

POLICY TITLE:	Child Protection, and Adult Support & Protection (Scotland)
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Policy Owner:	Anmarie Milliken – Head of Safeguarding
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Outcome:	<p>This policy:</p> <ul style="list-style-type: none"> • Aims to ensure that children, young people and adults at risk are protected from harm and abuse, this includes children and adults at risk who visit Priory services • Clarifies mandatory and optional training requirements • Ensures that all colleagues are made aware of local arrangements that align with this policy and national guidance

Cross Reference:

HR01 Safer Recruitment and Selection	OP21 Whistleblowing (Protected Disclosure)
HR07 Disclosures (incl. DBS, Disclosure Scotland and Access NI)	OP28 Supervision
LE03 Data Protection	OP29.1 Accessible Information
LE05 Service User Information/Information Requests from the Police or Other External Agencies	OP41 Professional Relationship Boundaries
OP03 Complaints	OP59 Sexual Safety
OP04 Incident Management, Reporting and Investigation	OP62 Chaperone Policy
OP05.1 Gillick Competency to consent in a Healthcare Setting	OP32 Looked After Children and Previously Looked After Children
OP05.3 Adults with Incapacity (Scotland)	AC29 Visitors
OP08.1 Responding to Suspected Radicalisation	H46 Arrangements for Visitors including Visits by Children
OP08.5 Domestic Violence and Abuse	H109 Use of Mobile Devices/Phones by Patients in Hospitals
OP09 Priory Governance Framework	H120 Transition from CAMHS to Adult Mental Health Services
OP17 Advocacy	Priory Employee Handbook

EQUALITY AND DIVERSITY STATEMENT

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

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

CHILD PROTECTION, AND ADULT SUPPORT & PROTECTION (SCOTLAND)

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1 SCOPE

- 1.1 This policy applies to all Adult Care and Healthcare services across Scotland. For services in England, Wales and Northern Ireland, refer to OP08.6 Safeguarding Children and Adults
- 1.2 This policy applies to all colleagues and workers of Priory, including volunteers and 'experts by lived experience', students, contractors, temporary (bank) colleagues and agency and locum colleagues. For the ease of reference, all will be referred to as 'colleague' within this policy.

2 INTRODUCTION

- 2.1 This policy sets out the statutory requirements that apply to Priory to ensure the protection of children, young people and adults at risk of harm, abuse or neglect. It should be read alongside the policies listed above and associated forms referenced in the following policy body.
- 2.2 The key legislative framework supporting this policy include:
- The Human Rights Act 1988
 - Children (Scotland) Act 1995
 - Children and Young People (Scotland) Act 2014
 - Adult Support and Protection (Scotland) Act 2007
 - Counter-Terrorism and Security Act 2015
 - Mental Health (Care and Treatment) (Scotland) Act 2003
 - Human Trafficking and Exploitation (Scotland) Act 2015
 - Adults with Incapacity (Scotland) Act 2000

(i) Domestic Abuse (Scotland) Act 2018

- 2.3 Priory Colleagues have a duty to safeguard, protect and promote the welfare of children, young people and adults at risk. This Includes supporting the Home Office Counter Terrorism strategy CONTEST, which includes a specific focus on PREVENT (see **OP08.1 Responding to Suspected Radicalisation**). Throughout this document, the phrase 'service user' or 'individual' are used to represent 'children, young people, and adults at risk' which includes those vulnerable to violent extremism and radicalisation.
- 2.4 Equality and diversity are crucial to child and adult protection. Throughout the development of this document, we have given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in the Equality Act 2010). The following have also been considered accordingly in the development of this document: European Convention on Human Rights, the UN Convention on Rights of the Child and the UN Convention on Rights of Persons with Disabilities. This policy will not discriminate, either directly or indirectly, on the grounds of the nine protected characteristics (age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex; and sexual orientation). See **HR04.1 Equality, Diversity and Inclusion**
- 2.5 Everyone has the right to live their lives free from harm, violence and abuse including being free from any type of exploitation. This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of citizens. Abuse is the violation of an individual's civil or human rights by others. Such violations may be intentional or unintentional, and may be a single act or repeated over a period of time, by one person or several people. All colleagues within Priory will ensure the rights of those we work with, are underpinned by the relevant legislation and statutory guidance

3 PROTECTING CHILDREN AND YOUNG PEOPLE

- 3.1 The welfare of children and young people (hereafter referred to as children) is paramount. This includes their right to be protected against all forms of abuse and neglect, including sexual and criminal exploitation and Child Sexual Abuse images. Priory is committed to ensuring the protection of all children who come into contact be this directly or indirectly with its services. This includes protecting the children of those use utilise Priory services and children visiting at any Priory site.
- 3.2 There may be times when child protection referrals are required to be reported to statutory partners when there are concerns relating to a child being in a household and viewed as a victim of domestic abuse. Referrals should also be raised when an adult is known to view images of Child Sexual Abuse. Priory are committed to ensuring the welfare and safety of children is at the centre of its working practices and respond appropriately, referring to Social Work/Local Authority and Police when such concerns are raised.
- 3.3 In Scotland, a child legally becomes an adult when they turn 16, but statutory guidance which supports the [Children and Young People \(Scotland\) Act 2014](#) includes all children and young people up to the age of 18. Where concerns are raised about a 16 or 17 year old, agencies may need to refer to the [Adult Support and Protection \(Scotland\) Act 2007](#), depending on the situation of the young person at risk. Section 21 of the [National guidance for child protection in Scotland](#) explains how professionals should act to protect young people from harm in different circumstances (Scottish Government, 2014). It is important that every concern relating to young people between the ages of 16 to 18 is looked at individually and contact is made with the Local Authority to ensure correct process is followed for that particular young person; be this utilising children and families social work or adult social work.
- 3.4 The aim of the [Children and Young People \(Scotland\) Act 2014](#) is to make Scotland the best place to grow up by putting children and young people at the heart of planning and delivery

of services and ensuring their rights are respected across the public sector. The Act is wide ranging and includes key parts of the Getting it right for every child approach, commonly known as GIRFEC. The [Children and Young People \(Information Sharing\) \(Scotland\) Bill](#) aims to bring a clear and consistent way to share information for the named person service and child's plan. Its objective is to give families, practitioners and the wider public greater confidence that information sharing must comply with other laws including human rights, data protection and confidentiality.

- 3.5 This policy sets out our commitment and intentions to be mindful and responsive in protecting children and young people in Scotland. It is essential that all colleagues understand that if they have any concerns about a child's welfare at all, they must discuss these with their supervisor or a senior colleague in the first instance and as required, these are to be reported to the relevant Local Authority. Advice and support can also be sought from the Named Nurse for Safeguarding Children, Looked After Children and Transitions.
- 3.6 The details from Care Orders and the status of Looked After Children must be available to colleagues involved in their care and there must be a seamless transition as a child passes into adulthood. The legal status of children must be recorded within their Priory record. (Refer to the policies **OP32 Looked After Children and Previously Looked After Children** and **H120 Transition from CAMHS to Adult Mental Health Services**).
- 3.7 Local authorities should share if a child has an allocated social worker, and the Child and Adult Protection Lead for the Priory service should hold and use this information so that decisions can be made in the best interests of the child's safety and welfare. This should be considered as a matter of routine. Where children need a social worker, but not allocated a referral should be submitted into the Local Authority Children and Families team highlighting the need for this.
- 3.8 On assessment of children, family histories should be taken from the parents or those with parental responsibilities (as well as the young service user) to ensure that all information is as factual as possible to support the development of holistic treatment/placement plans. Assessments should include developmental histories, protection history such as domestic abuse and substance misuse by family members. Where parents do not engage in the assessment process, this should be noted in the Health or Care Record. In the case of Looked After Children, this may be their social worker or nominated guardian who supports providing this information. (It must also be taken into consideration that parents who have mental health problems, substance misuse problems or are in abusive domestic relationships are less likely to give the full account with research indicating the risk of abuse could be considered higher).
- 3.9 Depending on the age of the young person, their capacity or Gillick competency and the necessity of the examination, verbal consent to physical examinations will be sought and children will always be offered a chaperone if undergoing such an examination. If the offer of a chaperone is refused, the reason for the refusal must be clearly documented in their records. (Refer to **OP05.1 Gillick Competency in a Healthcare Setting**).
- 3.10 There is a distinctive approach to safeguarding in Scotland linked to Getting It Right for Every Child (GIRFEC) which promotes action to improve the wellbeing of every child and young person. Safeguarding is a golden thread that runs through the curriculum in Education services. The aim is to support the development of learner's knowledge, skills and resilience to keep themselves safe and protect themselves and to develop an understanding of the world so that they can respond to a range of issues and potential risky situations arising throughout their lives.

