POLICY TITLE:	**Safeguarding Children and Adults**
Policy Number:	OP08.6
Version Number:	05
Date of Issue:	05/10/2026
Date of Review:	04/10/2027
Policy Owner:	Jackie Bloxham, Head of Safeguarding
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Outcome:	This policy: • Aims to ensure that service users are safeguarded and protected from abuse and their safety and wellbeing is maintained through informed practice and individuals' human rights are respected and upheld. • Clarifies training requirements. • Ensures that all colleagues are made aware of local arrangements as set out on the form provided.

Cross Reference:

HR01 Safer Recruitment and Selection	OP21 Whistleblowing (Protected Disclosure)
HR07 Disclosures (incl. DBS, Disclosure Scotland and Access NI)	OP28 Supervision
LE03 Data Protection	OP29.1 Accessible Information
LE05 Service User Information/Information Requests from the Police or Other External Agencies	OP41 Professional Relationship Boundaries
OP03 Complaints and Concerns	OP59 Sexual Safety
OP04 Incident Management, Reporting and Investigation	OP62 Chaperone Policy
OP05 Mental Capacity	OP32 Looked After Children and Previously Looked After Children
OP06.2 Child Protection, and Adult Support & Protection (Scotland)	AC29 Visitors
OP08.1 Responding to Suspected Radicalisation	H46 Arrangements for Visitors including Visits by Children
OP08.5 Domestic Abuse: Supporting Service Users	H109 Use of Mobile Phones/Smart Devices by Patients in Hospitals
OP09 Priory Governance Framework	H120 Transition from CAMHS to Adult Mental Health Services
OP17 Advocacy	Priory Employee Handbook
	OP67 Freedom to Speak Up

EQUALITY AND DIVERSITY STATEMENT

Priory is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics (age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or beliefs, sex, sexual orientation), and all will be treated with dignity and respect.

To ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, email PolicyMailbox@priorygroup.com

SAFEGUARDING CHILDREN AND ADULTS

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Note: This overarching policy sets out the Priory Services commitment to safeguarding adults, children and young people, it does **not** replace the need for services to maintain up-to-date 'Local Procedures' (**OP Forms 15** and **16**) in which the service-level expectations are set out, these must align with (and where appropriate, displayed alongside) Local Authority and Safeguarding Board/Partnership procedures and thresholds.

All sites must complete OP Form: 15 and OP Form: 16, making them available for all colleagues on induction and accessible in colleague areas to inform and support day-to-day practice.

1 SCOPE

1.1 This policy applies to all sites and services across England, Northern Ireland and Wales. Where there are differences between nations, this will be clearly highlighted. For sites and services in Scotland, please see OP06.2 Child Protection, and Adult Support & Protection (Scotland).

1.2 This policy applies to all colleagues and workers of Priory, volunteers and 'experts by experience', students, contractors, and temporary (bank) workers, including Agency and locum colleagues. For ease of reference, all employees and workers who fall under these groups will be uniformly referred to as 'colleagues' in this document.

1.3 Adult 'Safeguarding' is a term used in England, Northern Ireland and Wales. For the purposes of this policy the term safeguarding will be used.

2 INTRODUCTION

2.1 This policy sets out the statutory requirements that apply to Priory to ensure the safeguarding of children, young people and adults at risk of harm or abuse. It should be read alongside the policies listed above and associated forms referenced in the following policy body.

2.2 Priory Colleagues have a duty to safeguard and promote the welfare and protection of children and young people and adults at risk. This Includes supporting the Home Office Counter Terrorism strategy CONTEST, which includes a specific focus on PREVENT (see OP08.1 Responding to Suspected Radicalisation). Throughout this document, the phrase 'service user' or 'individual' are used to represent 'children, young people, and adults at risk' which includes those vulnerable to violent extremism and radicalisation.

2.3 Equality and diversity are crucial to safeguarding. Throughout the development of this document, we have given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in the Equality Act 2010). The following have also been considered accordingly in the development of this document: European Convention on Human Rights, the UN Convention on Rights of the Child and the UN Convention on Rights of Persons with Disabilities. This policy will not discriminate, either directly or indirectly, on the grounds of the nine protected characteristics (age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex; and sexual orientation). See **HR04.1 Equality, Diversity and Inclusion**

2.4 Everyone has the right to live their lives free from harm, violence and abuse including being free from any type of exploitation. This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of citizens and specifically for care agencies in the Care Act 2014 (as amended), and its statutory guidance document (which applies in England only).

2.5 This policy aligns with the 'The Wales Safeguarding Procedures' for children and adults at risk of abuse and neglect (the national Wales Safeguarding Procedures) which detail the essential roles and responsibilities for practitioners to ensure that they safeguard children and adults who are at risk of abuse and neglect. The Procedures help practitioners apply the legislation 'Social Services and Wellbeing (Wales) Act 2014' and statutory safeguarding guidance 'Working Together to Safeguard People'.

2.6 This policy aligns with 'The Children (Northern Ireland) Order 1995 and 'Adult Safeguarding: Prevention and Protection in Partnership' Northern Ireland's national policy for safeguarding adults at risk.

2.7 There are different approaches across the UK due to different legislation and guidance for the different countries. However, across the UK Safeguarding is regarded as everyone's responsibility.

2.8 Abuse is the violation of an individual's civil or human rights by others. Such violations may be intentional or unintentional, and may be a single act or repeated over a period of time, by one person or several people. The purpose of this policy is to enable colleagues to be able to recognise instances of abuse and to address them effectively. This involves the prevention of abuse, early detection, protection and work with service users following interventions to combat and mitigate further abuse including reducing the risks service users are faced with.

2.9 **CHILDREN AND YOUNG PEOPLE:**

The welfare of children and young people (hereafter referred to as children) is paramount. This includes their right to be safeguarded against all forms of abuse and neglect, including sexual and criminal exploitation and Child Sexual Abuse images.

2.9.1 Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

(a) Protecting children from maltreatment;
(b) Preventing impairment of children's mental and physical health or development;
(c) Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
(d) Taking action to enable all children to have the best outcomes.

2.9.2 There is no single law that defines the age of a child across the UK. The UN Convention on the Rights of the Child, states that a child 'means every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier'. (The fact that a child has reached the age of 16 or is living independently does not change his or her status or entitlement to services or protection under the Children Act 1989). Authorities in England, Wales and Northern Ireland each have their own guidance setting out the duties and responsibilities of organisations to keep children safe. They all agree that **a child is anyone who has not yet reached their 18th birthday, apart from the following exceptions:**

(a) Certain legislation includes reference to duties towards children and young people who are 18, 19 and 20 who have been looked after by the local authority after the age of 16 or who have a learning disability e.g. Children Act 2004 Part 1 (9)

2.9.3 The legal context in which professionals intervene in the lives of children is determined by the Children Act 1989, which was expanded upon by the Children Act 2004. 'Working Together to Safeguard Children' 2018 provides the guidance by which agencies work together to protect children in line with the legislative requirements. Priory recognises that in order for colleagues to fulfil their duties in line with 'Working Together to Safeguard Children 2018' they will have different training needs which are dependent on their degree of contact with children and/or with adults who are parents or carers, their level of responsibility and independence of decision-making. (See Section 8 - Induction and Training).

2.9.4 Matters relating to the wellbeing of children and their families in England are dealt with by the Safeguarding Children Partnerships (SCPs). In Wales, the Welsh assembly adopted the provisions of the Children Act 2004 in Safeguarding guidance (Welsh Government, 2019), Working together to safeguard people guidance (Welsh Government, 2019) and the Wales Safeguarding Procedures (Wales Safeguarding Procedures Project Board, 2019) which provides a common set of child and adult protection procedures for every safeguarding board in Wales. In Northern Ireland, the Safeguarding Board Act (Northern Ireland) 2011 put into statute Safeguarding Panels to support the Health and Social Care Trust.

2.9.5 Priory is committed to safeguarding all children who come into contact with our services from any form of abuse, this commitment also includes protecting the children of mental health service users and children visiting any Priory sites.

2.9.6 Priory is also committed to protecting children who may not have come into contact with any services but concerns are raised. This includes reporting to statutory partners when there are concerns relating to child being in a household and viewed as a victim of domestic abuse and also when an adult is known to view images of Child Sexual Abuse. Priory are committed to ensuring the welfare and safety of children is at the centre of its working practices and respond appropriately, referring to Social Work/Local Authority and Police when such concerns are raised.

2.10 **CHILDREN IN HOSPITAL OR LONG STAY PROVIDERS:**
In England and Wales, under Sections 85 and 86 of the Children Act 1989, there is a requirement that where children or young people are in residential accommodation or a hospital inpatient setting for 12 weeks, the responsible local authority must be informed of the fact. There's an obligation for a suitably qualified and experienced social worker to visit the child at least every 3-6 months. This is not only to make sure that the young person's well-being is promoted and safeguarded, but to also provide an additional support back to their community.

2.10.1 **Section 85** refers to those in an inpatient setting funded by an ICB (NHS). The local authority in which the child normally resides must be informed. Where the child was not ordinarily resident within the area of any local authority, the host local authority must be notified. Please see **OP Letters: 15 and 15A** for notification to the Local Authority, and to Parents and Carers with parental responsibility where it is appropriate to do so.

2.10.2 **Section 86** refers to those placed in a private CAMHS ward or placed by an external body, such as arrangements with the Department of Defence (American military). In this case, the host local authority must be informed. It is also a requirement of many local authorities that we must also notify the host local authority as they are also able reinforce the requirement for the responsible local authority to carry out its duties.

2.11 **ADULTS:**
Safeguarding duties in England, Wales and Northern Ireland apply to an adult who:
(a) Has needs for care and support (whether or not the local authority is meeting any of those needs)
(b) Is experiencing, or is at risk of, abuse or neglect
(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.

2.11.1 **NB:** It must be remembered that Safeguarding it is not a linear process imposed on individuals, but rather a series of steps, considerations and decisions made with the service user and their representative, where appropriate, and that it is proportionate to the concern.

2.11.2 The aim of adult safeguarding is to:
(a) Stop abuse or neglect wherever possible
(b) Reduce the risk of abuse or neglect to service users, reducing the circumstances that may lead to vulnerability and risk, including isolation, by adopting preventative strategies
(c) Safeguard adults in a way that supports them in making choices and having control about how they want to live
(d) Promote service users wellbeing by adopting an approach that concentrates on improving life for the adults concerned
(e) Provide information and support in accessible ways to help service users understand the different types of abuse, how to stay safe and what to do to raise a concern.

2.11.3 The Care Act 2014, Social Services and Wellbeing (Wales) Act 2014 and 'Adult Safeguarding: Prevention and Protection in Partnership' (Northern Ireland) promote the idea of adult wellbeing and partnership working. This includes Priory working alongside statutory and non-statutory partners such as social work, police, health and advocacy (list not exhaustive) Service users must be at the centre of all planning and intervention ensuring colleagues are holistic in their approach to safeguarding. It is not possible to promote adult wellbeing without establishing a basic foundation where service users are safe, and their care is on a secure footing.

3 POLICY STATEMENT

3.1 In line with Legislation and the respective Statutory/Government guidance, Priory will work in partnership with local statutory agencies and other relevant agencies to protect service users

and provide an effective response to any circumstances giving ground for concern, complaints or expressions of anxiety.

3.2 A multi-disciplinary and multi-agency approach to the identification of allegations, reporting, planning and review should be the normal approach when dealing with incidences where intervention is considered necessary. Priory services must ensure that site procedures reflect those of the local arrangements. Contacts and details of arrangements should be detailed in the site/service's Local Procedures (**OP Form: 15 and 16**). There should be made available in staff areas to ensure accessibility to all staff.

3.3 The commitment of Priory is to make prevention of abuse one of the absolute priorities for all our services and to have robust procedures in place for dealing with incidents of abuse where the prevention strategy has not been effective. Priory adopts a Human rights 'think family' and 'Making Safeguarding Personal (MSP)' approach which are embedded into safeguarding policies, practice and training.

3.4 The 6 principles of 'Making Safeguarding Personal' are integral to safeguarding adult practice. Priory consider Making Safeguarding Personal a basic principle to all safeguarding practice and as such should be applied to all service users including children, young people and adults at risk.

3.5 'Making Safeguarding Personal' is not simply about gaining an individual's consent, although that is important, but also about hearing people's views about what they want as an outcome including actions and interventions. This means that they are given opportunities at all stages of the safeguarding process to say what they would like to change. This might be about not having further contact with a person who poses a risk to them, changing an aspect of their care plan, asking that someone who has hurt them apologises, or pursuing the matter through the criminal justice system. There are times when completely mitigating risk to an individual is not possible, making safeguarding personal looks to work with the individual to reduce as much of the risk as practically possible whist still supporting individual choice and control.

