

## SAFEGUARDING ADULTS, CHILDREN & YOUNG PEOPLE (ENGLAND & WALES) POLICY

### 1. AIM

This overarching policy sets out the statutory requirements that apply to Cygnnet Services to ensure the safeguarding of children, young people and adults at risk of harm or abuse. It should be read alongside the linked policies listed in [section 9](#) and associated forms referenced in the following policy body. This policy will;

- Aim 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.
- Clarify training requirements.
- Ensure that all colleagues are made aware of local arrangements as set out on the associated form provided.

- 1.1. 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 Cygnnet's online policy library, myPolicy.

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### **2. SCOPE**

- 2.1. This Policy applies to all Cygnet staff including bank and agency workers. Those services providing education services will need to refer to Safeguarding in Schools Policy. Services in Scotland follow the Adult Support and Protection (Scotland) policy.
- 2.2. Where there are both children & adults cared for within the same service, there must be a local **Adult/CAMHS Protocol** in place to safeguard service users who come into contact with the other age group, and staff must be aware and understand this protocol.
- 2.3. Any failure to adhere to policy by staff from following this policy and supporting procedures and documents may be subject to disciplinary procedures.
- 2.4. Links to supporting Policy, documents and references are in **section 9**. Newly acquired services to Cygnet will undergo a staged policy integration process and during this time the equivalent legacy linked policies will be followed until such time as the Cygnet policy has been implemented at that service. Information relating to implementation dates for individual policies is available on Cygnet's Policy Implementation portal.
- 2.5. For further information regarding types of abuse and possible indicators please see the **Staff Safeguarding Handbook**.

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- 2.6. Safeguarding is everyone's responsibility. Everyone who works at Cygnet has a responsibility for keeping the individuals we support safe and to take a 'Think Family' approach in relation to those around them.
- 2.7. 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 induction as per the induction process.

### **Terminology**

- 2.8. 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 services' location. 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.
- Care Inspectorate Wales (CIW) for social care services in Wales.

#### **Local Authority - will mean**

- 2.9. The service's Local Authority or the Local Authority where the abuse is alleged to have taken place.

## **3. INTRODUCTION**

- 3.1. Cygnet provide services directly to children, young people and adults in a number of services across the country. This policy details the actions all Cygnet staff should follow. All staff must 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.
- 3.2. The key focus is on developing a real understanding of what people wish to achieve. This includes agreeing, negotiating and recording their desired outcomes, working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be reached, and the extent to which desired outcomes have been realised.
- 3.3. 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.
- 3.4. 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.
- 3.5. Safeguarding will be an agenda item for all management team and other relevant staff meetings in order to maintain awareness.
- 3.6. All staff are recruited in line with safe recruitment procedures which are detailed in Cygnet **Recruitment Policy**.

**NOTE:** This overarching policy sets out Cygnet Services commitment to safeguarding adults, children and young people, it does not replace the need for services to maintain up-to-date 'Local Procedures' 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.

### **4. POLICY**

- 4.1. 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.
- 4.2. 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.
- 4.3. Abuse can be intentional or unintentional, it may be a single or repeated acts. Abuse can happen anywhere: for example, online, 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.
- 4.4. Abuse may be identified by a variety of sources including: statutory and non-statutory agencies; members of the individual's family; clinical professionals or support staff; the wider community or the individual themselves.
- 4.5. 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.

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- 4.6. All individuals are entitled to be in an environment free of bullying, harassment and abuse.

### **Types of abuse**

- 4.7. Abuse can come in many forms listed below. For further guidance and descriptions of types of abuse please refer to the Safeguarding Handbook. For online abuse, please review '**4-15.14 Online Safeguarding Statement**'
- Sexual
  - Psychological
  - Neglect of acts of omission
  - Financial/economic or material harm
  - Physical
  - Discriminatory
  - Organisational abuse
  - Modern slavery
  - Self Neglect
  - Domestic Abuse FGM and forced marriage ([See Domestic Violence and Abuse Policy](#))
  - Exploitation and radicalisation ([See Cygnet Prevent Strategy and Policy](#))

**NOTE:** Abuse between service users may take many forms and are not limited to one category, peer-to-peer abuse should always be taken seriously and care/support plans and risk assessments should be updated accordingly after each incident.

## **5. PROCEDURES**

### **Information for Individuals and Relatives/Carers**

- 5.1. 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 advice, assistance, guidance and support on how to keep themselves and their peers safe.
- 5.2. 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.

Carers will be informed that their concerns or complaints will be taken seriously, and that they will be kept involved in the process to the degree that they wish to be. They

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will be reassured that they will receive help and support in taking action.

### **Pregnancy**

- 5.3. Should any individual being supported by Cygnet be pregnant or become pregnant, then any potential safeguarding risk to the unborn baby must be considered. See [Safe relationships and sexual safety policy](#) and the [Admissions \(1-02\) Transfers and Discharges Policy \(1-13\)](#).
- 5.4. 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.
- 5.5. 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.