4 PROTECTING ADULTS AT RISK

- 4.1 In Scotland, there are three Acts of the Scottish Parliament which relate specifically to adult protection. These are:

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- 4.1.1 Adults with Incapacity (Scotland) Act, 2000. This Act imposes duties on, and assigns functions to, local authorities in relation to the making of enquiries in respect of adults who lack capacity, and the creation, application and supervision of proxy decision making powers in respect of such adults. Under the terms of Section 10 of the Adults with Incapacity (Scotland) Act 2000, the local authority must investigate 'any circumstances made known to them in which the personal welfare of an adult seems to be at risk'
- 4.1.2 This means that, the local authority must investigate allegations of abuse involving an adult who lacks the capacity to make or convey decisions for him or herself, whether the adult concerned agrees to the investigation or not. It is the function of the Public Guardian to investigate situations of suspected financial abuse involving adults who lack capacity under Section 6 of the same Act.
- 4.1.3 Mental Health (Care & Treatment) Scotland Act, 2003. This Act imposes duties on, and assigns functions to, local authorities and health boards in respect of social and mental health well-being, the making of enquiries in respect of persons who appear to have a mental disorder, and (where necessary) the application of compulsory measures in relation to the assessment and treatment of persons having a mental disorder.
- 4.1.4 The Adult Support and Protection (Scotland) Act 2007 places lead responsibility on Local Authorities. The main provisions create measures to protect adults in Scotland who are believed to be at risk of harm. These include rights of entry to places where adults are thought to be at risk of harm, a range of protection orders including assessment, removal of the adult at risk, and banning of the person causing the harm; and supporting the creation of multi-disciplinary adult protection committees. The Local Authority is the lead agency in coordinating an inter-agency approach to Adult Support and Protection with Priory supporting any initiated investigation.
- 4.2 Under the Adult Support and Protection (Scotland) Act 2007, there are 6 principles which must be upheld.
- The wishes and feelings of the adult at risk are taken into account (past and present)
 - The views of other significant others including family, friends, Guardian(s), Power of Attorney(s)
 - The importance of the adult taking an active part in their life (the importance of empowerment)
 - Providing the Adult with the relevant information to enable them to participate as fully as possible
 - Ensuring the Adult is not treated less favourably than another adult in a comparable situation
 - The Adult's abilities, background and characteristics must be taken into account
- 4.2.1 In addition to the principles, we also take into account
- **Prevention:** Taking action before harm occurs
 - **Proportionality:** The least intrusive and least restrictive options appropriate to the risk presented
 - **Protection:** Support and representation for those in the greatest needs
 - **Partnership:** working with those connected to the individual including local resources
- 4.3 Priory will investigate all allegations and incidents causing reasonable suspicion that harm may have occurred that occurred within its services. Priory will also seek to actively liaise with public protection, healthcare and social care agencies with which information will be shared in order to ensure that effective systems are being implemented to protect vulnerable adults from harm. This policy explains when and how referrals to the local Social Work departments in Scotland will be undertaken whenever there is reasonable suspicion that vulnerable adults are or have been at risk of harm.

5 POLICY STATEMENT

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

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

- 5.2 A multi-disciplinary and multi-agency approach to the identification of allegations, reporting, planning and review should be the normal approach when dealing with incidences where intervention is considered necessary. Priory services must ensure that site procedures reflect those of the local arrangements. Contacts and details of arrangements should be detailed in the site/service's Local Procedures (**OP Form: 15 and 16**). There should be made available in staff areas to ensure accessibility to all staff.
- 5.3 The commitment of Priory is to make prevention of abuse one of the absolute priorities for all our services and to have robust procedures in place for dealing with incidents of abuse where the prevention strategy has not been effective. Priory adopts a Human rights 'think family' and 'Making Safeguarding Personal (MSP)' approach which are embedded into Child and Adult Protection policies, practice and training. Priory view MSP as an intrinsic part of protection and as such, it should apply to all service users including children, young people and adult at risk.
- 5.4 'Making Safeguarding Personal' is not simply about gaining an individual's consent, although that is important, but also about hearing people's views about what they want as an outcome including actions and interventions. This means that they are given opportunities at all stages of the protection process to say what they would like to change. This might be about not having further contact with a person who poses a risk to them, changing an aspect of their care plan, asking that someone who has hurt them apologises, or pursuing the matter through the criminal justice system. There are times when completely mitigating risk to an individual is not possible, making safeguarding personal looks to work with the individual to reduce as much of the risk as practically possible whilst still supporting individual choice and control.
- 5.5 Colleagues should be alert to indications of possible abuse and understand how to raise any concerns appropriately. Protection procedures should be seen as an integral part of the philosophy and working practices on all sites.
- 5.6 When any concerns of possible abuse, harm or neglect are raised; the immediate and primary concern must be the safety and interests of the individual or group of individuals. Service Users have a right to have their decisions respected, even if this involves taking risks, so careful assessment of the individual's mental capacity in relation to making decisions about the specific issue is essential to protect these rights. (See **OP05.3 Adults with Incapacity**)
- 5.7 **All** staff should be aware that safeguarding incidents and/or behaviours can be associated with factors outside the Priory setting and/or can occur between service users outside of these environments. **All** staff, but especially the Child and Adult Protection Lead (and deputies) should consider whether service users are at risk of abuse or exploitation in situations outside their families. Extra-familial harms (including risks online) take a variety of different forms and adults as well as children and young people can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious violence.
- 5.8 Colleagues must be sensitive to diverse cultural, religious and ethnic identities of service users in all aspects of safeguarding and protection work as per the core principles of the Act. Where spoken English is not the service user's primary language, or they communicate non-verbally, the assistance of appropriate interpreters and/or communicate aids will be used to ensure people's needs are being met and their views heard. See **OP29.1** for further information.
- 5.9 **Chaperones:** There may be times when a medical examination is requested. These should only be undertaken by an appropriately qualified professional. Service users will give verbal consent to physical examinations and be offered a chaperone if undergoing such an examination. If the offer of a chaperone is refused, the reason for the refusal must be clearly documented in the service user records. See policy **OP62 Chaperones**

6 RESPONSABILITIES

- 6.1 Overall responsibility for the group's safeguarding and protection arrangements ultimately lies with the **Chief Executive Officer** for Priory and the Executive lead for Safeguarding (Chief Quality Officer) in conjunction with all Board Members.
- 6.2 The **Chief Quality Officer** is also the nominated Child Sexual Exploitation Prevention Lead and Executive Prevent Lead for Priory. The Chief Quality Officer will chair the cross divisional Safeguarding Committee to ensure oversight across Priory.
- 6.3 **Caldicott Guardian** - The Priory Caldicott Guardian (Executive Medical Director) has overall responsibility for ensuring that all service user information relating to safeguarding and protection referrals remains securely stored and confidential. Day to day responsibility for safeguarding and protection records is held by the Site Leader at the respective Priory Service. See policy **LE03 Data Protection**.
- 6.4 Safeguarding and protection responsibilities are delegated to the **Head of Safeguarding** and a **Divisional Safeguarding Lead** for each Division; in Adult Care this is the Divisional Director of Quality who also holds responsibility as the Mental Capacity Act Lead for the Division. In Healthcare the Divisional Safeguarding Lead is the Associate Director of Patient Safety and Experience.
- 6.5 The Head of Safeguarding alongside the Divisional Safeguarding Leads should ensure there is a robust governance structure in their Division that supports site leaders and their Child and Adult Protection Leads. This role includes: Chairing Divisional Safeguarding Committees; Having oversight of safeguarding and associated data for the division (including, but not limited to: Incidents, restrictive practice, quality audits and regulatory outcomes); Providing expert advice regarding regulatory expectations for safeguarding and protection; and reporting to the Executive Lead for Safeguarding.
- 6.6 **Named Doctors for Safeguarding Children and Safeguarding Adults** are two appointed doctors within the Healthcare division who take on additional responsibilities for safeguarding to offer support and specialist guidance within the division. The Named Doctors for Safeguarding will work alongside the Head of Safeguarding, reporting into the Safeguarding Committee. Concerns noted will be raised to the Chief Medical Officer including practice concerns of doctors.
- 6.7 **Named Nurse for Safeguarding Children, Looked After Children and Transitions** works within the Healthcare division to offer specialist support and guidance to services who support children and young people including those who are up to the age of 25 moving from children's services into adult services. The Named Nurse will operate a Forum within the speciality which is open to all to attend to gain additional support, information and guidance. The Named Nurse will deputise for the Head of Safeguarding as required which can include supporting the Adult Care Division and the services within it.
- 6.8 **Regional Safeguarding and Protection Leads** duties include:
- (a) Organise and facilitate Regional Safeguarding Meetings which include supervision and safeguarding activity
 - (b) Support with additional dedicated safeguarding supervision to safeguarding leads as required
 - (c) Offering sound procedural advice and support;
 - (d) Overseeing complex investigations regarding their services, acting as a point of contact for stakeholders; and
 - (e) Analysis of the divisional audits of practice and identification of any actions necessary for the region and monitor these to completion.
 - (f) Liaise with the wider safeguarding leadership team for advice and support (for example, Named Nurse for Safeguarding children, Looked After Children and Transitions and Named Doctors for Safeguarding Children and Adults)
 - (g) Escalate safeguarding concerns to Division Safeguarding Leads and Head of Safeguarding

