



Safeguarding Handbook

Version control

(List previous versions in chronological order, with the newest at the top)

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Related WDP policies

Policy name
IAC Handbook
Management of Care Handbook
Staff Handbook
Safer Recruitment Handbook
Complaints Policy



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1. Introduction

1.1 Executive Summary

- 1.1.1 This handbook defines the responsibility of the WDP workforce in safeguarding adults, children and young people from harm and abuse. This handbook highlights the correct procedure to follow when a safeguarding concern has been identified as well as procedures for managing an allegation against the WDP workforce.
- 1.1.2 This handbook includes guidance and information in relation to local safeguarding registers to be held within each WDP service, as well as an ACCT protocol for WDP services delivered within a prison setting.

1.2 Policy Statement

- 1.2.1 This policy provides a framework from which workforce members at WDP may recognise, respond, record and report potential signs of abuse or concern to ensure that any risk to an adult, child or young person is identified and managed safely and effectively.
- 1.2.2 This policy ensures that all staff:
- Are aware of their personal responsibility and duty of care in protecting adults at risk, children and young people
 - Recognise and understand signs of abuse and neglect
 - Can effectively manage potential risk surrounding abuse and neglect
 - Communicate, record and report safeguarding issues effectively and in a timely manner
 - Understand when to report safeguarding incidents in accordance with the local incident reporting procedure

1.3 Scope

- 1.3.1 All WDP staff who come into contact with service users.
- 1.3.2 All service users of WDP are potentially adults at risk.
- 1.3.3 WDP staffs have a duty to safeguard and protect the welfare of anyone in contact with a WDP service.
- 1.3.4 This policy is not exclusive to those in a role specific to safeguarding.

1.4 Safeguarding in Prisons

- 1.4.1 The WDP safeguarding handbook does not override the statutory duties and powers of the Prison or the Local Authority. HMP's safeguarding procedures will take priority when dealing with any safeguarding issue identified within a secure environment. For those WDP staff working in a prison environment, the WDP safeguarding handbook should be considered secondary to the requirements of any HMP policy.



- 1.4.2 For WDP staff working in a prison setting, an ACCT engagement policy is included within this handbook for detailed guidance.

2. Staff Training & Recruitment

2.1 Staff Recruitment and Safeguarding Vulnerable Groups Act 2006

- 2.1.1 The DBS (Disclosure and Barring Service) provide a joined up, seamless service to combine the criminal records and barring functions. All staff working for WDP in any capacity will be subject to a satisfactory DSB check at the point of recruitment.
- 2.1.2 WDP are legally bound to refer to the DBS (Disclosure & Barring Service) when a person working in regulated activity has harmed, or if there was a risk to harm, a child or adult.

2.2 Staff Development

- 2.2.1 WDP believes that staff development systems are important mechanisms to reinforce the attitudes and behaviours that prevent safeguarding concerns arising. WDP support staff in taking responsibility for their own practice and challenging others through:
- Continued professional development
 - Management and supervision
 - Appraisal and validation
 - Professional challenge
- 2.2.2 WDP will take immediate action where there are concerns raised regarding a practitioners actions in order to support them in addressing concerns and improving performance.
- 2.2.3 Where significant concerns arise, line management and HR functions will work together to decide the most appropriate course of action. This may include following the WDP disciplinary procedure, referral to professional and/or regulatory bodies, a referral to the police, or a referral in line with the Safeguarding Vulnerable Groups Act.

2.3 Staff Training

- 2.3.1 The Care Act 2014 introduces new legislation governing social care but there is still a need for specialist and on going training to keep up the legal literacy of specialist practitioners.
- 2.3.2 WDP strives to be a learning-focused organisation and recognises that effectively supporting the learning and development (L&D) of our workforce is fundamental to the achievement of our organisational objectives.
- 2.3.3 County and Service Managers are responsible for ensuring that all staff and volunteers are monitored and supervised regularly, and that they have adequate opportunities to learn about safeguarding in accordance with their roles and responsibilities. Safeguarding induction



training is now mandatory for all those who work directly with adults at risk, children, young people, their families and/or carer's.

2.4 Clinical Supervision

- 2.4.1 Safeguarding must be a standing agenda item for all staff in line management and clinical supervisions.
- 2.4.2 Safeguarding must be a standing agenda item within monthly service team meetings, where the local safeguarding register will be reviewed.
- 2.4.3 Safeguarding will also be a standing agenda items for central monthly Clinical, Quality and Governance (CQG) meetings.
- 2.4.4 Safeguarding discussions within the above meetings should include:
 - Identification of safeguarding concerns
 - Multi-disciplinary peer support
 - Multi-disciplinary case reviews
 - Multi- disciplinary review of the local safeguarding register
 - Staff on-going professional development in relation to safeguarding

2.5 Allegations against WDP Staff Members

- 2.5.1 In the event of an allegation against a WDP workforce member:
 - The Senior Management Team at WDP must immediately be informed.
- 2.5.2 In the event that a complaint is made against a member of the Senior Management Team:
 - The CEO must immediately be informed.
- 2.5.3 In the event that a complaint is made against the CEO:
 - The Director of HR and the Board's Whistleblowing Champion must immediately be informed.
- 2.5.4 WDP will take all complaints seriously and complete a full investigation.
- 2.5.5 WDP will continue to support the service user in the most appropriate way possible, taking complaints and allegations seriously and making every effort to ensure that service users are not subject to avoidable harm.
- 2.5.6 Dependent on the seriousness of the allegation, workforce members may be suspended or reassigned during the investigation. Where appropriate, disciplinary procedures will be applied, as defined in WDP's Staff Handbook.
- 2.5.7 WDP will maintain a duty of care to workforce members throughout an investigation, and a referral to additional support from Empathy (WDP's Employee Assistance programme) will be available throughout the investigation and any subsequent HR procedures.



