



**Bedfordshire, Luton and Milton Keynes  
Health and Care Partnership  
(BLMK HCP)  
SAFEGUARDING ADULTS AND CHILDREN  
POLICY**

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<p>Major revisions to a document are reflected by incrementing the whole number by 1. Minor revisions are reflected by making increments to the decimal number.</p>			

### Implementation Plan

<b>Development and Consultation:</b>	<p>The following individuals were consulted and involved in the development of this document:</p> <ul style="list-style-type: none"> <li>▪ BLMK Designated Nurses for Adults and Children and Designated Doctors for safeguarding Children</li> </ul>
<b>Dissemination:</b>	<p>Staff can access this document via the website and will be notified of new / revised versions via the staff briefing.</p> <p>This document will be included in the organisation's Publication Scheme in compliance with the Freedom of Information Act 2000.</p>
<b>Training:</b>	<p>The following training will be provided to make sure compliance with this document is understood:</p> <ul style="list-style-type: none"> <li>▪ All staff will be offered relevant training commensurate with their duties and responsibilities. Safeguarding Adults, Children and Prevent training is mandatory for all BLMK HCP staff.</li> </ul>
<b>Monitoring:</b>	<p>Monitoring and compliance of this document will be carried out via:</p> <ul style="list-style-type: none"> <li>▪ Annual Appraisals</li> </ul>
<b>Review:</b>	<p>The Document Owner will ensure this document is reviewed in accordance with the review date on page 2.</p>
<b>Equality, Diversity and Privacy:</b>	<p>Appendix 1 - Equality Impact Assessment Appendix 2 - Data Protection Impact Assessment</p>
<b>Associated Documents:</b>	<p>The following documents must be read in conjunction with this document:</p> <ul style="list-style-type: none"> <li>▪ <a href="#">Milton Keynes Multiagency Safeguarding Adults Policy</a></li> <li>▪ <a href="#">Milton Keynes Multiagency Safeguarding Children Policy</a></li> <li>▪ <a href="#">Beds and Luton Multiagency Safeguarding Children Policy</a></li> <li>▪ <a href="#">Beds and Luton Multiagency Safeguarding Adults Policy</a></li> </ul>
<b>References:</b>	<p>The following articles were accessed and used to inform the development of this document:</p> <ul style="list-style-type: none"> <li>▪ Safeguarding Children in Whom Illness is Fabricated or Induced: Department for Health: 2008</li> <li>▪ Safeguarding Children in Whom Illness is Fabricated or Induced; Department for Children School &amp; Families; 2008;</li> <li>▪ Fabricated or Induced Illness by Carers: A Practice Guide for Paediatricians; Royal College of Paediatrics &amp; Child Health; 2009.</li> </ul>

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## 1.0 Introduction

NHS Bedfordshire, Luton and Milton Keynes Health and Care Partnership (HCP) aims to ensure robust governance through its formal written procedural documents, such as this document, which communicate standard organisational ways of working. These documents help clarify operational requirements and consistency within day to day practice. They can improve the quality of work, increase the successful achievement of objectives and support patient safety, quality and experience. The HCP aims to ensure its procedural documents are user friendly, up-to-date and easily accessible.

The HCP must design and implement procedural documents that meet the diverse needs of our service and workforce, ensuring that none is placed at a disadvantage over others, in accordance with the Equality Act 2010. The Equality Impact Assessment initial screening, which was used to determine the potential impact this policy might have with respect to the individual protected characteristics is incorporated at Appendix 1.

## 2.0 Scope

This policy applies to all HCP staff members, including Governing Body Members and Practice Representatives, involved in the HCP's policy-making processes, whether permanent, temporary or contracted-in under a contract for service (either as an individual or through a third party supplier).

## 3.0 Policy Statement

It is the responsibility of every NHS funded organisation and health care professional to ensure that people in vulnerable circumstances are not only safe but also receive the highest possible standard of care. This policy is intended to set out the NHS Bedfordshire Luton and Milton Keynes Health and Care Partnership (BLMKHCP) role in ensuring this. This policy sets out BLMK HCP's arrangements for safeguarding and promoting the welfare of children, young people, and adults at risk.