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- 6.9 Regional Safeguarding Leads are also expected to report up to the Divisional Safeguarding Committees in line with divisional governance structures, to support the committee with analysis of disincentives to report, sharing of best practice and lessons learnt through regular contact with other Regional Safeguarding Leads.
- 6.10 There is a clear governance structure within Priory to monitor safeguarding and protection arrangements. Local arrangements will be monitored at site level by the relevant local governance meeting and at corporate level by the respective regional and divisional safeguarding committees.
- 6.11 **Site Leaders** (Registered Managers, Hospital Directors) are accountable for the safeguarding and protection practice in their service, the responsibility for supporting colleagues and tracking concerns through to 'closure' is sometimes delegated to service-level Child and Adult Protection Leads however the Site Leader remains accountable and as such, should be involved and maintain effective oversight of the protection concerns within their service. It is expected Site Leaders are trained in Safeguarding and Protection to Advanced Safeguarding level also commonly referred to as Level 4 Safeguarding as per the Intercollegiate Safeguarding training documents.
- 6.12 It is the responsibility of all Site Leaders to ensure that adequate practices are in place within their service and that these practices effectively link with and reflect those of the Local Boards/Partnerships/Authorities/Health and Social Care Trusts; the Local Procedures (**OP Form: 15** and **16**) are the formats in which these local area expectations are expected to be recorded and the site/service manager must ensure that all details of local protection arrangements are made available to all colleagues.
- 6.13 Site Leaders must follow safer recruitment procedures (refer to **HR01 Safer Recruitment and Selection**), and ensuring that all colleagues read this policy and undertake regular training to the levels set out in Section 8 below.
- 6.14 Site Leaders and delegates must ensure that all safeguarding concerns are tracked from when they are raised through to closure. In addition to the use of incident records and daily notes being used to track concerns on an individual basis, concerns should be monitored proportionately across the site/service through monthly safeguarding meetings, Clinical Governance or Management Meetings; as a minimum the number of concerns raised, themes and lessons learnt should be considered to inform site-level learning. Concerns should be tracked using the electronic incident system (Datix); Safeguarding Logs are to be made available to regulators, internal compliance, Regional Leads and other senior members of the divisional safeguarding governance structures for review and quality assurance on request. Safeguarding Logs can be extrapolated from Datix.
- 6.15 **Child and Adult Protection Leads** (Service-Level) hold delegated responsibilities on behalf of Site Leaders. Child and Adult Protection Leads should hold sufficient seniority at site and where Leads are not members of the Senior Management Team, it must be recognised that they hold authority in the role of Child and Adult Protection Lead on behalf of Site Leaders.
- 6.16 Within a healthcare setting, all Child and Adult Protection Leads must be clinicians. It is recognised that members of the SMT may not be from a clinical background but due to their roles and level of responsibilities within the service, they are expected to be trained to Advanced Safeguarding as per the safeguarding intercollegiate documents with training expectations and requirements for roles as set out in the safeguarding training matrix (**OP Form 21B**)
- 6.17 Within an adult care setting, it is expected that all Child and Adult Protection Leads will be within senior roles including Senior Support Worker, Deputy Manager and Manager positions.
- 6.18 The role descriptor for Safeguarding and Protection Leads is available in Appendix 1. Child and Adult Protection Leads provide a supportive function for colleagues, offering expert

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advice and guidance. They will act as a point of contact with stakeholders regarding concerns and enquiries when the individual who raised the concern is not directly available.

- 6.19 Child and Adult Protection Leads should have oversight of protection data for the service, hold regular safeguarding and protection meetings in line with the Priory governance policy (**OP09**), reporting into Clinical Governance/monthly management meetings and upwards to Regional/Sub-Regional Safeguarding Leads in accordance with divisional governance expectations.
- 6.20 **NOTE:** The number of Child and Adult Protection Leads should be reflective of the service's size and acuity; where there is more than one Lead, the governance structure for the service must be clearly communicated to colleagues and presented alongside the Local Procedures. A 'primary' lead should be identified which others acting as deputies, normally supporting their own areas of practice (e.g. Ward Managers). The Child and Adult Protection Lead who holds the most seniority at the service would traditionally be the primary Lead, however services may have cogent reasons to adopt different structures, these reasons and decisions should be documented and evidenced through service level governance records.
- 6.21 A register of the Safeguarding and Protection Leads is kept centrally which is monitored by Divisional Safeguarding Committees and updated on a regular basis.
- 6.22 Regardless of their service user mix, Child and Adult Protection Leads undertake training on the responsibilities for both child and adult safeguarding alongside Prevent and as such are a nominated lead for Child and Adult Protection and Prevent.
- 6.21 **All colleagues** are responsible for maintaining clear and professional boundaries between themselves and the service users. These boundaries define the limits of behaviour that allow colleagues and service users to engage safely in a therapeutic relationship. The boundaries are based on trust, respect and appropriate use of power, with the focus on the needs of the service user. Blurring of these boundaries, and moving the focus of care away from the service user's needs, can lead to confusion and the possibility of the development of abuse. A cross of boundaries between colleague and a service user will be treated as a safeguarding incident and due process must be followed. Personal relationships with service users are never acceptable. (Refer to **OP41 Professional Relationship Boundaries**).
- 6.22 It is the responsibility of all colleagues to read this overarching policy, Local Procedures and to complete the Safeguarding and Protection training commensurate with their job role as set out in the Safeguarding Training Matrix (**OP Form 21B**).
- 6.23 In matters of protection, it should never be assumed that someone else will pass on information which may be critical to the safety and wellbeing of the service user. The individual who receives a disclosure or notices a concern must report it appropriately and never assume a colleague will for them. The reporting process must include inputting an incident on Datix and escalating this to the relevant Senior / Manager.
- 6.24 **Colleagues can report protection concerns directly to the Local Authority, and must do so if they feel it is necessary. Child and Adult Protection is everyone's business and you must not wait for another colleague to do it for you if there is urgent necessity.** Colleagues must report any genuine concerns, ensuring the Child and Adult Protection Lead on site, or a senior colleague is informed as well as the appropriate Local Authority in line with the site/services Local Procedures. This applies at all times so during out of hours, on call must be contacted. (**OP Form: 15 or 16**).
- 6.25 A failure to respond to and/or raise a recognised a protection concern when it has been recognised by a colleague will be considered as an act of neglect / act of omission and be raised as a protection concern against the colleague accordingly. A failure to safeguard a service user will be considered through the appropriate and proportionate disciplinary procedures.

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

7 TYPES OF ABUSE

7.1 Priory colleagues do not hold statutory responsibility for deciding whether or not a crime has been committed or if a statutory enquiry (investigation) is required, colleagues however should be aware of what is meant by abuse and neglect.

7.2 Children and Young People

7.2.1 Child abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the Internet). They may be abused by an adult or adults, or another child or children. The harm types as per government guidance is;

- (a) Neglect
- (b) Physical Abuse
- (c) Sexual Abuse
- (d) Emotional Abuse.
- (e) Online Abuse
- (f) Sexual Abuse

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

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

7.2.3 **Physical Abuse** - A form of abuse which may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

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

7.2.5 **Sexual Abuse** - Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing or touching of outside clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the Internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

7.2.6 **Emotional Abuse** - The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless and unloved, inadequate, or valued only insofar as to meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber-bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

7.2.7 **Online Abuse** – This can take many forms including sexual exploitation, grooming, communicating with children for sexual purposes including sexting and cyberbullying.

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

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

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

7.3 **Children, Young People and Adults**

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

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

- 7.3.3 **Exploitation (Sexual and Criminal)** - If exploitation is suspected or disclosed, the resulting investigation requires a proactive approach to explore the nature and patterns of exploitation locally, and to share information with partner agencies about those at risk and potential perpetrators. Linking this work to the response to missing young people and other public protection issues can help to identify and manage risk at an early stage.
- 7.3.4 It is crucial that those working with service users who are, or have been in care, are aware of the local arrangements for information sharing on exploitation and that these are incorporated into local procedures. If Sexual or Criminal Exploitation is suspected the police must be notified.
- 7.3.5 **Domestic Abuse** - The Adoption and Children (Scotland) Act 2007 and the Domestic Abuse (Scotland) Act 2018 acknowledge the adverse effects a child experiences when exposed to domestic abuse and recognise children as victims in their own right. Children do not need to be directly involved such as acts of physical or emotional violence towards the child, significant harm can be caused by witnessing or hearing the ill-treatment of another. As such, when it is believed or known that a child is at risk from domestic abuse, actions must be taken to protect that child. This may include a referral to Local Authority Social Work for support for the child and their family. For more information, see policy OP08.5 Domestic Abuse: Supporting Service Users
- 7.3.6 **Radicalisation** - Priory recognises that there is a threat of terrorism and understands that many terrorists are radicalised in the course of their day-to-day contact with others. Priory works with vulnerable people who are often experiencing a personal crisis, have a low economic status and are socially isolated. This group are particularly prone to being exploited and adopting an extremist agenda. The UK government's Prevent Strategy (2011), which is a key aspect of safeguarding, outlines the commitment to be made by organisations such as Priory sector in ensuring that threats of this kind are understood and responded to. (Refer to **OP08.1 Responding to Suspected Radicalisation**).
- 7.3.7 **Female Genital Mutilation (FGM)** – a complex subject which includes emotional, racial, ethnic and cultural issues and 'Breast Ironing' (damaging developing breast tissue in an attempt to stop growth).
- 7.3.8 Colleagues must be aware of the reporting requirement when FGM is reported or suspected. Priory colleagues have a duty to report any concerns of FGM to the Police if they discover that an act of FGM appears to have been carried out on a girl who is under the age of 18 years (or if they suspect that a child may be at risk). If identified in women over 18 years of age, colleagues need to follow safeguarding procedures. The police reference provided should be included in the resulting documentation. As per these policy expectations, all colleague who receives the disclosure or who observes the concern must escalate to the safeguarding lead, line manager or out of hours on call as applicable. Support will be provided to ensure an external referral is raised although colleagues are encouraged to complete such referrals to ensure the information is accurate and a true reflection of the safeguarding concern or disclosure received.
- 7.3.9 **Forced marriage and 'Honour-Based' Violence/Abuse** - A forced marriage is a marriage in which one or both spouses do not (or, in the case of *some* adults with learning or physical disabilities) cannot consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure. The terms 'honour crime', 'honour-based violence' or 'izzat' embrace a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder, where the person is being punished by their family or their community.
- 7.3.10 **Multiple Forms of Abuse** - More than one form of abuse may occur to one person or groups of people. It is important for colleagues to look beyond single incidents or breaches in standards to underlying dynamics or patterns of harm. Governance systems should be in place at sites to identify when "low level" incidents occur which have been referred to the local authority but do not meet their threshold, but have occurred on multiple occasions

therefore may need “re-referring” due to this potentially being considered systemic abuse.

