

SAFEGUARDING CHILDREN AND YOUNG PEOPLE POLICY

1. AIM

- 1.1. The aim of this policy is to ensure all staff understand and adhere to procedures for ensuring the safeguarding of all children receiving care from, or visiting Cygnet service users. It is the responsibility of individual Cygnet services to ensure they liaise with their Local Safeguarding Children's Partnership (LSCP) and adhere to any local protocols which may be provided in addition to those defined in this policy. These must be described or linked to in the Local Procedures in place at the service.
- 1.2. It is the personal responsibility of every individual referring to this policy to ensure that they are viewing the latest version; this will always be published on Cygnet's online policy library, 'myPolicy'.

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2. SCOPE

2.1. This policy applies to all Cygnnet locations and in particular in respect of children using our services, or where children are visitors to our services and links in with and reflects the Safeguarding Adults, and Safeguarding in Schools policies.

Safeguarding – Everyone’s Responsibility

2.2. This policy applies to all staff, permanent, bank and agency. All staff will be required sign to indicate their awareness and understanding of this policy within their

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induction as per the induction process. Everyone who works at Cygnet has a responsibility for keeping children (including those connected to or affected by the adults in our care) safe and take a “think family” approach.

- 2.3. Where another age group is on the site, there must be an **Adult/CAMHS Local Protocol** in place to safeguard individuals who come into contact with the other age group, and staff must be aware and understand this protocol.
- 2.4. It is the agreed Policy and any deviation by staff from following this policy and supporting procedures and documents may be subject to disciplinary procedures.
- 2.5. Links to supporting Policy, documents and references are in **Section 18**.

Terminology

- 2.6. Cygnet has a broad range of services in health and social care across the United Kingdom in England, Wales and Scotland and as a result is regulated by different bodies depending on the service's location (for Scotland, see the Adult Support & Protection (Scotland) Policy). For the purposes of this policy the following generic terms will apply as follows:

Regulatory body – will mean

- Care Quality Commission (CQC) for services in England,
- Health Inspectorate Wales (HIW) for services in Wales

Local Authority will mean the services's Local Authority or the Local Authority where the abuse is alleged to have taken place.

3. LEGISLATION

- 3.1. This policy is written in accordance with the following legislation: (links can be found in **section 18**).
 - Children Acts (1989 & 2004).
 - Health Social Care Act 2008 (Regulated Activities) Regulations (2014) (Part 3) Regulation 13.
 - The Social Services and Well-being (Wales) Act (2014).
 - Equality Act (2010).
 - The Sexual Offences Act (2003).
 - Protection of Children Act (1978).
 - The Mental Capacity Act (2005).
 - Deprivation of Liberty Safeguards.
 - UN Convention on the Rights of the Child (1989).
 - The Serious Crime Act (2015).
 - The Criminal Justice Act (1988).
 - The Safeguarding Vulnerable Groups Act (2006).
 - The Protection of Freedoms Act (2012).
 - The Mental Health Act (1983 & 2007).
 - The Human Rights Act (1998).
 - Forced Marriage (Civil Protection) Act (2007).
 - Domestic Abuse Act (2021).
 - Female Genital Mutilation Act (2003 and 2015).
 - The Counter-Terrorism and Security Act (2015).

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- Modern Slavery Act (2015).
- Children and Families Act (2014).
- Children And Social Work Act (2017).
- The Care Act (2014).
- Children and Young Persons Act (2008).
- Children (Leaving Care) Act (2000).
- Criminal Justice and Courts Act (2015).
- Education Act (2002).
- Working Together to Safeguard Children (2023) (statutory guidance)
- Online Safety Act 2023
- Domestic Abuse Act 2021

4. INTRODUCTION

- 4.1. This policy details the actions all Cygnet staff should follow. All staff are legally obliged to report any concerns of abuse where identified and, if unreported abuse is discovered and the concerned staff member has wilfully failed to report this, then this may constitute gross misconduct and colleagues' actions will be considered under the Cygnet disciplinary procedure, further safeguarding enquiries may prompt police involvement for the offence of wilful neglect.
- 4.2. Cygnet provide services directly to children and young people in a number of inpatient units across the country. Attached to each of these units are Ofsted registered education establishments. Therefore this policy is in line with the legislative frameworks for both health and education services and is supported by the Safeguarding in Schools Policy.
- 4.3. A key priority of all staff is to always ensure the safety and protection of children, this includes both the children in Cygnet services and those who may be impacted by Cygnet service users or staff. It is the responsibility of all staff to act on any concerns, suspicion or evidence of abuse or neglect, and to respond and take action regarding these concerns.
- 4.4. The definition of a child is highlighted in the statutory guidance Working Together to Safeguard Children (2023) as:
- "Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection."

TRANSITIONAL SAFEGUARDING

- 4.5. Cygnet recognises that effective 'Transitional Safeguarding' requires a seamless journey from adolescence into young adulthood through the collaboration of partners, having an emphasis on the resilience of developmental needs rather than solely focusing on physical care and support needs. This requires a holistic safeguarding approach, which should be person-led and outcome focused ensuring young people have control of what their future looks like.
- 4.6. Transitional safeguarding is not a model or a framework. It is a change of culture in how we safeguard our young people more fluidly and effectively, understanding

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the individual's safeguarding vulnerabilities and needs as our young people journey into adulthood. Staff will be mindful of this and ensure that they consider how safeguarding risks (intra and extra-familial) will potentially continue as a young person moves to adult services, making early referral to adult teams and ensuring that these risks are clearly communicated to the young person's multi-disciplinary team and those involved in safeguarding concerns. Where Cygnet recognises that risk does not stop because a young person turns 18, staff should notify the Named Nurse for Safeguarding Adults, Children and Transition in the Central Safeguarding Team to ensure support is provided to navigate systems where required.

Key Principles

- 4.7. Safeguarding and promoting the welfare of children is defined for the purposes of this policy as:
- Protecting children from maltreatment.
 - Preventing impairment of children's health or development.
 - Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
 - Taking action to enable all children to have the best outcomes.
- 4.8. The following areas must be considered at all times in line with the United Nations Convention on the Rights of the Child (1989) which the UK government have signed and agreed to. These 4 general principles are:
- **Non-discrimination** (article 2): The Convention applies to all children whatever their ethnicity, gender, religion, language, abilities, whatever they think or say, no matter what type of family they come from, whatever their circumstances. For example a child in care has the same right to an education as a child who lives with his/her parents.
 - **Best interest of the child** (article 3): A child's best interests must be a top priority in all decisions and actions that affect children. All adults should do what is best for children and should think about how their decisions will affect children. Determining what is in children's best interests should take into account children's own views and feelings.
 - **Right to life, survival and development** (article 6): Children have the right to life and governments must do all they can to ensure children survive and develop to their fullest potential. The *right to life and survival* guarantees the most basic needs such as nutrition, shelter or access to health care. *Development* - physical, emotional, educational, social and spiritual - is the goal of many of the rights in the Convention, for example the right to education, access to information, freedom of thought or right to play.
 - **Right to be heard** (article 12): Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This principle recognises children as actors in their own lives and applies at all times, throughout a child's life. This means that when adults make decisions about a child's life, the child should be asked what they think and feel and adult's decision needs to take these into account. The Convention recognises that the level of a child's participation in decisions must be appropriate to the child's age and maturity.

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POLICY

- 4.9. Cygnet is accountable for ensuring that there are reliable systems, processes, and practices in place to keep people safe and to safeguard them from abuse and neglect. This policy applies to all members of staff, volunteers and trainees, intern or students on secondment in CQC and HIW registered locations.
- 4.10. Abuse is a violation of a person's human and civil rights by another person or persons and may result in significant harm to, or the exploitation of the person subjected to it.
- 4.11. Abuse can be intentional or unintentional, it may be a single or repeated acts. Abuse can happen anywhere: for example, in someone's own home, in a public place, in hospital, in a care home or any environment. It can happen when someone lives alone or with others. Anyone can carry out abuse or neglect.

For further definitions please see the [Staff Handbook](#).

- 4.12. Cygnet policy on Safeguarding is designed to complement the Multi-Agency policies and procedures of Safeguarding Children's Partnerships and links closely to a number of other Cygnet policies, including but not limited to;
- Data Protection Confidentiality and Access to Records
 - Information Governance Policy and Strategy
 - Consent to treatment
 - Positive and Safe Care – Reducing Restrictive Practice
 - Mental Capacity Act, Advance Decisions and Advance Statements
 - Deprivation of Liberty Safeguards
 - Cygnet Schools – Staff code of conduct
 - Recruitment, selection and appointment of Staff
 - Raising Concerns: Freedom to Speak Up (Whistleblowing)
 - Prevent Strategy and Policy
 - Allegations Against a Person in a Position of Trust.
 - Complaints and Compliments.
 - Family and Carer Involvement.
 - Admissions, transfer and discharge.
 - Unexpected Death of an Individual policy
 - Safeguarding in Schools Policy
 - Domestic Violence and Abuse
 - Advocacy
 - Transition from CAMHS to Adult Services
 - Multi-agency Reviews
 - Adult Support and Protection
- 4.13. Cygnet will:
- Have a zero tolerance approach to abuse, unlawful discrimination and restraint. This includes:
 - neglect.
 - subjecting people to degrading treatment.
 - unnecessary or disproportionate restraint.
 - deprivation of liberty.

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- Promote wellbeing, prevent harm where possible and deal appropriately and promptly with any abuse, allegation of abuse or concerns, in accordance with statutory guidance and the best interests of the individual.
 - Listen to all individuals in our care, respect their views and involve them wherever possible in decisions which may affect them.
 - Share information about concerns with agencies who need to know, involving individuals in our care and their families/carers appropriately.
 - Ensure individuals have access to advocacy.
- 4.14. Cygnet is accountable for ensuring that there are policies and procedures in place to keep people safe and to safeguard them from abuse and neglect.
- 4.15. All individuals have the right to be treated with respect, dignity, and privacy without discrimination on the grounds of any of the protected characteristics of the Equality Act 2010 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation) or any other personal factor or quality.
- 4.16. All individuals are entitled to be in an environment free of bullying, harassment and abuse.
- 4.17. **All staff** are responsible for identifying and responding to allegations of abuse and that individuals are treated as outlined in point 4.15.
- 4.18. All staff are to abide by the Duty of Candour, this involves:
- Acknowledging, apologising and explaining when things go wrong.
 - Conducting a thorough investigation into the incident and reassuring individuals, their families and carers that lessons learned will help prevent the incident recurring.
 - Providing support for those involved (both individuals and staff) to cope with the physical and psychological consequences of an ind.