3.6

Empowerment	People being supported and encouraged to make their own decisions and informed consent	*"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens"*
Prevention	It is better to take action before harm occurs	*"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help"*
Proportionality	The least intrusive response appropriate to the risk presented	*"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."*
Protection	Support and representation for those in greatest need	*"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."*
Partnership	Local solutions through services working with their communities. Communities Have a part to play in preventing, detecting and reporting neglect and abuse.	*"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."*
Accountability	Accountability and transparency in delivering safeguarding.	*"I understand the role of everyone involved in my life and so do they."*

3.7 Colleagues should be alert to indications of possible abuse and understand how to raise any concerns appropriately. Safeguarding procedures should be seen as an integral part of the philosophy and working practices on all sites.

3.8 When any concerns of possible abuse are raised the immediate and primary concern must be the safety and interests of the individual or group of individuals. Service Users have a right to have their decisions respected, even if this involves taking risks, so careful assessment of the individual's mental capacity in relation to making decisions about the specific issue is essential to protect these rights. (See **OP05 Mental Capacity**).

3.9 **All** staff should be aware that safeguarding incidents and/or behaviours can be associated with factors outside the Priory setting and/or can occur between service users outside of these environments. **All** staff, but especially the safeguarding lead (and deputies) should consider whether service users are at risk of abuse or exploitation in situations outside their families. Extra-familial harms (including risks online) take a variety of different forms and adults as well as children and young people can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious violence.

3.10 Colleagues must be sensitive to diverse cultural, religious and ethnic identities of service users in all aspects of safeguarding work. Where spoken English is not the service user's primary language, or they communicate non-verbally, the assistance of appropriate interpreters and/or communicate aids will be used to ensure people's needs are being met and their views heard. See **OP29.1** for further information.

3.11 **Chaperones:** There may be times when a medical examination is requested. These should only be undertaken by an appropriately qualified professional. Service users will give verbal consent to physical examinations and be offered a chaperone if undergoing such an examination. If the offer of a chaperone is refused, the reason for the refusal must be clearly documented in the service user records. See policy **OP62 Chaperones**.

4 CHILDREN AND YOUNG PEOPLE

4.1 Child protection is a part of safeguarding and promoting the welfare of children. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer harm. Priory aims to proactively safeguard and promote the welfare of children by identifying needs and gaining early help through safeguarding partners so that the need for action to protect children from harm is reduced.

4.2 The details from Care Orders and the status of Looked After Children must be available to colleagues involved in their care and there must be a seamless transition as a child passes into adulthood. The legal status of children must be recorded within their Priory record. (Refer to the policies **OP32 Looked After Children and Previously Looked After Children** and **H120 Transition from CAMHS to Adult Mental Health Services**).

4.3 **Assessment** - When an Education Health and Care Plan (EHCP) is available, or should be available, this must be used to inform any safeguarding plans. If an EHCP is not available, then the site should conduct their own assessments in consultation with the required stakeholders as detailed in the following paragraph.

4.4 Local authorities should share if a child has an allocated social worker, and this should be documented on the relevant electronic service user records system and the MDT should hold and use this information so that decisions can be made in the best interests of the child's safety and welfare. This should be considered as a matter of routine. Where children need a social worker, but not allocated a referral should be submitted into the Local Authority Children and Families team highlighting the need for this.

4.5 On assessment of children, family histories should be taken from the parents or those with parental responsibilities (as well as the young service user) to ensure that all information is as factual as possible to support the development of holistic treatment/placement plans. Assessments should include developmental histories, safeguarding history such as domestic abuse and substance misuse by family members. Where parents do not engage in the assessment process, this should be noted in the Health or Care Record. In the case of Looked After Children, this may be their social worker or nominated guardian who supports providing this information. (It must also be taken into consideration that parents who have mental health problems, substance misuse problems or are in abusive domestic relationships are less likely to give the full account with research indicating the risk of abuse could be considered higher).

4.6 Depending on the age of the young person, their capacity or Gillick competency and the necessity of the examination, verbal consent to physical examinations will be sought and children will always be offered a chaperone if undergoing such an examination. If the offer of a chaperone is refused, the reason for the refusal must be clearly documented in their records.

4.7 Adults have the right to independent support (See **OP17 Advocacy**) at any stage of the safeguarding process if they so wish. If the adult has substantial difficulty in being involved, and where there is no one appropriate to support them, non-instructed advocacy can be utilised to support. Local Authority must arrange for an independent advocate to represent them for the purpose of facilitating their involvement. **N.B**. this is different to the Advocacy services arranged by Priory which can also provide non-instructed advocacy services to Priory service users.

4.8 Priory sites will work closely with Local Authorities to provide an effective multi-agency approach to the prevention, detection and enquiry into abuse. The service user should always be involved from the beginning of any enquiry and anything that happens as a result, wherever possible, must reflect the service user's wishes, as stated by them or by their representative or advocate. If they lack capacity a 'Best Interests Decision' on how to proceed must be taken following the process in **OP05 Mental Capacity**.

5 RESPONSIBILITIES

5.1 Overall responsibility for the group's safeguarding arrangements ultimately lies with the Chief Executive for Priory and the Executive lead for Safeguarding (Chief Quality Officer) in conjunction with all Board Members.

5.2 The Chief Quality Officer is also the nominated Child Sexual Exploitation Prevention Lead, the Lead for Looked after Children, and Executive Prevent Lead for Priory. The Chief Quality Officer will chair the cross divisional Safeguarding Committee to ensure oversight across Priory.

5.3 **Caldicott Guardian** – The Priory Caldicott Guardian (Chief Medical Officer) has overall responsibility for ensuring that all service user information relating to safeguarding referrals remains securely stored and confidential. Day to day responsibility for safeguarding records is held by the Site Leader at the respective Priory Service. See policy **LE03 Data Protection**.

5.4 Safeguarding responsibilities are delegated to the **Head of Safeguarding** or **Regional Safeguarding Lead**, with input from the Head of MHA/MCA Operations.

5.5 The Head of Safeguarding, alongside the Regional Safeguarding Leads, should ensure there is a robust governance structure that supports the Site Leaders and their Safeguarding Leads via the cross-divisional Safeguarding Committee, chaired by the Chief Quality Officer. The terms of reference for the cross-divisional Safeguarding Committee include having oversight of safeguarding and associated data for the divisions (including, but not limited to: Incidents, restrictive practice, quality audits and regulatory outcomes); Providing expert advice regarding regulatory expectations for safeguarding; and reporting to the Executive Lead for Safeguarding.

5.6 **Named Doctors for Safeguarding children and Safeguarding Adults** are two appointed doctors within the Healthcare division who take on additional responsibilities for safeguarding to offer support and specialist guidance within the division. The Named Doctors for Safeguarding will work alongside the Head of Safeguarding, reporting into the Safeguarding Committee. Concerns noted will be raised to the Chief Medical Officer including practice concerns of doctors.

5.7 **Named Nurse for Safeguarding Children, Looked After Children and Transitions** works within the Healthcare division to offer specialist support and guidance to services who support children and young people including those who are up to the age of 25 moving from children's services into adult services. The Named Nurse will deputise for the Head of Safeguarding as required which can include supporting the Safeguarding Adult agenda across both Healthcare and Adult Care Divisions.

5.8 **Regional Safeguarding Leads** duties include:

(a) Organise and facilitate Regional Safeguarding Meetings which include supervision and safeguarding activity
(b) Support with additional dedicated safeguarding supervision to safeguarding leads as required
(c) Offering sound procedural advice and support;
(d) Overseeing complex investigations regarding their services, acting as a point of contact for stakeholders; and
(e) Analysis of the divisional audits of practice and identification of any actions necessary for the region and monitor these to completion.
(f) Liaise with the wider safeguarding leadership team for advice and support (for example, Named Nurse for Safeguarding children, Looked After Children and Transitions and Named Doctors for Safeguarding Children and Adults)
(g) Escalate safeguarding concerns to Division Safeguarding Leads and Head of Safeguarding

5.8.1 Regional Safeguarding Leads are also expected to report up to the cross-divisional Safeguarding Committee in line with divisional governance structures, to support the committee with analysis of disincentives to report, sharing of best practice and lessons learnt through regular contact with other Regional Safeguarding Leads.

5.9 There is a clear governance structure within Priory to monitor safeguarding arrangements. Local arrangements will be monitored at site level by the relevant local governance meeting and at corporate level by the respective regional and divisional safeguarding committees.

5.10 **Site Leaders** (Registered Managers, Hospital Directors) are accountable for the safeguarding practice in their service, the responsibility for supporting colleagues and tracking concerns through to 'closure' is sometimes delegated to service-level Safeguarding Leads however the Site Leader remains accountable and as such, should be involved and maintain effective oversight of the safeguarding concerns within their service. It is expected Site Leaders are trained to advanced safeguarding level also commonly referred to as Level 4 Safeguarding as per the Intercollegiate Safeguarding training documents.

5.10.1 It is the responsibility of all Site Leaders to ensure that adequate practices are in place on their sites concerning safeguarding and that these practices effectively link with and reflect those of the Local Boards/Partnerships/Authorities/Health and Social Care Trusts; the Local Procedures (**OP Form: 15** and **16**) are the formats in which these local area expectations are expected to be recorded and The site/service manager must ensure that all details of local safeguarding arrangements are made available to all colleagues.

5.10.2 Site Leaders must follow safer recruitment procedures (refer to **HR01 Safer Recruitment and Selection**), and ensuring that all colleagues read this policy and undertake regular training to the levels set out in Section 8 below.

5.10.3 Site Leaders and delegates must ensure that all safeguarding concerns are tracked from when they are raised through to closure. In addition to the use of incident records and daily notes being used to track concerns on an individual basis, concerns should be monitored proportionately across the site/service through monthly safeguarding meetings, Clinical Governance or Management Meetings; as a minimum the number of concerns raised, themes and lessons learnt should be considered to inform site-level learning. Concerns should be tracked using the Datix electronic incident system from which a live Safeguarding Log is available for downloading and interrogation and are available to regulators, internal compliance, Regional Leads and other senior members of the divisional safeguarding governance structures for review and quality assurance on request.

5.11 **Safeguarding Leads** (Service-Level) hold delegated responsibilities on behalf of Site Leaders. Safeguarding Leads should hold sufficient seniority at site and where Leads are not members of the Senior Management Team, it must be recognised that they hold authority in the role of Safeguarding Lead on behalf of Site Leaders.

5.11.1 Within a healthcare setting, all safeguarding leads must be clinicians. It is recognised that members of the SMT may not be from a clinical background but due to their roles and level of responsibilities within the service, they are expected to be trained to advanced safeguarding level as per the safeguarding intercollegiate documents with training expectations and requirements for roles as set out in the safeguarding training matrix (**OP Form: 21B**)

5.11.2 Within an adult care setting, it is expected that all safeguarding leads will be within senior roles including Senior Support Worker, Deputy Manager and Manager positions.

5.11.3 The role descriptor for Safeguarding Leads is available in Appendix 1. Safeguarding Leads provide a supportive function for colleagues, offering expert advice and guidance. They will act as a point of contact with stakeholders regarding concerns and enquiries when the individual who raised the concern is not directly available.

5.11.4 Safeguarding Leads should have oversight of safeguarding data for the service, hold regular safeguarding meetings in line with the Priory governance policy (**OP09**), reporting into Clinical Governance/monthly management meetings and upwards to Regional/Sub-Regional Safeguarding Leads in accordance with divisional governance expectations.

5.11.5 **NOTE:** The number of Safeguarding Leads should be reflective of the service's size and acuity; where there is more than one Lead, the governance structure for the service must be clearly communicated to colleagues and presented alongside the Local Procedures. A 'primary' lead should be identified which others acting as deputies, normally supporting their own areas of practice (e.g. Ward Managers). The Safeguarding Lead who holds the most seniority at the service would traditionally be the primary Lead, however services may have cogent reasons to adopt different structures, these reasons and decisions should be documented and evidenced through service level governance records.

5.11.6 A register of the Safeguarding Leads is kept centrally this is monitored by cross-divisional Safeguarding Committee, updated on a regular basis. For levels of training see Section 5 and see Appendix 1 for descriptions of Safeguarding Lead roles. These roles will be regularly reviewed by the Safeguarding Leadership Team to ensure accuracy.

5.11.7 Regardless of their service user mix, Safeguarding Leads undertake training on the responsibilities for both child and adult safeguarding alongside Prevent and as such are a nominated lead for safeguarding children, safeguarding adults and Prevent.

5.12 **All colleagues** are responsible for maintaining clear and professional boundaries between themselves and the service users. These boundaries define the limits of behaviour that allow colleagues and service users to engage safely in a therapeutic relationship. The boundaries

are based on trust, respect and appropriate use of power, with the focus on the needs of the service user. Blurring of these boundaries, and moving the focus of care away from the service user's needs, can lead to confusion and the possibility of the development of abuse. A cross of boundaries between a colleague and a service user will be treated as a safeguarding incident and due process must be followed. Personal relationships with service users are never acceptable. (Refer to **OP41 Professional Relationship Boundaries**).