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

7.4 **Adults at Risk**

- 7.4.1 Section 53 of the Adult support and Protection (Scotland) Act defines ‘harm’ to include all harmful conduct to include the following

- Conduct which causes physical harm
- Conduct which causes psychological harm
- Unlawful conduct which appropriates or adversely affects the property, rights or interests
- Conduct which causes self-harm

- 7.4.2
1. **Physical abuse** - including assault, misuse of medication, restraint or inappropriate physical sanctions, female genital mutilation (FGM)
 2. **Domestic violence** - including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence. See **OP08.5 Domestic Abuse: Supporting Service Users**
 3. **Sexual abuse** - including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into.
 4. **Psychological abuse** - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
 5. **Financial or material abuse** - including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
 6. **Modern slavery** - encompasses slavery, human trafficking, forced labour and domestic servitude.
 7. **Discriminatory abuse** - including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
 8. **Organisational abuse** - including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
 9. **Neglect and acts of omission** - including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
 10. **Self-neglect** - this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

8 **RECOGNITION OF ABUSE**

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

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Colleagues should also be aware that the perpetrator could be another service user.

- 8.2 Although difficult to detect in a care environment, colleagues should be alert to the possibility of abuse/exploitation from strangers, especially where service users are supported by Priory colleagues to live a more independent life.
- 8.3 Service users who are subject to the Mental Health (Care and Treatment) Act 2003 or the Criminal Justice System are still entitled to be protected from abuse and prevented from abusing others with it essential all Priory practice is non-judgmental.
- 8.4 Alleged perpetrators of abuse, who are themselves adults at risk, should be assured of their right to the support of an 'appropriate adult' whilst they are being questioned by the police. (See **OP18 Information Requests from The Police or Other External Agencies**).
- 8.5 Colleagues should be aware that some service users may not be aware that they are being abused, for instance when they become dependent on colleagues, family or carers, allowing them to take control of their finances and physical environment. They may be reluctant to assert themselves for fear of making the situation worse.
- 8.6 Everyone is entitled to the protection of the law and access to justice. Behaviour which amounts to abuse and neglect, for example physical or sexual assault or rape, psychological abuse or hate crime, wilful neglect, unlawful imprisonment, theft and fraud and certain forms of discrimination also often constitute specific criminal offences under various pieces of legislation. Although the local authority has the lead role in undertaking protection investigations, where criminal activity is suspected the early involvement of the Police is important. The responsibility for taking the lead on the enquiry of a crime rests with the Police. Decisions regarding prosecution are the responsibility of the Crown Prosecution Service.

9 PREVENTION

- 9.1 **Safer Recruitment** - Safer recruitment policies must be followed for all colleagues, including volunteers. (Refer to **HR01 Safer Recruitment and Selection**). All interview panels must contain one colleague with safer recruitment training. Agency colleagues' references and Disclosure Scotland record are the responsibility of the Agency who is their employer, but must be confirmed in writing to the site prior to any shift being worked. Agency colleagues' induction will include an overview of Child and Adult Protection procedures specific to the site, this includes reading a copy of the site's Local Procedures (**OP Forms 15 and 16**).
- 9.2 It is the responsibility of the Site Leader to ensure agency colleagues have been recruited using full safer recruitment processes by their employer i.e. the agency.
- 9.3 It is the responsibility of the Site Leader to notify (or ensure this is completed by a deputy) their specific regulatory body and Disclosure Scotland if a colleague is dismissed on safeguarding grounds in consultation with Central Human Resources Department and the Managing Director. The responsibility to notify also applies if someone resigns or retires at the time of a safeguarding concern when there is sufficient evidence to dismiss them or they resign to avoid disciplinary.
- 9.4 The Site Leader has a responsibility to report to the SSSC, NMC, GMC or other relevant professional body, any substantial allegation of misconduct by a practitioner, which, if proven, would call into question their fitness to practice.
- 9.5 Reference should be made to the 'Warner Questions' ('Choosing with care', The Warner report, 1992) and [Recruiting Safely: Safer Recruiting Guidance Helping to Keep Children & Young People Safe' \(Children's Workforce Development Council, 2009\)](#) when recruiting colleagues to work within CAMHS units or services with service users under the age of 18.

- 9.6 **Disqualification self-disclosure** - Colleagues are required to sign the **HR Form: 10** self-disclosure and **HR Form: 10C** disqualification self-disclosure. Guidance on disqualification can be found in HRA27 Disqualification under the Childcare Act 2006 - Background Information and FAQs.
- 9.7 **Registered Offenders** - Where a known offender is accommodated and supported in a Priory site/service, steps must be taken to ensure that no child can be deemed to be at risk as a result of that person being accommodated and supported in the site/service. This must be reflected in the individuals risk assessments. Where a child is themselves the offender, supervision procedures and risk assessments should reflect the potential risk to other children, while also ensuring the offender is also protected from further criminalisation.
- 9.8 **Multi-Agency Co-operation/Partnership Working** - No effective protection process can work unless those concerned are committed to the concept of multi-agency and multi-professional working. All the agencies involved, private or public bodies, should have the well-being, rights and safety of the individual at risk as the first priority. Multi-agency co-operation is aimed at sharing information, improving joint working and addressing barriers.
- 9.9 Where intervention is necessary, this should be proportionate to the level of concern and the least restrictive and intrusive into people's lives. Support should be aimed at enabling the person to achieve their highest level of independence, and should be in partnership with individual, their families, close network (non-family), Local Authorities and wider professional network. Where there is a general non-specific safeguarding concern, it is good practice to convene a professionals' meeting with other external agencies.
- 9.10 **Information sharing:** Information shared between agencies, including local statutory health and social care agencies and the police must be treated with strictest confidentiality (but this must not be confused with secrecy). The safety of the individual depends on the willingness of those agencies, or organisations, to share and exchange relevant information when there is concern. Early sharing of information is the key to providing an effective response where there are emerging concerns.
- 9.11 In most cases consent should be sought before sharing information, but there are cases when you should not seek consent. For example, if doing so would:
- (a) Place a person (the individual, family member, yourself or a third party) at increased risk of significant harm if a child, or serious harm if an adult;
 - (b) Prejudice the prevention, detection or prosecution of a serious crime;
 - (c) Lead to an unjustified delay in making enquiries about allegations of significant harm to a child or serious harm to an adult.
- 9.12 Even where you do not have consent to share confidential information, you may lawfully share it if this can be justified in the public or vital interest. Seeking consent should be the first option, however, where consent cannot be obtained or is refused, or where seeking it is inappropriate or unsafe as explained above, the question of whether there is a sufficient public interest must be judged by the practitioner on the facts of each case. Therefore, where you have a concern about a person, you should not regard refusal of consent as necessarily precluding the sharing of confidential information.
- 9.13 A public interest can arise in a wide range of circumstances, for example to protect children from significant harm, protect adults from serious harm, promote the welfare of children or prevent crime and disorder.
- 9.14 As a non-statutory partner within child and adult protection, Priory seek for all child and adult protection incidents to be referred into the Local Authority and/or police to ensure due process is followed in line with not only this policy but also the Local authorities local processes and procedures.
- 9.15 When a statutory partner has advised that a particular incident does not require a referral due to not meeting local threshold, this must be clearly documented within the Datix incident.

- 9.16 Colleagues must have due regard to the relevant data protection principles, which allow them to share (and withhold) personal information, as provided for in the Data Protection Act 2018 and the GDPR (See policy **LE03 Data Protection**). This includes:
- (a) Being confident of the processing conditions which allow them to store and share information for safeguarding and protection purposes, including information which is sensitive and personal, and should be treated as 'special category personal data'.
 - (b) Understanding that 'the protection of children and adults at risk' is a processing condition that allows practitioners to share special category personal data. This includes allowing practitioners to share information without consent where there is good reason to do so, and that the sharing of information will enhance the safeguarding of a child or individual at risk in a timely manner but it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place the individual at risk.
- 9.17 The following are regarded as the 'seven golden rules' of information sharing:
1. The Data Protection Act 2018 should not be regarded as a barrier to sharing information.
 2. A record should be kept of what has been shared, with whom and for what purpose, and of every decision made and the reasoning behind it.
 3. It is important to be open and honest with the individual concerned (and their family, where appropriate) from the outset, about why, what, how and with whom information will, or could, be shared, and to seek their agreement, unless it is unsafe or inappropriate to do so.
 4. If in doubt, and if possible, a staff member should seek advice, without disclosing the identity of the individual concerned.
 5. Information sharing should be by consent where appropriate, and, wherever possible, respect the wishes of those who have not consented to share confidential information. Information may be shared without consent if it is believed, based on the facts of the case, that lack of consent can be overridden in the public interest.
 6. It is important to consider the safety and well-being of the individual concerned, as well as others who may be affected by their actions.
 7. Information sharing should always be necessary, proportionate, relevant, accurate, timely and secure.
- 9.18 **N.B.** Any protection issue that may attract media interest should be shared with the Divisional Safeguarding Lead, Head of Safeguarding and Chief Quality Officer (CQO) / Executive Lead so that the CQO is able to brief Priory's Chief Executive Officer (CEO) as required.
- 9.19 Taking account of the information sharing guidance, where it is decided that families/carers should be informed, this must be done in a planned way. The views of the service user, any allegations which involve a member of the family, and the statutory responsibility for any children involved will influence how this will be done and the advice of the service user's Social Worker or the Local Authority should be sought where appropriate prior to sharing. Remember gaining the views of family is a core principle within the Act.
- 9.20 The local authority has a statutory responsibility to make further enquiries if concerns about the wellbeing of any service user is expressed to them which reach their threshold for investigation / intervention. The appropriate personnel from the Priory service should participate in the enquiries or any further meetings (strategy meetings, conferences etc.) and should provide whatever information is deemed necessary.

10 INDUCTION AND TRAINING

- 10.1 As part of their induction programme new colleagues should be asked to read the following:
- (a) OP06.2 Child Protection, and Adult Support & Protection (Scotland)
 - (b) OP41 Professional Relationship Boundaries
 - (c) Priory Employee Handbook
 - (d) A copy of the locally completed **OP Form: 15** and **OP Form: 16**.