5. RIGHTS AND RESPONSIBILITIES OF STAFF, SERVICE USERS, FAMILIES AND CARERS

Key principles

- 5.1. Aligning with Working Together to Safeguard Children (2023), effective safeguarding arrangements in every local area should be underpinned by two key principles:
- Safeguarding is everyone's responsibility: for services to be effective each staff member and organisation should play their full part.
 - A child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

6. RECOGNISING CHILD ABUSE – TERMS AND DEFINITIONS

- 6.1. There are four overarching categories of abuse: Physical abuse, sexual abuse emotional abuse and neglect.
- 6.2. Working Together to Safeguard Children (2023) identifies abuse can come in many forms listed below. For further guidance and descriptions of types of abuse please refer to the [Safeguarding Handbook](#).
- sexual

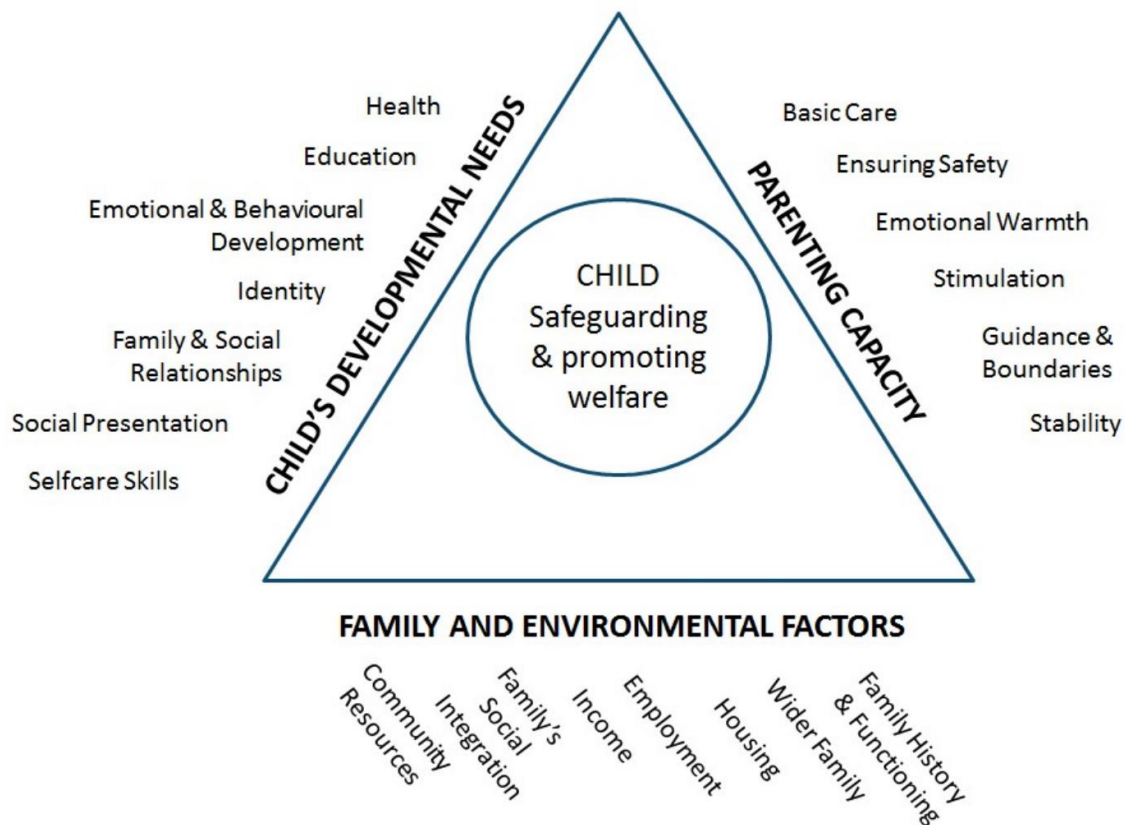
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- physical
- emotional abuse
- neglect
- domestic abuse, including controlling or coercive behaviour
- exploitation by criminal gangs and organised crime groups
- trafficking
- online abuse (see Online Safeguarding Statement 4-15.14)
- sexual exploitation, and
- the influences of extremism leading to radicalisation

- 6.3. In addition, if it is discovered that staff or ex-members of staff are in any form of relationship, or communication with service users outside of the workplace, this must be considered as a safeguarding issue and reported accordingly (please see the **Allegations against Persons in a Position of Trust** Policy).
- 6.4. Any breach of confidentiality between staff or ex-staff and service users must be investigated and appropriate measures taken to maintain the safety and privacy of service users. Staff found to have breached confidentiality will be subject to appropriate HR and disciplinary processes.
- 6.5. Concerns may refer to only one or more of the above categories and abuse may occur in a range of settings including: online; the family home; day care service; residential home; health or hospital establishment or schools. Abuse may not always present as one incident, but could present as a pattern of concern about the welfare of the child.
- 6.6. All staff have a duty to be as vigilant as possible around the risks of online harm through the use of Social Media. See **Online Safeguarding Statement 4-15.14**. Any Safeguarding concerns must be raised and referred in line with Cygnet Policy and Local procedures and staff must recognise that the potential impact of online harms are significant and consider the use of local exploitation pathways as identified in the Local Procedures where appropriate.
- 6.7. Abuse may be identified by a variety of sources including: statutory and non-statutory agencies; members of the child's family; clinical professionals or support staff; the wider community or the young person themselves. The **Assessment Framework Triangle (2000)** see Figure 1, highlights the key domains associated with children's needs and wellbeing; it also provides a framework for key areas for consideration when making safeguarding referrals and writing reports.

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Fig 1 The Assessment Framework Triangle (2000)



7. PREVENT

- 7.1. The Government's Prevent strategy focuses on stopping people becoming terrorists or supporting terrorism. It is part of the Government's counter terrorism strategy CONTEST, which is led by the Home Office. As Prevent is about recognising when vulnerable individuals are at risk of being exploited for terrorist-related activities.
- 7.2. Cygnet is a key partner in the Prevent principle of this strategy, in line with other health providers and the NHS.
- 7.3. Cygnet staff must know how to safeguard and support vulnerable individuals, whether service users or staff, who they feel may be at risk of being radicalised by extremists. Appropriate systems are in place for staff to raise concerns if they have concerns someone maybe at risk of this form of exploitation. Safeguarding and incident reporting policies are integrated with the Prevent strategy and policy. Please ensure you refer to the [Prevent strategy and policy](#) in any circumstances where Prevent concerns arise.

8. DOMESTIC VIOLENCE AND ABUSE (DVA)

- 8.1. Domestic Violence and Abuse is described in the Domestic Abuse Act 2021:
 - The behaviour of a person towards another person is “domestic abuse” if both individuals are each aged 16 or over and are personally connected to each other, and the behaviour is abusive.

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- 8.2. The Domestic Abuse Act 2021 considers behaviour as “abusive” if it consists of any of the following:
- (a) physical or sexual abuse.
 - (b) violent or threatening behaviour.
 - (c) controlling or coercive behaviour.
 - (d) economic abuse.
 - (e) psychological, emotional or other abuse; and it does not matter whether the behaviour consists of a single incident, or a course of conduct.

Note: “Economic abuse” means any behaviour that has a substantial adverse effect on an individual’s ability to acquire, use or maintain money or other property, or obtain goods or services.

Children as Victims of Domestic Abuse:

- 8.3. Any reference in the Domestic Abuse Act to a victim of domestic abuse includes a reference to a child who sees or hears, or experiences the effects of, the abuse, and is related to either adult involved.
- 8.4. The main features of a domestically abusive relationship are based around Coercive and Controlling behaviour. Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation used to harm, punish or frighten the survivor. Controlling behaviour are acts designed to make a person subordinate and dependent by isolating them from support, exploiting their resources, depriving them of the means for independence and regulating their behaviour.

FEMALE GENITAL MUTILATION (FGM)

- 8.5. Please see [Staff safeguarding handbook](#) for further guidance.
- 8.6. Indications that FGM may be about to take place include:
- The family comes from a community that is known to practise FGM.
 - A child may request help from a teacher or another adult.
 - Any female child born to a woman who has been subjected to FGM must be considered to be at risk, as must other female children in the extended family.
 - Any female child who has a sister who has already undergone FGM must be considered to be at risk, as must other female children in the extended family.

Recognition

- 8.7. A child may be considered to be at risk if it is known older girls in the family have been subject to the procedure. Though pre-pubescent girls are most commonly victims, the practice has been reported amongst babies and can happen at any age.
- 8.8. Concerns may arise if a family is known to belong to a community in which FGM is practised and is making preparations for the child to take a holiday to her country of origin or another country where the practice is prevalent, including African countries and the Middle East, or planning school absence and the child may refer to a ‘special procedure’ or ‘celebration.’
- 8.9. Indications that FGM may have already occurred include:

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- Prolonged school absence with behaviour change on return
- Bladder and menstrual problems
- Reluctance to receive medical attention or participate in sport

Response

- 8.10. Any concerns or suspicions of intended or possible risks in relation to FGM (for an individual under the age of 18 years) must be referred to Children's Social Care and the Police. Please ensure you are aware of local pathways and processes for reporting.
- 8.11. There is a mandatory reporting duty to report FGM to the police in respect of:
- "Those working in regulated professions (for example, teachers, social workers and healthcare workers) to report the discovery of FGM appearing to have been carried out on a girl under 18." (Serious Crime Act, 2015).

Note: it must be the professional that observes or suspects the evidence of FGM that reports to the police, this must not be delegated to another individual. Colleagues must ensure incidents are recorded on Datix as per safeguarding recording expectations.

9. FABRICATED OR INDUCED ILLNESS (FII) AND 'PERPLEXING PRESENTATIONS'

- 9.1. Fabricated or induced illness (FII) is a rare form of abuse. FII is when a parent or carer exaggerates or deliberately causes symptoms of illness in the child or young person, or they try to convince doctors that the child is ill, or that their condition is worse than it really is.
- 9.2. There may be instances in which a service users symptoms are not fully explained or there may be discrepancies between reports, presentations and observations, or implausible descriptions, findings or behaviours demonstrated, which don't amount to likely or actual significant harm, and would be considered as a 'perplexing presentation'. Furthermore, medically unexplained symptoms, where the child complains about symptoms which are not explained by pathology could be determined as psychosocial or other presentations should be considered.
- 9.3. However, in the case of FII, there is clear deception and/or illness induction by the parent / care giver which can cause significant harm and/or even death. FII is rare but very serious.

Response

- 9.4. Where there is immediate risk/ the young person is already experiencing serious harm/ and or is at risk of death, these concerns need to be immediately escalated to a multi-agency strategy discussion.
- 9.5. However, if the risk is felt to be of a perplexing presentation, not yet amounting to likely or actual significant harm, a collaborative approach with families is the best approach. This approach should be led by a Consultant, with the support of the Named Doctor for Safeguarding with all appropriate health professionals and the family present, in order to understand the individual's health and ensure an appropriate management plan can be implemented.