- 2.5.8 Where a workforce member is found to have behaved inappropriately, WDP will fulfil its duties as an employer, including where appropriate reporting details to the Police and the Independent Safeguarding Authority.

2.6 DBS Referral

- 2.6.1 A referral to the DBS is required when an employer has dismissed or removed a person from working with children or adults at risk (or would or may have if the employee had not left or resigned) because the employee has:
- Been cautioned or convicted for a relevant offence; or
 - Engaged in relevant conduct in relation to children and/or adult at risk [i.e. an action or inaction (neglect) that has harmed a child or adult at risk or put them at risk of harm]; or
 - There has been no relevant conduct (i.e. no action or inaction) but a risk of harm to a child or adult at risk still exists].
- 2.6.2 If a DBS referral is required, the Head of HR must be notified immediately and an IACC report completed within 24 hours of notification.

3. Whistleblowing

3.1 Responsibility

- 3.1.1 The WDP Whistleblowing Policy encourages a culture that is open to scrutiny, where staff at all levels feel confident that they can voice their concerns without fear of victimisation.
- 3.1.2 The WDP Whistleblowing Policy dictates clear lines to report concerns within their service, and if necessary, outside of their service e.g. to their professional regulator or the Care Quality Commission. Healthcare professional bodies provide support to staff to ensure that they are able to raise or escalate concerns. The NMC (2010) have produced guidance, setting out the steps for nurses and midwives.
- 3.1.3 Where registered healthcare professionals fail to observe the standards required of them, action may be taken against them by their regulatory body.

4. Local Service Requirements

4.1 Safeguarding Lead

- 4.1.1 WDP have a designated organisational safeguarding lead; this is the Chief Executive.

- 4.1.2 Each WDP service will have a local safeguarding lead who will be responsible for managing concerns reported locally & identifying the correct action to take in responding to such concerns. The local safeguarding lead will:
- Understand and have a commitment to the principles of equal opportunity and diversity
 - Employ a professional, empathic and non-judgmental attitude towards service users
 - Show commitment to facilitating positive outcomes for service users.
 - Contribute to the prevention and management of neglect, abusive and aggressive behaviour
 - Assess and act upon immediate or potential risk of danger, harm, abuse and neglect to an adult, child or young person
- 4.1.3 The local safeguarding lead for each service will be a WDP employee and at management level (senior practitioner, team leader, service manager, county manager or operations manager).
- 4.1.4 All local safeguarding leads will have completed Level 5 Safeguarding
- 4.1.5 The local safeguarding lead will be responsible for the compilation and upkeep of local safeguarding folders which will be a local reference point for all staff.
- 4.1.6 The local safeguarding folder should be titled with:
- Service Name
 - Safeguarding
- 4.1.7 The local safeguarding folder should contain the following information:
- Local and organisational safeguarding leads names and contact details
 - Local Safeguarding Board (LSGB) contact details, voluntary sector representative details, local newsletters and any correspondence
 - LSGB referral pathways and criteria
 - Blank LSGB referral forms
 - Mental Capacity Officer name and contact details
 - Local Mental Capacity Act guidelines
 - Blank Mental Capacity assessment forms
 - Deprivation of Liberty Safeguards (DOLs) information
 - WDP safeguarding register guidance
 - Local safeguarding register
 - Copies of monthly local CQG meeting minutes to evidence safeguarding cases discussed and action taken (all service user details should be anonymised within meeting minutes)
 - Staff safeguarding training record (Including dates and titles for internal and external training, qualifications and accreditations).

4.2 Record Keeping

- 4.2.1 WDP clinical records and assessments include safeguarding specific sections to ensure safeguarding is discussed and documented appropriately.
- 4.2.2 All case records should be recorded either in the service user file or on the local case management system by the end of the same working day where a safeguarding discussion or event has taken place.
- 4.2.3 Disclosures made within Police or Court Custody will be recorded in service user case records by the end of the same working day or within 24 hours of the disclosure being made.
- 4.2.4 In the case of a Safeguarding Incident, the Incident, Accident, Complaints and Concerns (IACC) policy must be followed and the local safeguarding register and service user case records updated by the end of the same working day.
- 4.2.5 WDP are committed to the ongoing monitoring of safeguarding practice through Quality Assurance audits to ensure compliance with organisational and national safeguarding standards.

4.3 Safeguarding Register

- 4.3.1 The purpose of the safeguarding register is to monitor all active safeguarding cases and to provide a clear monitoring system & audit trail for case recording and risk management.
- 4.3.2 All WDP services will hold a safeguarding register which will be overseen locally by each service's local safeguarding lead.
- 4.3.3 Adults at risk or service users in contact with children or young people identified as 'at risk' based on the safeguarding register criteria will be recorded on the local safeguarding register.
- 4.3.4 The safeguarding register will be reviewed during team meetings, clinical meetings and staff supervisions.
- 4.3.5 The safeguarding register will be a live document and it is the responsibility of all staff to ensure that cases are added to the register appropriately and in a timely manner.
- 4.3.6 Further information regarding local safeguarding registers can be found within this handbook under 'WDP Safeguarding Registers.'