(e) Safeguarding Statement

- 10.2 It is the responsibility of the site/service manager to ensure that all colleagues comply with the induction and training plan, which is centrally managed and monitored by Learning and Development in the Central People Team, and to regularly view the compliance levels of training via Priory Academy reports. This should be reviewed during the service monthly safeguarding and protection meetings.
- 10.3 Child and Adult Protection training provided and commissioned by Priory is based on the Intercollegiate Documents (Adults 2018, Children and Young people 2019, Looked After Children 2020) and the Prevent Training and Competencies Framework 2022.
- 10.4 The eLearning modules for safeguarding and protecting children and adults including *Prevent* will be completed by all colleagues as part of the induction programme in the first weeks of commencing the job role with regular updates in line with the safeguarding training matrix **(OP Form 21B)**.
- 10.5 Further face-to-face/virtual training for colleagues will be carried out by dedicated internal trainers (Regional Learning Partners). Some services may have an internal trainer who also supports with training delivery. Attendance for Safeguarding and Protection Combined: Children, Young People and Adults is determined by Routes by Roles within The Academy **Refer to OP Form: 21B Safeguarding Training Matrix - All Divisions and OP Form: 21C 'Safeguarding for Colleagues' Training - Information for Safeguarding Leads, Managers and SLAs'**.
- 10.6 Advanced Safeguarding training is also available and should be assigned to the relevant colleagues determined by their role and level of responsibility within the organisation. This should include Service Managers, Hospital Directors, Ward and Deputy Managers, Heads of Departments and colleagues delegated to oversee safeguarding.
- 10.7 The Site Leader / Child and Adult Protection Leads have the responsibility to identify further suitable learning through their local protection partners (Partnerships/Boards/Authorities) appropriate to the level of contact with service users or parents/carers and the responsibilities of the colleague. All courses attended must be recorded on the Priory Academy by the Site Learning Administrator or Internal trainer with access to the 'Trainers Hub'.
- 10.8 Priory have a number of safeguarding trainers who are based in individual services across Adult Care and Healthcare. It is a requirement of these trainers to ensure they keep themselves up to date with safeguarding knowledge and changes local and national. Safeguarding trainers will also have access to peer support and supervision sessions facilitated by the Regional Learning Partner Safeguarding Training Team Leader and Head of Safeguarding.
- 10.9 **N.B.** Any training undertaken in addition to the mandatory training set out in **OP form 21B** is to be considered as supplementary and is not a replacement/alternative to internal training.
- 10.10 Safeguarding Information Flashcards (**OP Form: 15A and 16A**) are available to act as an aide memoire for colleagues, are available to print from the Intranet.
- 10.11 **Safeguarding and Protection Specific Supervision**
- 10.11.1 **Supervision** – Safeguarding and Protection is a standard agenda item for the different forms of supervision across Priory meaning that all colleagues are offered the opportunity to discuss safeguarding in supervision, proportionate to their role and responsibilities.
- 10.11.2 Dedicated Safeguarding and Protection Supervision should be offered to colleagues with recognised protection roles as agreed within the Divisional Safeguarding Governance structures, this should be proportionate to the responsibilities of the Child and Adult Protection Lead. Supervision is vital in reflection and learning and can be delivered to other

colleague groups as appropriate. Supervisees are responsible for recording their own supervision on OP Form 70F and should recognise that reflective opportunities can occur outside of formal set supervision meetings.

- 10.11.3 The Safeguarding Committee have a responsibility to ensure those delivering safeguarding supervision are appropriately experienced/trained and additional learning opportunities are available as identified in the Safeguarding Training Matrix (**OP Form 21B**), see also **OP28 Supervision**.

11 INTERNAL REPORTING

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

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

11.3 Please note, it is important that Datix incidents remain open until feedback has been received from the Local Authority Social Work.

11.4 All potential and confirmed protection incidents and allegations of abuse must be reported on the Incident Reporting System (Datix). A note will be made of whether the incident is disclosure of a non-recent (historical) event, or current including whether it has happened whilst the person is in the care of Priory colleagues or external to the care of Priory. A multi-disciplinary discussion to agree the next steps should be held, including the services user's views (wherever possible) and consideration of any local thresholds for reporting as identified in Local Procedures. A note should also be made in the service users care records.

11.5 It is essential that all contact maintains the individual at the centre of the process, ensuring the views, wishes and desired outcomes are sought which can be reflected within the datix incident form.

11.6 The disclosure of a non-recent/historical event is in itself an incident which needs reporting as the perpetrator could still be in a position to abuse others, so that a proportionate notification and enquiry can take place to establish the facts and to ascertain whether it is no longer continuing or current. There would be a risk in not reporting such incidents, since assumptions might be made, and transparency may be compromised. The response should be proportionate and least intrusive to the risk presented, and in consideration of the wishes of the individual concerned. The reporting expectations (to both the Local Authority and police) for historic/non-recent allegations differs by area, colleagues should seek advice from these services to ensure they comply with expected local standards.

11.7 External reporting should be in accordance with the requirements of the Local Authority and the associated commissioners such as NHS as indicated on the site's Local Procedures (OP Forms 15 and 16). If an incident has been discussed with the Local authority a record must be kept of their response e.g. whether a referral has initiated further enquiries or signposted to another service. The advice of the Local Authority will be acted upon. All correspondence related to incidents must be included within the datix to clearly show decision making.

11.8 All Priory services will have a system in place which ensures that the reporting of protection concerns is not delayed, this includes overnight, weekends and bank holidays. Child and Adult

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Protection Leads alongside SMT will seek assurance on this process as part of their quality walk around and governance.

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

11.10.1 Escalation of Protection Incidents

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

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

11.10.4 All protection incidents which involve an allegation against a colleague or classed as organisational abuse must be escalated to the Regional Safeguarding Lead, Head of Safeguarding and if involving a child or young person must also be reported to the Named Nurse for Safeguarding Children, Looked after children and transitions.

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

11.10.6 There may be times when an incident is serious enough to warrant a Safeguarding Board / Partnership referral. A referral will be undertaken by the Head of Safeguarding who will work with the service to produce this referral.

11.10.7 Should an external review be commissioned; there are a number of types of reviews which may be commissioned which will be dependent on the circumstances of the incident.

- Child Significant Case Review
- Adult Significant Case Review
- Domestic Homicide Review
- Child Death Overview Panel (CDOP)

11.10.8 There is a number of mechanisms which Priory will be notified of external safeguarding and protection reviews. Protection Boards/Partnerships may inform the CEO, CQO, Head of Safeguarding, Hospital Director or Service Manager.

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

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

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

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

The Executive Safeguarding Lead and the relevant Divisional Lead will conduct an impact assessment and reach an agreement on the appointment of authors for the chronology and

the IMR to ensure that the full response is sent to the Safeguarding/Protection Board/Partnership within their specified timescales.

- 11.10.13 If it is requested that a service complete a 'Rapid Review' (see OP Form: 15C), chronology or Individual Management Review (IMR) the Service Manager / Hospital Director will appoint an author. This must be allocated to a senior colleague from the service who has not had any direct contact or involvement in the care and treatment of the individual(s). The Managing Director may seek for the author of this work to be from out with of the service if the above cannot be met.
- 11.10.14 For identification and appointment of senior colleagues to deal with the response and actions, and the process involved refer to the Flowchart at Appendix 5.

12 DISCLOSURE OR DISCOVERY OF ABUSE OR ALLEGATIONS OF ABUSE

- 12.1 Where there is a reasonable suspicion that a criminal offence may have occurred, it is the responsibility of the Police to investigate and make a decision about any subsequent action. The Police should always be consulted about criminal matters. If possible, preserve the crime scene to make sure the evidence is not contaminated, the Police will provide advice on how to preserve the scene in such instances. This will usually mean 'locking off' the area and securing the records in the first instance.
- 12.2 Action must be taken on discovering any form of abuse in whatever form it presents - historical, ongoing or a one off event.
- 12.3 The service user involved must be attended to, comforted and supported and any physical injuries taken care of.
- (a) Listen carefully to what the person has to say, but do not ask leading questions about the alleged abuse or person alleged to have abused the individual(s).
 - (b) Ensure that everyone is safe and that the emergency services have been called if needed.
 - (c) Advise the person of the procedures which will follow.
 - (d) If you want to take notes, tell the person first, and keep your original notes (even if they are subsequently 'written up' in the person's notes) to give to the Child and Adult Protection Lead as they will be required if a case goes to court.
 - (e) Record the following information as soon as possible afterwards, if using paper notes use black ink, signed and dated, including by the person alleging the abuse if they are willing to also sign the record of the conversation:
 - i. All details of the alleged abuse, including location, person being harmed and person causing harm (if known)
 - ii. Times/dates of conversations and telephone calls
 - iii. Names of colleagues present at the time
 - iv. Any other relevant information
 - (f) **All Priory colleagues have a duty to refer** the case to the Local Authority using the details identified on the site/service's OP Form: 15 or 16 and/or seek guidance on what to do next from the Protection Lead
 - (g) All potential and confirmed protection concerns are recognised as an incident and as such must be recognised in service user risk assessments and care/support plans accordingly. These documents are "owned" by the service user therefore they should be sensitively handled, including the service user as much as possible. If the site uses the "Alert" system on Care Notes for highlighting safeguarding and protection concerns, these are by their nature, short, bullet point pieces of information and can appear blunt. Colleagues should be aware that "Alerts" appear on all documentation including care plans which can be given to patient, staff should be sensitive to this. These multi-disciplinary documents should capture the service user's wishes and feelings about the concern, the impact it has for them and how they would like colleagues to support them.
 - (h) Keep records up to date, to evidence outcomes or further work required.
 - (i) If the nature of the abuse involves an allegation of abuse by a Priory colleague, paper documentation which could inform the investigation, should be located and stored safely by the Senior Management Team, to ensure that records are not amended.