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- 9.6. It is good practice for chronologies to be compiled, to evidence concerns clearly relating to FII.

Where there are concerns present in relation to FII or perplexing presentations, support must be sought from the Central Safeguarding Team.

10. CHILD CRIMINAL AND SEXUAL EXPLOITATION (CCE/CSE)

- 10.1. Child Exploitation is defined as:
Where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been exploited even if the activity appears consensual. Child sexual or criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

What are the signs?

- 10.2. Children and young people that are the victims of exploitation often do not recognise that they are being exploited. However, there are a number of tell-tale signs that a child may be being exploited, these include:
- Going missing for periods of time or regularly returning home late.
 - Regularly missing school or not taking part in education.
 - Appearing with unexplained gifts or new possessions.
 - Associating with other young people involved in exploitation.
 - Having older boyfriends or girlfriends.
 - Suffering from sexually transmitted infections.
 - Mood swings, presenting as withdrawn or changes in emotional wellbeing.
 - Drug and alcohol misuse.
 - Displaying inappropriate sexualised behaviour.
 - Excessive or secretive around use of mobile phones and devices
 - Concerns around online safety
- (Note: this list is not exhaustive)
- 10.3. Within Local Authorities there is often a specific referral pathway for reporting concerns of Child Criminal and/or Sexual Exploitation. If concerns are raised, advice may be sought from the Local Specialist CCE/CSE Team in your area and local referral pathways should be adhered to at all times. Where possible these should be captured in the service's Local Procedures.

Information for Individuals and Relatives/Carers

- 10.4. Individuals in a Cygnet location and relatives/carers will be given information regarding safeguarding on admission. The information given will take into account the age of the individual, level of understanding etc. Staff will ensure that all individuals are aware of their rights to be kept safe and free from harm. Staff will work with individuals on their personal safety and protection and provide them with

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advice, assistance, guidance and support on how to keep themselves and their peers safe.

- 10.5. Safeguarding information will be available in a range of media and user friendly formats for individuals with care and support needs and their carers. These will explain clearly what abuse is and also how to express a concern or make a complaint. A co-produced video for service users, family and carers is available on the [Cygnet website safeguarding page](#). The MyCygnet intranet also hosts a number of [accessible/easy-read documents](#) for service users in the Safeguarding section. Service Users and family members/carers must be supported with appropriate communication tools to ensure they are able to understand and contribute to the safeguarding process wherever possible.
- 10.6. Individuals and carers will be informed that their concerns or complaints will be taken seriously, be dealt with independently and that they will be kept involved in the process to the degree that they wish to be. They will be reassured that they will receive help and support in taking action. They will also be advised that they can nominate an advocate or representative to speak and act on their behalf if they wish. For individuals assessed as lacking capacity to make decisions about how they could be protected, an Independent Mental Capacity Advocate (IMCA) must be considered and may be appointed. They will be advised of rights to legal aid and where appropriate to victim support and compensation.
- 10.7. **Pregnancy.** Should any individual being supported by Cygnet be pregnant or become pregnant, then any potential safeguarding risk to the unborn baby must be considered.
- 10.8. If the individual who is pregnant is a child themselves then any Safeguarding risks to both must be considered and referred to the Local Authority in line with their local procedures.
- 10.9. It is important that with any pregnancy the appropriate local area primary care and universal health services are made aware by staff. This includes GP, midwifery, health visiting and any other services appropriate to the stage of the pregnancy. Where there are any safeguarding concerns relating to an unborn baby, or a young person who is themselves pregnant, a referral to Children's Social Care will need to be considered and if felt necessary a 'pre-birth assessment' completed by Children's Social Care.

To meet the needs of both mother and unborn baby, it is essential for timely and effective multi-agency working. To ensure staff are supported the Cygnet Central Safeguarding Team should be informed, as soon as possible, once staff are made aware that an individual in our care is pregnant.

11. SERVICE USERS WHO DISCLOSE OR ARE ALLEGED TO BE PERPETRATING ABUSE

- 11.1. Not all people who perpetrate harm are adults, children can also be abusers of other children for example; physical abuse, sexually harmful behaviour, cyberbullying, youth produced sexual imagery (sexting), initiation/hazing (e.g. forced activities to initiate new members into a group) or prejudiced behaviour.

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- 11.2. When an allegation is made by a service user against another service user, members of staff should consider whether the allegation indicates the requirement to raise a safeguarding concern.
- 11.3. If there is a safeguarding concern, the Safeguarding Lead should be informed and details must be documented using the appropriate documentation and on Datix. Where appropriate, the Safeguarding Lead will support colleagues to make a referral.
- 11.4. In situations where a safeguarding risk is identified, a risk assessment should be prepared along with a preventative, safeguarding care plan (refer to Care planning policy). The safeguarding care plan should be monitored and a date set for a follow-up evaluation with everyone concerned. Safeguarding concerns must be recognised as risks and as such the service user's risk assessments should also be updated and reviewed accordingly with consideration to risk reduction and safety planning.
- 11.5. If a service user discloses that they have, or may have, abused a child, or children, this must be taken seriously and should be clearly documented in the service user record, and discussed with the multi-disciplinary team. Staff must seek advice from the Safeguarding Lead/Central Safeguarding Team at Cygnet and discuss arrangements for making a referral to the Local Authority and/or the Police as appropriate.
- 11.6. If there are any suspicions or evidence of a service user accessing or viewing child abuse materials online, on a digitally enabled device or through other means; or is suspected of making plans to meet a child to abuse them, the police should be notified as soon as possible and staff should not review the materials or suspected evidence before doing so. The police have a responsibility to investigate and Cygnet staff may risk damaging the integrity of evidence or put individuals at further risk by delayed any report to the police. In the first instance and the material or device used to access or view materials kept in a locked environment, not accessible to wider staff members or individuals in our care. The other relevant steps, for example incident reporting, expected safeguarding actions should be taken and any internal investigations instigated only after the police agree they can commence. The Central Safeguarding Team should be made aware and support accessed as appropriate.

PROCEDURES

- 11.7. All staff employed by Cygnet will be given a personal copy of the booklet entitled "**Staff Safeguarding Handbook**". The contents and detail of this document are covered in induction and training programmes and all staff are required to follow the procedures to the letter at all times.
- 11.8. In recording concerns and allegations regarding the abuse of individuals in our care, all locations shall use the forms as described in the services Local Procedures.
- 11.9. All incidents should be recorded on Datix and the safeguarding sections completed for all potential safeguarding incidents even if they do not require

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referral to the Local Authority. Refer to the [Incident Reporting and Management policy](#) for further details on this process.

- 11.10. A safeguarding care plan should be completed whenever a member of staff believes the individual is at risk of, or has experienced harm as a result of neglect or abuse. This will be used to ensure appropriate safeguards are in place to protect the individual from any further harm, and to plan ways to manage their safety, reducing the likelihood of further harm. This should be co-produced wherever possible, capturing the individual's views and wishes, it must be kept up-to-date as the concern progresses. Safeguarding Care Plans should be written by the staff who are involved in the preparation of other care/support plans, normally the individual's multi-disciplinary team, with support from the Safeguarding Lead
- 11.11. Cygnet has [Local Safeguarding Procedures](#) for each of their locations; staff should refer to the individualised procedure for their own location. This procedure is to be kept under continuous monitoring and review by the Safeguarding Lead and developed with the Local Authority where possible.
- 11.12. Whilst Statutory Guidance identifies types of abuse; the guidance should not limit what constitutes abuse or neglect. The specific circumstances of an individual case should always be considered.
- 11.13. What to do if you have a concern; please see the following flowchart [Staff Safeguarding Flowchart Poster](#) (4-15.04)

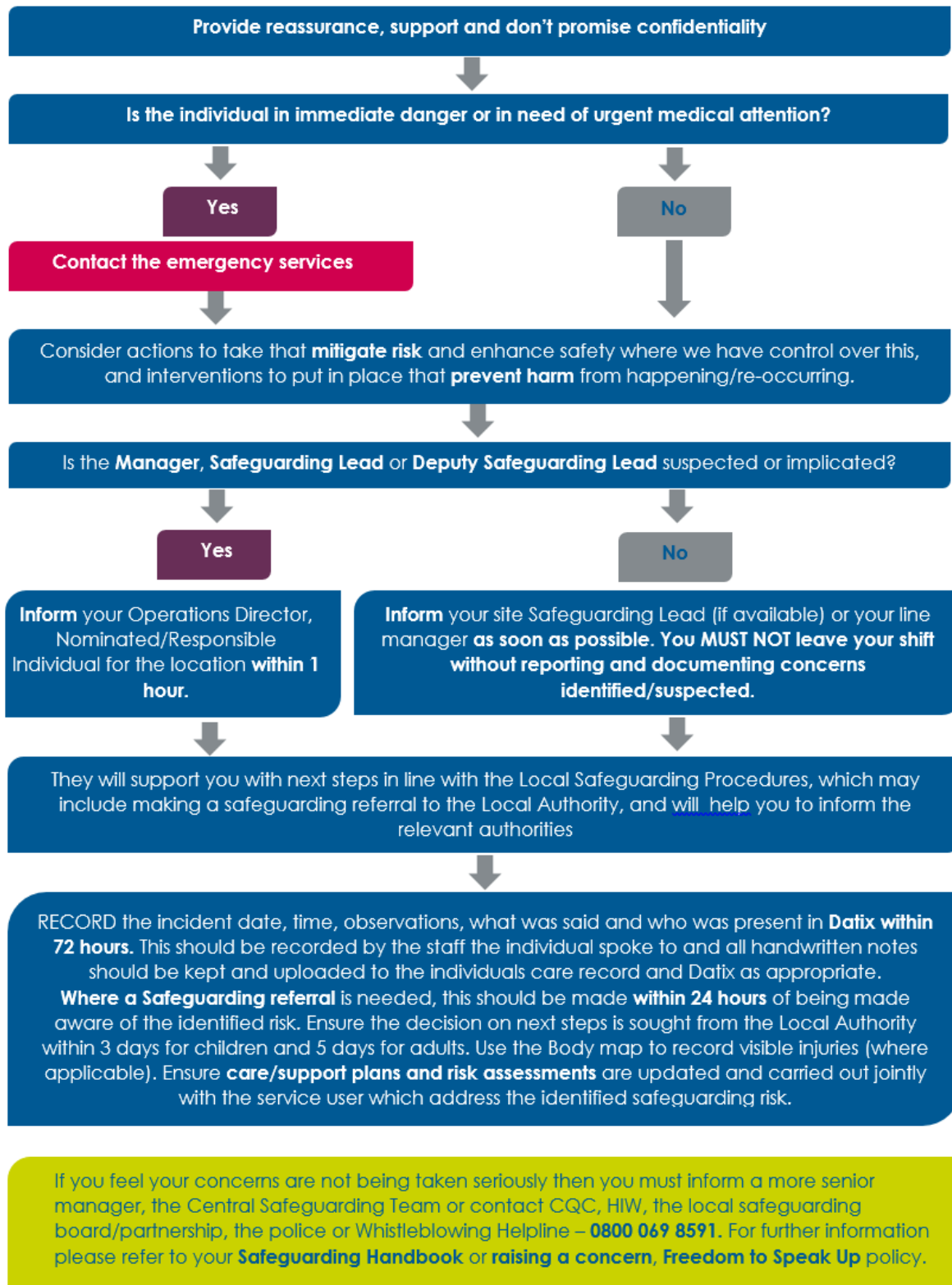
A child-centred approach

- 11.14. Effective safeguarding systems are child centred. Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them, or placing the interests of adults or services ahead of the needs of children.
- 11.15. Children want to be respected, their views to be heard, to have stable relationships with professionals built on trust and to have consistent support provided for their individual needs. This should guide the behaviour of professionals. Anyone working with children should see and speak to the child; listen to what they say; take their views seriously and work with them collaboratively when deciding how to support their needs.