### **RECOGNISE**

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- 5.6. Staff must not rely solely on disclosures from those subjected to abuse in order to identify risks of abuse, exploitation and neglect. These areas need to be explored as part of routine risk assessments, which should include questions around relationships (including family) and seeking to understand if these are harmful, supportive or both. Research indicates that individuals who have been subjected to abuse had shared that they wished someone had asked them the question and been curious about their response.
- 5.7. Staff should make every attempt to support an individual to communicate their experiences, observing changes in behaviour and mental state in order to recognise indicators of abuse, harm and neglect in the absence of verbal or written communication.
- 5.8. Staff should consider information shared and gathered from the people connected to the individual as well as professionals in order to build a picture of harm and safety.
- 5.9. Staff should understand that the individual may feel their experiences are normal and may not initially perceive these to be abusive or harmful, it's key that staff are able to see the individuals experiences through the lens of safeguarding, even when it is not shared as such.

### **RESPOND**

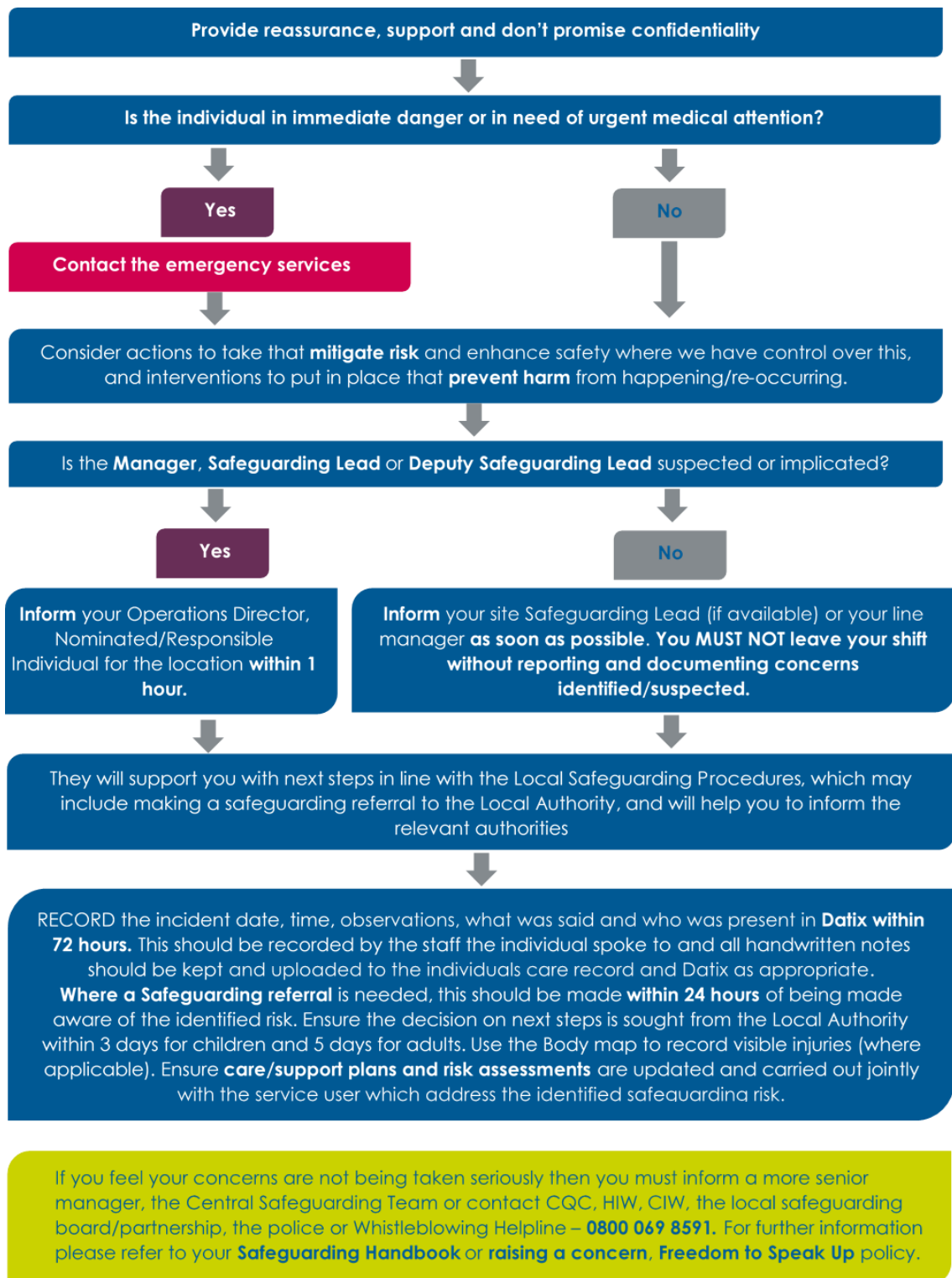
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What to do if you have a concern;

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



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### Responses outside of a Safeguarding Referral

- 5.10. 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

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Local Authority threshold for a safeguarding referral, there will still be actions required by the service to support the service user from the experience or risk of further harm.