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- 12.4 Remember, speed is essential as delays in reporting abuse can have serious consequences for victim of abuse.
- 12.5 Child and Adult Protection Leads are responsible for supporting colleagues to refer concerns in line with Local Procedures, they will also support colleagues to ensure that the following procedures are carried out where abuse is witnessed, suspected or alleged:
- (a) Ensure that everyone is safe and that the emergency services have been called if needed.
 - (b) If the person who discovers the abuse has been unable to refer the case to the Local Authority or seek guidance on what to do next, this alert must be done as soon as practicable or within 24 hours maximum.
 - (c) If the individual's keyworker/named nurse is not available, inform and reassure the service user, their GP and family (if safe/appropriate to do so) that the situation is being dealt with.
 - (d) Ensuring records are up to date throughout the protection process
 - (e) To ensure that evidence is not contaminated in case the Police wish to lead, wait until the Local Authority has given consent before commencing any internal investigations.
 - (f) Where not already completed by members of the service user's MDT, advise Regulatory Body, Placing Authority/Commissioners, and Social Worker/Case Manager (if applicable) that a referral has been made.
 - (g) Communicate with appropriate colleagues to ensure the protection concern is recorded in the person's notes and on Datix as an incident
- 12.6 Following the referral of a concern, in most cases the Child and Adult Protection Lead will be the point of contact for all matters concerning a particular case and they will liaise with the Local Authority and co-ordinate any actions that they prescribe or recommend. In some instances contact will be made with the referrer, it is the responsibilities of all colleagues to document and communicate all contact regarding the concern with the Protection Lead and wider MDT
- 12.7 **N.B.** If you refer a concern using your individual contact details, you should also the generic protection email address associated with your service to ensure in your absence, this can be picked up by a colleague.
- 12.8 Protection Leads should have the appropriate permissions on Datix to check and ensure that concerns are fully and accurately recorded on Incident Reports by the colleagues completing the reports. These, along with other reports or details regarding any allegation or incident of abuse, are secure and confidentially stored in incident and service user care records.
- 12.9 Unless the Protection Lead is also the Manager of the service/unit/ward, it would not normally be their role to 'approve' incidents for closure. This is the responsibility of the respective managers however Protection Leads will offer advice regarding the elements of an incident.
- 12.10 The site/service manager is responsible for undertaking all such duties described above in the absence of the Safeguarding Lead.
- 12.11 Colleagues may be required to contribute to an initial case conference either by providing a report or by attendance. The Protection Lead will assist colleagues in this process and provide the necessary guidance to support them.
- 12.12 **Allegations Against Persons in a Position of Trust (PIPOT) (Colleagues - including Agency/Supply staff and Volunteers)**
- 12.12.1 All colleagues must work within the framework of the law and behaviour which is unlawful will not be condoned. Appropriate action will be taken against colleagues behaving outside the framework of the law.

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- 12.12.2 This applies to allegations or concerns raised about a person, whether an employee, volunteer or student, paid or unpaid. These individuals are known as People in Position of Trust and the process is the Position of Trust process.
- 12.12.3 This process should be followed in situations when it is alleged a colleague has:
- (a) Behaved in a way that has harmed a service user, or may have harmed a service user
 - (b) Possibly committed a criminal offence against or related to a child or adult at risk, or
 - (c) Behaved towards a child or adult in a way that indicates he or she would pose a risk of harm if they work regularly or closely with service users.
- 12.12.4 In the event of allegations, disclosure, suspicion or knowledge of such behaviours by a colleague (including Agency/Supply staff and Volunteers), the following procedures should be followed:
- (a) Any allegation should be reported immediately to the Site/service Manager. The only exception to this is if the allegation is about the Site/service Manager, in which case the allegation should be reported to the Regional Safeguarding Lead and Divisional Safeguarding Lead in line with the site/service's Local Procedures (**OP Form 15 and 16**). Consult with the Safeguarding Lead, senior manager or manager on call (if out-of-hours)
 - (b) Record in detail the circumstances, including the nature and extent of any injuries and any action taken. A Body Map on the Incident Reporting system is available for this purpose. If appropriate, a photo of the injury may be taken, after obtaining and documenting informed consent from the injured person.
 - (c) The completion of the Suspension Decision Making Tool must be undertaken within 24 hours of the incident or awareness of the incident
 - (d) A referral to the Local Authority relating to the child or adults at risk with whom the concern relates to must be considered which details how the Priory colleague is linked to the incident.
- 12.12.5 The Suspension Decision Making Tool and the referral to the local authority will determine the approach to be taken to informing the family or carers of the service user(s) concerned. The Protection Lead will be the point of contact for all matters concerning a particular case and he/she will liaise with the Local Authority and co-ordinate any actions that they prescribe or recommend.
- 12.12.6 If a colleague is subject to an allegation of abuse against a service user or vulnerable individual, suspension pending investigation must be considered. The Site Leader in conjunction Regional Safeguarding and Protection Lead, Divisional Safeguarding Lead should decide whether it is appropriate to move to a non-client facing role or suspend colleagues in order to keep service users safe, pending formal disciplinary procedures. The manager carrying out the suspension should also advise the regulatory body or relevant professional body if a suspension is made.
- 12.12.7 **NB:** Priory disciplinary procedures may be undertaken, even if the Local Authority or police teams decide not to take further action as there may have been breaches within policy.
- 12.12.8 Where a colleague is not suspended and is moved to another area, this should be an administrative role and not involve contact with service users (including those of a different gender/age group), their families or allow access to the service user's care records. All decisions related to change of normal employment must be communicated to relevant parties including Protection Lead, HR. Should the Local Authority be involved at this stage, they will need to be informed. Consideration must be given to a Disclosure Scotland referral. Once this has been completed, the colleague can be informed both verbally and in writing following the correct HR process.

13 REFERRALS TO EXTERNAL CHILD AND ADULT PROTECTION SERVICES

- 13.1 Priory will ensure full open and transparency in regards to communication with the Local Authority and regulatory bodies.

- 13.2 Priory will use the documentation provided by the Local Authority. The locally preferred method of reporting a referral may be also on-line or via a telephone abuse line. Should this not be available, **OP Form: 17** can be utilised to make external referrals. It must be made clear to colleagues in local procedures **OP Forms 15 / 16** which form to use on their particular site.
- 13.3 Any referral that is made should also prompt a notification to the relevant regulatory body (Care Inspectorate Scotland, Health Improvement Scotland, SSSC)
- 13.4 It is the responsibility of the local authority where the alleged abuse has occurred to co-ordinate any protection response although Priory will feed into any protection plan that is created. It is essential that upon referring a concern to the Local Authority that any immediate actions taken to protect the individual(s) is documented and communicated.
- 13.5 It is important to ensure there is clear oversight and coordination of all external referrals made at services. This will include liaising with the local authority in the service area and also out of area local authorities should this be required. The Hospital Director, Service Manager must ensure they have oversight of this process and if not directly involved on individual cases, must ensure via managers meetings or site based safeguarding and protection meetings, this information is provided.
- 13.6 Follow-up and escalation of concerns should be done via the colleague who are supporting and overseeing the care of the individual at the centre of the safeguarding concern.
- I. Within Adult Care, this will be via service managers and deputy managers.
 - II. Within Healthcare, this will be through ward managers and those supporting the ward managers with a protection role. Wherever possible wards and teams should take responsibility for following up progress on referrals at ward or team level and feeding back to the service user within care from Priory.
- Appropriate feedback should be provided when necessary and where appropriate to the service user and colleagues involved in making a disclosure so that they are reassured and informed of the processes involved and reduce any unnecessary anxiety. Colleagues who make a referral should always follow up their concerns if they are not satisfied with the response; this includes the Protection Lead who should follow up with their local authority partners, especially if re-referrals are necessary or an escalation of concerns.
- 13.7 These details must be made clear to colleagues and recorded on the local procedures which should be on display in all staff areas for reference. If a practitioner is unsure which local authority to report to (typically where the service user is not in their 'home' area or where the abuse is alleged to have taken place) they should contact their 'host' local authority for advice.
- 13.8 If the person thought to be experiencing the abuse has capacity, then consent for the referral should be gained. However, this is not necessary if there is an overriding public duty to act, such as the likelihood of the perpetrator abusing others, or if gaining consent would put the person at further risk. If you are unsure whether to share the concern without consent, discuss with Regional Safeguarding Protection Lead, Named Nurse or Safeguarding Children, Looked after Children and Transitions, Head of Safeguarding or the Local Authority
- 13.9 Where a service user does not have capacity to make decisions about protection from abuse, action should be taken to protect them. Any such action must be proportionate to the level of risk and take any knowledge of the persons previously expressed wishes into account. **(See OP05.3 Adults with Incapacity (Scotland)).**

14 VISITORS

- 14.1 All visitors to and from any service must be recorded, and supervised as appropriate. (Refer to divisional policies on visitors and visiting children, (**H46 Arrangements for Visitors including Visits by Children, AC29 Visitors**) and **OP62 Chaperones**).
- 14.2 **Children visiting Sites/Services** - Any child (under the age of 18), who visits a unit where a registered offender (or a service user with past history/potential for offending, though not currently on the register, is accommodated) should be carefully monitored to ensure that the child is not placed at risk. A risk assessment should be carried out prior to any visit.
- 14.3 The care plan for such a service user should reflect the potential for him/her to come into contact with children who are not actually visiting him/her, but visiting someone else. The onus is on colleagues to ensure that they are aware of the whereabouts of the service user who poses a risk to children whenever there are visiting children on the unit.
- 14.4 A visiting child should not be allowed to have contact with an individual who is a risk to children, who is accommodated in a Priory unit, unless in a supervised setting. Who should be allowed to visit, supervision arrangements, location of access etc. should be clearly documented in the individual's Care Plan and clearly discussed **before** any visit by a child takes place.
- 14.5 **Visits to Sites/Services by VIPs or Celebrities** - Visits by 'persons of celebrity or importance' are discussed in the divisional policies highlighted above, these refer to visitors and not service users who may be a celebrity or 'of importance'.
- 14.5.1 There may be occasions when celebrities or VIPs visit sites or services for various reasons. The following safeguarding arrangements must be in place in line with recommendations from the Lampard Report (2015).
- (a) Visits are to be agreed and arranged in advance, with the purpose for the visit clearly understood by all involved parties
 - (b) Contact with service users will be agreed with the service users and their representatives in advance
 - (c) The VIP or celebrity will be accompanied by a suitably senior colleague at all times during their visit
 - (d) Confidential information will not be disclosed to the VIP or celebrity
 - (e) Informal follow-up arrangements will not be made with the VIP or celebrity.
- 14.6 All services to ensure that protection information is clearly displayed within reception areas.