Fig 3 Safeguarding Flowchart

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If you suspect or witness abuse **REPORT IT**



Timescales

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- 11.16. Following the referral to the Local Authority, Children's Social Care should notify the service of what the outcome of the referral has been. It may be one of the following, with one of the following outcomes;
(See Appendices 1-6 for Working Together 2023 flow charts)
- No further action.
 - Passed to Early Help Teams (CAF/EHAF¹) or signposting and referral for appropriate support.
 - Passed for 'Initial' or 'Single Agency Assessment' (by Children's Social Care), (Section 17),
 - Strategy Discussion.
 - Subject to a Section 47 enquiry.
- 11.17. Working Together (2023) states within one working day of a referral being received, a Children's Local Authority Social Worker, should contact the referrer and acknowledge receipt of the referral. The Social Worker should also provide information to the referrer about 'next steps' and the response that may be required.
- 11.18. If you have not heard an outcome of the referral within 3 working days – the Safeguarding Lead should follow up and request an outcome of the referral from the team. **Note:** Safeguarding processes are driven by the nature of the case and the needs of the individual. Local Authorities will have clear requirements for working within statutory timescales. Please refer to your local area for more information.

In the absence of a response from the Local Authority, any decisions made by Cygnet Safeguarding Leads to 'close' safeguarding concerns on Cygnet's Datix system without confirmation from the Local Authority, must be agreed with the Central Safeguarding Team and communicated to the Local Authority by using agreed templates as provided by the Central Safeguarding Team.

Record-keeping

- 11.19. Record keeping is an important element of safeguarding. Whenever a complaint or allegation of abuse is made, staff must keep clear and accurate records using Datix (refer to [Incident Reporting and Management Policy](#)). When describing the act of communicating a potential concern to *other Cygnet staff* this should not be described or documented in records as 'raising a Safeguarding concern' or 'alert'; any description of raising a concern, making a safeguarding alert etc. must only be used to describe the process of communicating the concern to the Local Authority Safeguarding Team via the agreed methods as described in services Local Procedures.
- 11.20. A referral should be completed and raised with the Local Authority using the method identified in the services Local Safeguarding Procedures (this may be online, via phone or a form). Where a preferred method is not identified, the
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¹ CAF / EHAF are interchangeably used across the UK and forms a part of early help services sitting under the threshold for safeguarding.

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Cygnets 'Safeguarding Concern Form' (4-15.11) is available through the 'SharePoint' system.

- 11.21. Wherever possible, the individual who receives a disclosure or who observes a concern should be the individual to document their observations and complete the referral form. Safeguarding Leads and Managers may support with the process but should only complete forms on behalf of others when the individual is unable to themselves. These concerns would then need to be inputted into Datix, within 72 hours from the point of the concern being identified. All appropriate processes should then be followed in terms of safeguarding, HR, incident management, risk assessment and any others that are relevant. Services must always ensure their internal incidents, inputted via Datix, and are completed and kept up to date.
- 11.22. The legal status under the Children Act and who has parental responsibility of an individual in our care should be sought and recorded on admission to any Cygnet service. Any change to legal status, or change to who has parental responsibility should be reviewed and updated within multidisciplinary meetings and Care Program Approach processes. Please see Cygnet 'Admissions, Discharge and Transfer' policy and procedure for further information.
- 11.23. For any Looked After Child (LAC), it is important for the individual's multi-disciplinary team to be aware of, and have input into, the annual statutory 'review health assessment' and Cygnet staff should liaise with the individual's Social Worker from the placing authority to gain and document this information.
- 11.24. Staff working with 'Looked After Children' and those who have a 'child in need' plan or child protection process in place must be aware of their status or ongoing process. This should be captured in the individual's daily risk assessment (DRA) and there should always be a corresponding safeguarding care plan in place.
- 11.25. The legal status under the Children Act should be captured and communicated through care-plans in place to ensure those working with the individual are aware.
- 11.26. As a minimum the Datix record should include the following:
 - Date and circumstances of concerns and subsequent actions.
 - Names and designations of anybody involved.
 - Decision making processes and rationale, including names and designations of those involved in decision making.
 - Reference to risk assessments and risk management plans.
 - Consultations and correspondence with key people including the alleged victim where safe to do so.
 - Advocacy and support arrangements.
 - Safeguarding plans.
 - Outcomes.
 - Differences of professional opinion and formal inter-agency disputes.
 - Referrals to professional bodies and/or the Disclosure and Barring Service.
 - How capacity has been considered and the voice of the child has been captured.

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11.27. At this stage individuals at risk should be asked what they would like to happen now and this should be stated within Datix. Wherever possible consider the wishes and desired outcomes of the child at risk. In other words, what do they want to happen next, what do they want to change about their situation and what support do they want to achieve that.

NOTE: It should not be assumed that an individual at risk will always want their family, carers or advocates to be informed of the concern, this must be clarified with the individual with no assumptions made. Consider capacity and capture in care and support plans accordingly. This must be reviewed regularly and aligning with the principles of the Mental Capacity Act, is decision and time specific.

11.28. All recording of written information should be legible and discussions with other professionals and agencies should be recorded chronologically.

11.29. Where the safeguarding concerns arise from abuse or neglect deliberately intended to cause harm, then it will not only be necessary to immediately consider what steps are needed to protect the individual but also how best to report as a possible crime. Early engagement with the police is vital to support any criminal investigation.

11.30. If a crime is in progress the person witnessing the crime should dial **999** immediately and report it. Colleagues may wish to have a conversation with their line manager or someone more senior however this should never stop the crime from being reported without delay.

11.31. Taking the above initial safeguarding actions should **never** stop you from raising the concern to the Local Authority.

11.32. Staff must be mindful not to let early fact finding to inform a referral delay in making the referral itself or that fact finding risks becoming an investigation. The decision to investigate resides with the Local Authority and/or the Police and staff should not undertake their own investigation without prior discussion with the Local Authority and/or Police.

11.33. Although the Local Authority has the lead role in making enquiries or requesting others to do so, where criminal activity is suspected, early involvement of the police is essential. Police investigations should be coordinated with the Local Authority who may support other actions, but should always be Police led.

11.34. If you are unsure about whether a crime has been committed but you still think the individual has been or may have been harmed then still raise the concern with your Safeguarding Lead/Line Manager in the way described above and they will advise whether liaising with the police is required.

11.35. A number of concerns identified may not meet the Local Authority's threshold for referral (as identified in the Local Safeguarding Procedures). If a concern does not meet the Local Authority threshold for a safeguarding referral, there will still be

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actions required by the service to support the service user from the experience or risk of further harm.

Note: 'low level' concerns may not require reporting in line with local authority thresholds, however these must be recorded in line with expectations and captured on Datix as potential/actual safeguarding concerns. The service must consider if repeated occurrences indicate a theme or trend that is in itself a concern that requires reporting.

- 11.36. However, on other occasions, the consideration of Local Authority thresholds may indicate that some intervention is required, and as such a referral should be completed and raised with the Local Authority using the method identified in the services Local Safeguarding Procedures (this may be online, via phone or a form. Where a preferred method is not identified, the Cygnet 'Safeguarding Concern Form' is available via the 'SharePoint' system).
- 11.37. The Local Authority will then make the decision about what further enquiries are required. They will make this decision either independently, or in discussion with another partner agency depending on the nature of the concern.
- 11.38. If a referral to the Local Authority is required, this must be undertaken within 24 hours. Where possible, (with the support of the Safeguarding Lead or manager) the colleague who observes a concern or receives a disclosure should be the individual to raise the referral.
- 11.39. In addition to the various support options available to the individual, the person or agency alleged to have caused the harm may also be required to become involved in alternative procedures. These could include any of the following:
- Complaints investigation
 - Referral to the relevant regulator
 - Incident investigation
 - Serious Incident Investigation
 - Disciplinary procedures
 - Human Resource
 - Whistleblowing
 - Police / criminal investigation

Escalation and Dispute Resolution

- 11.40. Whilst Children's Social Care are the lead agency in safeguarding children and promoting welfare, it is the responsibility of all agencies to work effectively together and to resolve any dispute or escalate concerns. Where Cygnet employees are dissatisfied with the actions taken or plan to safeguard a child, the local areas Escalation Procedure will need to be followed and this should be led by the site Senior Management Team and Safeguarding Lead. Effective partnership working between agencies and professionals is important, however there are occasions where disagreement between professionals, or agencies occurs. Each Local Authority will have an 'Escalation Procedure,' which Safeguarding Leads should be familiar with, when working with children and young people.

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Note: The child's safety and welfare, must remain the focus of any dispute or escalation. It is important that language remains respectful and where possible, attempts to resolve disputes takes place with relevant practitioners first. At every stage of any dispute or escalation, clear documentation is essential. Support with dispute resolution and escalation, can be accessed from the Cygnet Central Safeguarding Team where required.