5. Management of Safeguarding Concerns

5.1 Reporting a Safeguarding Concern

- 5.1.1 All safeguarding concerns, whether relating to an adult, child or young person, will be raised with the local safeguarding lead (or service manager in their absence) on the same working day that the concern is highlighted.

- 5.1.2 All safeguarding concerns will be recorded on the local service safeguarding register within 24 hours of the concern being raised. The WDP staff member highlighting the concern will be responsible for completing the safeguarding register and updating this with support from the local safeguarding lead if required.
- 5.1.3 The local safeguarding board will define the threshold guidance for the local area and alert and referral procedures for professionals needing to raise a safeguarding concern.
- 5.1.4 Service managers are responsible for ensuring that the local safeguarding board protocols and pathways are available for all staff to access and utilise.
- 5.1.5 All referrals to the local authority will be recorded locally and only submitted following agreement from the local safeguarding lead or service manager, unless to do so would increase the risk of harm to an adult, child or young person.
- 5.1.6 All referrals to the local authority will be submitted using the local safeguarding board referral templates.
- 5.1.7 All safeguarding concerns will be reported via the WDP IACC system within 24 hours of the concern being raised.
- 5.1.8 It is the responsibility of the local safeguarding lead (or service manager in their absence) to follow up on any safeguarding concerns reported to the local authority within 24 hours, or daily thereafter, until the outcome of the referral is decided.

5.2 Safeguarding Incidents

- 5.2.1 A safeguarding incident is defined within WDP as an event which is out of the ordinary, and which highlights areas of risk that had not been previously identified. An incident would give cause for concern but would be unlikely to bring WDP into disrepute.
- 5.2.2 A safeguarding incident would constitute one or more of the following factors:
 - A safeguarding issue that involves contact with any of the emergency services. If it is believed a criminal offence has been committed or a child or vulnerable adult is at immediate risk the police must be called,
 - A safeguarding concern that had not been recorded and reported in the required time frame,
 - A safeguarding issue that WDP were not aware of at the initial point of contact with the service user, which comes to our attention at a later stage, and that causes significant impact or involves the emergency services,
 - An issue that has led to an allegation or complaint from a service user against a member of WDP staff.
- 5.2.3 All safeguarding concerns and incidents will be reported through the WDP Incident, Accidents and Complaints & Concerns (IACC) system. Please refer to the WDP IACC handbook for further guidance on the IACC system.

5.3 Safeguarding Reviews

- 5.3.1 All Safeguarding concerns and incidents will be reviewed at local service's Clinical Quality Governance (CQG) meetings to share learning from the concern or incident with the team.
- 5.3.2 All safeguarding concerns and incidents categorised as 'high risk' (as per the IACC handbook) will be reviewed at the Central Clinical Quality Governance meeting to share learning across the organisation.
- 5.3.3 Service managers are responsible for monitoring and investigating safeguarding concerns and incidents.
- 5.3.4 It is the responsibility of Operational Managers to support service managers in the management and investigation of all safeguarding concerns and incidents where required.

5.4 CQC Notification

- 5.4.1 Where a safeguarding concern for a child, young person, or adult at risk, is referred to the local authority from a WDP CQC registered service, WDP will complete a statutory notification of abuse form and submit to the CQC in line with CQC notification requirements.
- 5.4.2 The local safeguarding lead or service manager will complete the statutory notification of abuse and submit to the CQC within 24 hours of the referral to the local authority.
- 5.4.3 A copy of the CQC notification form will be attached to the IACC report and kept on file locally.
- 5.4.4 Where local contractual obligations require, commissioners will be informed of safeguarding incidents by the local safeguarding lead or service manager.

6. Safety Measures

6.1 Safe Storage Boxes

- 6.1.1 Safe storage boxes will be offered to all WDP service users who are either an adult at risk, or who have contact with a child or young person. This will be documented within service user case records to evidence that this offer has been made and whether it was accepted.

All service users offered a safe storage box will receive a documented discussion from a WDP practitioner regarding the risks of adults at risk, children and young people accessing illicit substances and/or prescribed medication, and the importance of safe storage of illicit substances and medication. The recovery practitioner will record this discussion in the service user case records.



6.2 Home Visiting

- 6.2.1 Home visiting is a key element in identifying early signs of abuse and preventing the escalation of a safeguarding concern.
- 6.2.2 The aim of the home visit is to identify whether prescribed medication/illicit substances are stored safely and securely. If this is not the case, a safe storage box will be provided to the service user within 48 hours of the visit taking place.
- 6.2.3 All service users prescribed by WDP (including those service users who are within a WDP led service with sub-contracted prescribing services) who have a child at their home address, will receive a home visit within 10 working days of commencing prescribing treatment from a WDP service.
- 6.2.4 Home visits will be carried out by 2 professionals and staffs are required to follow the WDP Lone Working policy.
- 6.2.5 Details of the home visit, concerns identified and actions taken will be recorded on the service user case records within 24 hours of the home visit taking place.
- 6.2.6 If a concern is raised during the home visit for the safety or well-being of any adult, child or young person, the procedures for reporting a safeguarding concern as set out in this handbook will be followed.
- 6.2.7 Where statutory services or partnership agencies are involved in the service user's care, the WDP staff member should aim to complete a joint home visit with fellow professionals, or if circumstances do not allow, update other involved professionals following the visit.
- 6.2.8 Where a potential safeguarding risk has been identified, WDP will carry out a home visit within 5 working days of the risk being known. This will apply to all service users across all WDP services whether prescribed or otherwise.
- 6.2.9 If consent has been obtained, WDP may carry out an unplanned home visit to a service user.
- 6.2.10 Should a service user decline consent for WDP to carry out a home visit, this should be raised with the service Safeguarding lead and Service Manager. Each case will be judged on an individual basis to decide the most appropriate course of action.