## 4.0 Legislation & Guidance

The policy is in line with best practice as set out in the following:

- Children Act (1989 and 2004, including section 11 responsibilities)
- Domestic Violence, Crime and Victims Act (2004)
- National Health Service Act (2006)
- Mental Health Act (1983) (revised 2007)
- The Deprivation of Liberty Safeguards Code of Practice to supplement the main Mental Capacity Act 2005 (published 2008)
- Mental Capacity Act 2005
- Safeguarding children in whom illness is fabricated or induced (2008)
- Health and Social Care Act (2012)
- Making safeguarding personal Guide (2014)
- Children and Family Act (2014)

- The Care Act (2014)
- The Right to Choose: multi-agency statutory guidance for dealing with forced marriage (2014)
- Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework (2015) last updated August 2019.
- NHS Serious Incident Framework (2015) or Patient Safety Incident
- Revised PREVENT Duty Guidance: for England and Wales (2015) last updated 1st April 2021. Promoting the Health and Well-being of Looked After Children (2015)
- Counter Terrorism and Security Act (2015)
- Serious Crime Act (2015)
- Modern Slavery Act (2015 last updated July 2018)
- Child Sexual Exploitation: definition and guide for practitioners (2017)
- Children and Social Work Act (2017)
- Working Together to Safeguard Children (2018)
- Child Death Review Statutory and Operational Guidance (2018)
- Information Sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers (2018)
- Mental Capacity (Amendment) Act (2019)
- Response Framework for early adopters (2020)
- Looked After Children: roles and competencies of health care staff Intercollegiate Document (2020)
- Domestic Abuse Act (2021)

## **5.0 Accountabilities & Responsibilities**

Overall accountability for ensuring that there are systems and processes to effectively safeguard adults, and children and young people at risk, lies with the Governing Body.

## **6.0 Processes and Procedures**

This policy document reflects the strategic approach to education and training for Safeguarding across BLMK.

All staff will be offered relevant training commensurate with their duties and responsibilities. Safeguarding Adults, Children and Prevent training is mandatory for all BLMK HCP staff.

Staff requiring support with training should speak to their line manager in the first instance. Support may also be obtained through their HR Department.

### **6.1 Safeguarding Children training**

The minimum training requirements are clearly set out in the most current guidance: *Intercollegiate Guidance Document (2019)*; *Safeguarding Children and Young People: Roles and Competencies for Health Care Staff*.

All HCP staff must have completed a Safeguarding (Child Protection) Basic Awareness course at a level that matches their work with children and young people and/or their parents and carers.

There is a staged approach to training with different staff being required to take training at different levels, dependent on their degree of contact with children and families. This includes staff working in adult services who may be in contact with adults who care for children. Compliance with Safeguarding Children Training should be reviewed annually as part of staff appraisals and with consideration to staff personal development plans.

Safeguarding competencies are the set of skills that enable staff to effectively safeguard, protect and promote the welfare of children and young people. These are a combination of skills, knowledge, attitudes and values that are required for safe and effectual practice.

- Different staff groups require different levels of training dependent upon:
  - Their role
  - The degree of contact they have with children and young people and families
  - The nature of their work
  - Their level of responsibility
  - Staff should consult with their line manager or safeguarding team to identify which level of competence they require

## **6.2 Safeguarding adults training**

The Safeguarding Adults training requirements are clearly set out in the most current guidance; Intercollegiate Guidance Document (2018); Adult Safeguarding: Roles and Competencies for Healthcare Staff.

All HCP staff must have completed a Safeguarding Adults Basic Awareness course.

There is a staged approach to training with different staff being required to take training at different levels, dependent on their role. This includes staff working in children services. Compliance with Safeguarding Adults Training should be reviewed annually as part of staff appraisals and with consideration to staff personal development plans.

Safeguarding competencies are the set of skills that enable staff to ensure that adults at risk are protected from abuse, harm and neglect. They are a combination of skills, knowledge, attitudes and values that are required for safe and effectual practice.

- Different staff groups require different levels of training dependent upon:
  - Their role
  - The degree of contact they have with people and families
  - The nature of their work
  - Their level of responsibility

Staff should consult with their line manager or safeguarding team to identify which level of competence they require



The Safeguarding Adults training requirements are clearly set out in the most current guidance; Prevent Training and Competencies Framework (2017). All HCP staff must have completed a Safeguarding Adults Basic Awareness course. Those requiring Safeguarding Children or Adults training at Level 3 must also complete Level 3 Prevent training.

### **6.3 Safeguarding Children**

All organisations that work with or come into contact with children need to have safeguarding policies and procedures to ensure that every child, regardless of their age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation, has a right to equal protection from harm.

Setting up and following good safeguarding policies and procedures means children are safe from adults and other children who might pose a risk.

This section of the policy relates to the unborn child and children, young people up to their 18th birthday.

#### **What is safeguarding Children?**

Safeguarding is the action that is taken to promote the welfare of children and protect them from harm.

Safeguarding means:

- protecting children from abuse and maltreatment
- preventing harm to children's health or development
- ensuring children grow up with the provision of safe and effective care
- taking action to enable all children and young people to have the best outcomes.