Medical examinations

- 11.41. It may be necessary as a part of a children's safeguarding enquiry that either the Police or Children's Social Care, may request the individual receives a medical examination or (S47) Child Protection Medical. If staff have observed injuries or harm, they should be asking how the injury concerned has occurred and documenting fully the response from the person. Where appropriate, such as a new admission or transfer, contacting family or previous placements to enquire how an injury was sustained may be required. A body map should be completed within Datix, with a full description of the injury. Cygnet staff should not be undertaking medical examinations if there are concerns of abuse. This may be carried out either by a Police Surgeon (or their nominated specialist representative for collecting forensic evidence), or a Consultant Paediatrician. Following a disclosure or concern in relation to sexual abuse, a child or young person may require specialist examination and support services from a Sexual Assault Referral Centre (SARC), in the local or regional area.
- 11.42. Cygnet will cooperate fully with any requests for either of these interventions and support facilitation of these examinations. This may require the consideration of section 17 leave being authorised for patients under the Mental Health Act (1983) and should be expedited as quickly as possible.
- 11.43. Due to some service users being some distance from their homes / families, Cygnet staff may be asked to be the appropriate adult for the individual during the intervention. Please refer to the [Chaperone Policy](#). However, depending on the examination, the service user may not wish for staff to be present. This should be discussed with the examining physician and documented in the service user's records.

Confidentiality

- 11.44. Information relating to individual safeguarding cases should be treated confidentially in line with Data Protection expectations. Within the service, information that pertains directly to supporting the service users care needs must be shared with appropriate colleagues to ensure a trauma informed provision of care. Safeguarding concerns should be shared with the individual's wider multidisciplinary team (including GP and Care Coordinator) and the Commissioners, as is deemed appropriate. It is important to be clear in communication to GP's as Service User access and potential proxy-access to GP health records mean that the GP must be mindful about what information is 'shown' in the record to ensure service user safety. Some commissioning arrangements will require that the safeguarding team within the commissioners

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must be informed. These arrangements should be captured in the individuals safeguarding care-plan and/or the service's Local Procedures.

- 11.45. In certain circumstances it will be necessary to exchange or disclose personal information with other agencies. This must be done in accordance with relevant Cygnet policies e.g. Data Protection/Confidentiality and all relevant legislation including the General Data Protection Regulation 2018 and Data Protection Act 2018.
- 11.46. When sharing safeguarding information regarding an individual, staff will consider the following:
- Information should only be shared on a 'need to know' basis when it is in the best interests of the individual.
 - Informed consent should be obtained but, if this is not possible and other children are at risk of abuse or neglect, it may be necessary to override the requirement.
 - Distinguish fact from opinion.
 - Ensure you are giving the right information about the right person.
 - Ensure you are sharing information securely.
- 11.47. Inform the individual that the information has been shared if they were not already aware of this, careful consideration must be given to if sharing the information would create or increase the risk of harm to themselves or others.
- 11.48. If in doubt, the Safeguarding Lead or Manager must liaise with the Cygnet Caldicott Guardian. The contact details for the Caldicott Guardian are available on each site.

12. SAFEGUARDING AND PHYSICAL INTERVENTIONS

- 12.1. 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 (such as The Mental Health Units (Use of Force) Act 2018; see the Restraint and Violence Reduction Policy), 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 of 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.
- 12.2. Unlawful use of force (force that is neither necessary nor proportionate) is considered physical abuse and may require Police as well as Local Authority involvement.
- 12.3. Where a physical restraint has been used, a full record of the incident must be made, stakeholders (including carers/family) 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 by the appropriate manager.

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- 12.4. Advice from the Local Authority Local Authority Designated Officer (LADO) or 'duty Social Worker' should take precedence over the opinions of physical intervention instructors about whether a referral is required, however the opinions of physical intervention instructors will undoubtedly inform a LADO process/safeguarding investigation.
- 12.5. Incidents involving physical restraint must be captured on Datix , good safeguarding governance requires such incidents to be considered through a safeguarding lens to identify the appropriate resulting actions.
- 12.6. When it is determined that a service user requires Long Term Segregation the Local Authority 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 care settings include when it has been identified that a Mental Health Act assessment has been undertaken incorrectly (e.g. paperwork errors) and then therefore the service user has been detained inappropriately. The Safeguarding Lead must be informed when a service user raises concerns about restrictive practice.

Note: 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.

Prevention

- 12.7. Routine processes such as providing information, capacity assessments, risk assessments, care planning, reviews, the Care Programme Approach and the Care and Treatment Plan will enable individuals and staff to acknowledge the risk of abuse and take active steps to minimise the risk and subsequent impact.
- 12.8. Safeguarding will be an agenda item for all management teams and other relevant staff meetings in order to maintain awareness.
- 12.9. All staff are recruited in line with safe recruitment procedures which are detailed in Cygnet [Recruitment Policy](#).

13. MANAGING ALLEGATIONS AGAINST PERSONS IN A POSITION OF TRUST

- 13.1. This policy should be read in conjunction with the AA-PiPoT Policy, HR Disciplinary Procedures Professional boundaries and Freedom to Speak Up policies.
- 13.2. Any staff whose own children have been involved with their local safeguarding authority should report this to Cygnet as an employer.

14. PARENTAL RESPONSIBILITY

- 14.1. It is important to establish who has Parental Responsibility (PR) for the child(ren) at the point of admission. Parental Responsibility is defined as having the following roles: to provide a home for the child and to protect and maintain the child.

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- 14.2. A mother automatically has parental responsibility for her child from birth. A father usually has parental responsibility if he is:
- Married to the child’s mother when the child is born.
 - Listed on the birth certificate from 01/12/2003 (there are variations for Scotland and Northern Ireland).
 - There is a parental responsibility agreement with the mother.
 - There is a parental responsibility order in place from the Courts.

14.3. There are similar guidance outlines for same sex partners.

15. TRAINING & SUPERVISION

15.1. All staff will receive information regarding safeguarding on induction. The induction introduces the new staff member to policy, local safeguarding procedures and practice at the location. They will also be orientated to where to find information regarding safeguarding including relevant posters around the location.

15.2. All staff will complete mandatory training regarding safeguarding via Cygnet's Achieve system. The module also has off-line activities which demonstrate transference of knowledge and are signed off by the line manager. In addition to this, safeguarding workshops are provided both by internal trainers and by external companies as required.

15.3. Safeguarding training provided by the Achieve module includes domestic abuse, forced marriage, modern day slavery, radicalisation and cyber bullying. The Safeguarding Lead is responsible for promoting awareness of any regional or local issues including forced marriage, modern day slavery, and radicalisation.

15.4. Multi-disciplinary professionals should ensure that they are competent at the required level in line with the guidance in the Intercollegiate Documents.

15.5. The Intercollegiate Documents describe the following staff levels:

Level 2: All staff who have regular contact with patients, their families or carers, or the public.

LEVEL 3: All registered health and social care staff working with adults or children and young people who engage in assessing, planning, intervening and evaluating the needs of adults or children and young people where there are safeguarding concerns (as appropriate to role).

LEVEL 4: Specialist roles – Named Professionals.

15.6. Safeguarding training is provided as follows:

Safeguarding Training	Equivalent training 'level'
Safeguarding Induction	<p>Level 1</p> <p><i>At site, during induction, meeting Safeguarding Lead(s) and being taught the site's Local Procedures including reporting expectations</i></p>

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Safeguarding Training	Equivalent training 'level'
Safeguarding Individuals at Risk (Introduction)	Levels 1 + 2 Intercollegiate Documents
Keeping Children Safe in Education	Keeping Children Safe in Education Statutory Guidance Education Colleagues only
Prevent Training	NHS England Prevent Competencies for Level 1-3
Safeguarding Individuals at Risk (Intermediate)	Level 3 Intercollegiate Documents
Safeguarding Individuals at Risk (Advanced for Safeguarding Leads)	Level 3-4 Intercollegiate Documents
Bespoke Safeguarding workshops/masterclasses 'Lunch and Learn' Safeguarding Sessions	Level 3-4 Intercollegiate Documents Available on request to the Central Safeguarding Team
Board Safeguarding Workshop	Intercollegiate Document Board Level outcomes

Safeguarding Supervision

- 15.7. Effective supervision is important to promote good standards of practice and to support individual staff members. It should ensure that practitioners fully understand their roles, responsibilities and the scope of their professional discretion and authority. It should also help identify the training and development needs of practitioners, so that each has the skills to provide an effective service.
- 15.8. All supervision should include reflecting on, scrutinising and evaluating the work carried out, assessing the strengths and weaknesses of the practitioner and providing coaching development and pastoral support.
- 15.9. Safeguarding is a standard item in all forms of supervision, this ensures that all colleagues receive safeguarding supervision that is proportionate to the roles and responsibilities. Colleagues with dedicated safeguarding roles (Safeguarding Leads and members of the Safeguarding governance structure) have additional access to dedicated Safeguarding supervision through Regional Safeguarding Forums and directly from the Central Safeguarding Team when requested.

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16. STATUTORY REVIEWS

- 16.1. All organisations that are asked to participate in a statutory review must do so. The input and involvement required will be discussed and agreed in the terms of reference for the review. Broadly, this will involve meeting regularly with colleagues and attending panels or review group meetings throughout the investigative phase. All health and social care providers are required to provide and share information relevant to any statutory death review process.

Requests for Multi-agency reviews

- 16.2. The **Multi-agency reviews procedures** outline the process to be undertaken when notified by a Safeguarding Adult Board or Safeguarding Children's Partnership of the intention for them to commission a multi-agency review. The names of such reviews can be (but are not limited to):

Rapid Review, Child Safeguarding Practice Review (CSPR), Domestic Homicide Review (DHR), Multi-agency Learning Review (MALR), Single-agency Learning Review (SALR), Child Practice Review (Wales), Single Unified Safeguarding Reviews (Wales), Single Agency Summary (SAS), Significant/Serious Case Review (SCR), Significant Incident Learning Process, Root Cause Analysis (RCA), Adult Practice Review (APR), Learning Review, Child Practice Review (CPR).

Please be aware that some reviews will have a short deadline (possibly only 5 days) to return to the Safeguarding Children's Safeguarding Partnerships. Therefore urgent escalation is required to complete the required information, chronology and organisational quality assurance and sign off process by the Head of Safeguarding and Executive Director of Nursing.

Please ensure the 'Multi-agency Reviews Procedure' for Cygnet is followed using the link above and upwards escalation is completed at the earliest opportunity as indicated. Escalation must include to the Central Safeguarding Team (CST) and Executive Director of Nursing.

Rapid reviews

- 16.3. The purpose of rapid reviews for serious child safeguarding cases, at both local and national level is to identify improvements to be made to safeguard and promote the welfare of children. Serious child safeguarding cases are those in which abuse or neglect of a child is known or suspected and the child has died or been seriously harmed.
- 16.4. The safeguarding partners should promptly undertake a rapid review of the case in line with any guidance published by the Child Safeguarding Practice Review Panel (the Panel). The aim of this rapid review is to enable safeguarding partners to:
- gather the facts about the case, as far as they can be readily established at the time.
 - discuss whether there is any immediate action needed to ensure children's safety and share any learning appropriately.
 - consider the potential for identifying improvements to safeguard and promote the welfare of children.