Safeguarding Adults at Risk Policy

7. Defining Adult Safeguarding

7.1 What is Adult Safeguarding?

- 7.1.1 The Care Act 2014 defines adult safeguarding as ‘working with adults with care and support needs to keep them safe from abuse or neglect.’
- 7.1.2 WDP defines an adult at risk as an adult who is known or believed to be experiencing or likely to experience one of the below forms of abuse.
- 7.1.3 An adult is defined within this handbook as a person aged 18 years or over.

7.2 Forms of Abuse

- 7.2.1 Abuse may take a number of different forms. The below list is not exhaustive but provides an overview of the main forms of abuse:
 - **Physical abuse:** for example; assault, hitting, slapping, pushing, misuse of medication.
 - **Sexual abuse:** for example; rape, indecent exposure, sexual harassment, inappropriate touching, sexual photography, subjection to pornography or witnessing sexual acts.
 - **Psychological abuse:** for example; threats of harm, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, and isolation.
 - **Financial or material abuse:** for example; fraud, internet scamming, and coercion in relation to an adult’s financial affairs or arrangements.
 - **Neglect and acts of omission:** for example; ignoring medical, emotional or physical care needs, failure to provide access to appropriate health care and support or educational services.
 - **Discriminatory abuse:** for example, forms of harassment or similar treatment because of race, gender, age, disability, sexual orientation or Religion.

8. Legislation

8.1 National Guidance

- 8.1.1 The WDP safeguarding adults policy refers to and takes into account the following legislation
 - Care Act 2014
 - Safeguarding Vulnerable Groups Act 2006
 - Mental Capacity Act 2005

9. Partnership Working

9.1 Consent

- 9.1.1 At the point of assessment a service user's consent should be sought to share information with any other agencies involved in their care. Should a service user decline to give their consent to share information, WDP will only breach this under the terms of the WDP Confidentiality agreement.
- 9.1.2 Whenever information is shared regarding an adult at risk, WDP staff should seek consent from the service user in the first instance unless to do so would place the service user or another person at risk of harm or abuse.
- 9.1.3 WDP recognises that there may be circumstances in which the seriousness of a situation involves acting without the consent of a person with mental capacity. The legitimacy of this action must be clearly defined, be proportionate to the circumstances and permissible in law.
- 9.1.4 Any case in which a service user's confidentiality is to be breached must be discussed with the local safeguarding lead or service manager unless to do so would cause a delay in protecting a person from harm or abuse.

9.2 Information Sharing

- 9.2.1 Sharing of information should take place with prior consent where possible however information sharing may take place without consent where the seriousness of the risk is such that there is a public interest in the sharing of information in order to prevent a crime or to protect others from harm.
- 9.2.2 WDP support and comply with the sharing of information as requested by local adult safeguarding boards in line with the Care Act 2014.
- 9.2.3 WDP recognises that effective safeguarding measures are dependent on accurate and timely information sharing with partner agencies, including MASH, MAPPA & MARAC.
- 9.2.4 WDP is committed to principles of openness and accountability and wherever appropriate, we will share information in line with the Freedom of Information Act.
- 9.2.5 Information sharing by WDP should always be fair and proportionate and within legal requirements to protect those to whom the shared information relates. WDP will share information in order to:
 - Protect people who are at risk by adopting a multi-agency approach to offering support,
 - Work in partnership with other agencies and coordinate our activities where possible, and
 - Ensure compliance with the essential standards of quality and safety in adult safeguarding

9.3 Safeguarding Adults Boards

- 9.3.1 The Care Act 2014 places a requirement on local authorities to set up safeguarding adults boards, and for local organisations to work together to protect people who need help and support.
- 9.3.2 If requested, WDP staff will be expected to attend and participate in multi-agency reviews for any WDP service user.
- 9.3.3 The local safeguarding lead should maintain contact with the local adult safeguarding board to promote multi agency working, and highlight any concerns with the local safeguarding adult's board to the WDP Operations manager so that these concerns can be escalated appropriately.

9.4 ACCT Engagement in Prison Services

- 9.4.1 In order to safeguard service users within a secure environment, WDP staff must engage and support in the ACCT process whilst complying with WDP's Safeguarding handbook. The WDP ACCT engagement protocol is included within this handbook for further information

10. Mental Capacity

10.1 Lack of Mental Capacity for the Relevant Decision

- 10.1.1 The Mental Capacity Act 2005 provides the statutory framework that underpins issues relating to capacity and protects the rights of people where capacity may be in question. It is therefore integral to safeguarding adults and young people.
- 10.1.2 The principles of the Mental Capacity Act are directly applicable to safeguarding and are summarised below:
 - **A person must be assumed to have capacity unless it is established that he lacks capacity.** Assumptions should not be made that a person lacks capacity merely because they appear to be vulnerable.
 - **A person is not to be treated as unable to make a decision unless all practicable steps to help him do so have been taken without success.** Empower service users to make decisions about managing risks e.g. use communication aides to assist someone to make decisions; choose the optimum time of day where a person with dementia may best be able to evaluate risks.
 - **A person is not to be treated as unable to make a decision merely because he makes an unwise decision.** Service users will wish to balance their safety with other qualities of life such as independence and family life. This may lead them to make choices about their safety that others may deem to be unwise but they have the right to make those choices.
 - **An act, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.**

Best interest's decisions in safeguarding take account of all relevant factors including the views of the service user, their values, lifestyle and beliefs and the views of others involved in their care.