- 5.11. Once safety planning has been explored as part of risk assessment and formulation staff should consider supportive interventions, which can include but is not limited to;
- Referral to specialist agencies such as domestic abuse services, modern slavery helpline, exploitation support services or channel panel
  - Report to police – this may be in the individuals best interests or made without consent due to risks to the public
  - Access/referral to independent and specialist advocacy support
  - Exploring civil orders and supporting with their application e.g. non-molestation order, sexual harm prevention order, or forced marriage prevention order
  - Discussing housing options, with consideration to refugees and referrals to the local council
  - Support around separating finances, setting up separate bank accounts or application for an independent appointeeship
  - Support to review if their technology is secure
  - Use of approved interpreters only and not family/partners
  - Approval of visitors and consideration around these being supervised or restricted
  - Safeguarding referral for the other individuals who may be impacted such as children or dependants connected
  - Explaining what the domestic abuse disclosure scheme is and supporting with the application
  - Carrying out a specialist risk assessment such as a DASH, exploitation screening tool or other tools.
- 5.12. Staff should seek consent from the individual for any onward referrals and safeguarding interventions, however remain mindful that consent may be impacted by coercion, fear of repercussions, threats or other undue influences. Staff should seek advice from the Service's Safeguarding lead, or the Central Safeguarding Team where unsure of how to respond as consent may not always be required.

### **Medical examinations**

- 5.13. It may be necessary as a part of safeguarding enquiry or investigation that either the police or social care services may request the individual receives a medical examination. 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. A body map should be completed within Cygnet's online incident reporting system, with a full description of the injury. Staff should not be undertaking medical examinations if there are concerns of abuse. This may be carried out either by a police specialist or their nominated specialist representative for collecting forensic evidence. 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. Following a disclosure or concern in relation to sexual abuse, the service user may require specialist



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examination and support services from a **Sexual Assault Referral Centre (SARC)**, in the local or regional area.

- 5.14. 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 individual may not wish for staff to be present. This should be discussed with the examining physician and documented in the service user's records.

### **Independent Advocacy**

- 5.15. Chapter 7 of the Care Act Guidance 2014 states that the Local Authority has a duty to arrange an Independent Advocate for adults who are subject to a Safeguarding enquiry or Safeguarding Adults Review. The aim of the duty to provide Advocacy is to enable people who have substantial difficulty in being involved in these processes to be supported in that involvement as fully as possible, and where necessary to be supported by an advocate who speaks on their behalf.
- 5.16. Local Authorities must arrange an Independent Advocate to facilitate the involvement of a person in their assessment, in the preparation of their care and support plan and in the review of their care plan, as well as in safeguarding enquiries and SARs. They must do this first, to people who have **substantial difficulty** in being fully involved in these processes and second, **where there is no one appropriate available to support** and represent the person's wishes.
- 5.17. No matter how complex an individual's needs, Local Authorities are required to involve people, to help them express their wishes and feelings, to support them to weigh up options, and to make their own decisions.
- 5.18. If a Safeguarding Enquiry needs to start urgently then it can begin before an Advocate is appointed but one must be appointed as soon as possible.
- 5.19. Staff can also refer individuals for specialist advocacy services where needed for example; Independent Domestic Violence Advocate (IDVA), Independent Sexual Violence Advocate (ISVA), Independent Child Trafficking Guardianship (ICTG), Independent Mental Health Advocates (IMHA) and Independent Mental Capacity Advocates (IMCA).

### **Exploitation and Modern Slavery**

- 5.20. Where exploitation or modern slavery is suspected or reported staff should follow the local procedures and referral pathways in their region as these areas are complex and often require an enhanced response which will differ across Local Authorities.

### **Fabricated or induced illness (FII) and 'perplexing presentations'**

- 5.21. Fabricated or induced illness (FII) is when a parent or carer exaggerates or deliberately causes symptoms of illness in the individual, or they try to convince medical professionals that the individual is ill, or that their condition is worse than it really is.

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- 5.22. In these circumstances, it is important staff notify and seek advice from the Central Safeguarding Team and Named Doctors for safeguarding adults, and children. Staff will be required to keep a chronology of appointments and health events in order to support a multi-agency safeguarding response.

### **Domestic Abuse**

- 5.23. Where domestic abuse is suspected or reported staff must follow the **Domestic Violence and Abuse policy**. Staff should consider using a **DASH risk assessment** with the individual in a safe and confidential space in order to support with risk assessment, and link the responses to Cygnet risk assessment, care planning and safety planning. Where the score is 14, or staff are concerned about serious harm, liaise with the Central Safeguarding Team who will then support with onward MARAC referrals where appropriate.

### **Prevent/Radicalisation**

- 5.24. 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 into extremism. Appropriate systems are in place for staff to raise concerns if they have concerns someone maybe at risk of this form of exploitation. Staff should utilise the **Prevent strategy and policy** in any circumstances where Prevent concerns arise and ensure these concerns are raised to the Central Safeguarding Team.