Child protection is part of the safeguarding process. It focuses on protecting individual children identified as suffering or likely to suffer significant harm. This includes child protection procedures which detail how to respond to concerns about a child.

Working Together to Safeguard Children (2018) and amended version 2020 identifies health professionals as being in a position to identify welfare needs of, or safeguarding concerns regarding individual children and where appropriate, provide support. This can include understanding risk factors, communicating

effectively with children and families, liaising with other agencies, assessing need and capacity, and responding to those needs by contributing to multi-agency assessments and reviews.

Public sector organisations have an overall duty to:

- Take all reasonable measures to ensure that they minimise the risk of harm to Children.
- Take appropriate action when there are child protection concerns by working to agreed local policies and procedures, in full partnership with other agencies.



Decisions regarding children in need or at risk of harm are often made in difficult circumstances, fine judgements are required about the weight and significance of information. Whilst Local Authority Children's Services have legal powers to protect children, government legislation and guidance directs all agencies to play their part in safeguarding children. This is set out in the statutory guidance, *Working Together to Safeguard Children: a guide to inter-agency working to safeguard promote the welfare of children (HM Gov 2018)*.

The Children's Act 1989 and 2004 are the overarching legislation concerning the welfare of children. These Acts support the principle that the welfare of the child is the paramount consideration. They place a duty on all staff / volunteers to consider children in the course of their work, even where their client group may be adult but there are children involved.

The key principles as outlined in Working Together to Safeguard Children (2018) are:

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

### **The Children's Act (1989)**

The key principles of the Children's Act are:

- The welfare of the child is paramount.
- Children are generally best looked after by their own families.
- The child and family's race, religion and culture must be taken into account.
- Children have a right to be consulted about decisions affecting them.
- Children's wishes and feelings must be taken into account.
- Delay in decision-making is harmful for children.

The 1989 Children Act also sets out the definition of Parental Responsibility. This refers to the rights, duties, powers and responsibility which a parent of a child has in relation to the child and his or her property. It is important to note that all the provisions of the Children Act 1989 are subject to the guiding principles of the child's best interests being the principal guiding force. Consequently, the exercise of parental responsibility has its limitations where disputes arise, either between the holders of parental responsibility, or between the holders of parental responsibility and the child. These rights exist to allow those with parental responsibility to exercise their duty of care towards the child.

### **Legal Duties under the Children's Act (1989 / 2004)**

#### **Section 47 of the Children's Act (1989)**

Section 47 of the Children's Act (1989) places a duty on any NHS Trust (and other bodies) to help a Local Authority with its enquiries in cases where there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm, unless doing so would be unreasonable in all the circumstances of the case. This is best achieved by providing relevant information and advice.

### **Section 17 of the Children’s Act (1989)**

Section 17 places a general duty on all local authorities to “safeguard and promote the welfare of children within their area who are in need”. A Child in Need is one whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or that their health or development will be significantly impaired without provision of services. This includes those who are disabled. The Local Authority has a duty to promote Children in Need being brought up by their families.

### **Referral to Local Authority**

By law, the only agencies authorised to investigate child protection concerns are Local Authorities, the Police and in some areas the NSPCC. However, BLMK HCP has a legal duty to refer concerns regarding the safety of a child to the Local Authority Multi-Agency Safeguarding Hub (MASH) and share information with agencies investigating concerns.

*Where an assessment by a staff member indicates that a child may be ‘in need’ (Section 17, see 3.2.2) or ‘in need of protection’ (Section 47, see 3.2.1) it is the individual member of staff’s responsibility to ensure that a referral is made in accordance with the Safeguarding Children Board and Safeguarding Partnership procedures.*

Referrals should be made to the Integrated Front Door/Multi Agency Safeguarding Hub (front door Social Care Service) in the local authority where the child lives. (See quick reference guide on how to raise a safeguarding, at the back of this document).

The Local Authority Team should acknowledge receipt of the referral and inform the referrer of the next course of action. If this does not happen within three working days it is the responsibility of the referrer to contact the Team to ascertain the outcome of the referral.

### **Procedure for Managing Allegations**

The Designated Officer is a local authority role responsible for managing and overseeing concerns, allegations or offences relating to staff and volunteers in any organisation across a local authority area. All allegations about people who work with children, in statutory or voluntary organisations, must be referred to the Local Authority Designated Officer (LADO).

A referral to the LADO must be made within 24 hours if there is information about a person indicating they have:

- Behaved in a way that has harmed a child, or may have harmed a child. possibly committed a criminal offence against or related to a child.
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

If there is an allegation with regard to someone who works with children about possible harm to the children they care for in another capacity, then this potentially

has implications for their professional role and must also be referred to the LADO.