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- decide what steps they should take next, including whether or not to undertake a child safeguarding practice review.

Child Safeguarding Practice Review (CSPR, previously known as SCRs)

16.5. The responsibility for how the system learns the lessons from serious child safeguarding incidents lies at a national level with the Child Safeguarding Practice Review Panel (the Panel) and at local level with the local safeguarding children's partnerships. A child safeguarding practice review should be considered for serious child safeguarding cases where:

- abuse or neglect of a child is known or suspected,
- and a child has died or been seriously harmed. This may include cases where a child has caused serious harm to someone else.

Child Death Review (CDR)

16.6. Children Act 2004 requires CCGs and LAs (child death review partners) to make local arrangements to undertake statutory Child Death Review (CDR) processes. The CDR process relies on inter-agency cooperation and information sharing. These arrangements should result in the establishment of a Child Death Overview Panel (CDOP), or equivalent, to review the deaths of all children (under the age of 18 years and for all children regardless of the cause of death) normally resident in the relevant LA area, and if they consider it appropriate the deaths in that area of non-resident children. The review should then be carried out by a CDOP, on behalf of CDR partners, and should be conducted in accordance with Child Death Review: Statutory and Operational Guidance 2018 and Working Together to Safeguard Children Statutory Guidance 2023.

Learning Disability Mortality Review (LeDeR) programme

16.7. The Learning Disabilities Mortality Review (LeDeR) programme is run by the University of Bristol on behalf of NHS England. It aims to make improvements in the quality of health and social care for people with learning disabilities, and to reduce premature deaths in this population. The major role of the LeDeR programme is to support local areas in England to review the deaths of people with learning disabilities aged 4 years and over at the time of their death. All deaths will be reviewed, regardless of the cause of death or place of death, in order to:

- Identify potentially avoidable contributory factors to the deaths of people with learning disabilities.
- Identify differences in health and social care delivery across England and ways of improving services to prevent early deaths of people with learning disabilities.
- Develop plans of action to make any necessary changes to health and social care services for people with learning disabilities.

16.8. When notified of the death of a child or young person aged 4 -17 years who has learning disabilities or is very likely to have learning disabilities but not yet had a formal assessment for this, the local CDR Partners should report that death to the LeDeR programme. As stated in the Child Death Review: Statutory and Operational Guidance (2018) the CDR partners should then ensure that the LeDeR programme is represented at the meeting at which the death is reviewed.

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16.9. Refer to Cygnet's **Unexpected Death Policy** and the LeDeR Procedures (1-15.04)

Domestic Homicide Reviews

16.10. A Domestic Homicide Review (DHR) convened by the local Community Safety Partnership, is a multi-agency review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related or with whom they were, or had been, in an intimate personal relationship, or a member of the same household as themselves.

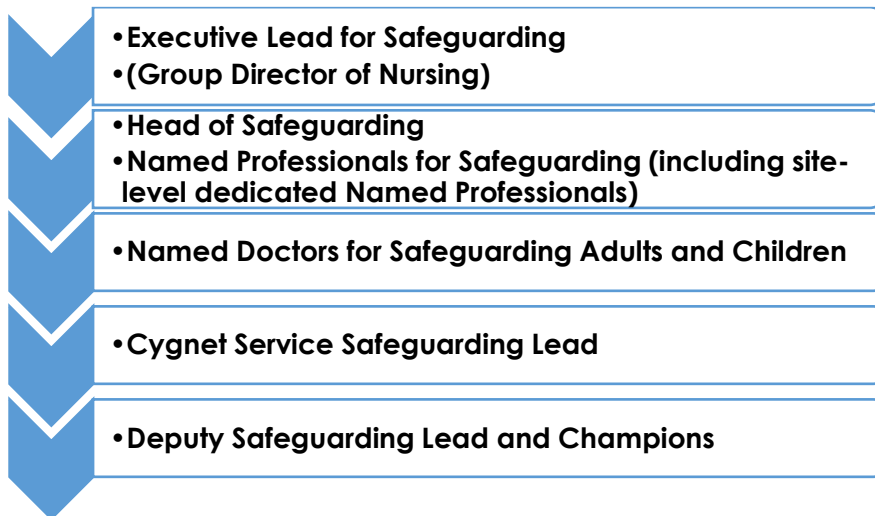
Other statutory reviews

16.11. Mental health homicide reviews, multi-agency public protection arrangements (mappa), serious case reviews and learning disability mortality reviews are carried out under separate arrangements but may, depending upon the circumstances, need to link to a safeguarding statutory review. Such reviews may run parallel to safeguarding inquiries and serious incident investigations.

17. SAFEGUARDING GOVERNANCE AND ACCOUNTABILITY

Strategic and organisational arrangements

17.1. The key features of the Safeguarding arrangements are as follows:



Executive Lead for Safeguarding (Executive Director of Nursing)

17.2. Is the identified Executive Lead and the named person at Board level to champion the importance of safeguarding for both adults and children throughout the organisation. The Executive Lead is responsible for:

- Ensuring that Cygnet staff are aware of adult and child safeguarding policies and procedures, and provide appropriate training and support to clinical staff.
- Ensuring any significant adult or child protection concerns are presented to the Executive Management Board as required.

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Chief Executive

- 17.3. The Chief Executive will support and promote the development of initiatives to improve the prevention, identification and response to abuse and neglect.

Executive Board

- 17.4. All members of the executive board have a responsibility to ensure there is Board level leadership, an overall policy in place and an organisational culture which places service users and their wellbeing at the centre of safeguarding, and that endeavours to prevent harm, abuse, and neglect from occurring.

Head of Safeguarding and Central Safeguarding Team (Named Professionals)

- 17.5. The Head of Safeguarding is the identified professional within the senior management team to support the board in executing the statutory responsibilities for safeguarding in Cygnet, and the Central Safeguarding Team support service-level Safeguarding Leads and Managers regarding the management of safeguarding matters in our wards and units across the group.
- 17.6. The Central Safeguarding Team are responsible for:
- Updating policies as required in line with safeguarding adults and child protection guidance and legislation.
 - Supporting Learning and Development to update training as required in line with safeguarding adults and child protection guidance and legislation.
 - Communicating any changes to the Executive Lead and disseminate relevant safeguarding information to all staff through the aforementioned safeguarding structures within each site.
 - Advising senior managers, where necessary, with regard to adult and child protection issues.
 - Monitoring the recording and handling of incidents and complaints involving adult and child safeguarding and protection issues.
 - Overseeing and supporting the processes regarding allegations against persons in a position of trust processes.
 - To oversee and support, or be the Independent Management Review authors for Cygnet in the event of a Child Safeguarding Practice Review (CSPR) (previously known as a Serious Case Review or SCR) or Domestic Homicide Review (DHR) being commissioned by the Local Safeguarding Children's Partnership or Community Safety Partnership.

Named Doctor for Safeguarding Children

- 17.7. The Named Doctor has a key role in promoting good professional practice within the organisation. The Named Doctor is responsible for:
- Providing advice, expertise and support for professionals.
 - Ensuring safeguarding responsibilities are undertaken across the Cygnet services to safeguard all children and young people.

Cygnet Service Safeguarding Lead

- 17.8. Safeguarding Leads are designated as having responsibility for co-ordinating safeguarding locally at their particular unit, and working alongside the Safeguarding Leads in education if the unit has an on-site education provision. They would also be responsible for monitoring the actions of their staff to safeguard and

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promote the welfare of adults and children. The responsibilities include ensuring that adults, children and young people are listened to appropriately and concerns expressed about their own or any other individual's welfare are taken seriously and responded to in an appropriate manner. The Safeguarding Lead should champion safeguarding matters across the service, and support the Central Safeguarding Team to execute Cygnet's mandatory safeguarding responsibilities. A template role descriptor is available from the Central Safeguarding Team on request.

NOTE: In addition to Safeguarding Lead(s), services or Regions/Divisions may also have access to a dedicated Named Professional who is considered the senior Safeguarding specialist colleague for the service(s) with direct links and support from the Central Safeguarding Team, supporting and advising operational managers, Safeguarding Leads/Deputies and other staff. Where a dedicated Named Professional is in place, they will act as the service(s)' Person in a Position of Trust Lead or provide advice on this area of practice for the Region/Division on behalf of the Central Safeguarding Team.

Deputy Safeguarding Lead

- 17.9. Each Cygnet service should appoint at least one Deputy Safeguarding Lead, this role is primarily to provide advice and act as support to the unit based team regarding safeguarding matters. They would also act in a supporting role to the Safeguarding Lead for the unit. Deputy Safeguarding Leads should receive the same support, training and safeguarding supervision as the other Safeguarding Leads in a service to enable them to carry out this role effectively. Deputy Safeguarding Leads may also support in the delivery of safeguarding training at induction or facilitate safeguarding supervision sessions for their respective areas of practice.
- 17.10. For the purpose of this policy the Designated Deputy Person (Wales only) will be referred to as the Deputy Safeguarding Lead.

Managers

- 17.11. Managers are accountable for the safeguarding practice within their service(s). They are responsible for ensuring that staff are aware of this policy, receive training and offer support to those reporting abuse. It is important to recognise that dealing with situations involving abuse and neglect can be stressful and distressing for staff.

Regulated professionals

- 17.12. Staff governed by professional regulation (for example, social workers, doctors, allied health professionals and nurses) should understand how their professional standards and requirements underpin their organisational roles to prevent, recognise and respond to abuse and neglect.

All staff

- 17.13. All staff are responsible for identifying and responding to allegations of abuse. Staff at operational level need to share a common view of what types of behaviour may be abuse or neglect and what should be an initial response to suspicion or allegation of abuse or neglect.

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17.14. All staff should make sure that they have familiarised themselves with their local multi-agency safeguarding policy as this policy is designed to complement rather than replace the multi-agency policies which define the local practice that must be followed.