### **Concerns relating to someone working in a position of trust**

- 5.25. This policy should be read in conjunction with the **AA-PiPoT Policy**, HR **Disciplinary Procedures**, **Professional boundaries** and **Freedom to Speak Up** policies.
- 5.26. Any staff whose own children have been involved with their local safeguarding authority due to concerns around parental abuse, neglect or a failure to keep the child safe should report this to their line manager who will review the circumstances and decide on the appropriate course of action, which may indicate a PIPOT response.

### **Service users who disclose, or are alleged to be perpetrating abuse**

- 5.27. It is important for staff to recognise and respond to people who cause harm. Health and Social Care professionals may be one of the few groups of people that someone perpetrating abuse may disclose to. Therefore, it is important that staff can identify the signs of someone perpetrating abuse and how to support that person. A service user, colleague or carer may disclose that they are causing harm to those around them, and the recipient of that information may have the opportunity to direct the individual to the appropriate support. It's key that this is offered in a non-judgmental way.
- 5.28. Staff must consider transferable risks, for example where a service user is presenting as aggressive and hostile towards others, derogatory or sexually inappropriate towards females. This should be viewed through a safeguarding lens, taking a "think family, think household" approach and consider the people around the individual such as parents, partners and children. This should form part of routine risk assessment, carer's assessments and discharge planning.

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- 5.29. As part of seeking a collateral social and medical history, where the individual has been identified as someone who poses a risk towards others, staff should consider, when safe to do so, speaking with the people close to the individual in order to explore potential harm towards them and offer sign-posting to specialist services, this may then result in sharing information with relevant community teams where appropriate. Advice can be sought from the Central Safeguarding Team when navigating this decision making and specialist advice around supporting people who perpetrate domestic abuse can be accessed via **"RESPECT" contact number: 0808 802 4040**

If staff are unsure how to proceed, advice should be sought from their line manager or Safeguarding Lead. The Central Safeguarding Team are also available for advice and support where needed.

- 5.30. If a service user discloses that they have, or may have, abused an adult or child, 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.
- 5.31. 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. The Central Safeguarding Team should be made aware and support accessed as appropriate.
- 5.32. Where an individual poses a significant risk to the public please see **Cygnet MAPPA policy**

### **Confidentiality**

- 5.33. 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.
- 5.34. 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/others.
- 5.35. Where an individual refuses to provide consent this can be overridden where there are safeguarding risks or wider risks to the public. If they are unable to give consent, a decision can be made through best interest decision making under the Mental Capacity Act.
- 5.36. If in doubt, the Safeguarding Lead or Manager must liaise with Cygnet Caldicott Guardian. The contact details for the Caldicott guardian is available on each site.

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### REFER

- 5.37. If a referral to the Local Authority Safeguarding Team 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.
- 5.38. When referring concerns and allegations regarding the abuse of individuals in our care, all locations shall use the forms as described in the services Local Procedures. 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 Site Safeguarding Lead and developed with the Local Authority Safeguarding team where possible.
- 5.39. A safeguarding 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 through the 'Sharepoint' system.
- 5.40. 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 staff member is unable to themselves.
- 5.41. A safeguarding referral should be made jointly with the individual where possible, asking them what they would like to happen and what is most important to them. Their thoughts and wishes should be reflected throughout all documentation relating to the concerns.
- 5.42. All incidents should be recorded on Datix and the safeguarding sections completed for all potential safeguarding incidents even if they do not require referral to the Local Authority Safeguarding team. Refer to the **Incident Reporting and Management policy** for further details on this process.  
**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.
- 5.43. All staff must have access to the **Staff Safeguarding Handbook**. The contents and detail of this document are covered in local site induction and training programmes. All staff are required to follow the procedures to the letter at all times. This document can be used to support with local safeguarding supervision.
- 5.44. 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

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accordingly. This must be reviewed regularly and aligning with the principles of the Mental Capacity Act, is decision and time specific.

- 5.45. Where someone is identified as at risk of abuse or as someone who perpetrates harm, discharge plans should include clear documentation around risk mitigation, and safety planning. Where possible, safe and appropriate this should include communication with carers and relatives.
- 5.46. When safeguarding referrals have been closed due to the view that the individual is safe whilst in our services, staff should re-consider the need for a new referral at point of transfer/discharge. Where concerns have been reported to the police and for any reason the individual is not able to engage with the process this should be re-visited as part of discharge planning and captured within service user documentation as a trackable action.