5.12.1 It is the responsibility of all colleagues to read this overarching policy, Local Procedures and to complete the Safeguarding training commensurate with their job role as set out in the Safeguarding Training Matrix (**OP Form: 21B**).

5.12.2 In matters of safeguarding, it should never be assumed that someone else will pass on information which may be critical to the safety and wellbeing of the service user. The individual who receives a disclosure or notices a concern must report it appropriately and never assume a colleague will for them. The reporting process must include inputting an incident on Datix and escalating this to the relevant Senior / Manager.

5.12.3 **Colleagues can report safeguarding concerns directly to the local Safeguarding services, and must do so if they feel it is necessary. Safeguarding is everyone's business and you must not wait for another colleague or the Safeguarding Lead to do it for you**. Colleagues must report any genuine concerns, ensuring the Safeguarding Lead on site, or a senior colleague is informed as well as the appropriate Local Authority in line with the site/services Local Procedures. This applies at all times so during out of hours, on call must be contacted. (**OP Form: 15 or 16**).

5.12.4 A failure to respond to and/or raise a recognised safeguarding concern when it has been recognised by a colleague will be considered as an act of neglect / act of omission and be raised as a safeguarding concern against the colleague accordingly. A failure to safeguard a service user will be considered through the appropriate proportionate disciplinary procedures. A referral to the Local Authority Designated Officer/Designated Adult Safeguarding Manager should be considered alongside the services Local Authority requirements.

5.13 **Whistleblowing** - It is the responsibility of all colleagues to advise their manager of any concerns they have about the safety and wellbeing of service users. If colleagues do not feel their concerns are being taken seriously or sufficiently responded to within Priory, they should follow the guidelines in **OP21 Whistleblowing (Protected Disclosures)**. Colleagues can also report safeguarding concerns directly to the local Safeguarding teams as identified in the Local Procedures, and must do so if they feel it is necessary.

6 TYPES OF ABUSE

6.1 Priory colleagues do not hold the statutory responsibility for deciding whether or not a crime has been committed or if a statutory safeguarding enquiry (investigation) is required, colleagues however should be aware of what is meant by abuse and neglect.
There are different categories of abuse set out in legislation and statutory guidance, in addition to those set out in guidance there are other recognised forms of abuse that are recognised risks Priory colleagues should be aware of and report accordingly.

6.2 Children and Young People

6.2.1 Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the Internet). They may be abused by an adult or adults, or another child or children. There are four types of abuse referred to in the Government's own guidelines, these are:

A. Neglect
B. Physical Abuse

C. Sexual Abuse
D. Emotional Abuse

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

(a) Provide adequate food, clothing and shelter (including exclusion from home or abandonment
(b) Protect a child from physical and emotional harm or danger
(c) Ensure adequate supervision (including the use of inadequate care-givers), or

Ensure access to appropriate medical care or treatment.

6.2.3 **Physical Abuse -** A form of abuse which may involve hitting, shaking, throwing, poisoning, burning, 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.

6.2.4 This type of abuse also includes Female Genital Mutilation (FGM), a complex subject which includes emotional, racial, ethnic and cultural issues and 'Breast Ironing' (damaging developing breast tissue in an attempt to stop growth). All professionals working in 'regulated professions' (healthcare workers, teachers, and social care workers), have a statutory duty to notify the Police if they discover that an act of FGM appears to have been carried out on a girl who is under the age of 18 years (or if they suspect that a child may be at risk).

6.2.5 **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 or touching of outside 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.

6.2.6 **Emotional Abuse** - The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless and unloved, inadequate, or valued only insofar as to meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber-bullying), causing children frequently 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. Children living in households where there are incidents of Domestic abuse are now seen as victims in their own right.

6.2.7 **N.B** Children from all cultures are subject to abuse and neglect, so practitioners need to make sensitive and informed judgements about a child's needs, and parents' capacity to respond to their child's needs. It is important that professionals are sensitive to differing family lifestyles and to child-rearing patterns that may vary across different racial, ethnic and cultural groups. At the same time they must be clear that child abuse cannot be condoned for cultural or religious reasons.

6.2.8 It must be noted that abuse is not just a crime perpetrated by adults. Children can pose a threat either physical or sexual to other children by peer on peer abuse. Risk assessments must be in place for all children and where a risk of peer on peer abuse is identified. This should be managed through thorough risk assessments and appropriate communication and training for all colleagues working with the children concerned. Allegations of peer on peer abuse must be dealt with by the usual safeguarding procedures. Looked after children and previously looked after children are known to be particularly vulnerable to abuse and colleagues should read policy **OP32 Looked After Children and Previously Looked After Children.**

6.2.9 Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences (ACEs), this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour and education.

6.2.10 Links to additional guidance and information are hosted on the Safeguarding and Protection Hub HERE

6.3 **Children, Young People and Adults**

6.3.1 Both Sexual Exploitation and Criminal Exploitation are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child or adult into sexual or criminal activity. Whilst age may be the most obvious for younger service users, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.

6.3.2 In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator. The abuse can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online.

6.3.3 **Exploitation (Sexual and Criminal) -** If exploitation is suspected or disclosed, the resulting investigation requires a proactive approach to explore the nature and patterns of exploitation locally, and to share information with partner agencies about those at risk and potential perpetrators. Linking this work to the response to missing young people and other public protection issues can help to identify and manage risk at an early stage.

6.3.4 It is crucial that those working with service users who are, or have been in care, are aware of the local arrangements for information sharing on exploitation and that these are incorporated into local procedures. If Sexual or Criminal Exploitation is suspected the police must be notified.

6.3.5 **Domestic Abuse -** The Adoption and Children Act 2002 and the Domestic Abuse Act 2021 acknowledge the adverse effects a child experiences when exposed to domestic abuse and recognise children as victims in their own right. Children do not need to be directly involved such as acts of physical or emotional violence towards the child, significant harm can be caused by witnessing or hearing the ill-treatment of another. As such, when it is believed or known that a child is at risk from domestic abuse, actions must be taken to protect that child. This may include a referral to Local Authority Social Work for support for the child and their family. For more information, see policy OP08.5 Domestic Abuse: Supporting Service Users

6.3.6 **Radicalisation -** Priory recognises that there is a threat of terrorism and understands that many terrorists are radicalised in the course of their day-to-day contact with others. Priory works with vulnerable people who are often experiencing a personal crisis, have a low economic status and are socially isolated. This group are particularly prone to being exploited and adopting an extremist agenda. The UK government's Prevent Strategy (2011), which is a key aspect of safeguarding, outlines the commitment to be made by organisations such as Priory sector in ensuring that threats of this kind are understood and responded to. (Refer to **OP08.1 Responding to Suspected Radicalisation**).

6.3.7 **Female Genital Mutilation (FGM) –** a complex subject which includes emotional, racial, ethnic and cultural issues and 'Breast Ironing' (damaging developing breast tissue in an attempt to stop growth).

6.3.8 Colleagues must be aware of the reporting requirement when FGM is reported or suspected. In England and Wales all professionals working in regulated professions, have a statutory duty (and other colleagues have a mandatory duty) to notify the Police if they discover that an act of FGM appears to have been carried out on a girl who is under the age of 18 years (or if they suspect that a child may be at risk). If identified in women over 18 years of age, colleagues need to follow safeguarding procedures. The police reference provided should be included in the resulting documentation. As per these policy expectations, all colleagues who receive the disclosure or who observes the concern must escalate to the safeguarding lead, line manager or out of hours on call as applicable. Support will be provided to ensure an external referral is raised although colleagues are encouraged to complete such referrals to ensure the information is accurate and a true reflection of the safeguarding concern or disclosure received.

6.3.9 **Forced marriage and 'Honour-Based' Violence/Abuse** - A forced marriage is a marriage in which one or both spouses do not (or, in the case of *some* adults with learning or physical disabilities, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure. The terms 'honour crime', 'honour-based violence' or 'izzat' embrace a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder, where the person is being punished by their family or their community. They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour. In transgressing this correct code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the 'shame' or 'dishonour' of the family.

6.3.10 **Multiple Forms of Abuse** - More than one form of abuse may occur to one person or groups of people. It is important for colleagues to look beyond single incidents or breaches in standards to underlying dynamics or patterns of harm. Governance systems should be in place at sites to identify when "low level" incidents occur which have been referred to the local authority but do not meet their threshold, but have occurred on multiple occasions therefore may need "re-referring" due to this potentially being considered systemic abuse.

6.3.11 **N.B** Individuals from all cultures are subject to abuse and neglect, so practitioners need to make sensitive and informed judgements about a service user's needs, and parents/carers/families' capacity to respond to their needs. It is important that professionals are sensitive to differing family lifestyles that may vary across different racial, ethnic and cultural groups. At the same time they must be clear that abuse cannot be condoned for cultural or religious reasons.

6.4 **Adult**

6.4.1 Government guidance issued in the document 'Care and Support Statutory Guidance (Issued under the Care Act 2014)' sets out ten categories of abuse for adults:

1. **Physical abuse** - including assault, misuse of medication, restraint or inappropriate physical sanctions, female genital mutilation (FGM)

2. **Domestic violence** - including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence. See **OP08.5 Domestic Violence and Abuse**
3. **Sexual abuse** - including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into.
4. **Psychological abuse** - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
5. **Financial or material abuse** - including 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, or the misuse or misappropriation of property, possessions or benefits.
6. **Modern slavery** - encompasses slavery, human trafficking, forced labour and domestic servitude.
7. **Discriminatory abuse** - including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
8. **Organisational abuse** - including 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.
9. **Neglect and acts of omission** - including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
10. **Self-neglect** - this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

7 RECOGNITION OF ABUSE

7.1 Abuse may occur in any context or environment and by any person, professional colleagues, care workers, volunteers, other service users, family, friends, neighbours or strangers. Abuse may be deliberate or unintentional or result from lack of knowledge. It can also occur as the result of neglect or poor professional practice, which could be isolated incidences of poor or unsatisfactory professional practice through to pervasive ill treatment or gross misconduct. Colleagues should also be aware that the perpetrator could be another service user.

7.2 Although difficult to detect in a care environment, colleagues should be alert to the possibility of abuse/exploitation from strangers, especially where service users are supported by Priory colleagues to live a more independent life.

7.3 Service users who are subject to the Mental Health Act 1983 (or the Scottish equivalent) or the Criminal Justice System are still entitled to be protected from abuse and prevented from abusing others.

7.4 Alleged perpetrators of abuse, who are themselves adults at risk, should be assured of their right to the support of an 'appropriate adult' whilst they are being questioned by the police under the Police and Criminal Evidence Act 1984 (PACE) (See **OP18 Information Requests from The Police or Other External Agencies**).

7.5 Colleagues should be aware that some service users may not be aware that they are being abused, for instance when they become dependent on colleagues, family or carers, allowing them to take control of their finances and physical environment. They may be reluctant to assert themselves for fear of making the situation worse.

7.6 Everyone is entitled to the protection of the law and access to justice. Behaviour which amounts to abuse and neglect, for example physical or sexual assault or rape, psychological abuse or hate crime, wilful neglect, unlawful imprisonment, theft and fraud and certain forms of discrimination also often constitute specific criminal offences under various pieces of legislation. Although the local authority has the lead role in making safeguarding enquiries, where criminal activity is suspected the early involvement of the Police is important. The responsibility for taking the lead on the enquiry of a crime rests with the Police. Decisions regarding prosecution are the responsibility of the Crown Prosecution Service.

8 PREVENTION

8.1 **Safer Recruitment** - Safer recruitment policies must be followed for all colleagues, including volunteers. (Refer to **HR01 Safer Recruitment and Selection**). All interview panels must contain one colleague with safer recruitment training. Agency colleagues' references and Disclosure and Barring Service and Access NI checks are the responsibility of the Agency who is their employer, but must be confirmed in writing to the site prior to any shift being worked. Agency colleagues' induction will include an overview of safeguarding procedures specific to the site, this includes reading a copy of the site's Local Procedures (**OP Forms 15 and 16**).

8.1.1 It is the responsibility of the Site Leader to ensure agency colleagues have been recruited using full safer recruitment processes by their employer i.e. the agency.

8.2 **Notifications to Regulatory, Professional or Vetting and Barring Bodies -** The Safeguarding Vulnerable Groups Act 2006 introduced a new vetting and barring scheme for all those who work with children and vulnerable adults. Across the UK (apart from Scotland) this list is kept by the DBS. Employers are required to make referrals to the DBS about individuals they believe to pose a risk of harm to vulnerable groups and **this is a legal duty and failure to refer when the criteria are met is a criminal offence**. There is a referral guidance document available from the DBS www.gov.uk/government/publications/dbs-referrals-form-and-guidance. It is an offence for employers to employ anyone who is barred under the scheme. (Refer to **HR0.7 Disclosure (incl. DBS, Disclosure Scotland and Access NI**)

8.2.1 The vetting and barring schemes are linked so that they are all able to identify if and when an individual has been negatively reported in the system of any country in the UK.