- **Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.**

Where a person lacks capacity to make a decision, any use of restriction and restraint must be necessary and proportionate and to prevent harm to that person. Safeguarding interventions need to balance the wish to protect the service user from harm with protecting other rights such as right to family life.

10.2 Assessing Capacity & Best Interests

10.2.1 Where a service user does not have the mental capacity to make a decision, professionals have a duty to involve the person but can make decisions based on their best interests.

10.2.2 Although a person may be unable to make a decision, this does not remove the rights of the person to make decisions, nor does it provide any authority to override the person's wishes. The role of professionals is to support the person to make decisions and take positive action to prevent or stop another individual from interfering with their rights.

10.2.3 WDP staff will work in partnership with other carers and or agencies in order to understand and address existing or potential risks to service users.



Safeguarding Children & Young People Policy

11. Defining Child Safeguarding

11.1 What is Child Safeguarding?

11.1.1 Working Together to Safeguard Children 2013 defines child safeguarding as:

- Protecting children from maltreatment,
- Preventing impairment of children’s health and development,
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care, and
- Taking action to ensure that all children have the best outcomes.

11.1.2 A child or young person is defined as someone from the age of 0-18 years of age, this also includes pre-birth cases.

11.1.3 Working Together to safeguard Children 2013 defines child abuse within 5 categories; Physical abuse, emotional abuse, sexual abuse, neglect and bullying.

11.2 Definitions of Abuse

1.1.3 Full definitions of the types of abuse can be found within the Government guidance Working Together to Safeguard Children 2013.

1.1.4 An overview of the types of abuse as defined within the NSPCC’s definitions and signs of child abuse is given below:

- **Physical Abuse:** An act causing physical harm to a child, or the failure to protect a child from that harm. Physical abuse may also include the fabrication of symptoms of illness or deliberate cause of illness to a child.
- **Emotional Abuse:** The persistent emotional maltreatment of a child or young person that has, or is likely to have, a serious effect on the child’s development.
- **Sexual Abuse:** Forcing a child or young person to engage in sexual activities or prostitution whether the child is aware of this or not. This may involve physical contact, and/or non-contact activities.
- **Neglect:** The persistent failure to meet a child or young person’s basic physical and/or psychological needs which is likely to result in the serious impairment of the child or young person’s health or development.
- **Bullying:** Deliberately hurtful behaviour that can often occur or be repeated over a period of time. The three main forms of bullying are physical (e.g. hitting or kicking), verbal (e.g. racist remarks, threats or name calling) and emotional (e.g. isolation from activities or a lack of social acceptance from a peer group).

12. Legislation

12.1 National Guidance

12.1.1 The WDP safeguarding children and young people policy takes into account and refers to the following legislation:

- Children Act 1989 & 2004
- Working Together to Safeguard Children 2013
- Every Child Matters 2003

12.1.2 As set out in the Department of Health's Green Paper 'Every Child Matters' (2003), WDP is committed to work towards the five key outcomes for children:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a Positive Contribution
- Achieve economic well-being

13. Partnership Working

13.1 Information Sharing

13.1.1 Sharing of information should take place with prior consent where possible however information sharing may take place without consent where the seriousness of the risk is such that there is a public interest in the sharing of information in order to prevent a crime or to protect others from harm, or where a delay may place a child or young person at an increased risk of harm.

13.2 Adopting a Multi-Agency Approach

13.2.1 WDP will work in partnership with other professionals to work together to safeguard children and young people. This will involve WDP staff adhering to local MASH, MARAC & MAPPA protocols.

13.2.2 The Multi Agency Safeguarding Hub (MASH) brings together a core membership of local partnership agencies including Children's Social Care, Police, Probation, Education, Housing, Youth Offending Service and Health. MASH will be the point of entry for all referrals regarding concerns for a child or young person (unborn-18 years) or where it is felt they would benefit from additional support. WDP staff will support the MASH in sharing information in a timely manner to



- 13.2.3 WDP will work in partnership with MARAC (the Multi Agency Risk Assessment Conference) to ensure that any relevant cases are highlighted and managed appropriately. WDP staff will be required to attend MARAC meetings if requested, or send a representative if they are unable to attend.
- 13.2.4 WDP staff may be required to participate in and share information for MAPPA (Multi Agency Public Protection Arrangements) level 2 and 3 cases if requested. If a staff member is unable to attend a MAPPA meeting a representative will attend in their place.
- 13.2.5 Following assessment of a service user in a WDP service, and with the service user's consent, best practice would be for the practitioner to contact local safeguarding services to identify whether a case is open for either the service user or a child whom they are in regular contact with.
- 13.2.6 If it is identified that a service user is in contact with children or young people who are known to local authority statutory services during the course of receiving support from WDP, WDP staff will liaise with the Social Worker on a regular basis & share information as required to ensure the safety of the service user and any associated children.
- 13.2.7 WDP staff are required to attend all multi-agency conferences and meetings as requested (a representative will be sent if the worker requested is unable to attend), and provide written reports in advance. WDP staff should share their professional opinion based on the factual evidence presented if required.
- 13.2.8 All reports completed for multi-agency safeguarding meetings will be signed off by a manager prior to submission.
- 13.2.9 Copies of multi-agency reports and/or meeting minutes will be held on the case file/case management system.