15 PHYSICAL/RESTRICTIVE INTERVENTIONS

- 15.1 Priory policies appropriate to each Division/Service Line, on the use of physical interventions must be followed and colleagues trained appropriately. Colleagues should refer to **H37 Prevention and Management of Behaviour that Communicates Distress in Adults** and **H37.3 Prevention and Management of Challenging/Distressed Behaviour in Young People** and **AC25 Safe Use of Restraint**.
- 15.2 Restrictive interventions and practices must be considered a protection concern where they are not lawful; whilst there are several laws influencing this area of practice, a core test is that interventions are both necessary and proportionate to the risks they are intended to minimise or mitigate. It is important to consider that, as a result of the lived experiences of Service Users, there is a risk of or traumatisation or re-traumatisation through interventions and as such all interventions responding to a known risk should be risk assessed and care-planned accordingly.
- 15.3 Unlawful use of force (force that is neither necessary nor proportionate) is considered physical abuse and may require Police as well as safeguarding involvement. Incident data on physical interventions is monitored at site level and centrally to identify trends and themes.

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- 15.4 Where a physical intervention has been used, a full record of the incident must be made, stakeholders (including carers/family where appropriate) must be made aware and if there is any question that the intervention was not necessary and/or proportionate the appropriate authorities informed as well as the appropriate regulatory body notification (Care Inspectorate Scotland / Health Improvement Scotland) by the Site Leader or appropriate manager.
- 15.5 Concerns about the potential or alleged inappropriate or unlawful use of physical interventions by colleagues working with services users may need to be referred to the Local Authority due to it being a protection concern.
- 15.6 Incidents involving physical interventions must be reported on datix
- 15.7 Protection concerns do not sit in "silos" i.e. complaints and whistleblowing concerns must follow a dual process of following the policies which govern the method in which the concern has been raised and through the safeguarding process.
- 15.8 When it is determined that a patient requires Long Term Segregation, the Local Authority may seek for this information to be referred into them. Concerns relating to improper use of the Mental Health (Care and Treatment) Act 2003 may also need to be referred.
- 15.9 **N.B:** Viewing incidents through a 'protection lens' is good practice and is a way of identifying potential incidents of concern, whilst there may be some proportionate early fact-finding (for example reviewing available CCTV and reports) it is important that this does not delay referral of concerns. **Any direct allegations of abuse/unlawful use of force must be referred even if the available evidence contradicts the allegation, this evidence can and should be provided on request or accompany the referral itself if already available.**

16 AUDIT AND GOVERNANCE

- 16.1 An audit of protection processes will be carried out on all sites (with a maximum interval of 12 months). Divisional audit tools specifically designed to suit the requirements of the Division will be used. The results of the audit will be discussed at site level local governance meetings, and brought to the Safeguarding Committees. Local or Divisional action plans will be developed as required.
- 16.2 The content and timing of the divisional audit will reflect the divisional requirements, however it must be ensured that the results are collated, analysed and considered by the respective safeguarding committees to feed into the annual report for the Executive Board.

17 REFERENCES

17.1 Legislation

Adult Support and Protection (Scotland) Act 2007 – may be applied to over 16 years (in some cases)
Children and Young People (Scotland) Act 2014
Children (Scotland) Act 1995 – includes definition of a child in Part 1
Children's Hearings (Scotland) Act 2011 – Child Protection Orders
Criminal Procedure (Scotland) 1995
Prohibition of Female Genital Mutilation (Scotland) Act 2005
Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005
Sexual Offences (Scotland) Act 2009
Adult Support and Protection (Scotland) Act 2007
Adults with Incapacity (Scotland) Act 2000
Protection of Vulnerable Groups (Scotland) Act 2007
Mental Health (Care and Treatment) (Scotland) Act 2003

17.2 Guidance

National Guidance for Child Protection in Scotland 2021

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Protecting Children, Information for Service Providers - Local Authority's guidelines
 Scottish Executive (2004) Protecting Children and Young People: Framework for Standards
 Scottish Executive (2004) Protecting Children and Young People: The Charter
 Scottish Government (2014) The Early Years Framework
 Scottish Government (2014) National Guidance for Child Protection in Scotland
 The United Nations Convention on the Rights of the Child
 Getting it Right for Every Child (GIRFEC)
<http://www.actagainstharm.org/>
 Scottish Government (2010) Act Against Harm: Adult Support and Protection: Ensuring Support and Preventing Harm

18 ASSOCIATED FORMS

- 18.1 **OP Form: 15F** [Local Arrangements for Children Protection \(Scotland\)](#)
OP Form: 16 [Local Arrangements for Adult Protection \(Scotland\)](#)
OP Form: 17D [Child Protection Referral Form \(Scotland\)](#)
OP Form: 17C [Adult Support & Protection Referral Form \(Scotland\)](#)
OP Form: 21B [Safeguarding Training Matrix – All Divisions](#)
OP Form: 21D [Safeguarding – Conformation of Competence](#)
OG02 [Guidance for a Rapid Review](#)

19 EQUALITY IMPACT ASSESSMENT

19.1

How is the policy likely to affect the promotion of equality and the elimination of discrimination in each of the groups?			
Protected Characteristic (Equality Act 2010)	Impact Positive/ Negative/ None	Reason/ Evidence of Impact	Actions Taken (if impact assessed as Negative)
Age	Positive	This policy is aimed at ensuring vulnerable persons are protected from any form of abuse and therefore all groups listed here will be positively affected	
Disability	Positive		
Gender identity and expression	Positive		
Marriage or civil partnership	Positive		
Pregnancy or maternity	Positive		
Race	Positive		
Religion or beliefs	Positive		
Sex	Positive		
Sexual orientation	Positive		
Other, please state:			
EIA completed by:			
Name:	Colin Quick		
Role/Job Title:	Chief Quality Officer		
Date completed:	08/04/2022		

20 APPENDICES

- 19.1 **Appendix 1** – Role Descriptions
Appendix 2 – Internal Child Protection Procedure
Appendix 3 – Internal Adult Protection Procedure
Appendix 4 – Significant Case Review – Overall Process
Appendix 5 – Significant Case Review – Chronology and IMR

APPENDIX 1

Role Descriptions

1 Child and Adult Protection Lead

A list of Safeguarding and Protection Leads for each Division is held centrally. Every service within Adult Care and Healthcare should have a primary Child and Adult Protection Lead who will be supported in this role by Deputy Protection Leads.

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

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

2 Regional Safeguarding and Protection Lead

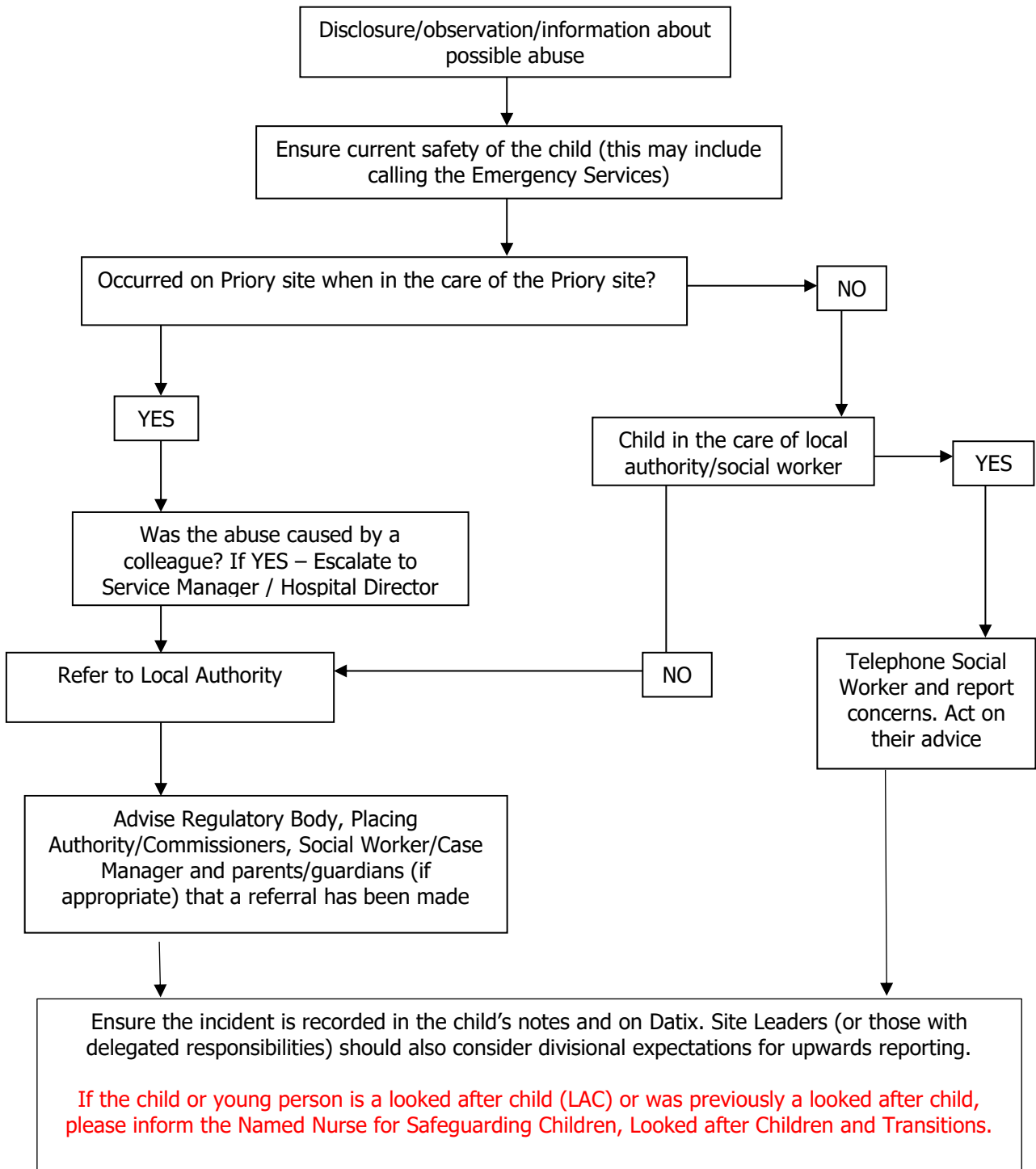
- (a) Organise and facilitate Regional Safeguarding and Protection Meetings (Healthcare)
- (b) Support with Individual/group Safeguarding and Protection specific supervision for those who act as Site Child and Adult Protection Leads
- (c) Offer advice and guidance on protection matters
- (d) Analysis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