8.2.2 It is the responsibility of the Site Leader to notify their specific regulatory body and DBS if a colleague is dismissed on safeguarding grounds in consultation with Central Human Resources Department and the Managing Director. The responsibility to notify also applies if someone resigns or retires at the time of a safeguarding concern when there is sufficient evidence to dismiss them or they resign to avoid disciplinary.

8.2.3 The Site Leader has a responsibility to report to the NMC, GMC or other relevant professional body, any substantial allegation of misconduct by a practitioner, which, if proven, would call into question their fitness to practice.

8.2.4 Reference should be made to the 'Warner Questions' ('Choosing with care', The Warner report, 1992) and Recruiting Safely: Safer Recruiting Guidance Helping to Keep Children & Young People Safe' (Children's Workforce Development Council, 2009) when recruiting colleagues to work within CAMHS units or services with service users under the age of 18.

8.3 **Disqualification self-disclosure** - Colleagues are required to sign the **HR Form: 10** self-disclosure and **HR Form: 10C** disqualification self-disclosure. Guidance on disqualification can be found in HRA27 Disqualification under the Childcare Act 2006 - Background Information and FAQs.

8.4 **Registered Offenders** - Where a known offender is accommodated and supported in a Priory site/service, steps must be taken to ensure that no child can be deemed to be at risk as a

result of that person being accommodated and supported in the site/service. Where a child is themselves the offender, supervision procedures and risk assessments should reflect the potential risk to other children, while also ensuring the offender is also protected from further criminalisation. (See Section 7)

8.5 **Multi-Agency Co-operation/Partnership Working -** No effective safeguarding process can work unless those concerned are committed to the concept of multi-agency and multi-professional working. All the agencies involved, private or public bodies, should have the well-being, rights and safety of the individual at risk as the first priority. Multi-agency co-operation is aimed at sharing information, improving joint working and addressing barriers.

8.5.1 Where intervention is necessary, this should be proportionate to the level of concern and the least restrictive and intrusive into people's lives. Support should be aimed at enabling the person to achieve their highest level of independence, and should be in partnership with individual, their families, close network (non-family), Local Authorities and wider professional network. . Where there is a general non-specific safeguarding concern, it is good practice to convene a professionals' meeting with other external agencies.

8.6 **Information sharing:** Information shared between agencies, including local statutory health and social care agencies and the police must be treated with strictest confidentiality (but this must not be confused with secrecy). The safety of the individual depends on the willingness of those agencies, or organisations, to share and exchange relevant information when there is concern. Early sharing of information is the key to providing an effective response where there are emerging concerns.

8.6.1 In most cases consent should be sought before sharing information, but there are cases when you should not seek consent. For example, if doing so would:

(a) Place a person (the individual, family member, yourself or a third party) at increased risk of significant harm if a child, or serious harm if an adult;
(b) Prejudice the prevention, detection or prosecution of a serious crime;
(c) Lead to an unjustified delay in making enquiries about allegations of significant harm to a child or serious harm to an adult.

8.6.2 Even where you do not have consent to share confidential information, you may lawfully share it if this can be justified in the public or vital interest. Seeking consent should be the first option, however, where consent cannot be obtained or is refused, or where seeking it is inappropriate or unsafe as explained above, the question of whether there is a sufficient public interest must be judged by the practitioner on the facts of each case. Therefore, where you have a concern about a person, you should not regard refusal of consent as necessarily precluding the sharing of confidential information.

8.6.3 A public interest can arise in a wide range of circumstances, for example to protect children from significant harm, protect adults from serious harm, promote the welfare of children or prevent crime and disorder.

8.6.4 As a non-statutory partner within safeguarding, Priory seek for all child and adult safeguarding incidents to be referred into the Local Authority and/or police to ensure due process is followed.

8.6.5 When a statutory partner has advised that a particular incident does not require a referral due to not meeting local threshold, this must be clearly documented within the Datix incident.

8.6.6 Colleagues must have due regard to the relevant data protection principles, which allow them to share (and withhold) personal information, as provided for in the Data Protection Act 2018 and the GDPR (See policy **LE03 Data Protection**). This includes:

(a) Being confident of the processing conditions which allow them to store and share information for safeguarding purposes, including information which is sensitive and personal, and should be treated as 'special category personal data'.

(b) Understanding that 'safeguarding of children and individuals at risk' is a processing condition that allows practitioners to share special category personal data. This includes allowing practitioners to share information without consent where there is good reason to do so, and that the sharing of information will enhance the safeguarding of a child or individual at risk in a timely manner but it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place the individual at risk.

8.6.7 The following are regarded as the 'seven golden rules' of information sharing:

1. The Data Protection Act 2018 should not be regarded as a barrier to sharing information.
2. A record should be kept of what has been shared, with whom and for what purpose, and of every decision made and the reasoning behind it.
3. It is important to be open and honest with the individual concerned (and their family, where appropriate) from the outset, about why, what, how and with whom information will, or could, be shared, and to seek their agreement, unless it is unsafe or inappropriate to do so.
4. If in doubt, and if possible, a staff member should seek advice, without disclosing the identity of the individual concerned.
5. Information sharing should be by consent where appropriate, and, wherever possible, respect the wishes of those who have not consented to share confidential information. Information may be shared without consent if it is believed, based on the facts of the case, that lack of consent can be overridden in the public interest.
6. It is important to consider the safety and well-being of the individual concerned, as well as others who may be affected by their actions.
7. Information sharing should always be necessary, proportionate, relevant, accurate, timely and secure.

8.6.8 **N.B.** Any safeguarding issue that may attract media interest should be shared with the Head of Safeguarding and Chief Nurse/Executive Lead so that they are able to brief Priory's Chief Executive Officer (CEO) as required.

8.6.9 Taking account of the information sharing guidance, where it is decided that families/carers should be informed, this must be done in a planned way. The views of the service user, any allegations which involve a member of the family, and the statutory responsibility for any children involved will influence how this will be done and the advice of the service user's Social Worker or the Local Authority safeguarding team should be sought where appropriate prior to sharing.

8.6.10 The local authority has a statutory responsibility to make further enquiries if concerns about the wellbeing of any service user are expressed to them which reach their threshold for intervention. The appropriate personnel from the Priory service should participate in the enquiries or any further meetings (strategy meetings, conferences etc.) and should provide whatever information is deemed necessary.

9 INDUCTION AND TRAINING

9.1 As part of their Induction programme new colleagues should be asked to read the following:

(a) OP08 Safeguarding Children and Adults
(b) OP41 Professional Relationship Boundaries
(c) Priory Employee Handbook
(d) A copy of the locally completed **OP Form: 15** and **OP Form: 16**.
(e) Safeguarding Statement

9.2 It is the responsibility of the site/service manager to ensure that all colleagues comply with the induction and training plan, which is centrally managed and monitored by Learning and Development in the Central People Team, and to regularly view the compliance levels of

training via Priory Academy reports. This should be reviewed during the service monthly safeguarding meetings and to include Priory's Freedom To Speak Up Champion volunteers as being compliant with their Safeguarding training.

9.3 Safeguarding training provided and commissioned by Priory is based on the Intercollegiate Documents (Adults 2018, Children and Young people 2019, Looked After Children 2020) and the Prevent Training and Competencies Framework 2022.

9.4 The eLearning modules for safeguarding children and adults including *Prevent* will be completed by all colleagues as part of the induction programme in the first weeks of commencing the job role with regular updates in line with the safeguarding training matrix (**OP Form 21B**).

9.5 Further face-to-face/virtual training for colleagues will be carried out by dedicated internal trainers (Regional Learning Partners). Attendance for Safeguarding Combined: Children, Young People and Adults is determined by Routes by Roles within The Academy Refer to **OP Form: 21B** Safeguarding Training Matrix - All Divisions and **OP Form: 21C** 'Safeguarding for Colleagues' Training - Information for Safeguarding Leads, Managers and SLAs'.

9.6 Advanced Safeguarding training is also available and should be assigned to the relevant colleagues determined by their role and level of responsibility within the organisation. This should include Service Managers, Hospital Directors, Ward and Deputy Managers, Heads of Departments and colleagues delegated to oversee safeguarding.

9.7 The Site Leader / Safeguarding Leads has the responsibility to identify further suitable learning through their local safeguarding partners (Partnerships/Boards/Authorities) appropriate to the level of contact with service users or parents/carers and the responsibilities of the colleague. All courses attended must be recorded on the Priory Academy by the Site Learning Administrator or Internal trainer with access to the 'Trainers Hub'.

9.8 Priory have a number of safeguarding trainers who are based in individual services across Adult Care and Healthcare. It is a requirement of these trainers to ensure they keep themselves up to date with safeguarding knowledge and both local and national changes. Safeguarding trainers will also have access to peer support and supervision sessions facilitated by the Regional Learning Partner Safeguarding Training Team Leader and Head of Safeguarding.

9.8.1 **N.B.** Any training undertaken in addition to the mandatory training set out in **OP form 21B** is to be considered as supplementary and is not a replacement/alternative to internal training.

9.9 Safeguarding Information Flashcards (**OP Form: 15A and 16A**) are available to act as an aide memoire for colleagues, are available to print from the Intranet.

9.10 **Safeguarding Specific Supervision**

9.10.1 **Supervision -** Safeguarding is a standard agenda item for the different forms of supervision across Priory meaning that all colleagues are offered the opportunity to discuss safeguarding in supervision, proportionate to their role and responsibilities.

9.10.2 Dedicated Safeguarding Supervision should be offered to colleagues with recognised safeguarding roles as agreed within the Divisional Safeguarding Governance structures, this should be proportionate to the responsibilities of the Safeguarding Lead. Supervision is vital in reflection and learning and can be delivered to other colleague groups as appropriate. Supervisees are responsible for recording their own supervision on OP Form 70F and should recognise that reflective opportunities can occur outside of formal set supervision meetings.

9.10.3 The Safeguarding Committee have a responsibility to ensure those delivering safeguarding supervision are appropriately experienced/trained and additional learning opportunities are

available as identified in the Safeguarding Training Matrix (**OP Form 21B**), see also **OP28 Supervision**.

10 INTERNAL REPORTING

10.1 **Statements made by service users about allegations of abuse or neglect will always be taken seriously, as will their wishes and feelings**.

10.2 Any suspicions, allegations or disclosures of abuse or neglect must be reported as soon as it is safe to do so or within a maximum of 24 hours. It is expected these will be reported via Datix and escalated within the service. Colleagues who suspect any form of abuse or safeguarding issue must discuss their concerns with the Safeguarding Lead, or in their absence discuss with a senior colleague and/or the local safeguarding team in line with the site's Local Procedures (OP Forms 15 and 16). It is recognised that colleagues may need a period of reflection to identify abuse, for example abuse can be subtle or occur over a period of time. Colleagues should feel comfortable disclosing a concern at a later date and this may be considered a "learning point" if the abuse was not overt or reasonably easy to identify.

10.2.1 Please note, it is important that Datix incidents remain open until feedback has been received from the Local Authority Social Work / Safeguarding Team/ Trust should a referral be raised.

10.3 All potential and confirmed safeguarding incidents and allegations of abuse must be recorded on the Incident Reporting System (Datix). This includes situations where abuse has occurred to a child, whether this is historical or current, or where the person experiencing abuse or neglect lacks capacity to understand the risk and is unable to protect themselves as a result. A record should be made to indicate whether the incident relates to a non-recent (historical) disclosure or concerns current harm, including whether the incident has occurred whilst the individual is in the care of Priory colleagues or external to Priory care.

10.3.1 All concerns whether current or historical **must be reported to the Local Authority <u>and</u> Police** when at the time of the incident:

- the person who experienced abuse was a child,
- the individual **lacked** mental capacity,
- the alleged perpetrator **was** in a position of trust,
- there **was** suspicion a crime **had** been committed, and/or
- There is an imminent and significant risk to the patient/others safety or life

10.3.2 A multi-disciplinary discussion should take place to agree next steps, and the views of the service user are included wherever possible. All actions and decisions should be clearly documented in the service user's care records.

10.4 All safeguarding responses must remain focused on the individual concerned. Their views, wishes, and preferred outcomes should be sought wherever possible and captured clearly within the Datix form.

10.5 The disclosure of a non-recent or historical safeguarding incident must still be reported, as the alleged perpetrator may continue to pose a risk to others. Reporting ensures a proportionate response and supports transparency in safeguarding practice, to ensure suitable enquiries are undertaken to establish the facts and determine whether any ongoing risk exists.

