8.1 Chief Executive Officer (CEO)

The CEO of the Trust provides strategic leadership, promoting a culture of supporting good practice and quality care with regard to Safeguarding within the organisation and promotes collaborative working with other agencies.

8.2 Executive Director Lead for Safeguarding

The Executive Director of Nursing & Quality is the nominated Director at board level and is responsible for reporting to the Trust board on safeguarding issues, providing assurance that the Trust is meeting its safeguarding requirements on an annual basis, promoting initiatives to ensure the Trust has robust arrangements for safeguarding and providing leadership in the long term supported by the Named Safeguarding Professionals. Executive Director of Nursing & Quality attends, or ensures appropriate representation, at Cumbria Local Safeguarding Children Board (LSCB) and the Adult Safeguarding Board (CSAB). The lead Director will also ensure that the needs of all adults at risk and children are at the forefront of local

planning and service delivery, supported by a non-Executive Director acting as a 'Vulnerable Person' Champion'

8.3 Safeguarding committee functions:

- To promote safe, patient focused and sustainable safeguarding practice within Cumbria Partnership Trust.
- To provide assurance to the Quality and Safety Committee and in turn the Trust Board on how its statutory obligations are met.
- To provide assurance that the services it provides has adequate arrangements to safeguard and promote the welfare of children and adults at risk of abuse and neglect.
- To provide assurance that legal requirements and national guidance are incorporated into Trust processes.
- To provide the Quality and Safety Committee and in turn the Trust Board with assurance and evidence that the Trust is meeting the applicable core regulations as per Care Quality Commission Registration.

8.4 Non-Executive Lead

- Champion and maintain focus of Safeguarding
- Provide independent scrutiny
- Hold Executive Directors and Boards to account

8.5 Medical Director

The Medical Director will ensure that the necessary safeguarding systems will be in place and up to date; in co-operation with the NHS and local authority partners; and will supervise the Named Doctor. As Caldicott Guardian, the Medical Director has

responsibility for ensuring Caldicott principles are followed in addition to other pertinent national guidelines with regards to safeguarding.

8.6 Named Safeguarding Professionals

The Trust has identified named doctors and named nurses. The focus for the named professional's role is safeguarding within the trust and should work closely with the board safeguarding leads to ensure all services provided by the trust are aware of their responsibilities. The role also involves contributing to the planning and strategic organisation of safeguarding services, working collaboratively to support and advise the designated professionals and relevant agencies.

Named professionals have a key role in promoting good professional practice within their organisation, and ensure advice is available to the full range of specialities within the trust on the day to day management of children, families and adults at risk where there are safeguarding concerns.

Named professionals provide advice (direct and indirect) to colleagues on the assessment, treatment and clinical services for all forms of child and adult maltreatment including neglect, emotional and physical abuse, Fabricated or Induced Illness (FII), sexual abuse, honour-based violence, trafficking , sexual exploitation, detention within the Prevent strategy and relevant legal frameworks and documentation.

Key responsibilities include:

- Clinical leadership and expert practice
- Assist in decision-making processes for referrals to Local Authority Safeguarding service
- Provide support to manage any immediate safeguarding issues
- Lead improvements, innovations and best practice
- Contribute to the dissemination and implementation of organisational policies and procedures
- Develop and promote training needs and priorities and contribute to the delivery of training for health staff and inter-agency
- Disseminate lessons learnt from serious case reviews/case management reviews/significant case reviews, and individual management reviews, and advise on the implementation of recommendations
- Encourage case discussion, reflective practice and the monitoring of significant events at a local level
- Contribute to monitoring the quality and effectiveness of services against indicators and standards
- Provide/ensure provision of effective safeguarding appraisal, support, peer review and supervision for practitioners in the trust
- Contribute to safeguarding case supervision/peer review
- Participate in multi-agency subgroups of the LSCB/CSAB, multidisciplinary health groups and the trust's safeguarding groups/committee

8.7 Specialist Safeguarding Nurses

The Specialist Safeguarding Nurse will:

- Work as a member of the wider Quality, Safety and Safeguarding team contributing information to enable an overall understanding of the safety and quality of the care provided within the care groups
- Contribute to the delivery of the annual safeguarding work-plan within care groups
- Work in partnership with the Named Nurses and Associate Directors of Nursing to ensure safeguarding issues become integral to all systems provided by CPFT.
- Liaise with the Executive Lead for the Trust for safeguarding, identifying themes for communication to the Trust Board.
- Work closely with CPFT Named doctors for Safeguarding, GP leads, CCG and all other external agencies.
- Contribute to safeguarding leadership for adults/children across the organisation
- Support all activities necessary to ensure that the organisation meets its responsibilities to safeguard/protect children, young people and adults at risk.