13.3 Safeguarding of Children in Prisons

- 13.3.1 WDP staff working within a secure environment has a duty of care to safeguard children who are not in the Prison Service's custody, but with whom the WDP service user has routine contact with. (For example, children visiting the establishment, and prisoners' children who are resident in Mother and Baby Units).
- 13.3.2 All WDP staff will ensure that parenting assessments are completed with service users who have regular contact with children or young people.
- 13.3.3 Should a safeguarding concern be raised regarding a child or young person whilst working in a secure environment, WDP staff will follow HMP safeguarding policy and procedure alongside WDP safeguarding handbook in order to manage these concerns appropriately.



14. Children in WDP Services

14.1 Responsibility

14.1.1 For those WDP services that do not deliver services specific to children, young people or families, the decision for a child or young person to enter that service will be the responsibility of the WDP County or Service Manager.

14.1.2 If the County or Service Manager agrees that a child or young person may enter the WDP service, the following points must be adhered to:

- Responsibility for the child/children is always that of the parent/s whilst on WDP premises.
- The child will not be left unaccompanied at any time during the visit, or left in the care of another service user.
- Staff cannot accept responsibility for a child so that the parent/s can leave the building.
- Staff will not escort children to use the toilet facilities or to any other part of the building. Parent/s will always be called upon to see to the needs of their child.
- The parent/s or responsible adult with the child have an overall and general responsibility for the safety and security of their child whilst on WDP premises.

14.2 Managing Concerns

1.1.5 If there is any cause for concern as to the physical or emotional well-being of the child whilst on WDP premises, staff will:

- Record each visit to the project made by the parent/s with children.
- Discuss records of visits and observations in team meetings and hand overs.
- Discuss all concerns as recorded with parent/s.
- Discuss concerns with the Designated Safeguarding Lead.

14.2.2 If any concerns are highlighted in relation to the care of the child or young person the WDP staff member must follow the procedures set out within this handbook for reporting a safeguarding



Safeguarding Register

15. Introduction

15.1 The Purpose of the Safeguarding Register

15.1.1 The Purpose of the WDP Safeguarding Register is to ensure that all service users with an identified 'safeguarding concern' are monitored and reviewed effectively and appropriately, and to promote team discussion and sharing of experience in relation to safeguarding concerns.

15.2 Safeguarding Register Criteria

15.2.1 WDP service users who meet one or more of the below criteria will be added to the local safeguarding register:

- Adult experiencing or at risk of experiencing abuse or neglect
- History of or current domestic violence (either perpetrator or victim)
- History of or current involvement with children's or adult social care
- Living with or having regular contact with a child or young person under the age of 5 years
- Service user or partner is pregnant and accessing substance misuse treatment
- Service user who is known to present a risk or potential risk to children or a young person due to current or previous offending history
- Third party reports regarding a service user who may present a current or potential risk to an adult at risk, child or young person.

15.3 Safeguarding Register Content & Upkeep

15.3.1 The safeguarding register will be held electronically on a spread sheet in local services and will be the responsibility of the local safeguarding lead, or service manager in their absence, to maintain.

15.3.2 The member of staff identifying the safeguarding concern will be responsible for completing the safeguarding register details form to add the service user to the safeguarding register.

15.3.3 The local safeguarding register template is available on SharePoint for local services to use and includes the following information for each service user:

- Key worker name
- Client ID (from case management system if applicable)
- Client initials
- Date of birth
- Gender
- Date added to register
- Type of abuse



- Case open with local authority
- Subject to MAPPA
- Subject to MARAC
- Domestic violence
- Pregnancy
- Referral to local authority services
- Referral outcome (if applicable)

16. Process

16.1 Opening a Safeguarding Record

- 16.1.1 When a service user is identified as meeting the criteria for the local safeguarding register, the assigned WDP practitioner will complete the safeguarding register details form and pass this to the local safeguarding lead (or service manager in their absence) who will add the service user to the local safeguarding register within 24 hours of receiving the form.
- 16.1.2 The practitioner completing the safeguarding details form will make an entry in the service user case records to state that this action has been completed and the reasons for this and other related actions taken.

16.2 Closing a Safeguarding Record

- 16.2.1 All service users added to the local safeguarding register should remain active on the register for a minimum of four weeks.
- 16.3.1 A service user may be closed on the register if:
- The service user has been transferred or discharged from treatment, or
 - The service user no longer meets the criteria to be on the safeguarding register.
- 16.2.3 If a service user is to be closed on the local safeguarding register, the assigned WDP practitioner will be responsible for completing a safeguarding register closure form which will be passed to the local safeguarding lead (or service manager in their absence).
- 16.2.4 The local safeguarding lead (or service manager in their absence) will review all closure forms and ensure that closures are appropriate and contact has been made with any involved or relevant agencies as required.
- 16.2.5 To close a record on the register, the service user details should be highlighted in grey to clearly define that the safeguarding concern is no longer active.
- 16.2.6 A copy of the safeguarding register closure form will be placed on the service user file and an entry made in the service user case records.



16.3 Review of the Safeguarding Register

16.2.7 The safeguarding register will be reviewed in all local Clinical Quality Governance (CQG) meetings.

16.2.8 Line managers are responsible for discussing safeguarding cases open on the local safeguarding register with practitioners during monthly supervision sessions or in between planned sessions if required.

16.2.9 Following a review of a safeguarding case either in a meeting or supervision, the service user case records will be updated within 24 hours to evidence the discussion that took place and actions arising from this.