### **Timescales**

- 5.47. The adult safeguarding procedures **do not** set definitive timescales for each element of the process; however, **suggested** target timescales are included in the flowchart above. In addition, individual local authorities or SABs may make decisions on timescales for their own performance monitoring.
- 5.48. If you have not heard an outcome of the safeguarding referral within 5 working days – the Safeguarding Lead should follow up and request an outcome of the referral from the Local Authority Safeguarding team.
- 5.49. **Note:** Safeguarding processes are driven by the nature of the case and the needs of the individual. Some local authorities will have clear requirements for working within timescales, while others will be more flexible. Please refer to your local area for more information.
- 5.50. Following the referral to the Local Authority. The service will be notified of what the outcome of the referral has been. It may be one of the following;

### Children

- Early Help or sign-posting and referral for appropriate support
- S17 assessment (Child in Need)
- S47 assessment (Child Protection)

There may also be a strategy discussion where risks are significant to bring together professionals and decide on an outcome. Cygnet staff may be invited to attend this meeting.

### Adults

- S42 or S126 Enquiry – This can be carried out by the Local Authority or be passed to the site to complete
- No further action – this may include offering advice or sign-posting to alternative support

- 5.51. In the absence of a response from the local authority, any decisions made by Cygnet safeguarding leads to 'close' safeguarding concerns on cygnet's online incident

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reporting system without confirmation from the local area safeguarding team, 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.

### **Escalation and Dispute Resolution**

- 5.52. 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,' Support from the Central Safeguarding team can be accessed where required.

### **RECORD**

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- 5.53. 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 the incident management system (refer to [Incident Reporting and Management Policy](#)). Staff should ensure clarity when documenting the response to concerns where this includes a safeguarding referral to the Local Authority, clearly differentiating between internal notifications, alerts and referrals.
- 5.54. 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 actions and referrals, HR, incident management, risk assessment and any others that are relevant.
- 5.55. 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.
- 5.56. 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.
- 5.57. Staff working with individuals open to social care through safeguarding or as a 'Looked After Children' must be aware of their status or ongoing processes. This should be captured in the individuals risk assessment, care plans and discussed within daily handover.
- 5.58. Care plans should reflect safeguarding related risks 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, or risks change.



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- 5.59. All records should be made in line with the [management of individual records policy](#) and [records management and data quality policy](#)

### 6. STATUTORY REVIEWS

- 6.1. There is a statutory duty to co-operate with the Boards and Partnerships when they are commissioning a multi-agency review. In the early stages of a review being commissioned, the amount of time provided to undertake the work can be minimal. **It is essential that you notify the Executive Director of Nursing (DoN) and the Central Safeguarding Team as soon as possible if you receive any correspondence in relation to a new Multi-Agency Review.**
- 6.2. The names of such reviews can be (but are not limited to): Safeguarding Adult Review (SAR), SAR screening, Rapid Review, Domestic Homicide Review (DHR), Multi-agency Learning Review (MALR), Single –agency Learning Review (SALR), 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).
- 6.3. Please see the [Multi-Agency Review Procedures](#) for further information, definitions and guidance.

### 7. TRAINING & SUPERVISION

- 7.1. All staff will receive information regarding Safeguarding during their local induction. The local 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.
- 7.2. 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.
- 7.3. 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, but not limited to; forced marriage, modern day slavery, and radicalisation.
- 7.4. Multi-disciplinary professionals should ensure that they are competent at the required level in line with the guidance in the Intercollegiate Documents.
- 7.5. 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.

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7.6. Safeguarding training is provided as follows:

| Safeguarding Training   | Equivalent training 'level'   |
|---|---|
| Safeguarding Induction  | Level 1<br><i>At site, during induction, meeting Safeguarding Lead(s) and being taught the site's Local Procedures including reporting expectations</i> |
| Safeguarding Individuals at Risk<br>( <b>Introduction</b> )                                 | Levels 1 + 2 Intercollegiate Documents  |
| Keeping Children Safe in Education  | <i>Keeping Children Safe in Education Statutory Guidance</i><br><i>Education Colleagues only</i>  |
| Prevent Training  | NHS England Prevent Competencies for Level 1-3  |
| Safeguarding Individuals at Risk<br>( <b>Intermediate</b> )                                 | Level 3 Intercollegiate Documents   |
| Safeguarding Individuals at Risk<br>( <b>Advanced for Safeguarding Leads</b> )              | Level 3-4 Intercollegiate Documents   |
| Bespoke Safeguarding workshops/masterclasses<br><br>'Lunch and Learn' Safeguarding Sessions | Level 3-4 Intercollegiate Documents<br><br><i>Available on request to the Central Safeguarding Team</i>   |
| Board Safeguarding Workshop   | Intercollegiate Document Board Level outcomes   |

### Safeguarding Supervision

7.7. 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.