8.8 Line Managers Responsibility

Line managers must ensure all staff within their department are aware of this policy and the process to be followed in the event of suspected abuse of a child young person or adult at risk. It is also the line manager's responsibility to ensure all clinical staff have accessed the appropriate level of training as defined in the Trust's learning and development competency framework. Safeguarding issues should be discussed as part of routine management supervision assuring core competencies in safeguarding practice.

- Manage any immediate safeguarding and protection issues.
- Co-ordinate referral and safe transfer of responsibilities.
- Co-ordinate any alternative action plans.
- Make decisions about referrals to Local authority Safeguarding Service and apply conflict resolution processes in cases of disagreement regarding thresholds for intervention
- Maintain management oversight of cases/case reviews/significant incidents where there are issues of safeguarding and protection.
- Escalate cases appropriately to the Trust's Named Safeguarding Professionals.
- Safeguarding competences in line with the Intercollegiate Document (2014) should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan

8.9 Safeguarding supervisors

Those providing safeguarding supervision must have an up to date knowledge of legislation; national/local policies. The Supervisor for children will use the Intercollegiate Documents (Royal College of Paediatrics and Child Health, 2014 and 2015) as a benchmark for the competency level that both the Supervisor and Supervisee are expected to reach

If you are a manager you also need to ensure that your staff fully engage with management supervision in line with Trust policy.

Further information can be accessed via the Quality, Safety & Safeguarding intranet site.

8.10 Staff Responsibility

All staff are responsible for recognising and responding to allegations of abuse by ensuring that they discuss their concerns with their line manager, refer their concerns or assist in the referral and complete an incident report form in accordance with the Incident and Serious Untoward Incident and Near Miss Reporting Policy. All staff should contribute to whatever actions are needed to safeguard and promote the welfare of children, young people and adults at risk and take part in regularly reviewing the outcomes for the child, young person or adult at risk against specific plans and outcomes.

All staff must familiarise themselves with the Trust policy and the Cumbria Safeguarding Adult's Board (CSAB) Pan Lancashire and Cumbria multi-agency adults safeguarding procedures and the Local Safeguarding Children's Board (LSCB) procedures.

The Trust's Safeguarding Team can be contacted for support and guidance on 01228 608887 or via emailing safeguardingcpft@cumbria.nhs.uk

Remember, a decision made by a member of staff regarding whether or not to report concerns of abuse is not a matter of individual conscience but is considered a professional duty.

9. Information sharing

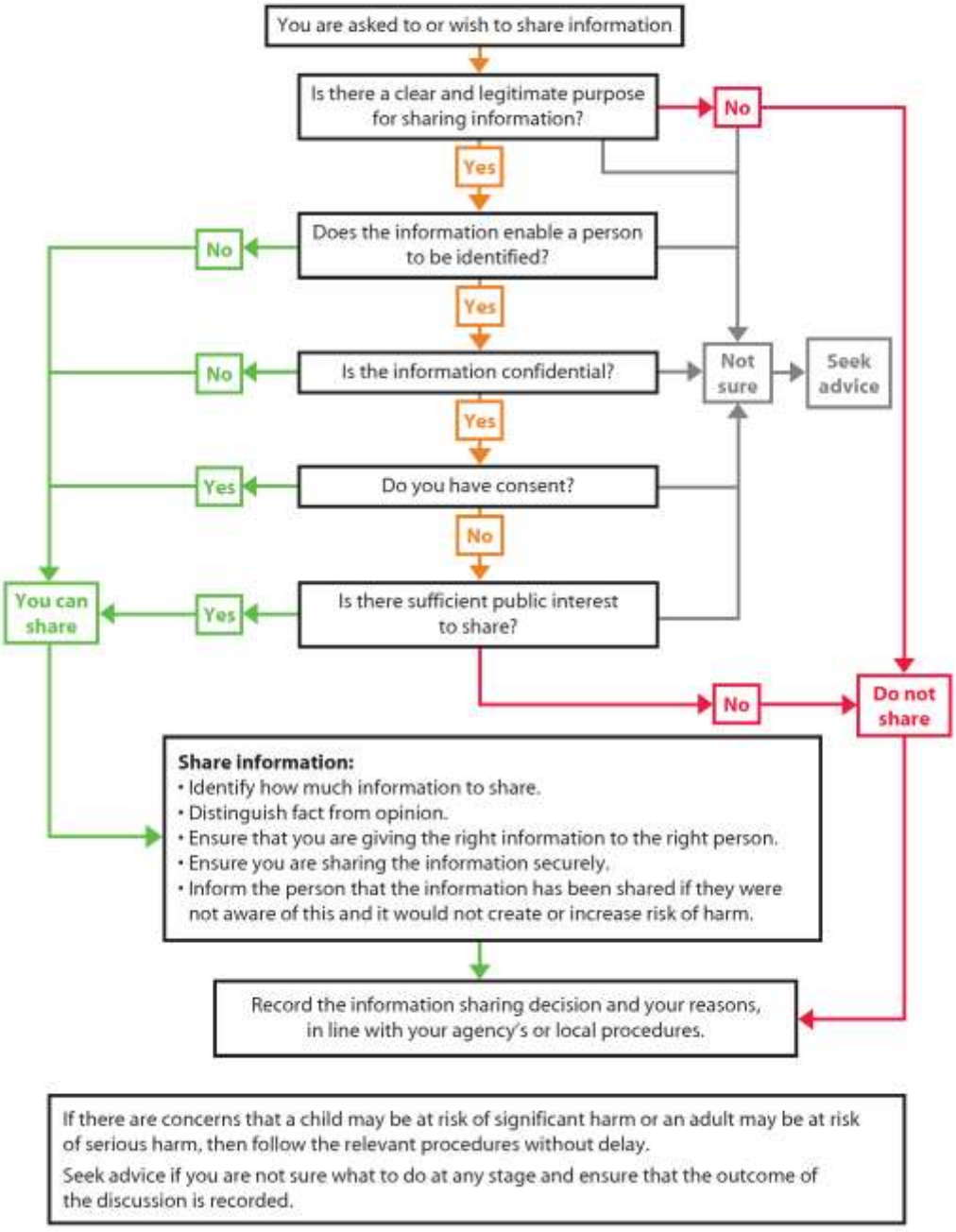
Information sharing is vital to safeguarding and promoting the welfare of children and young people. A key factor in many serious case reviews has been a failure to record information, to share it, to understand its significance and then take appropriate action.