### **Safeguarding Partners**

Following the Statutory Changes in 2018, The HCP became part of the three safeguarding partners, who agree on ways to co-ordinate their safeguarding services, act as part of a strategic leadership group in supporting and engaging others, and implement local and national learning from serious child safeguarding incidents.

A safeguarding partner in relation to a Local Authority area in England is defined under the Children Act 2004 (as amended by the Children and Social Work Act, 2017) as:

- The Local Authority;
- A Clinical Commissioning Group for an area any part of which falls within the Local Authority area;
- The Chief Officer of Police for an area any part of which falls within the Local Authority area.
- 

### **6.4 Looked after Children**

A child who has been in the care of their local authority for more than 24 hours is known as a Looked After Child (LAC). Looked after children are also often referred to as Children in Care, a term which many children and young people prefer.

Children and Young People in Care should expect to have the same opportunities as other children and young people, including being healthy and safe. They should be provided with the opportunities needed to help them move successfully into adulthood. The needs of Children and Young People in Care vary, but are often complex, and can be met only by a range of services operating collaboratively across different settings.

A child stops being looked after when they are adopted, return home or turn 18. However local authorities in the United Kingdom are required to support children leaving care at 18 until they are at least 25. This may involve them continuing to live with their foster family.

The standard for the health of Children in Care is dictated by the statutory guidance *'Promoting the Health and Wellbeing of Looked After Children' (2015)*. All Children should receive an Initial Health Assessment (IHA) within 20 working days of coming into care and a Review Assessment (RHA) every 6 months for Children under 5 years and, annually for Children 5 years and over.

The Initial Health Assessment (IHA) should be undertaken by a registered medical practitioner in accordance with the statutory guidance. Health assessments for Children in Care serve to evidence past medical history (from conception, birth, and childhood) in addition to assessing current physical, mental and emotional health and, ensure no health condition or vulnerability is missed. They provide the basis and evidence to refer on to other specialties or to sign post to services. Prior to an initial assessment background health information is sought from the GP or health records,

from maternity services regarding pregnancy and birth information, from the Child's social worker and from other health professionals involved in the Child's care. Some children may have ongoing needs such as a disability, chronic health conditions, been exposed to substances or alcohol during pregnancy or have underlying genetic health conditions. In some instances, a contributing factor in the Child being brought into care is that, their parents have neglected to take them to health appointments which then exacerbates any undiagnosed or diagnosed condition they might have. A detailed action plan is developed and shared with the Child's GP, social worker, and carer.

Review Health Assessments (RHA) build on the IHA and are completed by the Looked after Children's Nurses. Appointments are arranged in conjunction with the child/young person's foster carer or residential care provider. As part of the report a detailed health action plan is formulated, which is discussed with the Child / young person and the plan is shared with the Child's Social Worker and Carer. Actions are assigned to the most

appropriate person surrounding the Child and should be monitored for completion at the Child's statutory review meeting with the Independent Reviewing Officer. The health team works in conjunction with the Designated Professionals to address unmet health needs, to escalate concerns regarding individual Children and liaise with other Children in Care health teams and Designates across the country.

## **6.5 Unaccompanied Asylum-Seeking Children (UASC)**

Unaccompanied Asylum-Seeking Children (UASC) are children and young people who are seeking asylum in the UK but who have been separated from their parents or carers. While their claim is processed, they are cared for by a local authority. Numbers across the country have been rising over the last 5 years.

The health needs for UASC are complex including physical, mental and emotional needs. There are a wide range of resources available to aid health professionals looking after UASC. These have been developed by colleagues in Kent and are available at: [www.uaschealth.org](http://www.uaschealth.org) . These include resources for public health, primary care and secondary care and are widely used by health professionals.

## **6.6 Safeguarding Adults**

All Safeguarding interventions will follow the requirements of the Care Act 2014 Sections 42 – 46 and the Care Act Statutory Guidance Section 14. Actions must be based on the six key principles of Adult Safeguarding:

- “Empowerment – People being supported and encouraged to make their own decisions and informed consent.
- Prevention – it is better to action to be taken before harm occurs
- Proportionality – the least intrusive response appropriate to the risk presented.
- Protection – support and representation for those in greatest need

- Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- Accountability - Accountability and transparency in delivering safeguarding”

Safeguarding interventions are expected to “Make Safeguarding Personal” and must involve the adult experiencing, or at risk of abuse or neglect, in decision making about “how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety” (Care Act Guidance S14.15).

Interventions must comply with the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). They must consider if the adult at risk has the mental capacity to make informed choices, and give informed consent, regarding their own safety and how they live their lives (see section 3.1).

An adult at risk is any person aged 18 or over ‘who is’ or ‘maybe’ in need of care because of disability, age or physical or mental illness ‘and’ is unable to protect themselves against significant harm and / or exploitation.