10.6 External reporting should be in accordance with the requirements of the local safeguarding team as indicated on the site's Local Procedures (OP Forms 15 and 16). If an incident has been discussed with the local are safeguarding team (including the individual's Social Worker, the local authority Designated Officer or in Wales, the Principal Officer Safeguarding Children) a record must be kept of their response e.g. whether a referral has initiated further enquiries or signposted to another service. The advice of the local area safeguarding team will be acted

upon. All correspondence related to incidents must be included within the Datix to clearly show decision making.

10.7 All Priory services will have a system in place when ensures that the reporting of safeguarding is not delayed, this includes overnight, weekends and bank holidays. Designated Safeguarding Leads alongside SMT will seek assurance on this process as part of their quality walk around and governance.

10.8 A register of all safeguarding incidents is kept centrally via the Incident Reporting System (Datix). All services are required to have awareness of their safeguarding activity and the Safeguarding Log should be reviewed regularly to ensure full oversight. The Safeguarding Log is built into Datix and is available at all times. The safeguarding log should detail all incidents which have a safeguarding and protection concern enabling a discussed through a "safeguarding lens" at site. The log should also include incident that have not met the threshold for local referral as per the Local Authority guidelines.

10.9 **Escalation of Safeguarding Incidents**

10.9.1 Safeguarding incidents must be escalated through the management and safeguarding reporting structure with serious incident notifications completed in accordance with **OP04 Incident Management, Reporting and Investigation.**

10.9.2 If an incident is progressed by the Local Authority to a statutory investigation this must be escalated to the Regional Safeguarding Lead who will offer support as required.

10.9.3 All safeguarding incidents that involve an allegation against a colleague or classed as organisational abuse must be escalated to the Regional Safeguarding Lead and Head of Safeguarding. If this involves a child or young person, it must also be reported to the Named Nurse for Safeguarding Children, Looked after children and transitions.

10.9.4 There may be times when an incident is serious enough to warrant a Safeguarding Board / Partnership

10.9.5 The Head of Safeguarding will escalate safeguarding incidents to the Chief Quality Officer.

10.9.6 There are times when an incident is serious enough to warrant an externally commissioned review held by the local Safeguarding Board/Partnership. There are a number of types of reviews which may be commissioned which will be dependent on the circumstances of the incident.

- Safeguarding Adults Review (SAR)
- Child Safeguarding Practice Review (CSPR)
- Domestic Homicide Review
- Child Death Overview Panel (CDOP)
- Significant Case Review Child/Adult (Scotland)

10.9.7 There are a number of mechanisms which Priory will be notified of external safeguarding reviews. Safeguarding Boards/Partnerships may inform the CEO, CQO, Head of Safeguarding, Hospital Director or Service Manager. Others may also be notified of an external safeguarding review.

10.9.8 It is imperative that any external commissioned review is communicated. Should a service in Adult Care or Healthcare be directly informed of an external safeguarding review, this must be escalated to the Head of Safeguarding and Chief Quality Officer.

10.9.9 The Head of Safeguarding will input any safeguarding external review onto Datix.

10.9.10 The Head of Safeguarding will escalate to the Chief Quality Officer to ensure full assessment and management of risk from an organisational perspective is undertaken. The Chief Quality Officer (as Executive Lead for Safeguarding) will inform Priory CEO.

10.9.11 The Executive Safeguarding Lead and/or Head of Safeguarding will send acknowledgement to the Chair of the local Safeguarding Board/Partnership without further delay.

The Executive Safeguarding Lead and the relevant Divisional Lead will conduct an impact assessment and reach an agreement on the appointment of authors for the chronology and the IMR to ensure that the full response is sent to the Safeguarding Board/Partnership within their specified timescales.

10.9.12 If it is requested that a service complete a 'Rapid Review' (see **OP Form: 15C**), chronology or Individual Management Review (IMR) the Service Manager / Hospital Director will appoint an author. This must be allocated to a senior colleague from the service who has not had any direct contact or involvement in the care and treatment of the individuals(s). The Managing Director may seek for the author of this work to be from out with of the service if the above cannot be met.

10.9.13 For identification and appointment of senior colleagues to deal with the response and actions, and the process involved refer to the Flowchart at Appendix 5.

11 DISCLOSURE OR DISCOVERY OF ABUSE OR ALLEGATIONS OF ABUSE

11.1 Where there is a reasonable suspicion that a criminal offence may have occurred, it is the responsibility of the Police to investigate and make a decision about any subsequent action. The Police should always be consulted about criminal matters. If possible, preserve the crime scene to make sure the evidence is not contaminated, the Police will provide advice on how to preserve the scene in such instances. This will usually mean 'locking off' the area and securing the records in the first instance.

11.2 Action must be taken on discovering any form of abuse, as listed in Section 7, in whatever form it presents - historical, ongoing or a one off event.

11.3 The service user involved must be attended to, comforted and supported and any physical injuries taken care of.

(a) Listen carefully to what the person has to say, but do not ask leading questions about the alleged abuse or person alleged to have abused the individual(s).
(b) Ensure that everyone is safe and that the emergency services have been called if needed.
(c) Advise the person of the procedures which will follow.
(d) If you want to take notes, tell the person first, and keep your original notes (even if they are subsequently 'written up' in the person's notes) to give to the Safeguarding Lead as they will be required if a case goes to court.
(e) Record the following information as soon as possible afterwards, if using paper notes use black ink, signed and dated, including by the person alleging the abuse if they are willing to also sign the record of the conversation:
    i. All details of the alleged abuse, including location
    ii. Times/dates of conversations and telephone calls
    iii. Names of colleagues present at the time
    iv. Any other relevant information
(f) **All Priory colleagues have a duty to refer** the case to the local Safeguarding Service using the details identified on the site/service's OP Form: 15 or 16 and/or seek guidance on what to do next from the Safeguarding Lead or Local Safeguarding Service, following the guidance in 8.6.1 to 8.6.4 above.
(g) All potential and confirmed safeguarding concerns are recognised as an incident and as such must be recognised in service user risk assessments and care/support plans accordingly. These documents are "owned" by the service user therefore they should be

sensitively handled, including the service user as much as possible. If the site uses the "Alert" system on Care Notes for highlighting safeguarding concerns, these are by their nature, short, bullet point pieces of information and can appear blunt. Colleagues should be aware that "Alerts" appear on all documentation including care plans which can be given to patient, staff should be sensitive to this. These multi-disciplinary documents should capture the service user's wishes and feelings about the concern, the impact it has for them and how they would like colleagues to support them.

(h) Keep service user and safeguarding records up to date, to evidence outcomes or further work required.

(i) If the nature of the abuse involves an allegation of abuse by a Priory colleague, paper documentation which could inform the investigation, should be located and stored safely by the Senior Management Team, to ensure that records are not amended.

11.4 Remember, speed is essential as delays in reporting abuse can have serious consequences for victim of abuse.

11.5 The Safeguarding Lead (or in his/her absence, the site/service manager) is responsible for supporting colleagues to refer safeguarding concerns in line with Local Procedures, they will also support colleagues to ensure that the following procedures are carried out where abuse is witnessed, suspected or alleged:

(a) Ensure that everyone is safe and that the emergency services have been called if needed.

(b) If the person who discovers the abuse has been unable to, refer the case to the local Safeguarding Service and/or seek guidance on what to do next, this alert must be done as soon as practicable or within 24 hours maximum.

(c) If the individual's keyworker/named nurse is not available, inform and reassure the service user, their GP and family (if safe/appropriate to do so) that the situation is being dealt with.

(d) Keep the service user and safeguarding records up to date, to evidence outcomes or further work required.

(e) To ensure that evidence is not contaminated in case the Police wish to lead, wait until the local Safeguarding Service has given consent before commencing any internal investigations.

(f) Where not already completed by members of the service user's MDT, advise Regulatory Body, Placing Authority/Commissioners, and Social Worker/Case Manager (if applicable) that a referral has been made.

(g) Communicate with appropriate colleagues to ensure the safeguarding concern is recorded in the person's notes and on Datix as an incident; record in the service's safeguarding log (if used).

11.5.1 **N.B. In Northern Ireland** it is important that statements are not gathered prior to discussion with the Health and Social Care Trust (HSCT) Designated Officer as this is seen as contamination of the evidence and can impede the safeguarding process. (The circumstances of the incident should only be recorded from the person initially 'whistleblowing').

11.6 Following the referral of a concern, in most cases the Safeguarding Lead will be the point of contact for all matters concerning a particular case and they will liaise with the local Safeguarding team and co-ordinate any actions that they prescribe or recommend. In some instances contact will be made with the referrer, it is the responsibilities of all colleagues to document and communicate all contact regarding a safeguarding concern with the Safeguarding Lead and service user's MDT appropriately.

11.6.1 **N.B.** If you refer a concern using your individual contact details, you should also include the Safeguarding Lead and the services general contact details to ensure timely communication can be made if you are not available.

11.7 Safeguarding Leads should have the appropriate permissions on Datix to check and ensure that concerns are fully and accurately recorded on the Incident Reports by the colleagues

completing the reports. These, along with other reports or details regarding any allegation or incident of abuse, are secure and confidentially stored in incident and service user care records.

11.8 Unless the Safeguarding Lead is also the Manager of the service/unit, it would not normally be their role to 'approve' incidents, this is the responsibility of the respective managers however Safeguarding Leads will offer advice regarding the safeguarding elements of an incident.

11.9 The site/service manager is responsible for undertaking all such duties described above in the absence of the Safeguarding Lead.

11.10 Colleagues may be required to contribute to an initial case conference either by providing a report or by attendance. The Safeguarding Lead will assist colleagues in this process and provide the necessary guidance to support them.

11.11 **Allegations Against Persons in a Position of Trust (PIPOT) (Colleagues - including Agency/Supply staff and Volunteers)**

11.11.1 All colleagues must work within the framework of the law and behaviour which is unlawful will not be condoned. Appropriate action will be taken against colleagues behaving outside the framework of the law.

11.11.2 This applies to allegations or concerns raised about a person, whether an employee, volunteer or student, paid or unpaid. These individuals are known as People in Position of Trust and the process is the Position of Trust process.

11.11.3 This process should be followed in situations when it is alleged a colleague has:
(a) Behaved in a way that has harmed a service user, or may have harmed a service user
(b) Possibly committed a criminal offence against or related to a child or adult at risk, or
(c) Behaved towards a child or adult in a way that indicates he or she would pose a risk of harm if they work regularly or closely with service users.

11.11.4 In the event of allegations, disclosure, suspicion or knowledge of such behaviours by a colleague (including Agency/Supply staff and Volunteers), the following procedures should be followed:
(a) Any allegation should be reported immediately to the Site/service Manager. The only exception to this is if the allegation is about the Site/service Manager, in which case the allegation should be reported to the Regional Safeguarding Lead and Divisional Safeguarding Lead in line with the site/service's Local Procedures **(OP Form 15 and 16)**. Consult with the Safeguarding Lead, senior manager or manager on call (if out-of-hours), who will liaise with the local Safeguarding Service, to seek advice and/or to make a referral. (Where a referral form is not provided by the local area team, **OP Form: 16B** is available to use)
(b) Record in detail the circumstances, including the nature and extent of any injuries and any action taken. A Body Map on the Incident Reporting system is available for this purpose. If appropriate, a photo of the injury may be taken, after obtaining and documenting informed consent from the injured person.
(c) A referral to the Local Authority Designated Officer (LADO) should be made if the colleague works with (or might work with) children or young people, an important consideration for colleagues in adult services working elsewhere or Agency colleagues.

11.11.5 This referral and initial discussion will determine the approach to be taken to informing the family or carers of the service user(s) concerned. The Safeguarding Lead will be the point of contact for all matters concerning a particular case and he/she will liaise with the local Safeguarding team and co-ordinate any actions that they prescribe or recommend. The Site Leader is considered the PIPOT Lead for the service and must be appraised of the situation at every stage.

NB: Priory disciplinary procedures may be undertaken, even if the local safeguarding or police teams decide not to take further action, however colleagues should seek advice from the Police/local safeguarding service and Human Resources to ensure they do not impede a criminal investigation or statutory enquiry.

11.11.6 If a colleague is subject to an allegation of abuse against a service user or vulnerable individual, suspension pending investigation should be the first choice. The Site Leader in conjunction Regional Safeguarding Lead, Divisional Safeguarding Lead (as PIPOT Lead for the Division) and the local Safeguarding Service should decide whether it is appropriate to move to a non-client facing role or suspend colleagues in order to keep service users safe, pending formal disciplinary procedures. The manager carrying out the suspension should also advise the regulatory body or relevant professional body if a suspension is made. If the colleague is registered under the NMC, guidance documents for managers are available here: https://www.nmc.org.uk/employer-resource/managing-concerns/

11.11.7 Where a colleague is not suspended and is moved to another area, this should be an administrative role and not involve contact with service users (including those of a different gender/age group), their families or allow access to the service user's care records.