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

APPENDIX 2

Internal Child Protection Procedure

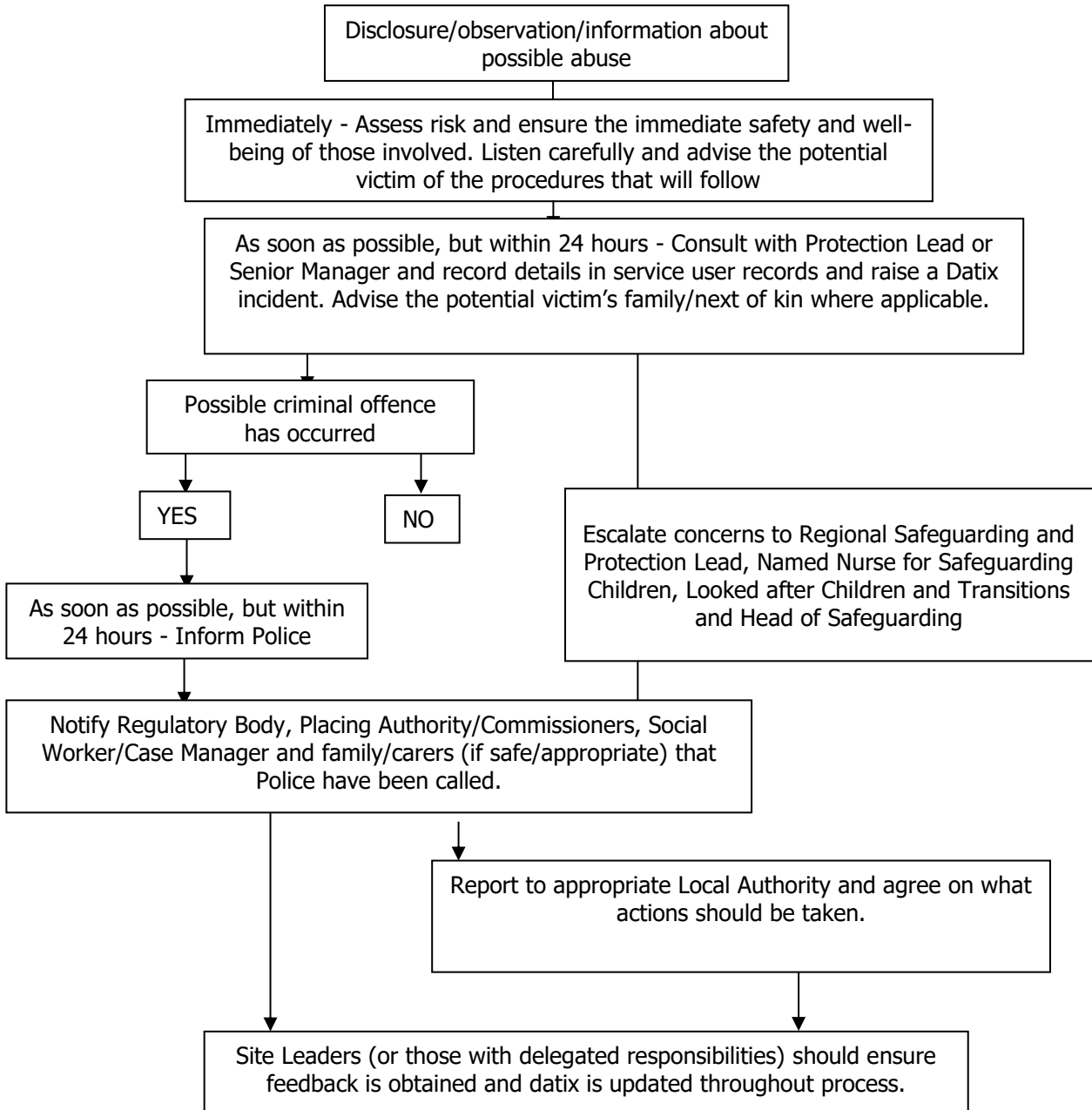
The following flowchart details actions that must be taken following suspicion that a child has been abused.



APPENDIX 3

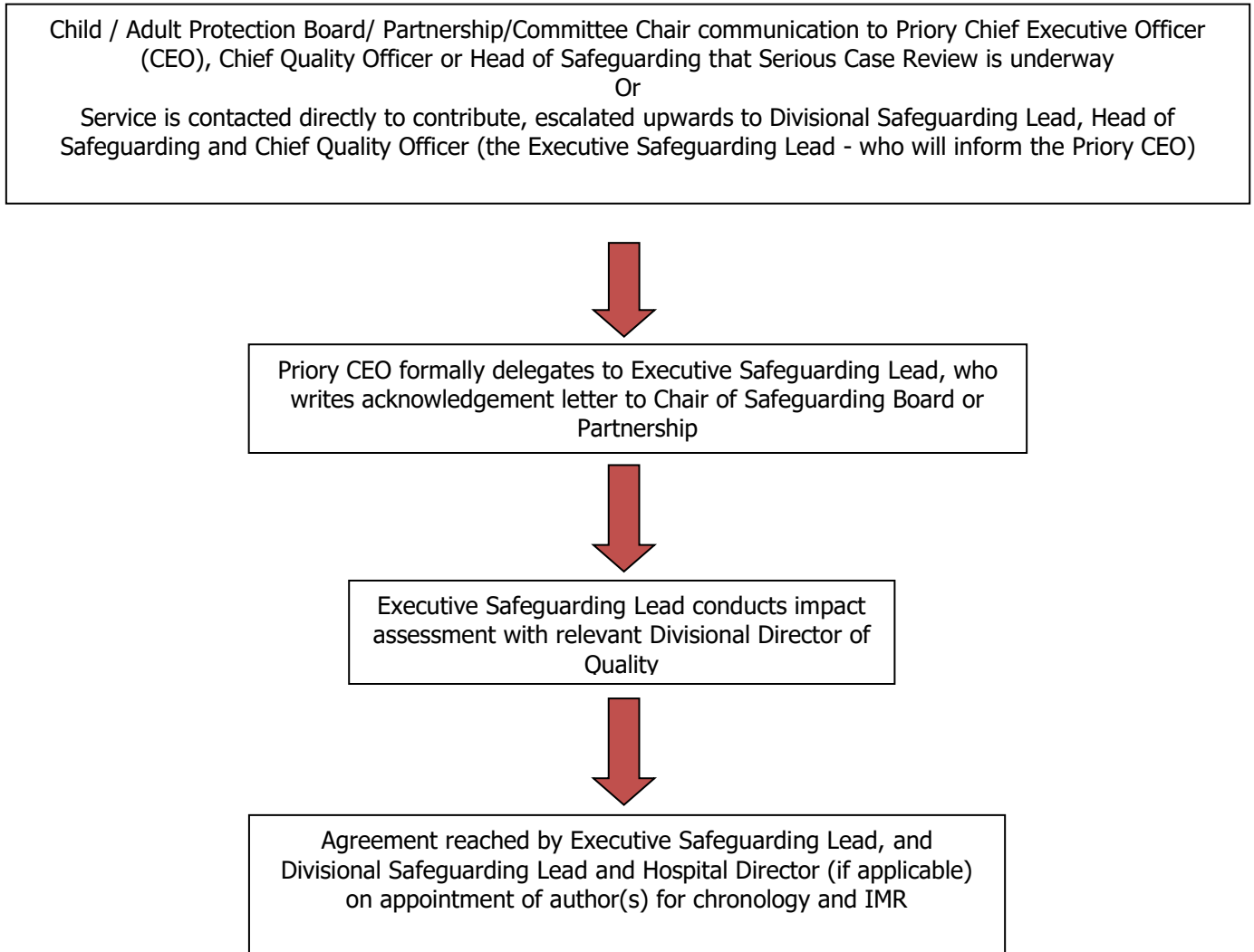
Internal Adult Protection Procedure

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



APPENDIX 4

Significant Case Reviews – Overall Process



APPENDIX 5

Significant Case Reviews – Process for Chronology and IMR