Abuse is a violation of an individual’s human and civil rights by any other person or persons:

- Abuse may consist of a single act or repeated acts.
- It may be physical, verbal or psychological.
- It may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not consented or cannot consent.
- Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Safeguarding adults is underpinned by multi-agency working, with the Local Authorities taking the lead. BLMK HCP works in partnership with partner agencies on the Bedfordshire and Luton Safeguarding Adults boards and the Milton Keynes Partnership board (MKTogether).

BLMK HCP’s policy is to actively promote the health and well-being of vulnerable adults and to Prevent harm wherever possible through the promotion of a good understanding of Safeguarding Adults’ procedures amongst all staff, effective risk assessment and risk managements, routine incident report and review, staff training and supervision processes.

This policy applies to all individuals, including those who have been assessed as lacking Capacity. Actions taken on behalf of these people should be done so in their best interest, in accordance with the Mental Capacity Action (2005).

### **Capacity, Consent and Decision Making**

The consideration of capacity is crucial at all stages of Safeguarding Adults procedures. For example, determining the ability of a vulnerable adult to make lifestyle choices, such as choosing to remain in a situation where they risk abuse; determining



whether a particular act or transaction is abusive or consensual; or determining how much a vulnerable adult can be involved in making decisions in a given situation. If unable to consent then this should trigger the need for an MCA Assessment. All adults are deemed to have capacity unless there has been a formal capacity assessment to indicate otherwise.

**Referral to the Independent Mental Capacity Advocate (IMCA) Service** The aim of the IMCA service is to:

- Provide independent safeguards for people who lack capacity to make certain important decisions and at the time such decisions need to be made.
- An IMCA must be instructed, and then consulted, for people lacking capacity who have no one else to support them (other than paid staff).
- Where the person at risk has family or friends to support them but they have been deemed inappropriate to consult.
- Whenever Local Authorities or NHS bodies propose to take or have taken protective measures in relation to a person who lacks capacity to agree to one or more of the measures and where safeguarding adult proceedings have been instigated. People at risk may be supported by an IMCA regardless of any involvement of family or friends.
- An NHS body is proposing to provide serious medical treatment or withdraw medical treatment.
- An NHS body or Local Authority is proposing to arrange accommodation (or change accommodation) in hospital for more than 28 days or a Care Home for more than eight weeks.

### **Referral to Adult Contact Team**

In line with the local Procedures any concerns relating to the Safeguarding Adults should be referred to the Local Authority Safeguarding Adults team within the local authority where the alleged abuse took place. This should be made on the same day the alleged abuse was noted.

All Safeguarding Adult referrals within BLMK are made electronically using the appropriate local authorities Safeguarding Adults Referral form or in some instances an email (See quick reference guide in appendix 2-4).

## **6.7 PREVENT**

PREVENT, represents one of the Government's four national work streams of the counter terrorism strategy known as CONTEST.

Within the PREVENT strategy there are three national objectives:

- 1) Respond to ideological challenge of terrorism and the threat we face from those who promote it
- 2) Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support

- 3) Work with sectors and institutions where there are risks of radicalisation which we need to address

In line with Section 26 of the Counter-Terrorism and Security Act 2015, BLMK HCP has a statutory duty to Prevent people from being drawn into terrorism. BLMK's Designated Safeguarding Adults Nurses are the HCP place based Prevent leads.

PREVENT focuses on all forms of terrorism and is therefore not about race, religion or ethnicity. PREVENT operates in the non-criminal space, providing support and redirection to vulnerable individuals, both children and adults at risk of being groomed into terrorist activity. Radicalisation is comparable to other forms of exploitation and is therefore considered as an integral part of safeguarding. The emphasis within safeguarding, focuses on supporting vulnerable people, rather than informing on those who have become radicalised.

**Radicalisation** is a process by which a person comes to support terrorism and forms of extremism leading to terrorism. Radicalisation is not a one-off event that happens to individuals, it is a series of contacts and episodes that result in potential terrorist attacks. It is usual for radicalisation to happen through interactions with peers, family or through

social networking. People with vulnerabilities may be more prone to attempted radicalisation. If you are concerned that somebody is being radicalised, a referral needs to be made to the police or local authority using the PREVENT referral form. Advice and guidance can be sought from the HCP PREVENT leads.

### **Procedure for Managing Allegations**

Where abuse is alleged against a BLMK HCP employee, this must be reported immediately to the Human Resource Department, the appropriate Executive Lead, the employees Line Manager and the Designated Nurse for Safeguarding Adults. Consideration should be given to whether a crime has been committed and the duty to report to the Police. Please refer to the local authorities Raising a Concern about a Person in a Position of Trust (PiPoT) policy.