11.11.8 All decisions should be clearly documented with advice sought from the Local Authority Safeguarding Team/LADO/On Duty Social Worker, HR and Safeguarding Leads as appropriate to the level of allegation **prior** to informing the colleague of any details of the allegation.

11.11.9 As stated in **7.2** a referral to the DBS (or regional equivalent) should be considered and completed as appropriate.

12 REFERRALS TO THE LOCAL SAFEGUARDING SERVICE

12.1 Priory will ensure full open and transparency in regards to communication with the local authority and regulatory bodies.

12.2 Priory will use the documentation provided by the Local Authority. The locally preferred method of reporting a referral may be also on-line or via a telephone abuse line. Should this not be available, **OP Form: 17** can be utilised to make external referrals. It must be made clear to colleagues in local procedures **OP Forms 15 / 16** which form to use on their particular site.

12.3 Any referral that is made should also prompt a notification to the relevant regulatory body (e.g. CQC, RQIA,, CIW, HIW). **NB:** The CQC require providers to notify of all abuse or allegations of abuse at the time identified, not only those accepted as referrals by the local social work / Safeguarding Service.

12.4 It is the responsibility of the local authority where the alleged abuse has occurred to co-ordinate any Safeguarding response. (In Northern Ireland this is the responsibility of the Health and Social Care Trust (HSCT)).

12.5 It is important to ensure there is clear oversight and coordination of all external referrals made at services. This will include liaising with the local authority in the service area and also out of area local authorities should this be required. The Hospital Director, Service Manager.

12.6 Follow-up and escalation of concerns should be done through those who are supporting and overseeing the care of the individual at the centre of the safeguarding concern.

- Within Adult Care, this will be via service managers and deputy managers.
- Within Healthcare, this will be through ward managers and those support the ward managers with the safeguarding role. Wherever possible wards and teams should take responsibility for following up progress on referrals at ward or team level and feeding

back to the service user within care from Priory. This would usually be a delegated responsibility at ward manager or their deputy who should access Level 4 safeguarding training as per training matrix 21b

- Appropriate feedback should be provided when necessary and where appropriate to the service user and colleagues involved in making a disclosure so that they are reassured and informed of the processes involved and reduce any unnecessary anxiety. Colleagues who make a referral should always follow up their concerns if they are not satisfied with the response; this includes the Safeguarding Lead who should follow up with their local authority partners, especially if re-referrals are necessary or an escalation of concerns.

12.7 These details must be made clear to colleagues and recorded on the local procedures which should be on display in all staff areas for reference. The Local Authority responsible for the area where the abuse took place needs to be notified and safeguarding reported directly to them, the placing authority should be contacted as a matter of courtesy to inform them of the safeguarding concern around their service user. If a practitioner is unsure which local authority to report to (typically where the service user is not in their 'home' area or where the abuse is alleged to have taken place) they should contact their 'host' local authority for advice.

12.7.1 'Host' – This would be the local authority that the site falls within. In most cases this would be the host local authority if it occurs at site, otherwise the local authority where the abuse took place and notify the funding local authority.

12.8 In Northern Ireland, the registered manager or person in charge will report suspected or alleged abuse immediately to the Health and Social Care Trust (HSCT) Designated officer, who will lead the enquiry and co-ordinate with the Police Service Northern Ireland (PSNI) if criminal activity is suspected. The team at the HSCT will send the relevant referral form. See **Appendix 6 -** Pathway of Concerns - Northern Ireland.

12.9 In Wales, the practitioner who has received a disclosure or has a concern a statutory duty to report concerns immediately to your line manager and/or (if appropriate) the Safeguarding Lead for the service as identified in the Local Procedures, if they are not available then report directly to social services. If required, the safeguarding lead or registered manager should support the practitioner to make the referral to the local authority safeguarding team, who will lead the enquiry and co-ordinate with the Police if necessary.

12.9.1 As stated in the 'Wales Safeguarding Procedures': "Practitioners are expected to report to the relevant local authority (social services) for both adults and children at risk. The relevant authority is the one in which the safeguarding concern is thought to have occurred. This may mean reporting to a local authority that is not in the same area as that in which the practitioner works.

12.10 If the person thought to be experiencing the abuse has capacity, then consent for the referral should be gained. However, this is not necessary if there is an overriding public duty to act, such as the likelihood of the perpetrator abusing others, or if gaining consent would put the person at further risk. If you are unsure whether to share the concern without consent, discuss with the Local Authority Safeguarding Team on a 'no named basis'.

12.11 Where a service user does not have mental capacity to make decisions about protection from abuse, action should be taken to protect them. Any such action must be proportionate to the level of risk and take any knowledge of the persons previously expressed wishes into account. **(See OP05 Mental Capacity).**

12.12 For the latest information on the escalation process for safeguarding incidents refer to your local procedures or contact the Local Authority to request a copy of their escalation procedures.

13 VISITORS

13.1 All visitors to and from any service must be recorded, and supervised as appropriate. (Refer to divisional policies on visitors and visiting children (**H46 Arrangements for Visitors including Visits by Children, AC29 Visitors**) and **OP62 Chaperones**).

13.2 **Children visiting Sites/Services** - Any child (under the age of 18), who visits a unit where a registered offender (or a service user with past history/potential for offending, though not currently on the register, is accommodated) should be carefully monitored to ensure that the child is not placed at risk. A risk assessment should be carried out prior to any visit.

13.3 The care plan for such a service user should reflect the potential for him/her to come into contact with children who are not actually visiting him/her, but visiting someone else. The onus is on colleagues to ensure that they are aware of the whereabouts of the service user who poses a risk to children whenever there are visiting children on the unit.

13.4 A visiting child should not be allowed to have contact with an individual who is a risk to children, who is accommodated in a Priory unit, unless in a supervised setting. Who should be allowed to visit, supervision arrangements, location of access etc. should be clearly documented in the individual's Care Plan and clearly discussed **before** any visit by a child takes place.

13.5 **Visits to Sites/Services by VIPs or Celebrities** - Visits by 'persons of celebrity or importance' are discussed in the divisional policies highlighted above, these refer to visitors and not service users who may be a celebrity or 'of importance'.

13.6 There may be occasions when celebrities or VIPs visit sites or services for various reasons. The following safeguarding arrangements must be in place in line with recommendations from the Lampard Report (2015).

(a) Visits are to be agreed and arranged in advance, with the purpose for the visit clearly understood by all involved parties
(b) Contact with service users will be agreed with the service users and their representatives in advance
(c) The VIP or celebrity will be accompanied by a suitably senior colleague at all times during their visit
(d) Confidential information will not be disclosed to the VIP or celebrity
(e) Informal follow-up arrangements will not be made with the VIP or celebrity.

13.7 All services to ensure that safeguarding information is clearly displayed within reception areas.

14 PHYSICAL/RESTRICTIVE INTERVENTIONS

14.1 Priory policies appropriate to each Division/Service Line, on the use of physical interventions must be followed and colleagues trained appropriately. Colleagues should refer to **H37 Prevention and Management of Behaviour that Communicates Distress in Adults** and **H37.3 Prevention and Management of Challenging/Distressed Behaviour in Young People** and **AC25 Safe Use of Restraint**.

14.2 Restrictive interventions and practices must be considered a safeguarding concern where they are not lawful; whilst there are several laws influencing this area of practice, a core test is that interventions are both necessary and proportionate to the risks they are intended to minimise or mitigate. It is important to consider that, as a result of the lived experiences of Service Users, there is a risk or traumatisation or re-traumatisation through interventions and as such all interventions responding to a known risk should be risk assessed and care-planned accordingly.

14.3 Unlawful use of force (force that is neither necessary nor proportionate) is considered physical abuse and may require Police as well as safeguarding involvement. Incident data on physical interventions is monitored at site level and centrally to identify trends and themes.

14.4 Where a physical intervention has been used, a full record of the incident must be made, stakeholders (including carers/family where appropriate) must be made aware and if there is any question that the intervention was not necessary and/or proportionate the appropriate authorities informed as well as the appropriate regulatory body notification (CQC, RQIA, CI, HIS, CIW, HIW) by the Site Leader or appropriate manager.

14.5 Concerns about the potential or alleged inappropriate or unlawful use of physical interventions by colleagues working with children and young people must be referred to the Local Authority Designated Officer (LADO) or 'on duty Social Worker' (Wales) for advice about whether a subsequent investigation is required. Where colleagues work exclusively with adults, advice from the Local area safeguarding team should still be sought.

14.6 Advice from the local area safeguarding team, Local Authority Designated Officer (LADO) or 'on duty Social Worker' (Wales) about whether a referral and investigation should take place must take precedence over the opinions of physical intervention (RRIT/PROACT SKIPr) instructors; however the opinions of physical intervention instructors will undoubtedly inform a safeguarding process/investigation.

14.7 Incidents involving physical interventions must be captured on Datix, good safeguarding governance requires such incidents to be considered through a safeguarding lens to identify the appropriate resulting actions.

14.8 Safeguarding concerns do not sit in "silos" i.e. complaints and whistleblowing concerns must follow a duel process of following the policies which govern the method in which the concern has been raised and through the safeguarding process.

14.9 When it is determined that a patient requires Long Term Segregation the local safeguarding team should be contacted as stated in the Mental Health Code of Practice (26.153). Another specific time when a referral to the safeguarding team should be considered in mental health setting include when it has been identified that a Mental Health Act assessment has been undertaken incorrectly (e.g. paperwork errors) and then therefore the patient has been detained inappropriately. The service's Safeguarding Lead must be informed when a patient raises concerns about restrictive practice.

14.9.1 **N.B:** Viewing incidents through a 'safeguarding lens' is good practice and is a way of identifying potential incidents of concern, whilst there may be some proportionate early fact-finding (for example reviewing available CCTV and reports) it is important that this does not delay referral of concerns. **Any direct allegations of abuse/unlawful use of force must be referred even if the available evidence contradicts the allegation, this evidence can and should be provided on request or accompany the referral itself if already available.**

15 AUDIT AND GOVERNANCE

15.1 An audit of safeguarding processes will be carried out on all sites (with a maximum interval of 12 months). Divisional audit tools specifically designed to suit the requirements of the Division will be used. The results of the audit will be discussed at site level local governance meetings, and brought to the Divisional Safeguarding Committees. Local or Divisional action plans will be developed as required.

15.2 The content and timing of the divisional audit will reflect the divisional requirements, however it must be ensured that the results are collated, analysed and considered by the respective safeguarding committees to feed into the annual report for the Executive Board.

16 REFERENCES

16.1 **Relevant Legislation:**

Adoption and Children Act 2002
Care Act 2014 (as amended)
Care and Support Statutory Guidance (Chapter 14)
Care Standards Act 2000
Children Act 1989 (and 2004)
Children and Social Work Act 2017
Child Death Review, Statutory and Operational, Guidance (England) (2018)
Counter Terrorism and Security Act 2015
Crime and Disorder Act 1998
Criminal Law Act (Northern Ireland) 1967
Data Protection Act 2018
Domestic Violence, Crime and Victims Act 2004
Domestic Abuse Act 2021
Equality Act 2010
Female Genital Mutilation Act 2003
Health Act 1999
Health and Personal Social Services (Northern Ireland) Order 1972, 1991, 1994
Health and Social Care Act 2012 (Regulated Activities) Regulations 2014: Regulation 13: Safeguarding service users from abuse and improper treatment
Health and Social Care (Reform) Act (Northern Ireland) 2009
Human Rights Act 1998
Homelessness Reduction Act 2017
Modern Slavery Act 2015
Mental Capacity Act 2005 (including DoLs 2007) & Code of Practice
Mental Health (Northern Ireland) Order 1986 & Code of Practice
Mental Health Act 1983
Nursing Homes Regulations (Northern Ireland) 2005
Police and Criminal Evidence Act 1984
Protection of Children Act 1999
The Public Interest Disclosure Act 1998
Public Interest Disclosure (Northern Ireland) Order 1998
Safeguarding Vulnerable Groups (Northern Ireland) Order 2007
Safeguarding Vulnerable Groups Act 2006
Sexual Offences Act 2003
Social Services and Wellbeing Act 2014
Working Together to Safeguard Children (2023)

16.2 **Other guidance documents:**

CQC (2018) Statement on CQCs Roles and Responsibilities for Safeguarding Children and Adults
DCA (2007) Mental Capacity Act 2005 Code of Practice
DfE (2018) Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers
DfE (2015) What to do if you're worried a child is being abused; Advice for practitioners
DH (2011) Safeguarding Adults: The role of health service practitioners
DH (2013) Domestic Violence and Abuse – Professional Guidance
DHSC Care and Support Statutory Guidance, updated 2021
DHSSPS (2015) (NI) Adult Safeguarding - Prevention and Protection in Partnership
Foreign and Commonwealth office & Home office (2013) Forced Marriage (updated 2020)
Home Office (2015) Prevent Duty Guidance: For England and Wales (updated 2019)
NHS England (2021) *Prevent* Training and Competencies Framework
NHS England and NHS Improvement (2019) Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework

HM Government (2018) Working Together to Safeguard Children: A guide to inter-agency working (updated 2020)
HM Government (2020) Multi-agency Statutory Guidance on Female Genital Mutilation
NICE (2009, as updated) Child Maltreatment: When to suspect maltreatment in under 18s. CG89.
NICE (2010, as updated) Looked-after Children and Young People. PH28.
NICE (2016) Transition from Children's to Adults' Services for Young People using Health or Social Care Services. NG43.
NICE (2014) Domestic Violence and Abuse: Multi-agency working. PH50
NICE (2021) Safeguarding Adults in Care Homes. NG189
NMC (2015) The Code: Professional standards of practice and behaviour for nurses and midwives (updated 2018)
SCIE (2011) Adult Services Report 47 User Involvement in Safeguarding
The Wales Safeguarding Procedures 2019

Also refer to local Safeguarding policies and procedures published by Local Authorities

17 ASSOCIATED FORMS

17.1

AC Form: 108	Adult Care Safeguarding Poster
OP Form: 15	Local arrangements for Safeguarding Children England
OP Form: 15D	Local arrangements for Safeguarding Children Northern Ireland
OP Form: 15E	Local arrangements for Safeguarding Children Wales
OP Form: 15G	Safeguarding Visitor Cards
OP Form: 16	Local Arrangements for Safeguarding Adults at Risk England
OP Form: 16B	Allegations Against People Who Work in Positions of Trust Referral Form
OP Form: 16C	Local arrangements for Safeguarding Adults Northern Ireland
OP Form: 16D	Local arrangements for Safeguarding Adults Wales
OP Form: 17	Referral of Alleged Safeguarding Concern
OP Form: 17A	Information for Service User - Safeguarding Adults at Risk (Easy Read)
OP Form: 21B	Safeguarding Training Matrix - All Divisions
OP Form: 21D	Safeguarding - Conformation of Competence
OP Letter: 15	Section 85/86 Safeguarding Notification to Home and Host Local Authority
OP Letter: 15A	Section 85/86 Safeguarding Letter to Parents/Carers
OG02	Guidance for a Rapid Review

18 EQUALITY IMPACT ASSESSMENT

18.1

How is the policy likely to affect the promotion of equality and the elimination of discrimination in each of the groups?			
Protected Characteristic (Equality Act 2010)	**Impact** Positive/ Negative/ None	**Reason/ Evidence of Impact**	**Actions Taken** (if impact assessed as Negative)
Age	Positive	This policy is aimed at ensuring adults and children are protected from abuse and therefore all groups listed here will be positively affected	
Disability	Positive		
Gender reassignment	Positive		
Marriage or civil partnership	Positive		
Pregnancy or maternity	Positive		
Race	Positive		
Religion or beliefs	Positive		
Sex	Positive		
Sexual orientation	Positive		
Other, please state:			
EIA completed by:			
Name:	Jackie Bloxham		

Role/Job Title:	Head of Safeguarding
Date completed:	12.12.2025

19 APPENDICES

19.1 **Appendix 1** - Role Descriptions
Appendix 2 - Internal Safeguarding Procedure - Adults
Appendix 3 - Internal Safeguarding Procedure - Children
Appendix 4 - Safeguarding Adult Reviews - Process For Appointment Of Writer For Chronology And IMR
Appendix 5 - Safeguarding Adult Reviews - Process For Chronology And IMR
Appendix 6 - Pathway Of Concerns - Northern Ireland

APPENDIX 1

Role Descriptions

1 Safeguarding Lead

Every service within Adult Care and Healthcare should have a primary Safeguarding Lead who will be supported in this role by deputy safeguarding leads.

The Site Leader (Registered Manager, Hospital Director) remains accountable for the safeguarding practice at site. The role of the Safeguarding Lead on sites or clusters of sites involves taking on the responsibility for several areas or safeguarding, including, as a minimum, the following:

(a) Assist/advise other colleagues on safeguarding issues
(b) Assuming responsibility as the named lead and point of contact for stakeholders regarding safeguarding concerns
(c) Undertake training and updates to the level specified
(d) To understand and advise other colleagues on referral processes
(e) To ensure safeguarding incidents are escalated appropriately within the service, within Priory and externally
(f) Facilitate a monthly site safeguarding meeting (healthcare) ensuring managers and leaders are part of that process
(g) Report to the local governance meeting each month
(h) Report into Safeguarding Governance via the regional Safeguarding Meeting and report back to the service on discussion points and important matters
(i) Receive papers and documents from other agencies and to comment on behalf of the site
(j) Provide the link from the site to the local Safeguarding Services
(k) Co-operate fully with all safeguarding enquiries which may include attending strategy meetings and case conferences supporting colleagues to also go through this process
(l) Supporting colleagues to ensure that clear and accurate records of safeguarding concerns are kept on Datix
(m) To be aware of any local thresholds and what situations require referral to the local Safeguarding team
(n) Input into the development of local safeguarding procedures which effectively link with and reflect those of the Local Authority/Health and Social Care Trust
(o) Communicate changes to procedures/documentation to colleagues
(p) To provide safeguarding supervision to the deputy Safeguarding Leads at the site.

2 Regional Safeguarding Lead

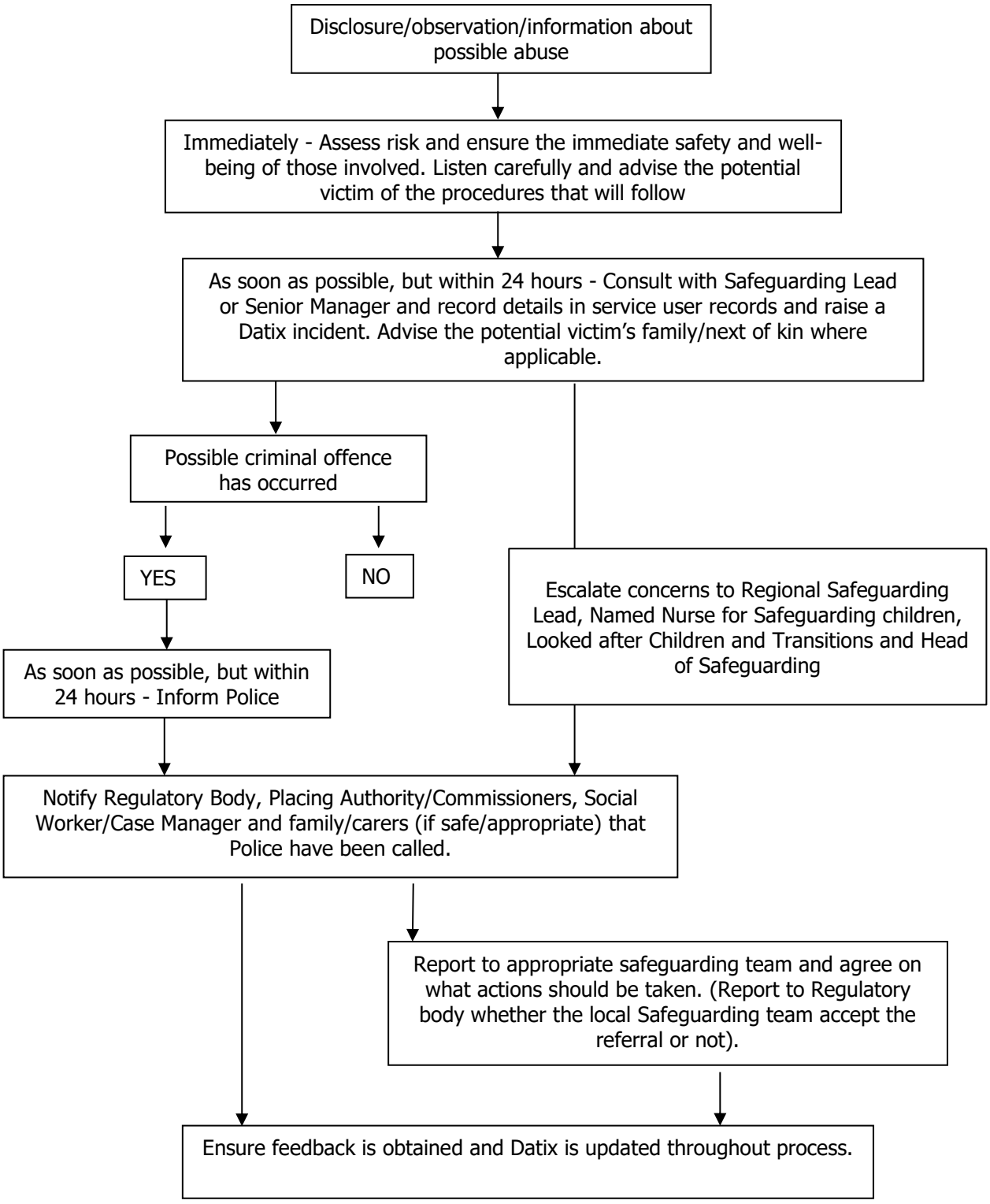
(a) Organise and facilitate Regional Safeguarding Meetings (Healthcare)
(b) Support with Individual/group safeguarding specific supervision for those who act as Site Safeguarding Leads
(c) Offer advice and guidance on safeguarding matters
(d) Analysis of the divisional audits of practice and identification of any actions necessary for the region and monitor these to completion.
(e) Act on behalf of the Cross-Divisional Safeguarding Committee as a member, sharing learning and influencing safeguarding practice across Priory.
(f) Support other Regional Leads by covering during periods of absence (for example annual leave or sickness)

Regional Safeguarding Leads are also expected to report up to the Cross-Divisional Safeguarding Committee in line with divisional governance structures and support the committee with analysis of disincentives to report, sharing of best practice and lessons learnt through regular contact with other Regional Safeguarding Leads.

APPENDIX 2

Internal Safeguarding Procedure - ADULTS

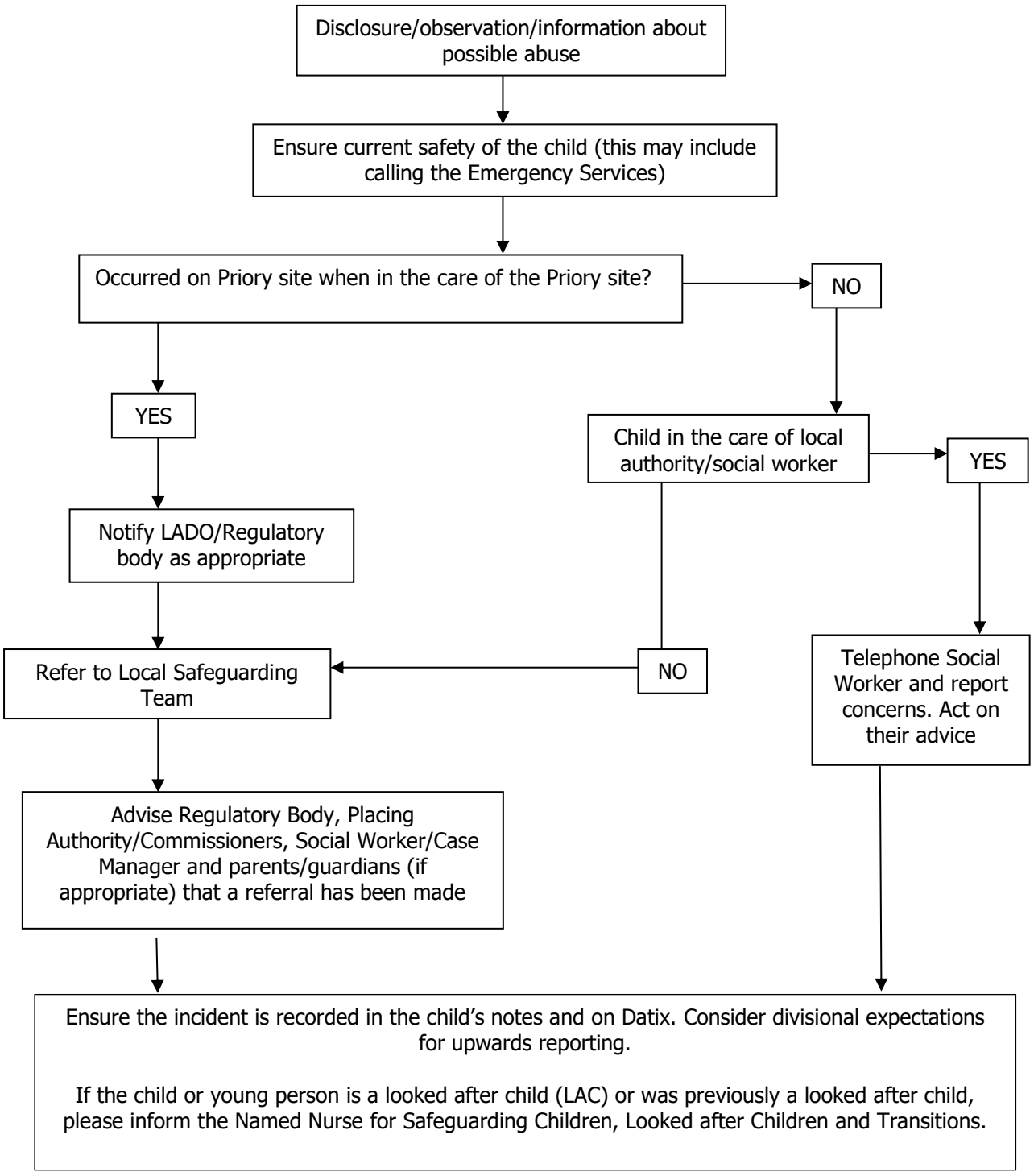
The following flowchart details actions that must be taken following suspicion that a service user has been abused.