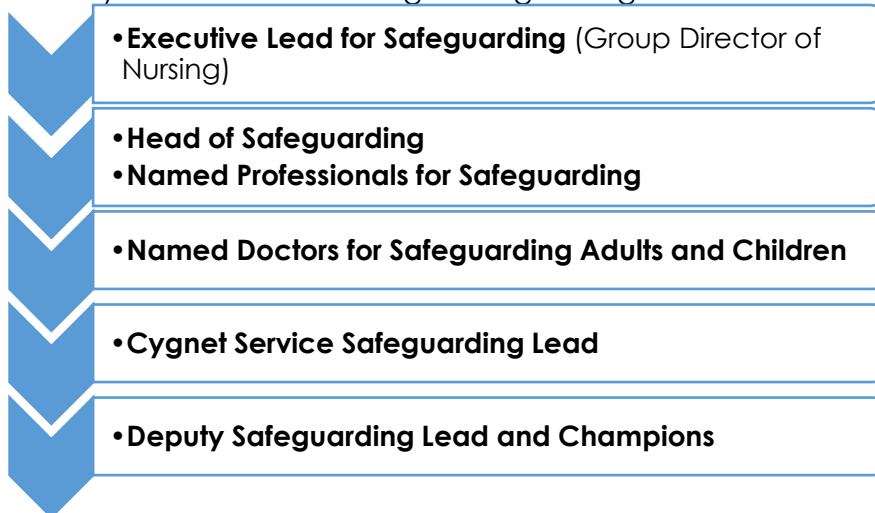
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- 7.8. All supervision should include reflecting on, scrutinising and evaluating the work carried out, assessing the strengths and weaknesses of the practitioner and providing coaching development and pastoral support. The Safeguarding Handbook can be used to support reflective practice as part of supervision. There are also a number of resources available on the [MyCygnnet Safeguarding pages](#) which can also be used as a supervision aid.
- 7.9. 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.

### 8. SAFEGUARDING GOVERNANCE

#### Strategic and organisational arrangements

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



#### Executive Lead for Safeguarding (Group Director of Nursing)

- 8.2. 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 Cygnnet 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.

#### Head of Safeguarding, and Central Safeguarding Team

- 8.3. 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 Cygnnet, and the Central Safeguarding Team, inclusive of named professionals, support

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service-level Safeguarding Leads and Managers regarding the management of safeguarding matters in our wards and units across the group.

- 8.4. The Central Safeguarding Team are responsible for ensuring the health, wellbeing and human rights of individuals are protected, enabling them to live a life free from harm abuse and neglect.

### **Named Doctors for Safeguarding Adults and Children**

- 8.5. 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 adult, children and young people in Cygnet's care.

### **Cygnet Service Safeguarding Lead**

- 8.6. 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 are responsible for monitoring the actions of their staff to safeguard and promote the welfare of adults and children. The responsibilities include;
- To have oversight of safeguarding referrals and processes, supporting staff members with the referral process in line with the Service's local safeguarding policies and procedures.
  - Be a source of specialist advice and expertise on all safeguarding matters to all staff within contracted working hours across the service or defined area of practice.
  - Champion safeguarding matters across the service, and support the Central Safeguarding Team to execute Cygnet's mandatory safeguarding responsibilities.
  - Represent the service within quarterly Regional Safeguarding Forums
  - Support service users to co-produce a safeguarding charter for the service, which is regularly reviewed collaboratively
- 8.7. A **Safeguarding Lead role descriptor** is attached to this policy or available from the Central Safeguarding Team on request.
- 8.8. For the purpose of this policy the Designated Safeguarding Person (Wales only) will be referred to as the Site/Service Safeguarding Lead.
- 8.9. For the purpose of this Policy the 'Designated Safeguarding Person' (Wales only) will be referred to as the Safeguarding Lead.
- ### **Deputy Safeguarding Lead**
- 8.10. Each service should appoint at least one Deputy Safeguarding Lead, this role is primarily to support the Service Safeguarding Lead and will have similar roles and responsibilities as highlighted within the role descriptor. Registered Managers should ensure the number of deputy Leads are proportionate to the service provision, acuity and service needs, deputies should be clearly indicated on safeguarding structures visible at site.

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- 8.11. For the purpose of this policy the Deputy Designated Safeguarding Person (Wales only) will be referred to as the Deputy Safeguarding Lead

### **Chief Executive**

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

### **Executive Board**

- 8.13. 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.

### **Managers**

- 8.14. 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.

### **All staff**

- 8.15. 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.
- 8.16. All staff should make sure that they have familiarised themselves with their local safeguarding procedures as this policy is designed to complement rather than replace the multi-agency policies which define the local practice that must be followed.

## **9. STANDARD FORMS, LETTERS AND REFERENCES**

### **Linked Legislation**

- 9.1. This policy is written in accordance with:
- Health Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) Regulation 13.
  - The Independent Health Care (Wales) Regulations 2011 Regulation 16,47.
  - National Minimum Standards for Independent Health Care Services in Wales Standard 11.
  - Care Act 2014.
  - 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.
  - The Serious Crime Act (2015)

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- 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
- The Counter terrorism and Security Act 2015
- Domestic Abuse Act 2021
- Female Genital Mutilation Act 2003
- Modern Slavery Act 2015
- Children and Families Act 2014
- Care Standards Act (2000)
- Police and Criminal Evidence Act (PACE) (1984)
- Criminal Law Act 1967
- Criminal Justice and Courts Act (2015)
- Regulations 26 and 27 of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017
- Online Safety Act 2023