### **Section 42 Enquiries**

Local Authorities must make enquiries, or cause others to do so, if they reasonably suspect an adult who meets the criteria above is, or is at risk of, being abused or neglected.

BLMK HCP staff must cooperate with a request from the local authority to undertake the enquiry. Advice and guidance should be sought from the HCP Designated Nurses for Adult Safeguarding.



## **Appendix 1 - Quick Reference Guide – Raising a Safeguarding in Milton Keynes**

If you have a concern about an adult or child that they are in immediate danger you should contact the relevant emergency services by ringing 999. If the adult or child you are concerned about is not in immediate danger you should report your concern to Milton Keynes Council.

**Safeguarding is everybody's business. Don't keep it to yourself. If in doubt, seek advice**

### **Children and Young people**

What should you do to help?

- Act promptly.
- Report your concerns about the safety and well-being of a child to the Multi-Agency Safeguarding Hub (MASH) 9am-5pm Mon-Thurs and 9am-4.30pm on Fri by:
- Telephone **01908 253169** or **01908 253170**
- emailing [children@milton-keynes.gov.uk](mailto:children@milton-keynes.gov.uk)
- Outside these hours contact the Emergency Social work team on **01908 265545**.
- If you are a professional, please complete the online Multi-Agency Referral Form on the Multi Agency Safeguarding Hub (MASH) page.
- Give us as much information as you can about the child and the family including any names, address, ages and gender as well as your concerns.

### **Adults**

What should you do to help?

- Ensure the adult is safe
- Report your concerns to the Adult Social Care, Access Team (ACCESS)
- Telephone **01908 253772**
- Outside these hours contact the Emergency Social work team on **01908 725005**
- If you are a professional, please complete the online Multi-Agency Referral Form on via [www.milton-keynes.gov.uk/safeguardingadults](http://www.milton-keynes.gov.uk/safeguardingadults) This should be done as soon as possible

### **Domestic Abuse and Violence**

Where to find support:

- Milton Keynes - MKACT offers support on our behalf to anyone who has or is suffering from fear and abuse. They can help you seek the right support from our services or support you in moving to a safer area. We urge you to seek support as quickly as you can. Telephone **0344 375 4307** (helpline available 9am-5pm)
- **National Domestic Violence Helpline 0808 2000247**
- Mankind Initiative - Confidential helpline for male victims of domestic abuse and domestic violence **Mankind 01823 334244** (Available 10am-4pm)
- The National **LGBT+ Domestic abuse helpline 0800 999 5428**

## Appendix 2 - Quick Reference Guide – Raising a Safeguarding in Luton

If you have a concern about an adult or child and they are in immediate danger you should contact the relevant emergency services by ringing 999. If the adult or child you are concerned about is not in immediate danger you should report your concern to Milton Keynes Council.

**Safeguarding is everybody's business. Don't keep it to yourself. If in doubt, seek advice**

### Children and Young people

What should you do to help?

- Act promptly.
- Report your concerns about the safety and well-being of a child to the Multi-Agency Safeguarding Hub (MASH) 9am-5pm Mon-Thurs and 9am-4.30pm by
- Telephone **01582 547653**
- [emailing mash@luton.gov.uk](mailto:emailingmash@luton.gov.uk)
- Outside these hours contact the Emergency Social work team on **0300 3008123**
- Alternatively you can complete the online Multi-Agency Referral Form on: [Safeguarding children \(luton.gov.uk\)](https://www.luton.gov.uk/safeguarding-children)
- Give us as much information as you can about the child and the family including any names, address, ages and gender as well as your concerns.

### Adults

What should you do to help?

- Ensure the adult is safe
- Report your concerns to the Safeguarding team at [adultsafeguarding@luton.gov.uk](mailto:adultsafeguarding@luton.gov.uk)
- Telephone **01582 547730** or **01582 547563**
- Outside these hours contact the Emergency Social work team on **0300 3008123**.
- For more information, including details about how to, please visit the below website:

[I think abuse is taking place - what should I do? \(luton.gov.uk\)](https://www.luton.gov.uk/i-think-abuse-is-taking-place-what-should-i-do)

### Domestic Abuse and Violence

Where to find support:

- **Luton All Women's Centre** - Charity for women run by women based in Luton. One to one support for domestic abuse and other forms of abuse and trauma **01582 416783**
- **National Domestic Violence Helpline 0808 2000247**
- Mankind Initiative - Confidential helpline for male victims of domestic abuse and domestic violence **Mankind 01823 334244** (Available 10am-4pm)
- The National **LGBT+ Domestic abuse helpline 0800 999 5428**

## **Appendix 3 - Quick Reference Guide – Raising a Safeguarding concern in Bedford Borough and Central Bedfordshire**

If you have a concern about an adult or child and they are in immediate danger you should contact the relevant emergency service by ringing 999. If the adult or child you are concerned about is not in immediate danger you should report your concern to Central Bedfordshire or Bedford Borough Council.