APPENDIX 3

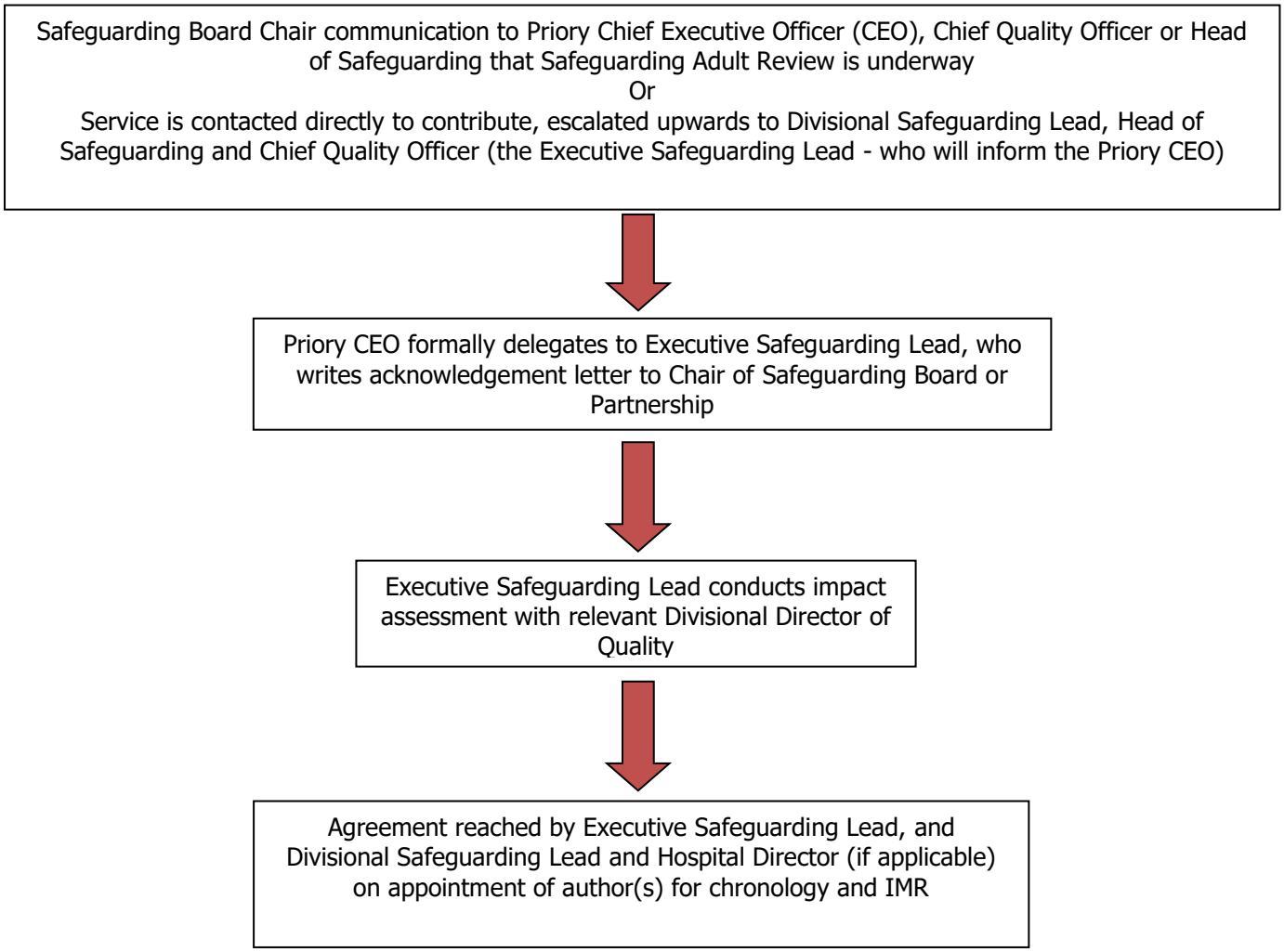
Internal Safeguarding Procedure - CHILDREN

The following flowchart details actions that must be taken following suspicion that a child has been abused.



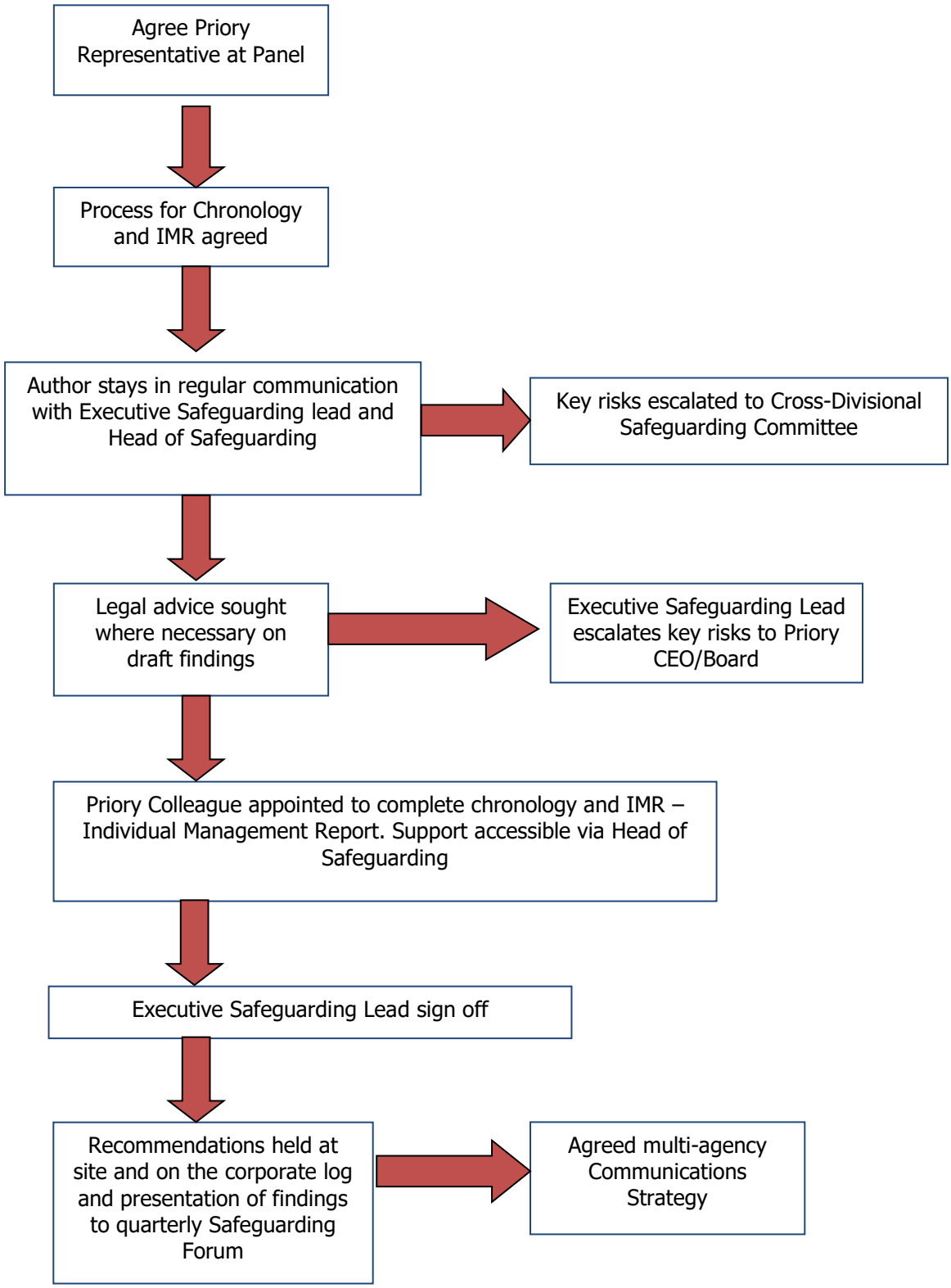
APPENDIX 4

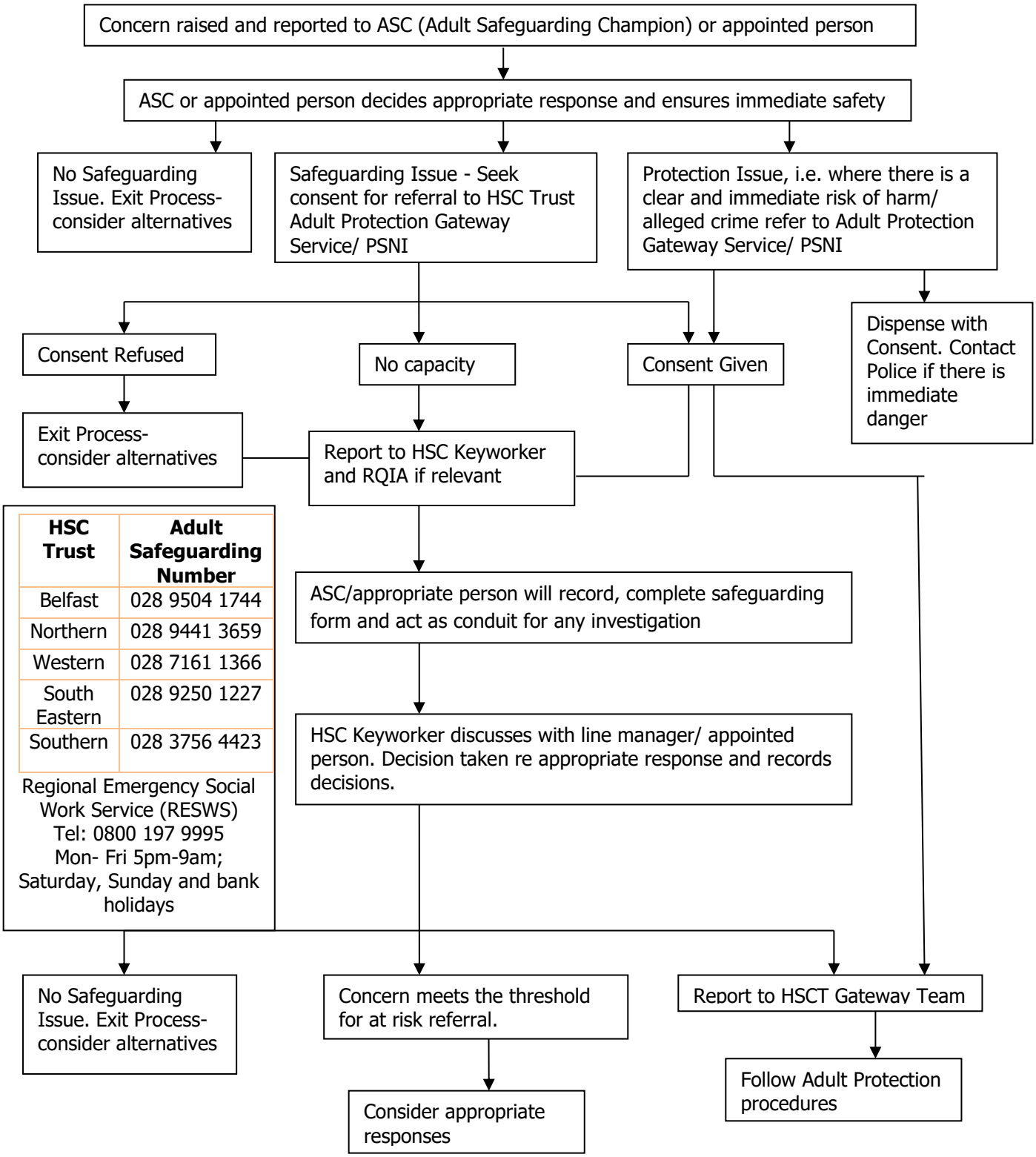
Safeguarding Adult Reviews, Child Safeguarding Practice Reviews (SPRs) and Child Death Overview Panels
Process for Appointment of Writer for Chronology and IMR



APPENDIX 5

Safeguarding Adult Reviews and Child Safeguarding Practice Reviews (SPRs) - Process for Chronology and IMR



APPENDIX 6

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