16.2.10 Local safeguarding leads (or service managers in their absence) are responsible for escalating any concerns or complex cases through WDP's monthly central safeguarding meetings.



ACCT Engagement: HMP Services



17. Introduction

17.1 Scope

17.1.1 The ACCT Engagement applies to all WDP staff working within HMP environments

18. Introducing ACCT

18.1 ACCT (Assessment, Care in Custody and Teamwork)

18.1.1 The ACCT is Her Majesties Prisons safeguarding system which encourages all disciplines in the prison to work together to create a safe and caring environment, where distress is minimised and those who are distressed are able to ask for help.

18.1.2 The ACCT is a care-planning system whereby staff from all disciplines work together to provide individual care to prisoners in order to:

- Help defuse a potentially suicidal crisis and/or
- Help individuals with long-term needs (such as those with a pattern of repetitive self-harm) to better manage and reduce their distress

18.1.3 It provides safeguard to WDP clients deemed at risk of harming themselves, identifying individual need and offering individualised care and support, before, during and after a crisis. The ACCT process allows staff to raise their concerns, take action, and document the action taken for those prisoners identified to be at risk of suicide or self-harm.

18.1.4 The ACCT will provide:

- An individual assessment for every prisoner identified at risk of suicide/self-harm
- A team of staff trained to conduct semi-structured assessment interviews
- Development of flexible and individualised care and management plans (CAREMAPs)
- Accountable management of those care plans, i.e. through Case Managers and naming those responsible for specific actions
- Agreed communication and referral protocols linking systems of care for suicide/self-harm and systems for mental health care

18.2 WDP Staff responsibilities within the ACCT Process

18.2.1 In order to safeguard service users, WDP ROOTS staff must engage and support with the ACCT process in addition to complying with WDP policy around the safeguarding of service users

19. Procedure

19.1 Opening an ACCT

19.1.1 Anyone who is first to identify an act of self-harm must open an ACCT for that prisoner

19.1.2 Anyone who has concerns that a client is at risk of harming themselves or poses a risk of suicidal intent must open an ACCT for that prisoner.

19.1.3 Once a client has been assessed as being at risk of self-harm, WDP staff may open an ACCT by:

- Obtaining an ACCT PLAN document (Orange Folder) – if you are not aware of where these are kept please ask an officer.

19.1.4 On front page you must complete;

- Prisoners Name
- Date Of Birth
- Prison Number
- Establishment
- Date Opened
- Location
- Time
- Log Number (in box in top left corner) – you will need to call the control room to obtain this log number

19.1.5 On the inside of the front page the ACCT assessor must complete;

- Add Photo into the box which can be located from prisoner file or printed from NOMIS
- Triggers, warnings and prompts for immediate review (these should link with reason for opening the ACCT) – these are to be recorded in the box in the middle of the page, numbered 1-7
- The prisoner must sign this page, print name and date. If the prisoner refuses to sign the document, this information will need to be recorded on the document.
- The staff member must sign this page, print name and date

19.1.6 In Section 1, you must complete the 'Concern and Keep Safe Form' (located immediately after the first orange divider), this should include;

- Reason for concerns triggering the opening of the ACCT
- Any significant recent events
- Presentation of behaviour
- Any information you have received that causes concern
- Clients own perception report of the problem or situation



19.1.7 You must then IMMEDIATELY contact the Senior Officer of the location you are in at the time of opening the ACCT in order that they may initiate the completion of the 'Immediate Action Plan' which must be completed within 1 hour of opening the ACCT

20. Assessment

20.1 Initial Assessment

20.1.1 Within 24 hours of the Plan being opened, the at-risk prisoner will be seen by an ACCT assessor who will carry out an assessment and plan a CAREMAP (a Care and Management Plan). They, in partnership with the relevant Senior Officer, will then nominate an officer as the clients ACCT Case Manager.

21. Client Engagement

21.1 Client Engagement with the ACCT Process

21.1.1 Most people who think about suicide leave some clues or are willing to talk about it. WDP staff needs to ensure that therapeutic relationships are developed with clients, with particular emphasis on those who are being managed on an ACCT. It is important to encourage them to talk to us if they feel distressed or suicidal.

21.1.2 At the core of the ACCT approach is belief that:

- Preventing suicide involves listening to the person at risk, engaging them in planning ways of reducing their risk, helping them to build upon their own sources of support and thus helping them to choose life. Watching and stopping can be important but it only works in the short-term.

21.1.3 WDP Staff Client Engagement:

- Engage daily with all clients residing on the IDTS wing that are on an ACCT
- Engage weekly with all clients not on other IDTS wings that are on an ACCT.
- Record all contact in the ACCT document including any observations, concerns and risks

21.1.4 If a staff member has any concerns for the safety and well-being of a client they must immediately record this in the ACCT document, the wing observation book and the client's clinical notes.. They must also inform officers on the wing and document who they have passed this information on to.

21.1.5 If a staff member has any concerns for the safety and well-being of a client they must immediately verbally inform the Mental Health In Reach Team (MHIRT), follow up with a referral and document in the clients clinical notes.

22. ACCT Review

23.1 ACCT Reviews

23.1.1 As key care providers to the client and someone who is regularly in contact with them, it is vital that WDP staff attend ACCT reviews in order to provide a multi-disciplinary approach to managing their safety. This involves a team approach and below outlines the roles and responsibilities of WDP ROOTS staff.