### **Linked Documents associated with this policy**

#### ***Procedures and protocols***

- 9.2. [Local Safeguarding Procedure](#) (Adults and Children) (4-15.01)
- 9.3. [Staff Safeguarding Handbook](#) (4-15.03)
- 9.4. [Adult/CAMHS Protocol](#) (4-15.10)
- 9.5. [Multi-agency Reviews Procedures](#) (4-15.09)
- 9.6. [Safeguarding Lead Resource Pack](#) (4-15.13)
- 9.7. [Safeguarding Lead Role Descriptor](#) (4-15.12)

#### ***Recording Forms***

- 9.8. [Safeguarding Concern Form](#) (4-15.11)
- 9.9. [Safeguarding Investigation Report Template](#) (4-15.16)

#### ***Posters, Leaflets and EASYREAD***

- 9.10. [Staff Safeguarding Contacts Poster](#) (4-15.02)
- 9.11. [Staff Safeguarding Flowchart Poster](#) (4-15.04)
- 9.12. [Individual Safeguarding Poster](#) (inc. LD and Easy Read) (4-15.05)
- 9.13. [Safeguarding Guide EASY READ](#) (4-15.06)
- 9.14. [Safeguarding Guide LD](#) (4-15.07)
- 9.15. [Staff Safeguarding Information Poster](#) (CQC HIW) (4-15.02)

#### ***Online and Statements***

- 9.16. [Online Safeguarding statement](#) (4-15.14)
- 9.17. [Slavery and Human Trafficking statement](#) (4-15.15)



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### **Linked Policy<sup>1</sup>**

- 9.18. **Safeguarding in Schools** (4-17)
- 9.19. **Adult Support and Protection (Scotland)** (4-24)
- 9.20. **Positive and Safe Care: Reducing Restrictive Practice** (2-05)
- 9.21. **Chaperone in healthcare services** (HC 2-11)
- 9.22. **Persons in a Position of Trust (PIPoT) Concerns** (4-18)
- 9.23. **Unexpected Death of an Individual** (1-15)
  - LeDeR Procedures (1-15.04)
- 9.24. **Incident Reporting and Management** (4-14)
- 9.25. **Prevent Strategy and Policy** (4-21)
- 9.26. **MAPPA-Sex Offenders** (4-20)
- 9.27. **Mental Capacity Act, Advance Decisions and Advance Statements** (5-01)
- 9.28. **Deprivation of Liberty Safeguards** (5-03)
- 9.29. **Raising a Concern Freedom to Speak Up (Whistleblowing)** (HR 03)
- 9.30. **Code of Conduct** (HR 02)
- 9.31. **Disciplinary Procedures** (HR 15)
- 9.32. **Recruitment** (HR 18)
- 9.33. **Professional Boundaries** (HR 16)
- 9.34. **Data Protection, Access to Information and Confidentiality** (IG 02)
- 9.35. **Digital Services Acceptable Use** (IG 03)
- 9.36. Admissions in **Healthcare (HC1-02)** and **Social Care (HC 1-02)**
- 9.37. Transfer and Discharge in **Healthcare (HC 1-13)** and **Social care (SC 1-13)**

### **References, Guidance and Further Reading**

- 9.38. Care Quality Commission at [www.cqc.org.uk](http://www.cqc.org.uk)
- 9.39. CQC Notification form at [www.cqc.org.uk](http://www.cqc.org.uk)
- 9.40. HIW Notification form at [www.hiw.org.uk](http://www.hiw.org.uk)
- 9.41. Healthcare Inspectorate Wales [www.hiw.org.uk](http://www.hiw.org.uk)
- 9.42. Safeguarding in Wales <https://safeguarding.wales/> - All Wales Safeguarding Procedures.

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<sup>1</sup> Newly acquired services to Cygnet will undergo a staged policy integration process and during this time the equivalent legacy linked policies will be followed until such time as the Cygnet policy has been implemented at that service. Information relating to implementation dates for individual policies is available on Cygnet's Policy Implementation portal.

## SAFEGUARDING ADULTS, CHILDREN & YOUNG PEOPLE (ENGLAND & WALES) POLICY

### APPENDIX ONE – Safeguarding Principles and Approaches

#### Making Safeguarding Personal

- 9.43. Making Safeguarding Personal (MSP) is an approach to promote responses to safeguarding situations that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.
- 9.44. The key focus is on developing a real understanding of what people wish to achieve. This includes agreeing, negotiating and recording their desired outcomes, working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be reached, and the extent to which desired outcomes have been realised.
- 9.45. The policy and procedures are based on the six principles of safeguarding that underpin all adult safeguarding work.