18. STANDARD FORMS, LETTERS AND REFERENCES

Safeguarding Adults Policy Forms to be used in support of this policy

- 18.1. Local Safeguarding Procedure (4-15.01)
- 18.2. Staff Safeguarding Information Poster (CQC HIW) (4-15.02)
- 18.3. Staff Safeguarding Handbook (4-15.03)
- 18.4. Staff Safeguarding Flowchart Poster (4-15.04)
- 18.5. Individual Safeguarding Posters (Inc. LD and Easy Read)(4-15.05)
- 18.6. Safeguarding Guide EASY READ (4-15.06)
- 18.7. Safeguarding Guide LD (4-15.07)
- 18.8. Multi- agency Reviews Procedures (4-15.09)
- 18.9. Adult/CAMHS Local Protocol (4-15.10)
- 18.10. Safeguarding Concern Form (4-15.11)
- 18.11. Online Safeguarding statement (4-15.14)

Linked Policy

- 18.12. Safeguarding Adults (England and Wales) (4-15)
- 18.13. Safeguarding in Schools (4-17)
- 18.14. Adult Support and Protection (Scotland) (4-24)
- 18.15. Allegations Against Persons in a Position of Trust (4-18)
- 18.16. Chaperone Policy (2-11)
- 18.17. Positive and Safe Practice: Reducing Restrictive Practice (2-05)
- 18.18. Incident Reporting and Management (4-14)
- 18.19. Prevent Strategy and Policy (4-21)
- 18.20. Unexpected Death of an Individual (1-15)
- 18.21. Mental Capacity Act, Advance Decisions and Advance Statements (5-01)
- 18.22. Deprivation of Liberty Safeguards (5-02)
- 18.23. Information Management Technology (ICT) acceptable use Policy (IG 03)
- 18.24. Disciplinary Procedure (HR 15)
- 18.25. Recruitment (HR 18)
- 18.26. Data Protection, Access to Information and Confidentiality (IG 02)
- 18.27. IMT Acceptable Use (IG 03)
- 18.28. Professional Boundaries (HR 22)
- 18.29. Raising a Concern: Freedom to Speak Up (Whistleblowing) (HR 03)
- 18.30. EAP (CIC) Referral Leaflet (HR 05.03)

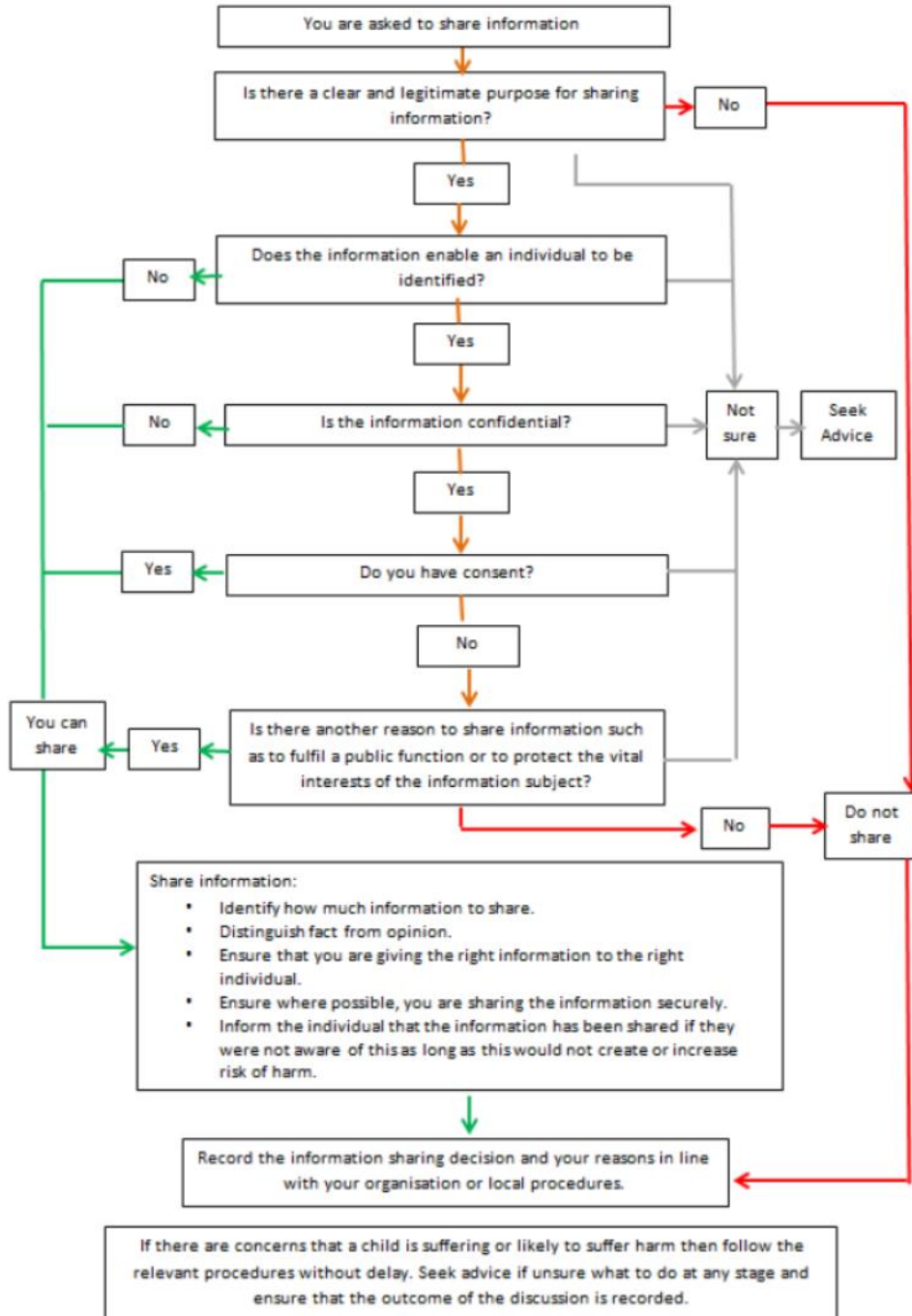
References, Guidance and Further Reading

- 18.31. Care Quality Commission at www.cqc.org.uk
- 18.32. CQC Notification form at www.cqc.org.uk
- 18.33. HIW Notification form at www.hiw.org.uk
- 18.34. Healthcare Inspectorate Wales www.hiw.org.uk
- 18.35. Safeguarding in Wales <https://safeguarding.wales/>

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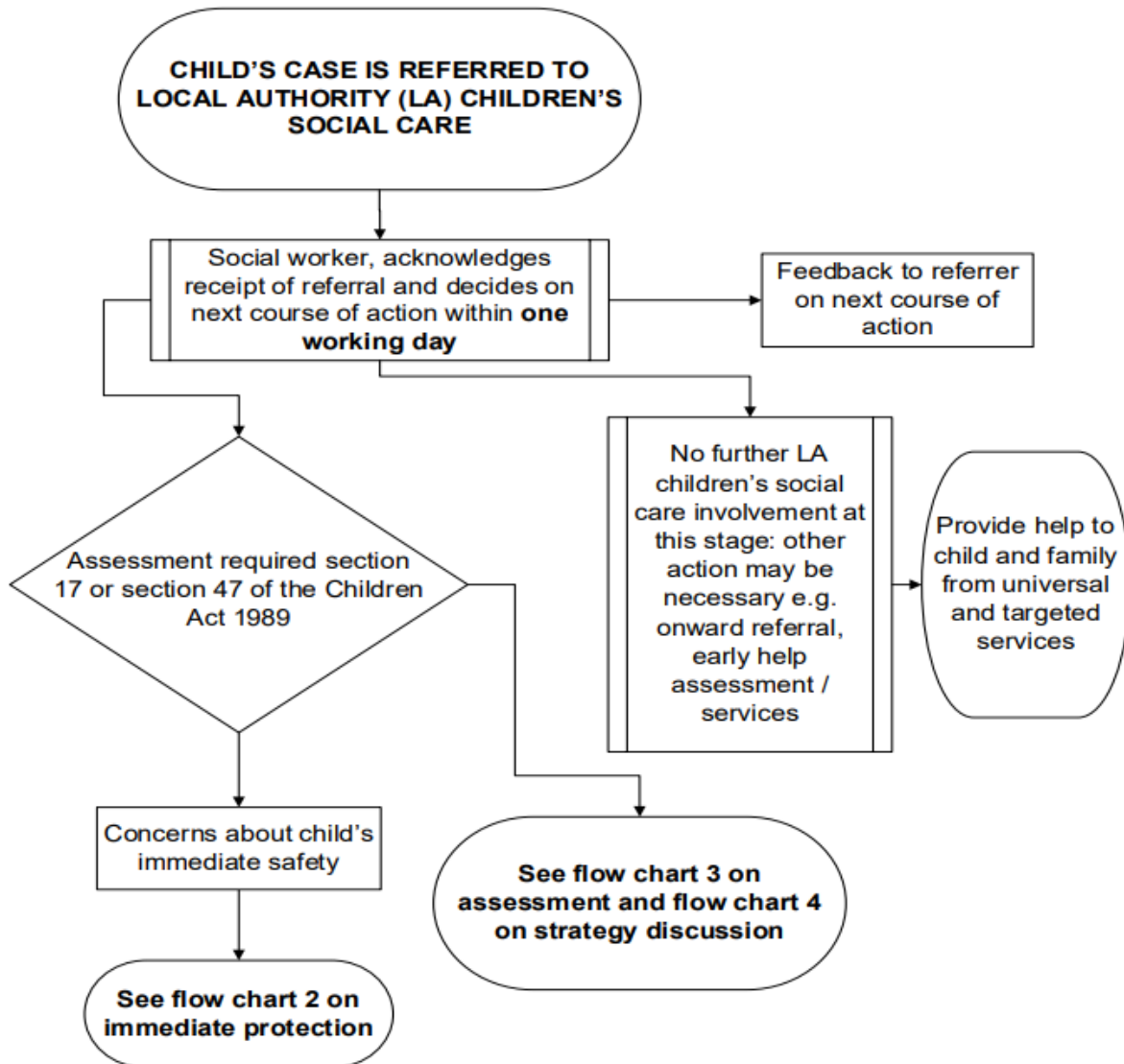
Appendix 1 – Information Sharing Flowchart