Good practice requires that concerns and proposed action are sensitively shared with parents/carers (and where age appropriate, with children and young people), unless this is likely to place the children or adults at risk in greater danger, e.g. in the case of fabricated or induced illness, (FII) or in the case of sexual abuse where criminal evidence may be tampered with or destroyed.

Although sharing concerns and proposing a referral to the local authority may cause distress and anger initially, in the long term, openness can be appreciated and professional relationships strengthened with families.
It should be acknowledged that, in some instances, the relationship may be damaged and an alternative worker will need to be identified.

Working Together (2013) states: “Early sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective child protection services. Serious Case Reviews (SCRs) have shown how poor information sharing has contributed to the deaths or serious injuries of children.

Flowchart of key questions for information sharing



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

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

10. Training

The Trust's Training Needs Analysis for safeguarding children is based on the guidance in Working Together (2013), Care Quality Commission (CQC) guidance, Intercollegiate Document (2014). Adult safeguarding training is based on CQC guidance, and locally agreed frameworks from CSAB.

Training is available within Cumbria Partnership Trust provided by the Safeguarding Team, with external Multi-Agency training also available via the LSCB. All staff MUST receive both adults and child safeguarding training as identified in their Learning Letter and via discussions with their Line Manager. The organisation's aim is for a continuous culture of learning and improvement across the organisation with staff taking opportunities to attain more than minimum standards via learning portfolios aligned with a competency framework.

The training required to fulfil this policy will be provided in accordance with the Trust's Training Needs Analysis/Learning and Development framework. Management of training will be in accordance with the Trust's Learning and Development Policy. For details of what level of training are required for job roles reference should be made to the training guidance section on the safeguarding website or as guided by line managers.

11. Compliance

The Safeguarding of children, young people and adults at risk is in accordance with this policy, to be monitored via the following approaches:

Aspect of compliance or effectiveness being monitored	**Monitoring method**	**Individual responsible for the monitoring**	**Frequency of the monitoring activity**	**Group / committee which will receive the findings / monitoring report**	**Group / committee / individual responsible for ensuring that the actions are completed**
The process for raising concerns will be followed in accordance with the policy	Children's Safeguarding Hub Performance Data (Children's) ASC Performance Data (Adults)	Safeguarding Team	Quarterly	Children's Safeguarding Group Adults Safeguarding Group	Safeguarding Committee
Completion of safeguarding risk assessment tool during initial assessment	Random Audit of notes of 10 Adult and 10 children's cases from across County	Named nurses	Quarterly	Children's Safeguarding Group Adults Safeguarding Group	Safeguarding Committee
Staff will attend mandatory safeguarding training	Monthly Management Supervision & Appraisal Trust Compliance Figures from Training Department	Line Manager	Monthly	Children's Safeguarding Group Adults Safeguarding Group	Safeguarding Committee Quality & Safety Committee

12. References/Bibliography

Care Act (2014)
Care & Support Statutory Guidance (2016)
Children Act (1989 & 2004)
European Convention of Human Rights (1988)
Intercollegiate Document (2014)
Information Sharing (LSCB 2016)
Parenting Capacity (Conley 2003)
Think Family Toolkit (DfE 2009)
Working Together (2013)

13. Related Trust Policy/Procedures

Visiting Dignitaries
Mental Capacity Act
Mental Health Act
MARE/MAPPA
Incident Reporting
Management Supervision
Learning & Development
Record Keeping
Information Sharing & Information Governance