**Fig 1. The Six Principles of Safeguarding**

|                      |   |   |
|----------------------|---|---|
| <b>Empowerment</b>   | Adults are encouraged to make their own decisions and are provided with support and information.          | I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens.  |
| <b>Prevention</b>    | Strategies are developed to prevent abuse and neglect that promotes resilience and self-determination.    | I am provided with easily understood information about what abuse is, how to recognize the signs and what I can do to seek help.  |
| <b>Proportionate</b> | A proportionate and least intrusive response is made balanced with the level of risk.                     | I am confident that the professionals will work in my interest and only get involved as much as needed.   |
| <b>Protection</b>    | Adults are offered ways to protect themselves, and there is a coordinated response to adult safeguarding. | I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.  |
| <b>Partnerships</b>  | Solutions through services working together.  | I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation. |
| <b>Accountable</b>   | Accountability and transparency in delivering a safeguarding response.                                    | I am clear about the roles and responsibilities of all those involved in the solution to the problem.   |

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### Transitional Safeguarding

- 9.46. Cygnnet recognises that 'transitional safeguarding' describes the need for 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.
- 9.47. Staff should be aware that the nature of risks and harm may change as children go through adolescence and emerge into adulthood, including greater exposure to risks outside the home, such as criminal or sexual exploitation, drug trafficking and community violence. If the individual is between the ages of 15 and 25, and there are risks of harm, practitioners should discuss with their Safeguarding Lead to ensure they are supported through the transition to a different safeguarding structure and provision

### Key Principles for Safeguarding Children

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.

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

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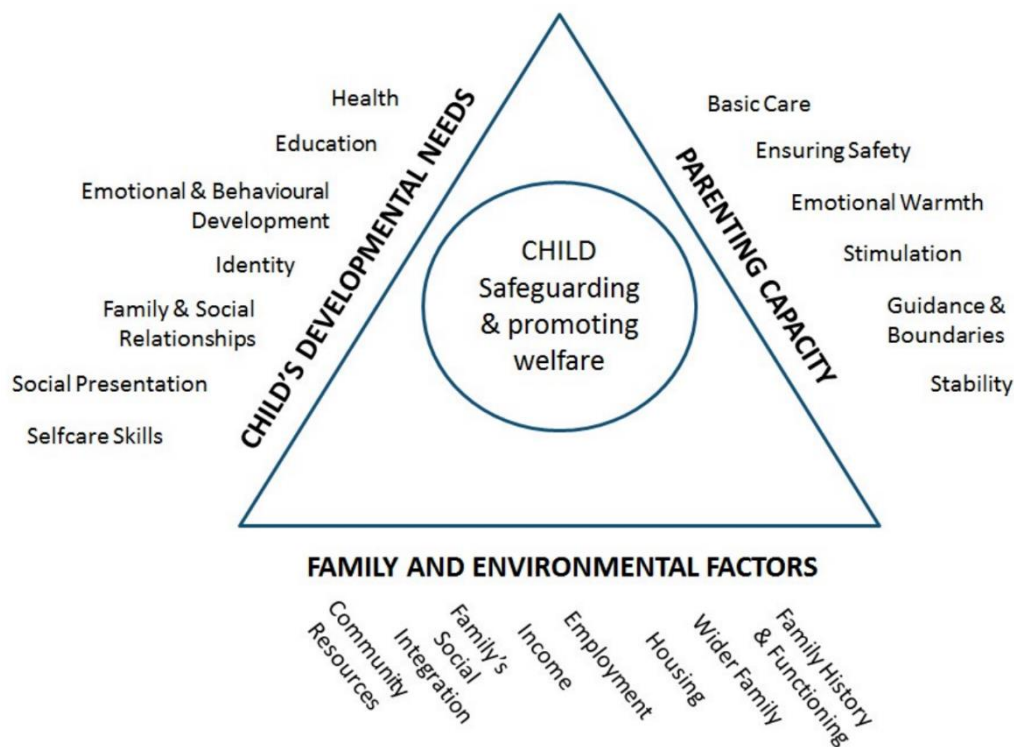
applies at all times, throughout a child's life. This means that when adults make decisions about a child's life, the child should be asked what they think and feel and adult's decision needs to take these into account. The Convention recognises that the level of a child's participation in decisions must be appropriate to the child's age and maturity.

### A child-centred approach

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.

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.

- 9.48. 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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### **APPENDIX TWO – Safeguarding and physical interventions**

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 traumatisation or re-traumatisation through interventions and as such all interventions responding to a known risk should be risk assessed and care-planned accordingly.

Unlawful use of force (force that is neither necessary nor proportionate) is considered abuse and may require Police as well as safeguarding team involvement. If there is any question that the intervention was not necessary and/or proportionate the appropriate authorities need to be informed as well as the appropriate regulatory body notification by the appropriate manager.

Advice from the local area Safeguarding Team, Local Authority Designated Officer (LADO) or 'on 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.

Incidents involving physical restraint must be captured on Cygnets's online incident reporting system, good safeguarding governance requires such incidents to be considered through a safeguarding lens to identify the appropriate resulting actions. When it is determined that a service user requires Long Term Segregation the Local Authority Safeguarding Team should be contacted as stated in the Mental Health Code of Practice (26.153).

When it has been identified that a Mental Health Act assessment has been undertaken incorrectly (e.g. paperwork errors) and then therefore the service has been detained inappropriately, this should also be referred to the Local Authority Safeguarding Team.

**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.