Safeguarding is everyone's business. Don't keep it to yourself. If in doubt, seek advice.

### **Children and Young People**

What you should do to help?

#### **Central Bedfordshire**

- Act promptly
- Report your concerns regarding the safety and well-being of a child to the Access and Referral Hub
- Telephone 0300 300 8585
- Emailing [cs.accessandreferral@centralbedfordshire.gov.uk](mailto:cs.accessandreferral@centralbedfordshire.gov.uk)
- If you are a professional please complete the online referral form following the link on the Central Bedfordshire council website – [www.centralbedfordshire.gov.uk/](http://www.centralbedfordshire.gov.uk/)
- Give as much information as you can about the Child and family

#### **Bedford Borough**

- Act promptly
- Report your concerns regarding the safety and well-being of a child to Bedford Borough Integrated Front Door by telephone on: **01234 718700 (office hours)** 8.45am to 5.20pm Monday to Thursday and 8.45am to 4.20pm on Fridays
- Emailing [Multi.Agency@bedford.gov.uk](mailto:Multi.Agency@bedford.gov.uk)
- Following the links on [www.bedford.gov.uk/](http://www.bedford.gov.uk/)
- Give as much information as you can about the Child and family

#### **Both areas**

- If you urgently need help **outside office hours** (including bank holidays and weekends) you can contact Social Care Emergency Duty Team on **0300 300 8123**

## **Adult Safeguarding**

What you should do to help?

### **Central Bedfordshire**

- Act promptly
- Identify what the adult might like to happen to be safe
- Report your concerns regarding the safety and well-being of an adult to Adult Social Care
- Telephone: 0300 300 8122
- Fax: 0300 300 8239
- Email: [Adult.Protection@centralbedfordshire.gov.uk](mailto:Adult.Protection@centralbedfordshire.gov.uk)
- For more information, including details about how to refer and the Mental Capacity Act, please visit the below website:

[https://www.centralbedfordshire.gov.uk/info/22/information\\_for\\_professionals/334/safeguarding](https://www.centralbedfordshire.gov.uk/info/22/information_for_professionals/334/safeguarding)

### **Bedford Borough**

- Act promptly
- Identify what the adult might like to happen to be safe
- Report your concerns regarding the safety and well-being of an adult to Adult Social Care
- Telephone: 01234 276222
- Fax: 01234 276076
- Email: [Adult.Protection@centralbedfordshire.gov.uk](mailto:Adult.Protection@centralbedfordshire.gov.uk)
- For more information, including details about how to refer and the Mental Capacity Act, please visit the below website:

<https://www.bedford.gov.uk/social-care-health-and-community/help-for-adults/partnership-boards/safeguarding-partnership-board/>

**Give as much information as you can about the adult, their circumstances, capacity and wishes.**

## Appendix 4 - Equality Impact Assessment Initial Screening

Please answer the questions against each of the protected characteristic and inclusion health groups. If there are significant impacts and issues identified a full Equality / Quality Impact Assessment (EQIA) must be undertaken. It is against the law to discriminate against someone because of these protected characteristics. For support and advice on undertaking EQIAs please contact: [agcsu.equalities@nhs.net](mailto:agcsu.equalities@nhs.net)

<b>Name of Policy:</b>	Safeguarding adults and children policy
<b>Date of assessment:</b>	25/5/2022
<b>Screening undertaken by:</b>	Mandy Park Designated Nurse Safeguarding Children and LAC

Protected characteristic and inclusion health groups.	Could the policy create a disadvantage for some groups in application or access?	If Yes - are there any mechanisms already in place to mitigate the potential adverse impacts identified? If not, please detail additional actions that could help. If this is not possible, please explain why
<p>Find out more about the Equality Act 2010, which provides the legal framework to tackle disadvantage and discrimination: <a href="https://www.equalityhumanrights.com/en/equality-act/protected-characteristics">https://www.equalityhumanrights.com/en/equality-act/protected-characteristics</a></p>	<p><b>There is reference to all of the protected characteristics however no disadvantage, application or access to any.</b></p>	
<p><b>Age</b> A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).</p>	<p>The safeguarding policy will positively impact on vulnerable children and adults. It sets out the processes and procedures which staff are required to adhere to enable children and Adults at Risk to be Safeguarded.</p>	
<p><b>Disability</b> A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.</p>	<p>The safeguarding policy sets out to address any discrimination relating to disability in line with safeguarding procedures outlined.</p>	
<p><b>Gender reassignment</b> The process of transitioning from one gender to another.</p>	<p>The safeguarding policy sets out to address any discrimination relating to Gender reassignment in line with safeguarding procedures outlined.</p>	
<p><b>Marriage and civil partnership</b> Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.</p>	<p>The safeguarding policy sets out to address any discrimination relating to Marriage and civil partnership in line with safeguarding procedures outlined.</p>	
<p><b>Pregnancy and maternity</b></p>	<p>The safeguarding policy sets out to address any discrimination relating to Pregnancy and</p>	