23.1.2 Every effort must be made to attend ACCT reviews.

23.1.3 In circumstances, where a member of staff is unable to attend and their contribution is vital, a written account will be submitted using the ACCT Contribution Form (Appendix 1) and sent via e-mail to the ACCT review co-ordinator. All completed ACCT Contribution Forms must then be saved in the client's clinical record.

23.2 Key Workers Role

23.2.1 WDP Key Workers will:

- Attend the ACCT review as requested.
- Only in exceptional circumstances if a WDP staff member cannot attend an ACCT review a written ACCT Contribution Form (ACF) (Appendix 1) must be submitted at least 24 hours prior to the review date.
- A copy of the ACCT contribution form must be filed in the clients ACCT folder making notification of its submission in the ACCT documents notes highlighting that the information has to be considered in the ACCT review.
- A copy of the ACCT contribution form must be filed in the clients clinical notes.

23.2.2 Whether in attendance of the review or completing the ACF, as much of the following information available must be communicated to and from the safer custody team:

- Any relevant information from the client's clinical notes to ensure that a holistic case history is shared on a need to know basis in the review.
- Client history, current care, medications, any known history of risk of self-harm, any present concerns of risk, recent presentation and current care plan.
- Clients own perception of the reason they self-harm or become violent (including triggers).
- Last thoughts of self-harm were, frequency of thoughts, do they have any plans to harm themselves, how would they do this, do they have the means and resources to carry this out?
- What the prisoner and the multi-disciplinary team feel may help to reduce risk.
- Liaise with Safer Custody regarding the outcome of the ACCT review.

23.2.3 If attending the ACCT review:

- Consider all evidence discussed at the case review
- Agree a care plan to support the reduction of risk and maintain client and others safety.
- Encourage the prisoner to actively engage with the care/action plan.
- Make a joint decision on the frequency of observations and reviews, taking into consideration the prisoner's current mental state, prescribed medications and their effects and assessment of risk.
- Voice any concerns you have around the decision that has been reached and document.
- Voice if you feel that the clients will be best managed under the Enhanced Case Review Process and document.

23.2.4 Record Keeping:

- Record summary of ACCT review and outcome in the ACCT document (if in attendance), recording reasons that decisions, levels of observations and plans of care had been reached and any other relevant information including the location of the prisoner e.g. are they in a safer custody cell? What do they have in their possession which may cause harm and can it be removed?
- Record ACCT review outcome in the client's electronic case notes and/or case notes and/or medical record on System One, reasons that decisions, levels of observations and plans of care had been reached and any other relevant information.
- Feedback any relevant information to the multi-disciplinary team.



Appendices



23. Appendix 1 Safeguarding Register Details Form

Service user name:	DOB:
Recovery Practitioner:	Date added to register:
Children's details (if applicable): <i>please include names, DOB, address & GP for each child</i>	
Other adults living in the household (if applicable): <i>please include names, DOB & relationship to service user</i>	
Details of safeguarding concern:	
Other Agencies involved and contact details:	



24. Appendix 2 Safeguarding Register Closure Form

Service user name:	DOB:
Reason for closure:	
Action taken to reduce future risk:	
Communication with other involved agencies prior to closure:	
Practitioner name: Signature: Date:	Signed off by name: Signature: Date:



26. Appendix 4 ACCT Contribution Form

Name:	Prison Number:
Location:	Date of ACCT Review:
<u>Current Medications:</u>	
<u>Brief History of Care – only required at initial review (for CAREMAP)</u>	
<u>Current Treatment Plan (for CAREMAP)</u> What is the plan Client objectives and goals What support do we offer	
<u>History of Known Risks</u> Risk to self Risk to others Risk from others Thoughts of self-harm expressed Frequency of thoughts Plans to act How would they carry out act? Contributing factors	
<u>Clients Recent/Current Presentation</u> Isolated Aggressive Hanging out in particular groups Signs of intimidation/vulnerability Verbal cues	
<u>Overall Impression</u>	
WDP Staff Member Name:	
Designation:	
Date Completed:	

Equality Impact Assessment

Measures	Compliant?		Evidence
1. Is it likely that the policy could have a positive or negative impact on the minority ethnic groups? What evidence (either presumed or otherwise) do you have for this?	Y	N	
2. Is it likely that the policy could have a positive or negative impact due to gender (including pregnancy and maternity)? What evidence (either presumed or otherwise) do you have for this?	Y	N	
3. Is it likely that the policy could have a positive or negative impact due to disability? What evidence (either presumed or otherwise) do you have for this?	Y	N	
4. Is it likely that the policy could have a positive or negative impact on people due to their sexual orientation? What evidence (either presumed or otherwise) do you have for this?	Y	N	
5. Is it likely that the policy could have a positive or negative impact on people due to their age? What evidence (either presumed or otherwise) do you have for this?	Y	N	
10. Is it likely that the policy could have a positive or negative impact on people due to their religious belief (or none)? What evidence (either presumed or otherwise) do you have for this?	Y	N	
11. Is it likely that the policy could have a positive or negative impact on people with dependants/caring responsibilities? What evidence (either presumed or otherwise) do you have for this?	Y	N	
12. Is it likely that the policy could have a positive or negative impact on people due to them being transgender or transsexual? What evidence (either presumed or otherwise) do you have for this?	Y	N	
13. Is it likely that the policy could have a positive or negative impact in people due to their marital or civil partnership status? What evidence (either presumed or otherwise) do you have for this?	Y	N	
14. Can any adverse impact be justified on the grounds for a particular group? (For example, the policy may be deliberately designed to promote equality for disabled people but may run the risk of this being at the expense of non-disabled people which is permissible under law).	Y	N	