Flowchart of when and how to share information



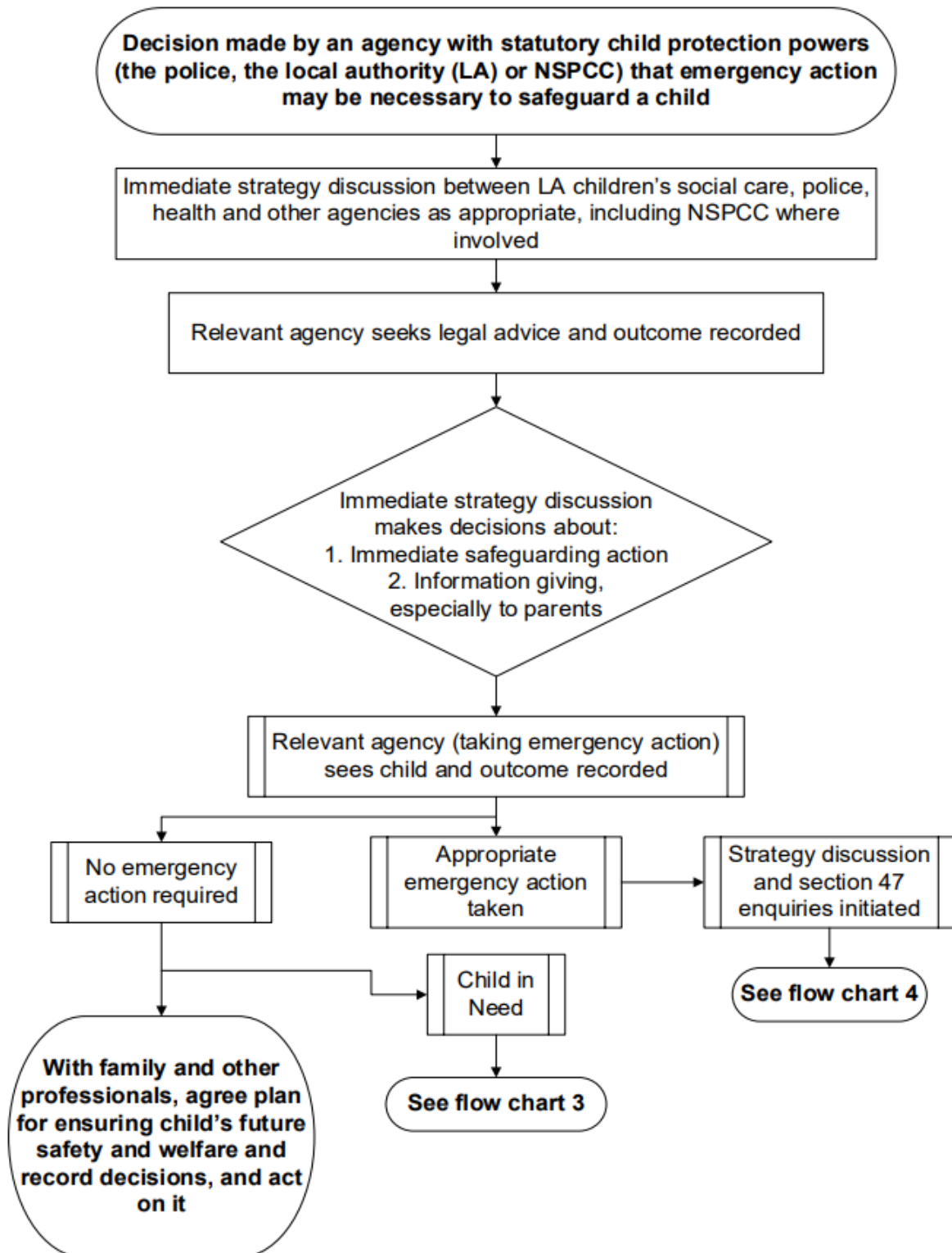
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Appendix 2 - Action taken when a child is referred to Local Authority children's social care services (flow Chart 1 – Working Together):



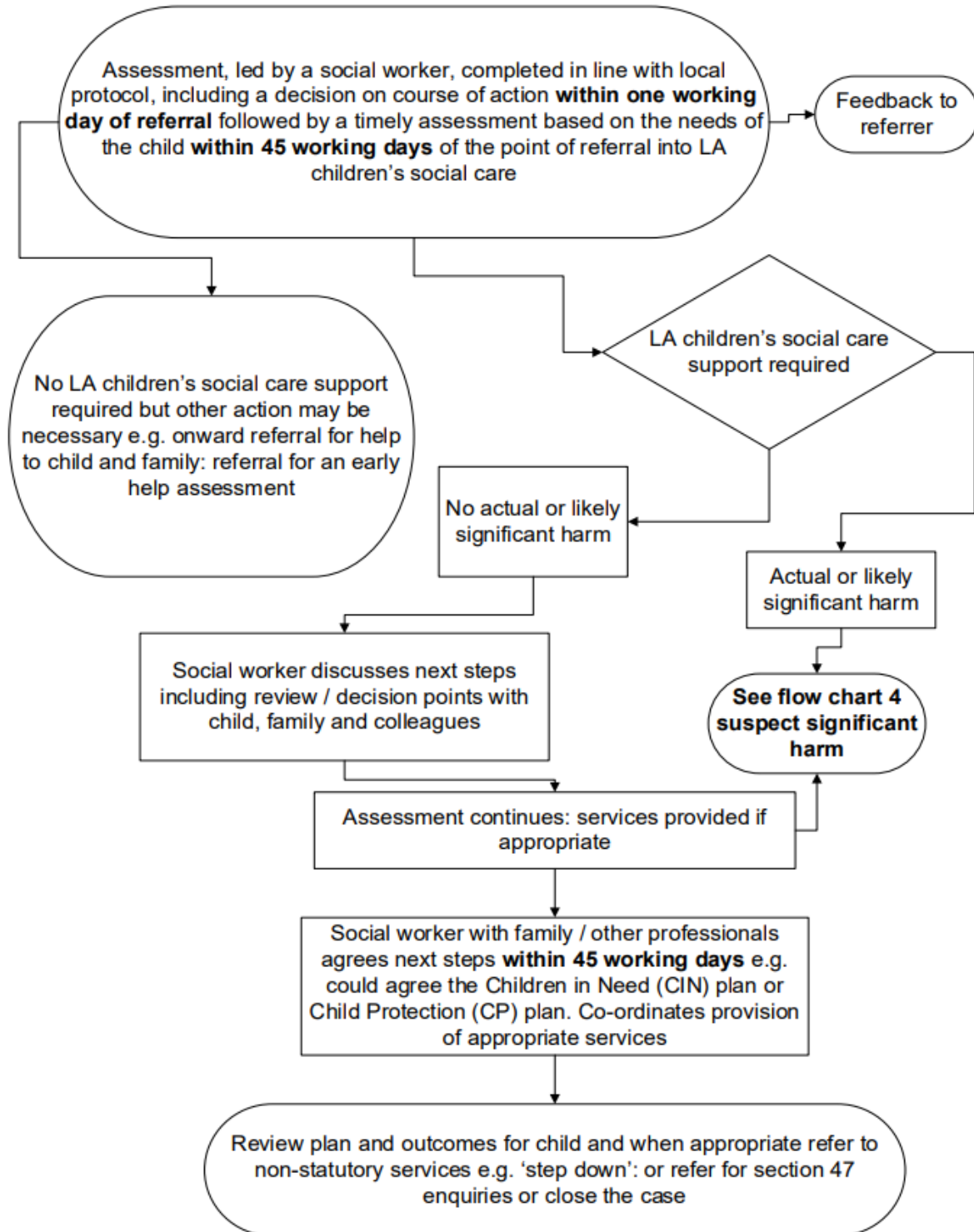
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Appendix 3 - Immediate Protection (Flow Chart 2 – Working Together)



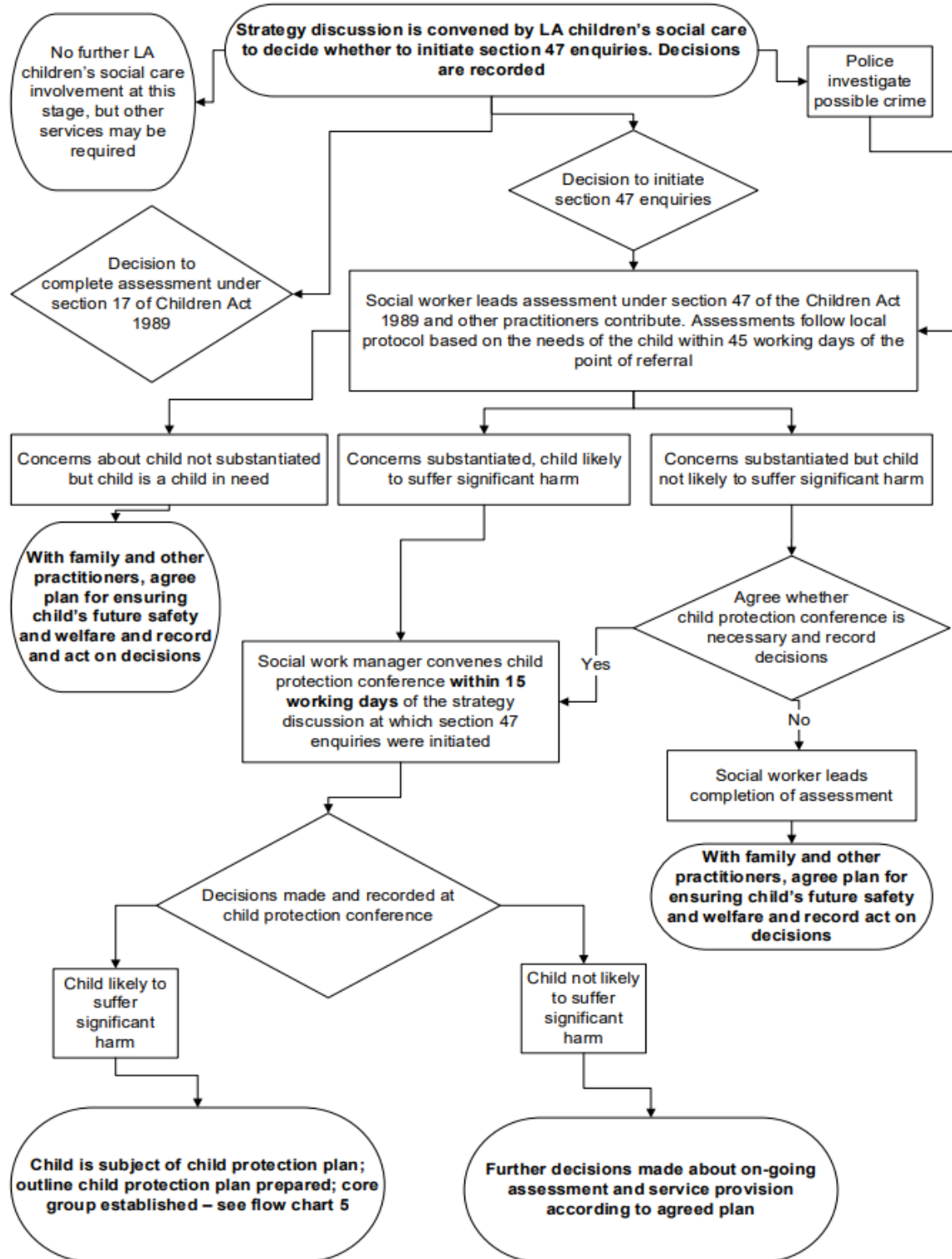
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Appendix 4: Action taken for an assessment of a child under the Children Act 1989



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Appendix 5: Action following a strategy discussion



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Appendix 6: What happens after the child protection conference, including the review?