<p>Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.</p>	<p>Maternity in line with safeguarding procedures outlined.</p>	
<p><b>Race</b> Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins.</p>	<p>The safeguarding policy sets out to address any discrimination relating to race in line with safeguarding procedures outlined.</p>	
<p><b>Religion or belief</b> Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.</p>	<p>The safeguarding policy sets out to address any discrimination relating to Religion or belief in line with safeguarding procedures outlined.</p>	
<p><b>Sex</b> A man or a woman.</p>	<p>The safeguarding policy sets out to address any discrimination relating to sex in line with safeguarding procedures outlined.</p>	
<p><b>Sexual orientation</b> Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none.</p>	<p>The safeguarding policy sets out to address any discrimination relating to sexual orientation in line with safeguarding procedures outlined.</p>	
<p><b>Carers</b> Individuals within the CCG which may have carer responsibilities.</p>	<p>This policy does not impact on any working arrangements.</p>	
<p><b>Please summarise the improvements which this policy offers compared to the previous version or position.</b></p>		
<p>Rebranded only required</p>		
<p><b>Has potential disadvantage for some groups been identified which require mitigation?</b></p>		
<p>No</p>		





## Appendix 5 - Data Protection Impact Assessment Initial Screening

Data protection is the fair and proper use of information about people. Before completing this form, please refer to the Data Protection Impact Assessment (DPIA) Guidance in the Information Governance (IG) section on the staff Intranet or contact the Data Protection Officer for support via [blmkccg.ig@nhs.net](mailto:blmkccg.ig@nhs.net)

A DPIA is a process to help you identify and minimise the data protection risks. You must do a DPIA for processing that is likely to result in a high risk to individuals. You can use our screening checklist below to help you decide when to do one. If you have answered 'Yes' to any of the 10 screening questions, you must then carry out a full DPIA using the Stage 2 form, which is also available on the Intranet in the IG section.

<b>Name of Policy:</b>	Safeguarding adults and children policy
<b>Date of assessment:</b>	25/5/2022
<b>Screening undertaken by:</b>	Mandy Park Designated Nurse Safeguarding Children and LAC

### Stage 1 – DPIA form

please answer 'Yes' or 'No'

<b>1. Will the policy result in the processing of personal identifiable information / data?</b> This includes information about living or deceased individuals, including their name, address postcode, email address, telephone number, payroll number etc.	Yes
<b>2. Will the policy result in the processing of sensitive information / data?</b> This includes for living or deceased individuals, including their physical health, mental health, sexuality, sexual orientation, religious belief, National Insurance No., political interest etc.	Yes
<b>3. Will the policy involve the sharing of identifiers which are unique to an individual or household?</b> e.g., Hospital Number, NHS Number, National Insurance Number, Payroll Number etc.	Yes
<b>4. Will the policy result in the processing of pseudonymised information by organisations who have the key / ability to reidentify the information?</b> <b>Pseudonymised data</b> - where all identifiers have been removed and replaced with alternative identifiers that do not identify any individual. Re-identification can only be achieved with knowledge of the re-identification key. <b>Anonymised data</b> - data where all identifiers have been removed and data left does not identify any patients. Re-identification is remotely possible, but very unlikely.	No
<b>5. Will the policy result in organisations or people having access to information they do not currently have access to?</b>	No
<b>6. Will the policy result in an organisation using information it already holds or has access to, but for a different purpose?</b>	No
<b>7. Does the policy result in the use of technology which might be perceived as being privacy intruding?</b> e.g., biometrics, facial recognition, CCTV, audio recording etc.	No
<b>8. Will the policy result in decisions being made or action being taken against individuals in ways which could have a significant impact on them?</b> Including profiling and automated decision making. (This is automated processing of personal data to evaluate certain things about an individual i.e., diagnosis and then making a decision solely by automated means - without any human involvement)	Yes
<b>9. Will the policy result in the collection of additional information about individuals in addition to what is already collected / held?</b>	No





<b>10. Will the policy require individuals to be contacted in ways which they may not be aware of and may find intrusive? e.g., personal email, text message etc.</b>	No
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